

# **SAN GABRIEL/POMONA** **REGIONAL CENTER**

## **NOTICE OF TRAINING**

Notice is hereby given that the Board of Directors of the San Gabriel/Pomona Valleys Developmental Services, Inc. will hold their monthly Board meeting on the following date and at the listed location:

**DATE: Wednesday, April 28, 2021**

**TIME: 7:15 p.m.**

**PLACE: San Gabriel/Pomona Regional Center  
75 Rancho Camino Drive  
Pomona, CA 91766**

**THE TRAINING SESSION  
IS OPEN TO THE PUBLIC VIA  
VIDEOCONFERENCE.**

**Join Zoom Meeting:  
Meeting ID: 234 566 141  
Password: 916227**

**The upcoming meeting will be convened via videoconference.**

75 Rancho Camino Drive, Pomona, CA 91766  
(909) 620-7722

Program of San Gabriel/Pomona Valleys Developmental Services, Inc.

**S**AN GABRIEL/POMONA  
REGIONAL CENTER  
75 Rancho Camino Drive  
Pomona, CA 91766

MEETING AGENDA  
**BOARD OF DIRECTORS MEETING**  
(Meets 4<sup>th</sup> Wednesday of each Month)

Wednesday, April 28, 2021 at 7:15 p.m.  
**Videoconference Meeting**

**BOARD OF DIRECTORS**

**Gisele Ragusa, Board President**

**Sheila James 1<sup>st</sup> Vice President**

**Julie Chetney, 2<sup>nd</sup> Vice President**

**Shannon Hines, Secretary**

**Mary Soldato, Treasurer**

**David Bernstein, VAC Chairperson**

**Georgina Molina**

**Preeti Subramaniam**

**Daniel Rodriguez**

**John Randall (LOA)**

**Natalie Webber**

**Penne Fode**

**Sherry Meng**

**Julie Lopez**

		ACTION	MATERIAL	COLOR
7:15 - 7:25	<b>CALL TO ORDER</b> (Gisele Ragusa, President)	None	None	None
	• Roll Call	<b>Quorum</b>	<b>None</b>	<b>None</b>
	• Review Agenda	Info	Attached	White
7:25 – 7:30	GENERAL PUBLIC INPUT	Info	None	None
7:30 – 8:30	<b>BOARD TRAINING</b> <i>Communications of Board Members</i> Dr. Marilyn Irvine	Info	None	None
8:30 – 8:35	EXECUTIVE/FINANCE COMMITTEE <b>Contract Review</b> – Lucina Galarza Insight For Life	<b>Action</b>	Attached	White
8:35 – 8:40	STRATEGIC DEVELOPMENT COMMITTEE <b>Board Membership Recommendations</b> (Effective July 1, 2021) • Anabel Franco • Bill Stewart	<b>Action</b>	None	None

APPROXIMATE SCHEDULE	ITEM	ACTION	MATERIAL	COLOR
8:40 – 8:45	<p>NOMINATING COMMITTEE (Julie Chetney)</p> <ul style="list-style-type: none"> <li>• <b>2<sup>nd</sup> TERM DIRECTOR - NOTICE</b> Pursuant to Bylaws, Sections 6.01&amp; 7.01 Notice of the intent to conduct an election to confirm 2<sup>nd</sup> term Directors at the May 26, 2021 meeting for the following Board Director: <ul style="list-style-type: none"> <li>- Daniel Rodriguez</li> </ul> </li> <li>• <b>NOMINATING COMMITTEE - NOTICE</b> Pursuant to Bylaws, Section 15.04 &amp; 15.05 Notice of the intent to conduct an election at the May 26, 2021 meeting for the following Proposed Slate of Officers, Fiscal Year 2021-2022 <ul style="list-style-type: none"> <li>- Board President: Penne Fode</li> <li>- 1<sup>st</sup> Vice President: Sheila James</li> <li>- 2<sup>nd</sup> Vice President: Shannon Hines</li> <li>- Treasurer: Bill Stewart</li> <li>- Secretary: Anabel Franco</li> </ul> </li> </ul> <p><b><u>Allowance to submit alternate slate(s) -15.04</u></b> <i>Nominations of Officers - A Director may be nominated for an office only by the Nominating Committee in accordance with Section 21.03 or by a written nomination that is signed by at least one Director, that gives the names of a total of five Directors who support the nomination, and that is submitted to the Executive Director at least 10 days before the election is to be held. The Executive Director, upon receiving a in writing by first class mail or by personal delivery, identifying the Director so nominated, the office for which she or he has been nominated, and the Directors who signed or supported the nomination.</i></p>	Info	None	
8:45	Brief COVID-19 update	Info	None	None
<b><u>ADJOURNMENT OF THE BOARD OF DIRECTORS MEETING</u></b>				
	<b>EXECUTIVE SESSION -Legal Issue/Client Issue</b>	Info	None	None

**SAN GABRIEL/POMONA REGIONAL CENTER  
DEVELOPMENTAL SERVICES, INC.  
BOARD OF DIRECTORS  
DRAFT Minutes of the Meeting of the Board of Directors  
(A California Corporation)**

**March 24, 2021**

**ATTENDANCE**

The following members of the Board of Director's were present at said meeting:

**PRESENT:**

Gisele Ragusa  
Julie Chetney  
David Bernstein  
Shannon Hines  
Natalie Webber  
Georgina Molina  
Penne Fode  
Mary Soldato  
David Bernstein  
Daniel Rodriguez

**STAFF:**

Anthony Hill, Executive Director  
Lucina Galarza, Director of Community Services  
Joe Alvarez, Associate Director of Clinical  
Services  
Daniela Santana, Director of Client  
Services  
Roy Doronila, Chief Financial Officer  
Tina Luceno, Fiscal Analyst  
Yvonne Gratianne, Manager of Communications &  
Public Relations  
Willanette Satchell, Exec. Assistant in  
Management  
Erika Gomez, Exec. Assistant BOD

**GUESTS:**

Michelle Nelson  
Kristel Maikranz  
Cathy Gott  
Jacqueline Gaytan, DDS  
Bruce Cruikshank  
Elizabeth Cuevas  
Jim G  
Joseph Huang  
Julie Larose  
Debbie Cornejo  
Mark Altieri  
Nathan Roettger  
Tamra Pauly  
Sofia Cervantes, SCDD

**ABSENT:**

John Randall (LOA)  
Julie Lopez

Preeti Subramaniam  
Sheila James  
Sherry Meng

**A. CALL TO ORDER:**

Gisele Ragusa, Board President, called the meeting to order at 7:19 p.m. Roll call was taken, and a quorum was established.

- The agenda was reviewed. The bylaws discussion was tabled. Penne Fode will give the Community Relations Committee update as Daniel Rodriguez was not present at the meeting.
- The minutes for the January 27, 2021 meeting were reviewed and approved by the Board.  
**M/S/C (Chetney & Soldato) The Board approved the minutes.  
Abstain: Rodriguez**
- The minutes for the February 24, 2021 meeting were reviewed and approved by the Board.  
**M/S/C (Molina & Fode) The Board approved the minutes.**

**B. PUBLIC INPUT:**

None

**C. SPECIAL TRAINING:**

“Tips for Reviewing Audited Financial Statements”

Kristel Maikranz, CPA, Principal AGT, reported the following information:

- Explanation of what Financial Statements are
- Steps to take when reviewing Financial Statements
- The breakdown of an auditor’s report
- The breakdown of a balance sheet
- The breakdown of an income statement
- The breakdown of statement of cashflow
- The breakdown of notes to the financial statement

**D. SPECIAL DISCUSSION:**

“Self Determination – Education Spectrum”

Cathy Gott spoke about the following:

- Promoting partnerships and collaborations

- Coaches and representatives of the catchment area
- Public partnerships
- Education Spectrum Self Determination coaching
- California Self Determination Program network timeline
- Contact information

A Self Determination testimonia video was also shared.

## **E. EXECUTIVE/FINANCE COMMITTEE**

### **Financial Report**

- In regional center operations, and based on the B-2 contract amendment, the allocation is projected to meet expenditure projections. The projections include estimated cost of wage enhancements, vacation buyouts and continuation of projects identified in the prior year. The operations allocation for fiscal year 2020-21 is currently at \$32,144,211 with projected expenditures of \$31,967,912. The current month's expenditure amounted to \$3,487,737 and the year-to-date expenditures is \$18,272,494, with projected remaining expenditures of \$13,695,418. This reflects a surplus of \$176,300 in regular operations.
- The Family Resource Center allocation is projected to meet expenditure projections, resulting in a zero-balance remaining in allocation. The current allocation is \$154,564 with projected expenditures of \$154,564.
- The Lanterman Foster Grandparent/Senior Companion program has a current allocation in the amount of \$1,209,748, staff expect to spend the full amount. The Fairview program is included in this amount. The Community Placement Plan (CPP) and DC ongoing Workload operations allocation is currently allocated at \$1,688,719. Expenditures for the year are projected to be within the allocated amount.
- The Purchase of Service Projections were based on the B-2 contract amendment and actual expenditures through February 18, 2021 claim. The B-2 POS allocation is at \$271,307,068. The current month's claim amounted to \$22,918,499 bringing the year-to-date expenditures for services to

\$147,658,749. Projected expenditures and late bills remaining are in the amount of \$128,837,482 leaving a deficit of \$5,189,163. Staff expect to be funded in full in future allocations. POS expenses directly related to COVID19 are included in this projection under the other items section. CPP POS is in a separate line item and projected to be within the allocated amount.

**F. COMMUNITY RELATIONS/LEGISLATIVE COMMITTEE**

Daniel Rodriguez shared that at the meeting in February, the committee heard the Community Outreach Report and got an Covid 19 update.

Because Mr. Rodriguez was not present at the meeting in March, Penne Fode shared that the committee heard the Community Outreach Report as well as an update on the Governor's Budget and a Covid 19 update.

**G. CLIENT SERVICES ADVISORY COMMITTEE**

Shannon Hines reported that the committee received the second part of the special presentation on Self Determination in February. Tonight, before this meeting, the committee was presented information on mental health.

**H. VENDOR ADVISORY COMMITTEE (VAC)**

David Bernstein shared that the provider community lost a longtime service provider, Jay Bhavsar. He also reported that the Vocational Subcommittee will meet tomorrow and will focus their discussions on re-engagement. Dr. Tomblin did a presentation at the March meeting on Disparity Data. Lastly, he shared that SG/PRC continues to hold weekly Monday meetings to provide Covid 19 updates and support to the vendor community.

**I. STRATEGIC DEVELOPMENT COMMITTEE**

Julie Chetney reported that recruiting efforts are ongoing; she attended a weekly community meeting with the purpose to encourage interest in Board and Committee participation from individuals served and families. The Committee continues to review the Board Strategic Timeline and have decided to meet on a separate day to further discuss this item. Lastly, next month the members will meet as the Nominating Committee to talk about the slate of officers for Fiscal Year 21/22.

## **J. BOARD OVERVIEW**

Dr. Gisele Ragusa shared the following information:

- ARCA Board Delegate Update – There was a recent ARCA Board Delegates meeting. A video was created with the purpose of showing how regional centers have responded during this time of Covid 19. She forwarded this email to the Board of Directors. Also, she informed the members that all the trainings conducted by ARCA are archived on their website.
- Board Bylaws – This item was tabled.

## **K. EXECUTIVE DIRECTOR'S REPORT:**

Anthony Hill, Executive Director, discussed the following:

- ARCA held a meeting last Friday.
  - ARCA issued a letter supporting AB-445 to change language in the Lanterman Act that would end the requirement for regional centers to request sensitive information from parents such as their social security number.
  - ARCA is working to get someone to sponsor a bill that would allow for regional centers to get the \$55 million needed to hire more Service Coordinators to be able to meet the caseload ratios requirement.
  - ARCA continues to advocate for the termination of the Holiday Closure Schedule.

Mr. Hill and staff provided a quick update regarding the response to Covid 19:

- Intake and Early Start assessments are operating fully
- Vaccine Place of Distribution-
  - SG/PRC will become a testing site. The soft rollout is scheduled for April 7, 2021.
  - Los Angeles County will use SG/PRC as a vaccine site on April 8, 2021.
  - Staff are working with Albertson's Pharmacy for the possibility of hosting a vaccine clinic.
  - Staff are working with Western University; they will provide links a couple of days before being released to LA county.



- Staff have asked Cal Poly for prioritization with vaccine links and have offered SG/PRC to be vaccination site.
- COVID -19 Report – Joe Alvarez provided individual stats on COVID-19; spoke about the trends of positive and negative cases.

Lastly, staff presented a video of the completed mural inside the building where children and their family will be able to live their handprints. A video was also shown as a recap of the virtual 80's dance party that was held.

**EXECUTIVE SESSION**

None

**Next meeting on Wednesday, April 28, 2021 at 7:15 p.m.**

**BOARD MINUTES FROM THE MARCH 24, 2021 MEETING**

Submitted by:

\_\_\_\_\_  
Gisele Ragusa, Board President

\_\_\_\_\_  
Date

**S**AN GABRIEL/POMONA  
REGIONAL CENTER

# Committee Reports & Information



**March – April 2021**

**SAN GABRIEL/POMONA VALLEYS  
DEVELOPMENTAL SERVICES, INC.  
Executive/Finance Committee Meeting Minutes**

**March 10, 2021**

**PRESENT**

Gisele Ragusa, President  
Sheila James, 1<sup>st</sup> VP  
Julie Chetney, 2<sup>nd</sup> VP  
Shannon Hines, Secretary  
Mary Soldato, Treasurer  
Natalie Webber, Director  
Daniel Rodriguez, Director

**STAFF:**

Anthony Hill, Executive Director  
Lucina Galarza, Director of Community Services  
Roy Doronila, Chief Financial Officer  
Daniela Santana, Director of Client Services  
Joe Alvarez, Director of Clinical Services  
Willanette Steward-Satchell, Exec. Asst. (Mgmt.)  
Erika Gomez, Executive Assistant - BOD

**GUESTS:**

**ABSENT:**

**ACTIONS TAKEN BY THE EXECUTIVE/FINANCE COMMITTEE  
PURSUANT TO SECTION 20.04 OF THE BYLAWS**

All actions taken by the Executive/Finance Committee on behalf of the Board of Directors shall be reported at the next meeting of the Board. The actions taken by the Executive/ Finance Committee at this meeting were:

**Approval of Financial Report-** For the month of February 2021, for services paid through March 18, 2021

**ITEMS DISCUSSED**

**A. CALL TO ORDER**

Gisele Ragusa, Board President, called the meeting to order at 7:18 pm. A quorum was established.

The committee reviewed the agenda and requested that the following items be added:

- B 2 Amendment – Approval of Board President’s signature.
- Executive Session – Personnel Matter

The committee reviewed and approved the minutes of the March 10, 2021 meeting. **(M/S/C James & Hines) The committee approved the minutes.**

The committee members were asked to email Erika Gomez, Executive Assistant to the Board of Directors, if they would like to opt out of receiving a physical copy of the Board Packet as everything is now accessible electronically.

**B. PUBLIC INPUT:**

None

**C. FINANCIAL REPORT**

Roy Doronila, Chief Financial Officer, reported on the following:

**Financial Report**

In regional center operations, and based on the B-2 contract amendment, the allocation is projected to meet expenditure projections. The projections include estimated cost of wage enhancements, vacation buyouts and continuation of projects identified in the prior year. The operations allocation for fiscal year 2020-21 is currently at \$32,144,211 with projected expenditures of \$31,928,344. The current month's expenditure amounted to \$2,578,585 and our year-to-date expenditures is \$20,851,079, with projected remaining expenditures of \$11,077,265. This reflects a surplus of \$215,866 in regular operations.

The Family Resource Center allocation is projected to meet expenditure projections, resulting in a zero-balance remaining in allocation. The current allocation is \$154,564 with projected expenditures of \$154,564.

The Lanterman Foster Grandparent/Senior Companion program has a current allocation in the amount of \$1,209,748, it is expected that the full amount will be spent. The Fairview program's is included in this amount. The Community Placement Plan (CPP) and DC ongoing Workload operations allocation is currently allocated at \$1,688,720. Expenditures for the year are projected to be within the allocated amount.

The Purchase of Service Projections were based on the B-2 contract amendment and actual expenditures through March 18, 2021 claim. The B-2 POS allocation is at \$271,307,068. The current month's claim amounted to \$22,421,425 bringing the year-to-date expenditures for services to \$170,080,353. Projected expenditures and late bills remaining are in the amount of \$108,707,370 leaving a deficit of \$6,580,586. It is expected to be funded in full in future allocations. POS expenses directly related to COVID19 are included in this projection under the other items section. CPP POS is in a separate line item and projected to be within the allocated amount.

**(M/S/C – James & Hines) The committee approved the Financial Report.**

**Abstain: Rodriguez**

**B 2 Amendment** – The contract amendment was received, and the President’s signature is required for funds to be released.

**(M/S/C – Hines & Soldato) The committee approved the Financial Report.**

**D. CONTRACTS FOR REVIEW**

Lucina Galarza, Director of Community Services presented the following contracts:

- Easter Seals Winterhaven
- People’s Care Viola
- People’s Care Covina Hills
- RSCR California, Inc. SAN ANGELO

- Insight For Life - this contract needs board approval.

**(M/S/C – James & Chetney) The committee approved the recommendation to the Board for its review.**

**E. BOARD OVERVIEW**

Board President Dr. Gisele Ragusa reported on the following:

- Board Bylaws – The members were asked to review what was emailed to them.
- Agenda for the April 28, 2021 Board Meeting:
  - The next special discussion topic will be housing and accommodations for independent living.
  - Recommendation of Slate officers for FY 21/22
- Agenda items for the May 12, 2021 Executive Finance Committee meeting:
  - Financial Report
  - Covid-19

**F. COVID-19 UPDATE:**

Anthony Hill, Executive Director, and staff reported the following regarding Covid-19:

- Reengagement Day Program Services – The current guidance from DDS stems from a directive from March 2020. The provider community and staff are awaiting guidance from Community Care Licensing or DDS about engagements of Day Programs. For now, staff have them to revisit their reengagement plans and make modifications pertaining to Covid 19 vaccine information.
- DDS is concerned that there have not been physical eyes on programs, specifically on Residential facilities. Quality Assurance will resume in person

- monitoring visits.
- DDS Directive-Attestation Absence Payments –DDS is requesting proof that providers did not receive funding from PPP. However, it seems that DDS has backed off requiring for this information this month. There has been a lot of push back on this. Assembly member Jim Frazier asked Nancy Bargman, Executive Director of DDS, for clarification on this matter.
  - AB-445 – ARCA supports this bill which would change language in the Lanterman Act that would end the requirement for regional centers to request sensitive information from parents such as their social security number.
  - Intake and Eligibility-SG/PRC remains the only regional center that offers in person intake and eligibility. Referrals numbers are going back up, almost to pre pandemic numbers.
  - Vaccine Data Collection – 50% of the individuals served by SG/PRC have been vaccinated as of April 1<sup>st</sup>.
  - Staff are working with Western University; they will provide links a couple of days before being released to LA county.
  - Staff have asked Cal Poly for prioritization with vaccine links and have offered SG/PRC to be vaccination site.
  - 89% of staff have been vaccinated.
  - On April 7, 2021 SG/PRC served as a Covid 19 testing site. A recap video was shared.
  - On April 8, 2021 SG/PRC served as a Covid 19 vaccine site. A recap video was shared.
  - SG/PRC hosted a dental clinic over the weekend. A recap video was shared.
  - 89% of SG/PRC staff are fully vaccinated.
  - Joe Alvarez provided individual stats on COVID-19; spoke about the downward trend, presented information on the DDS report.
  - Mr. Alvarez shared that he is working on a presentation on the reasons why people should consider getting vaccinated as people are still very hesitant about doing so.

### **MEETING ADJOURNED**

The meeting adjourned. The next regular meeting will be held on May 12, 2021 at 7:15 p.m. via teleconference.

### **CLOSED SESSION**

There was a closed session regarding a personnel matter.

SAN GABRIEL/POMONA REGIONAL CENTER  
**PURCHASE OF SERVICES FUND FINANCIAL REPORT**

FISCAL YEAR 2020-21

PAYMENTS THROUGH MARCH 18, 2021 FOR SERVICES PROVIDED THROUGH FEBRUARY 28, 2021

66.7% OF YEAR ELAPSED

**DRAFT  
 COPY**

CONTRACT ALLOCATIONS	Regular POS	CPP	HCBS	Total			
Preliminary Allocation (Regular POS)	200,879,483			200,879,483			
B-1 Allocation	70,427,585	100,000		70,527,585			
B-2 Allocation		800,069		800,069			
				0			
				0			
<b>Total Contract Allocation</b>	<b>271,307,068</b>	<b>900,069</b>	<b>0</b>	<b>272,207,137</b>			
				C plus E			
	A	B	C	D	E	F	G
		Current Month Expenditures	Year-to-Date Expenditures	YTD Actual as percent of Allocation	Projected Remaining Expenditures	Total Projected Expenditures	YTD & Projected as percent of Allocation
<b>Total POS Actual &amp; Projected Expenditures</b>		<b>22,421,425</b>	<b>170,080,353</b>	<b>62.5%</b>	<b>108,707,370</b>	<b>278,787,723</b>	<b>102.4%</b>
<b>OUT OF HOME CARE</b>							
Community Care Facilities		8,263,264	62,039,742	22.9%	38,028,430	100,068,172	36.9%
ICF/SNF Facilities		6,891	116,947	0.0%	175,722	292,668	0.1%
<b>Total Out of Home Care</b>		<b>8,270,156</b>	<b>62,156,688</b>	<b>22.9%</b>	<b>38,204,152</b>	<b>100,360,840</b>	<b>37.0%</b>
<b>DAY PROGRAMS</b>							
Day Care		1,238,406	7,371,696	2.7%	5,736,802	13,108,498	4.8%
Day Training		4,328,231	33,089,722	12.2%	19,005,014	52,094,736	19.2%
Supported Employment		358,764	3,099,225	1.1%	3,438,763	6,537,988	2.4%
Work Activity Program		75,001	1,082,927	0.4%	1,226,151	2,309,078	0.9%
<b>Total Day Programs</b>		<b>6,000,403</b>	<b>44,643,569</b>	<b>16.5%</b>	<b>29,406,731</b>	<b>74,050,301</b>	<b>27.3%</b>
<b>OTHER SERVICES</b>							
Non-Medical: Professional		707,014	4,642,576	1.7%	2,927,862	7,570,438	2.8%
Non-Medical: Programs		1,186,931	9,752,129	3.6%	8,452,514	18,204,643	6.7%
Home Care: Programs		219,954	1,599,714	0.6%	1,306,888	2,906,601	1.1%
Transportation		504,422	4,187,348	1.5%	2,491,205	6,678,554	2.5%
Transportation Contracts		479,590	4,526,950	1.7%	2,726,099	7,253,049	2.7%
Prevention		1,105,428	7,338,121	2.7%	4,367,571	11,705,692	4.3%
Other Authorized Services		1,166,172	9,462,204	3.5%	5,881,720	15,343,924	5.7%
Personal and Incidentals		12,160	103,305	0.0%	56,631	159,936	0.1%
Hospital Care		112,966	960,678	0.4%	764,643	1,725,321	0.6%

SAN GABRIEL/POMONA REGIONAL CENTER  
**PURCHASE OF SERVICES FUND FINANCIAL REPORT**

FISCAL YEAR 2020-21

PAYMENTS THROUGH MARCH 18, 2021 FOR SERVICES PROVIDED THROUGH FEBRUARY 28, 2021

66.7% OF YEAR ELAPSED

**DRAFT  
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	C plus E					G	
	A	B	C	D	E		F
		Current Month Expenditures	Year-to-Date Expenditures	YTD Actual as percent of Allocation	Projected Remaining Expenditures	Total Projected Expenditures	YTD & Projected as percent of Allocation
Medical Equipment		1,617	16,864	0.0%	17,672	34,536	0.0%
Medical Service: Professional		129,918	997,025	0.4%	962,649	1,959,674	0.7%
Medical Service: Programs		66,508	969,234	0.4%	562,700	1,531,934	0.6%
Respite: In Own Home		947,765	9,084,209	3.3%	5,153,516	14,237,725	5.2%
Respite: Out of Home		0	3,243	0.0%	8,645	11,888	0.0%
Camps		0	240	0.0%	0	240	0.0%
<b>Total Other Services</b>		<b>6,640,446</b>	<b>53,643,839</b>	<b>19.8%</b>	<b>35,680,315</b>	<b>89,324,155</b>	<b>32.9%</b>
<b>Total Estimated Cost of Current Services</b>		<b>20,911,004</b>	<b>160,444,097</b>	<b>59.1%</b>	<b>103,291,198</b>	<b>263,735,296</b>	<b>97.2%</b>
<b>OTHER ITEMS</b>							
Estimated Cost of COVID19 expenses		1,923,176	13,355,224	4.9%	6,597,135	19,952,359	7.4%
<b>Total Other Items</b>		<b>1,923,176</b>	<b>13,355,224</b>	<b>4.9%</b>	<b>6,597,135</b>	<b>19,952,359</b>	<b>7.4%</b>
<b>Total Purchase of Services</b>		<b>22,834,179</b>	<b>173,799,321</b>	<b>64.1%</b>	<b>109,888,334</b>	<b>283,687,654</b>	<b>104.6%</b>
Deduct: Estimated Receipts from Intermediate Care Facilities for State Plan Amendment Services		(412,933)	(3,719,326)	-1.4%	(2,080,674)	(5,800,000)	-2.1%
<b>Expenditures Regular POS (Net of CPP)</b>	<b>271,307,068</b>	<b>22,421,246</b>	<b>170,079,995</b>	<b>62.7%</b>	<b>107,807,659</b>	<b>277,887,654</b>	<b>102.4%</b>
<b>Projected Allocation Balance (Deficit) Regular POS</b>						<b>(6,580,586)</b>	<b>-2.4%</b>
<b>COMMUNITY PLACEMENT PLAN</b>							
Community Placement Plan (inc. CRDP)	900,069	179	358	0.0%	899,711	900,069	100.0%
<b>Allocation Balance (Deficit) CPP and HCBS</b>						<b>0</b>	<b>0.0%</b>
<b>Total Projected Allocation Balance (Deficit) Regular &amp; Community Placement Plan POS</b>						<b>(6,580,586)</b>	<b>-2.4%</b>



SAN GABRIEL/POMONA REGIONAL CENTER  
**OPERATIONS FUND FINANCIAL REPORT**

FISCAL YEAR 2020-21

PAYMENTS THROUGH MARCH 18, 2021 FOR SERVICES PROVIDED THROUGH FEBRUARY 28, 2021

66.7% OF YEAR ELAPSED

**DRAFT  
 COPY**

CONTRACT ALLOCATIONS	Regular	CPP/CRDP DC Ongoing	Family Resource Center	Foster Grandparent Senior Companion	Covid	Total			
							D plus F	A minus G	
	A	B	C	D	E	F	G	H	I
	Current Allocation	% of Allocation	Current Month Expenditures	Year-to-Date Expenditures	YTD Actual as % of Allocation	Projected Remaining Expenditures	Total Projected Expenditures	Projected Balance Remaining Amount	Projected Balance Remaining Percent
Preliminary Allocation	25,975,869						25,975,869		
B-1 Allocation	5,698,975		889,472	154,564	1,209,748		7,952,759		
B-2 Allocation	386,367		799,248				1,185,615		
B-3 (estimated)	83,000						83,000		
							0		
							0		
<b>Total Operations Contract Allocation</b>	<b>32,144,211</b>		<b>1,688,720</b>	<b>154,564</b>	<b>1,209,748</b>	<b>-</b>	<b>35,197,243</b>		
<b>Total Operations - Actual and Projected Expenditures</b>	<b>35,197,243</b>	<b>100.00%</b>	<b>2,697,832</b>	<b>21,860,962</b>	<b>62.1%</b>	<b>13,120,414</b>	<b>34,981,376</b>	<b>215,866</b>	<b>0.61%</b>
<b>PERSONAL SERVICES (REGULAR OPERATIONS)</b>									
Salaries	22,253,968	69.23%	1,815,537	14,460,508	45.0%	7,789,922	22,250,431	3,538	0.01%
Temporary Staff	13,791	0.04%	0	12,203	0.0%	0	12,203	1,589	0.00%
Retirement ( includes 403B)	2,801,365	8.71%	239,680	1,809,498	5.6%	959,019	2,768,517	32,848	0.10%
Social Security (OASDI)	162,252	0.50%	18,316	77,024	0.2%	46,173	123,197	39,055	0.12%
Health Benefits/Long Term Care	1,973,927	6.14%	158,945	1,468,043	4.6%	490,357	1,958,400	15,527	0.05%
Worker's Comp Insurance	194,618	0.61%	12,537	113,749	0.4%	62,683	176,432	18,186	0.06%
Unemployment Insurance	50,000	0.16%	23,245	23,245	0.1%	23,245	46,490	3,510	0.01%
Non-Industrial Disability/Life Insurance	111,270	0.35%	7,681	71,357	0.2%	35,678	107,035	4,235	0.01%
Clinical Consultants - Consumer Services	0	0.00%	0	0	0.0%	0	0	0	0.00%
<b>Total Personal Services (Regular Operations)</b>	<b>27,561,191</b>	<b>85.74%</b>	<b>2,275,942</b>	<b>18,035,627</b>	<b>56.1%</b>	<b>9,407,078</b>	<b>27,442,705</b>	<b>118,486</b>	<b>0.37%</b>
<b>OPERATING EXPENSES (REGULAR OPERATIONS)</b>									
Equipment Rental	60,000	0.19%	958	43,154	0.1%	8,631	51,784	8,216	0.03%
Equipment Maintenance	22,000	0.07%	2,097	16,445	0.1%	5,482	21,926	74	0.00%
Facility Rent	2,628,000	8.18%	219,000	1,971,000	6.1%	657,000	2,628,000	0	0.00%
Facility Maintenance	15,000	0.05%	(26,268)	3,286	0.0%	1,643	4,929	10,071	0.03%
Communications (postage, phones)	350,000	1.09%	16,706	145,435	0.5%	189,317	334,752	15,248	0.05%
General Office Expense	307,000	0.96%	19,847	99,576	0.3%	196,788	296,364	10,636	0.03%
Printing	12,000	0.04%	2,312	7,398	0.0%	3,699	11,097	903	0.00%
Insurance	220,000	0.68%	80,401	219,168	0.7%	0	219,168	832	0.00%
Data Processing	116,000	0.36%	7,803	40,367	0.1%	75,183	115,550	450	0.00%
Data Processing Maintenance / Licenses	322,000	1.00%	2,378	166,777	0.5%	151,881	318,658	3,342	0.01%
Interest Expense	18,000	0.06%	0	15,285	0.0%	0	15,285	2,715	0.01%
Bank Service Fees	1,500	0.00%	192	322	0.0%	161	483	1,017	0.00%
Legal Fees	200,000	0.62%	(1,872)	23,809	0.1%	174,047	197,856	2,144	0.01%
Board of Directors Expense	10,000	0.03%	134	234	0.0%	9,617	9,851	149	0.00%
Accounting Fees	65,000	0.20%	0	0	0.0%	65,000	65,000	0	0.00%
Equipment Purchases	55,000	0.17%	(6,993)	28,548	0.1%	7,229	35,777	19,223	0.06%

SAN GABRIEL/POMONA REGIONAL CENTER  
**OPERATIONS FUND FINANCIAL REPORT**

FISCAL YEAR 2020-21

PAYMENTS THROUGH MARCH 18, 2021 FOR SERVICES PROVIDED THROUGH FEBRUARY 28, 2021

66.7% OF YEAR ELAPSED

**DRAFT  
 COPY**

	A	B	C	D	E	F	D plus F G	A minus G H	I
	Current Allocation	% of Allocation	Current Month Expenditures	Year-to-Date Expenditures	YTD Actual as % of Allocation	Projected Remaining Expenditures	Total Projected Expenditures	Projected Balance Remaining Amount	Percent
Contractor & Consultants - Adm Services	253,520	0.79%	11,858	92,984	0.3%	140,970	233,954	19,566	0.06%
Contract - ABX2 Disparities	0	0.00%	0	0	0.0%	0	0	0	0.00%
Travel/mileage reimbursement	20,000	0.06%	1,671	11,827	0.0%	5,990	17,817	2,183	0.01%
ARCA Dues	0	0.00%	0	0	0.0%	0	0	0	0.00%
General Expenses	21,000	0.07%	(19,600)	14,935	0.0%	5,445	20,380	620	0.00%
<b>Total Operating Expenses (Regular Operations)</b>	<b>4,696,020</b>	<b>14.61%</b>	<b>310,624</b>	<b>2,900,550</b>	<b>9.0%</b>	<b>1,698,082</b>	<b>4,598,631</b>	<b>97,389</b>	<b>0.30%</b>
<b>Total Personal Services &amp; Operating Expenses (Regular Operations)</b>	<b>32,257,211</b>	<b>100.35%</b>	<b>2,586,566</b>	<b>20,936,176</b>	<b>65.1%</b>	<b>11,105,160</b>	<b>32,041,336</b>	<b>215,875</b>	<b>0.67%</b>
<b>OTHER INCOME</b>									
Interest & Other Income	(113,000)	-0.35%	(7,981)	(85,097)	-0.3%	(27,895)	(112,992)	(8)	0.00%
<b>Total Personal Services &amp; Operating Expenses Net of Other Income (Regular Operations)</b>	<b>32,144,211</b>	<b>100.00%</b>	<b>2,578,585</b>	<b>20,851,079</b>	<b>64.9%</b>	<b>11,077,265</b>	<b>31,928,344</b>	<b>215,866</b>	<b>0.67%</b>
<b>RESTRICTED FUNDS</b>									
Family Resource Center Expenses	154,564	100.00%	0	69,501	45.0%	85,063	154,564	0	0.00%
Foster Grandparent/Senior Companion Expenses	1,209,748	100.00%	92,847	607,990	50.3%	601,757	1,209,748	0	0.00%
Community Placement Plan Expenses	1,688,719	100.00%	26,400	332,391	19.7%	1,356,328	1,688,720	0	0.00%
<b>Total Restricted Funds</b>	<b>3,053,031</b>		<b>119,247</b>	<b>1,009,883</b>	<b>99.2%</b>	<b>2,043,149</b>	<b>3,053,031</b>	<b>0</b>	<b>0.00%</b>
<b>Total Expenses (Including Restricted Funds)</b>	<b>35,197,242</b>		<b>2,697,832</b>	<b>21,860,962</b>	<b>62.1%</b>	<b>13,120,414</b>	<b>34,981,376</b>	<b>215,866</b>	<b>0.62%</b>
<b>Total Allocation Balance (Deficit)</b>								<b>215,866</b>	

**SAN GABRIEL/POMONA VALLEYS  
DEVELOPMENTAL SERVICES, INC.**

**COMMUNITY RELATIONS/  
LEGISLATIVE COMMITTEE**

**MINUTES FROM THE MARCH 17, 2021 MEETING**

The following committee members were present at said meeting:

**PRESENT**

Penne Fode  
Joseph Huang  
Gisele Ragusa  
Natalie Webber  
Georgina Molina

**GUESTS**

**STAFF:**

Anthony Hill, Executive Director  
Lucina Galarza, Director of Community Services  
Joe Alvarez, Associate Director of Clinical Services  
Carol Tomblin, Director of Compliance  
Yvonne Gratianne, Manager of Communications &  
Public Relations  
Xochitl Gonzales, Community Outreach Specialist  
Amos Byun, Community Outreach Specialist  
Willanette Steward-Satchell, Executive Assistant  
(Management)  
Erika Gomez, Executive Assistant - BOD

**ABSENT:**

Rachel McGrath  
Daniel Rodriguez (Chair)

**RECOMMENDED BOARD ACTIONS**

**The Community Relations/Legislative Committee recommends the following:**

None

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**CALL TO ORDER**

Penne Fode, called the meeting to order at 6:05 pm. A quorum was established.

The minutes from February 17, 2021 were reviewed and approved with the following correction:

- Licensed Day Programs will have to let pharmacies know that they have participants who live at home that will need to be considered *for the*

*vaccine* because they will be in a congregate setting when attending the program.

**M/S/C (Ragusa & Webber) The committee approved the minutes.**

### **PUBLIC INPUT**

None

### **COMMUNITY OUTREACH MONTHLY REPORT\***

Carol Tomblin, Director of Compliance, presented the monthly Outreach Report for February 2021. The Community Outreach Specialist have focused on the following projects:

- Progress/Status of Continuing POS Equity Projects Funded by DDS FY 19-20 Disparity Program Grants
- Ongoing Projects Previously Funded
- Other Equity-Related Activities not supported with Disparity Grant Funds.
- Family Support/ Training

She also shared that the information forum with the community to talk about POS Expenditure Data took place last month.

### **LEGISLATIVE ISSUES & OTHER INFORMATION**

Anthony Hill, Executive Director, and staff reported the following:

- Governor Newsom's Budget - The budget was passed. There was a reduction in caseloads for regional centers. 21 positions for emergency coordinators were added. ARCA is advocating for caseloads to go from 175 to 162 and that would require 850 additional Service Coordinators and \$56 million. Also, the temporary rate increase for vendors will continue through January 1, 2023.
- There is a proposal to make April 2<sup>nd</sup> World Autism Day.
- AB 445 – ARCA supports this bill. It would make it so that sensitive information, such as residency status, is not collected during the intake and eligibility process.
- Cesar Chavez Day – SG/PRC will observe this day on March 29, 2021.
- Chris Littlefield “Being Resilient in the Pandemic” – This was presented to the community on March 9, 2021. Families were appreciative to have been included in the presentation that had a focus on self-care. This presentation will also be given to staff on April 7, 2021.
- Virtual Dance Party- Joe Alvarez shared the flyer announcing the upcoming virtual dance, “Bring Back the 80s,” scheduled for March 19<sup>th</sup>.

- Dental Clinic- Joe Alvarez reported that the Dental Clinics will resume and the first one will take place on the weekend outdoors to reduce the risk of exposure to Covid 19.
- Subscribers – Yvonne Gratianna shared that since switching from the previous email blast system to “Constant Contact,” and having a pop-up screen on the website’s homepage that encourages people to subscribe, the amount of sign ups have doubled. She believes the 8,000 mark will be met soon.
- Tenant Improvements – The mural for children and families to leave their painted handprints has been completed and the first participants were a member of the Client Services Committee and her son.

### **COVID-19 UPDATE:**

Anthony Hill, Executive Director, and staff reported the following:

- Intake and Eligibility-SG/PRC remains the only regional center that offers in person intake and eligibility. Numbers continue to rise and almost reach pre-Covid 19 stats.
- DDS Directive 1-29-2021- Planning COVID-19 Activities – This requires that service coordinators contact individuals served if contact has not already been made. Regional centers must also keep contact with hospitals. And it requires each regional center to have a communication plan on testing and vaccines. All regional centers were required to submit a plan to DDS within the 30 days of when the letter was written.
- Vaccine Prioritization/Individuals Served- As of March 15<sup>th</sup> individuals with developmental disabilities were given access to the vaccine. SG/PRC provided a letter for those in the categories eligible. The total amount of letters issued was 4,000.
- Vaccine Letter- SG/PRC Employees- A letter was issued under the “healthcare worker category.” 60% of staff have had at least one dose.
- Vaccine Place of Distribution-
  - SG/PRC is working with a private pharmacy to get 200 slots at their site.
  - Staff are working with Albertson’s Pharmacy, if they do a clinic it would be in the middle of April.
  - Staff are working with Western University; they will provide links a couple of days before being released to LA county.
  - Staff are working with LA county and SG/PRC will possibly serve as vaccination site. They want a walk-in vaccination site, and staff will figure out if that can be accommodated.

- Staff are trying to get mobile opportunities for those that are home bound.
- Staff will keep sensory needs in mind when working with all the different entities.
- COVID-19 Testing Site SG/PRC- In partnership with Valencia Laboratories SG/PRC will be a testing site with a soft opening planned for the first week of April targeted for staff, individuals served and providers. Staff are currently at San Diego Regional Center observing their process of their clinic.
- COVID -19 Report – Joe Alvarez provided individual stats on COVID-19; spoke about the spikes, presented information on the DDS report to the Committee.
- COVID-19 Surge/Resources – Lucina Galarza shared that there continue to be surge homes available, but no one is there at the moment. The registry is also not being used but is available.
- Day Programs were told it may be too soon to open right now. Licensed programs must submit a program plan that has to be approved by a licensing worker, but that process was put on hold when the surge happened. When returning, if someone isn't vaccinated, they have to continue to practice social distancing and mask wearing.

**ADJOURNMENT:**

The next meeting is on April 14, 2021.

# Community Outreach Team Monthly Report

<b>Community Outreach Team</b>	Director: Carol Tomblin Community Outreach Specialists: Xochitl Gonzalez, Amos Byun. Administrative Assistant, Marilyn Carmona
<b>Report Date</b>	Month of February 2021
<b>Report to</b>	Community Relations Committee of the SG/PRC Board of Directors
<b>Progress/ Status of Continuing Equity Projects Funded by DDS FY19-20 Disparity Program Grants</b>	<ul style="list-style-type: none"> <li> <b>Parent Mentor Initiative (PMI)</b> – Please note that Alma Family Services provides monthly reports for the Parent Mentor Initiative (PMI) project on the 15<sup>th</sup> of each month for the previous month. The reports to this committee are prepared the week prior to receipt of the PMI reports. Consequently, this section will always reflect a prior month’s activities.           <p>Alma continues to provide support remotely to the families participating in PMI. In the month of January, there were eight (8) additional referrals, for a total of 431 parents referred and 350 initially matched to a mentor since the inception of PMI. One (1) family was matched this month. There were six (6) graduates in January, for a total of 140. There were 227 hours of mentoring provided to 52 participants. To date, 6714 hours of PMI mentoring have been provided to 227 SG/PRC families who have participated since the start of this project. Families that have graduated report an increase in their perception of how helpful their service coordinators were after participating in PMI. During the pandemic Parent Mentors continue to connect parents to support groups, additional trainings, and many have been referred to Navigating the Regional Center.</p> </li> <li> <b>Navigating the Regional Center System (NRCS)</b> – The NRCS-4 English Series began in January and continued through 2/9/21.           <p><u>Participants in February:</u></p> <ul style="list-style-type: none"> <li>Module 4 - 22 Participants</li> <li>Module 5 - 24 Participants</li> </ul> <p><u>Graduates:</u> 24</p> <p>One reason for having the highest graduates is that make-up sessions were completed through the online LMS Parent Portal so that parents could graduate with this group.</p> <p>The NRCS-5 Spanish Series began in February. These modules were scheduled on Saturdays, from 9 pm to 11:30 pm.</p> <p><u>Dates:</u> 2/20/21 and 2/27/21</p> <p><u>Registered:</u> 65 persons registered.</p> <ul style="list-style-type: none"> <li>Module 1 - 36 Participants</li> <li>Module 2 - 27 Participants</li> </ul> <p><u>(Module 3-5 will be reported in April as well as the graduates)</u></p> </li> <li> <b>Webinar development and hosting for parent training</b> – Amos continued to work on creating both English and Spanish versions of the Appeal and Fair Hearing Process webinars. Both webinars will be posted on the SG/PRC Parent Portal and available to be accessed by 3/15/2021.           </li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Vietnamese Outreach Specialists (VOS)</b> – VOS translated a flyer for Vietnamese Support Group (VSG) February 2021 meeting and SG/PRC Paid Internship Program leaflet. VOS reviewed Vietnamese translation of Understanding My Child’s Disability (UMCD) scripts and titles. VOS reached out to VSG members by making 106 calls to contact 44 parents, sending 189 text messages and 134 emails to invite Vietnamese families to monthly VSG meeting. Twenty on (21) Vietnamese parents confirmed to participate the February VSG meeting and nine (9) of them were able to participate the meeting. VOS participated and provided verbal translation at February VSG meeting on 2/18/2021.</li> </ul>
<p>On-going projects previously funded</p>	<ul style="list-style-type: none"> <li>• <b>Understanding My Child’s Disability (UMCD) Online Series (Previously known as Introductory Curriculum for Families)</b> – This UMCD project was supposed to be completed in December 2020; however, this completion of project was postponed to the end of April 2021 due to various delays. The translation contractor translated scripts and titles to Spanish, Chinese, Korean, and Vietnamese, and sent to SG/PRC for review and correct in February 2021. Four SG/PRC staff and VOS started reviewing those script and title files. All the corrected script and title files will be provided to the contractor by the middle of March for the contractor complete the project by the end of April 2021.</li> </ul>
<p>Other Equity-Related Activities not supported with Disparity Grant Funds.</p>	<ul style="list-style-type: none"> <li>• <b>Person-Centered Conversations (PCC)</b> – During the pandemic, any PCC meeting is conducted remotely through telephone call or Zoom meeting. There was no PCC meeting was conducted in February.</li> <li>• <b>Support of CBO Equity Project - Parenting Black Children (PBC)</b> – To celebrate Black History Month, Chazz Ross’ Jungle Drum Circle Performance was hosted on Monday 2/22/21. Their show celebrated 40 years of experience in African Music and Dance. On Wednesday 2/10/21 at 6pm and on Saturday 2/27/21 at 10 am, PBC held their support group meeting, with the topic “Black Experience in Parenting”. These meetings continue to be recorded and are made available to families through their social media platforms. On 2/25/21 PBC met with Monica Barrios, Early Intervention Compliance Specialist, and Xochitl Gonzalez to continue to work towards partnership to improve access to Early Intervention Services. PBC is also continues their outreach in college settings, targeting Black sorority and fraternities to educate young adults about developmental disabilities and where to get help.</li> <li>• <b>Cultural Specialist Meetings with DDS:</b> On 2/12/21, Xochitl participated in monthly meeting. This month honored Black History Month. The speaker was Elizabeth Morgan, Ed.M., Ph.D. candidate, and Program Coordinator for University Center for Excellence in Developmental Disabilities (UCEDD) at UC Davis MIND Institute.   <b>Topic: “ASD/DD in the Black Community (FY 17/18)”</b>  Resources shared and encouraged to make available to all. <ul style="list-style-type: none"> <li>• Module 1: Understanding and Accepting the Diagnosis  <a href="https://youtu.be/47_7sAxS514">https://youtu.be/47_7sAxS514</a></li> <li>• Module 2: Understanding how to Access Evidence Based Services  <a href="https://youtu.be/IMtS8LwOiGU">https://youtu.be/IMtS8LwOiGU</a></li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>• Module 3: The Role of the Regional Center and Creating Strong Family-Provider Partnerships <a href="https://youtu.be/qS41I7RXmps">https://youtu.be/qS41I7RXmps</a></li> <li>• Module 4: Overcoming Stigma and Creating Community Module <a href="https://youtu.be/1CJmVQaAWQE">https://youtu.be/1CJmVQaAWQE</a></li> </ul> <p>The second speaker was Hannah Michaelson, Program Director and Parent of a young adult with autism, Care Parent Network Topic: <i>"Multicultural Peer-to-Peer Outreach and Training (FY 18/19) and Adult Transition Support and Outreach for Families (FY 19/20)</i></p>
<p><b>Family Support/ Training</b></p>	<ul style="list-style-type: none"> <li>• <b>The Vietnamese Support Group (VSG) meeting through Zoom</b> -- Amos organized and facilitated VSG Zoom meeting on 2/18/21 with a topic of 'Self-Determination Program' (SDP) presented by Hortencia Tafoya, SG/PRC Federal Programs Specialist, to provide introductory information of SDP as parents requested in January VSG meeting. Nine (9) Vietnamese parents participated the Zoom meeting.</li> <li>• <b>Translation for Korean families</b> – Amos reviewed UMCD Korean translation and started correcting. Amos provided Korean verbal translation for Annual Meetings on 2/8/21 and 2/23/21, a remote psychiatric meeting on 2/23/21, and an Annual ISP meeting with vendors and SC on 2/25/21. Amos continued to provide Korean translation for telephone calls and emails for Korean parents who are assigned to non-Korean speaking Service Coordinators.</li> <li>• <b>Filipino American Support Group</b> – No meeting held in February. Next meeting is scheduled for Saturday, April 24, 2021 from 10 am to noon. The topic is Self Determination Plan presented by Daniela Santana, Director of client Services. Please see flyer.</li> <li>• <b>Informate</b> – Next meeting for this Spanish Educational Forum will be Saturday, March 27, 2021. The topic will be the Annual POS Expenditure Data from FY19-20, presented by Xochitl Gonzalez. Please see flyer.</li> <li>• <b>Critical Issues Forum</b> –This forum took place on 2/24/21 from 10 am to 12 pm. The topic was the Annual POS Expenditure Data from FY19-20, with simultaneous translation in Spanish done by Edith Aburto, Manager of Family Services. 98 individuals participated, including Linda Lee Gutierrez, Cultural Specialist from DDS.</li> <li>• <b>Facilitating ADEPT ABA Korean Study Group</b> – Amos postponed all of ADEPT ABA facilitation for two Korean groups previously scheduled to start in February. Amos will resume facilitation from March 2021 through Zoom.</li> </ul>
<p><b>Outreach/ Events Participation</b></p>	<ul style="list-style-type: none"> <li>• <b>Connecting with existing groups to provide remote training opportunities for families</b> – Amos organized and facilitated a Zoom workshop for Foundation For Disabled Youth (FFDY) with Aimee Delgado on 2/6/21. Total of 18 Chinese parents participated. Amos participated with Korean Parent Support Group California (KPSG CA) kinder group meeting and adult group meeting on 2/13/21 to provide regional center POS service related information including Employment Opportunity, Paid</li> </ul>

	<p>Internship, Living Options, and generic resources. On 2/22/21, Amos provided Korean ADEPT ABA presentation for San Diego Korean Parent Support Group through Zoom. Amos continued to provide COVID-19 related information and other community resource information provided by SG/PRC staff to Asian parent support groups through emails and text messages.</p>
<p><b>Other Major Activities of the Compliance and Outreach Department</b></p>	<ul style="list-style-type: none"> <li>• <b>Weekly Community Meetings:</b> Xochitl continues to assist Edith Aburto, who provides Spanish translation for the weekly Community Zoom meetings, by managing the questions submitted through the Chat function. Spanish speaking individuals are regularly attending this forum. Translations will continue.</li> <li>• The Outreach Team developed and posted the Community Meeting schedule for sharing the FY19-20 Annual POS Expenditure Data in the months of February and March. Amos and Carol completed the data charts to be included in the power point presentations.</li> <li>• The Annual POS Expenditure Data presentation was made to the Board of Directors on 2/24/21. A copy of the power point presentation was sent to those who were interested in receiving the detailed report.</li> <li>• Carol held a Zoom meeting of the Southern California Regional Center Emergency Coordinators on 2/10/21. Tamara Rodriguez from DDS joined the group to discuss recent emergency responses, including PPE distribution methods that various regional centers have utilized to support families and the vendor community.</li> </ul>

**SAN GABRIEL/POMONA REGIONAL CENTER**

**DEVELOPMENTALSERVICES, INC.**

**Minutes of the Meeting of the Client Services /Advisory Committee**

**March 24, 2021**

A regular meeting of the Client Services/Advisory Committee was held on Wednesday, March 24, 2021. The following committee members were present at said meeting:

**PRESENT**

Pretti Subramaniam  
Shannon Hines  
Mary Soldato  
Herminio Escalante  
Julie Lopez

**GUESTS:**

None

**STAFF:**

Anthony Hill  
Lucina Galarza  
Daniela Santana  
Erika Gomez  
Elisa Herzog  
Johnny Pang  
Willanette Satchell  
Erika Gomez

**ABSENT:**

Victor Guzman  
Daniel Clancy  
David Grisey (LOA)  
John Randall  
Sherry Meng  
Ning Yang  
Louis Jones  
Sheila James  
Jenny Needham  
Ardena Bartlett

**ITEMS DISCUSSED**

**CALL TO ORDER**

Shannon Hines called the meeting to order at 6:06 pm  
A quorum was not established.

The minutes of the January 27, 2021 and February 24, 2021s meetigs were tabled.

**PUBLIC COMMENT** – None

**CLIENT ADVOCATE** – Elisa Herzog was not present.

## **SPECIAL PRESENTATION – Signs and Symptoms of Mental Illness**

Lucina Galarza, Director of Community Services, shared about the following:

- Statistics
- Depression
  - Public Figures who have/had Depression
  - DSM 5 Symptom for Depression
  - Presentation for someone with IDD
  - Treatment and Strategies
  - What symptoms of depression might look like for a person with IDD
- Bipolar Disorder
  - Public Figures who have/had Bipolar
  - DSM 5 Symptoms of Mania
  - Presentation in someone with IDD
  - Treatment Strategies
- Schizophrenia and other Psychosis
  - Psychosis
  - Public Figures who have/had Psychosis
  - Types of Psychosis
  - DSM 5 Symptoms of Schizophrenia
  - Presentation in someone with IDD
  - Treatment Strategies
- Anxiety Disorders
  - Public Figures who have/had Anxiety Disorders
  - Types of Anxiety Disorders
  - DSM 5 Symptoms of Generalized Anxiety Disorder
  - Presentation in someone with IDD
  - Treatment Strategies
- Personality Disorders
  - Public Figures who have/had Personality Disorders
  - Types of Personality Disorders
  - DSM 5 Symptoms of Borderline Personality Disorder
  - Presentation in someone with IDD
  - Treatment Strategies

**FUTURE TRAINING TOPICS** –The committee agreed on the following training topics:

- **April 28, 2021 – What is Family Home Agency?**
- **May 26, 2021 – CAL ABLE**
- **June 23, 2021 – Dental Desensitization Program**

## **BEHAVIORAL INTERVENTION POLICIES**

The committee reviewed the policies last year but when Covid 19 hit, the committee did not present it to the Board for approval. This agenda item was tabled. It will be reviewed at the next meeting.

## **SELF DETERMINATION**

The Self Determination Program is set to open up for all as on June 7, 2021. Tonight, after this meeting, the Board of Directors will receive a presentation on the Education Spectrum. On the SG/PRC website there is a learning module available. The State gave this program \$77,000 and \$40,000 was allocated for Education Spectrum. There are meetings on the second Tuesday of the month and in April, it will be decided where the remainder of the money will go.

## **DIRECTOR'S REPORT -Anthony Hill, Executive Director**

Mr. Hill, Executive Director and staff shared the following:

- Intake and Early Start assessments are operating fully.
- Vaccine Place of Distribution-
  - SG/PRC will become a testing site. The soft rollout is scheduled for April 7, 2021.
  - Los Angeles County will use SG/PRC as a vaccine site on April 8, 2021.
  - Staff are working with Albertson's Pharmacy for the possibility of hosting a vaccine clinic.
  - Staff are working with Western University; they will provide links a couple of days before being released to LA county.
  - Staff have asked Cal Poly for prioritization with vaccine links and have offered SG/PRC to be vaccination site.
- COVID -19 Report – Joe Alvarez provided individual stats on COVID-19; spoke about the trends of positive and negative cases.

## **ADJOURN**

Chairperson Shannon Hines adjourned the meeting.

The next Client Services/Advisory Committee meeting is scheduled for Wednesday, April 28, 2021 via videoconference.

**SAN GABRIEL/POMONA VALLEYS  
DEVELOPMENTAL SERVICES, INC.  
VENDOR ADVISORY COMMITTEE MINUTES**

**April 1, 2021**

The following committee members were in attendance at said meeting:

**PRESENT:**

David Bernstein, Chairperson  
Olaf Luevano  
Valerie Donelson  
Bryan Chacon  
Jose Mendoza  
Nicole Mirikitani  
Vanessa Besack  
Susan Stroebel  
Nancy Bunker  
Charmayne Ross

**STAFF:**

Anthony Hill, Executive Director  
Lucina Galarza, Director Community  
Services  
Daniela Santana, Director of Client  
Services  
Jaime Anabalon, QA Manager  
Yvonne Gratianna, Manager of  
Communications/Public Relations  
Willanette Satchell, Executive Assistant  
(Management)

**MEMBERS ABSENT:**

Baldo Paseta  
Rosalind Ford  
Brenda Baldeon

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**RECOMMENDED ACTIONS**

**THE VENDOR ADVISORY COMMITTEE RECOMMENDATION:**

None

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**A. CALL TO ORDER**

David Bernstein called the meeting to order at 10:05 a.m. A quorum was established. Introductions were made of the VAC members.

The minutes from the March 4, 2021 meeting were approved.

**M/S/C (Stroebel & Luevano) The committee approved the minutes.**

David Bernstein asked for updates from the group.

**B. IMPACTS OF COVID-19 – MOST PRESSING CONCERNS**

Valerie Donelson and Grace Kano brought up concerns about visitation protocol with re-opening and giving people access to the facility and addressed concerns with ensuring safety precautions. Committee discussed concerns about multi agency requirements. Discussion is being recommended about collaborating with agencies, especially agencies that need to survey facilities.

Lucina Galarza also gave a brief overview about in-person visits and limiting time for reviews continuing to do most record reviews and other routine areas virtually rather than in-person. Limiting SG/PRC teams to making one visit to one home a day.

Julie Martin shared that licensing agencies are also going to start in-person visits and that their representatives are being tested once a week for safety precautions.

#### **C. PPP LOANS**

Brief discussion regarding updates on this type of forgiveness loan. Discussion was held about absentee billing, application process, and overall timeframe/process. Sonia Henrich shared that her experience was easy, and she got a response fairly quickly – around two weeks. David Bernstein shared that it really depends on your bank.

#### **D. CCL EMERGENCY PLANS FOR SITES RE: POWER OUTAGES**

Discussion was held about back-up power source systems for critical equipment.

#### **E. VENDOR CATEGORY REPORTS**

##### **Adult Programs**

*Vocational* – Olaf Luevano reported that they held sub-committee meeting on March 25, 2021 at 10am. Olaf shared that they had discussion regarding transportation for individuals. Also discussed vaccines and other ideas that those in attendance contributed.

*Adult Day* – Jose Mendoza held a subcommittee meeting. Ideas were shared and discussion was held at the meeting about alternative services and how creative everyone is getting in anticipation of reopening more in-person services.

##### **Infant & Children Services**

*Infant Development Program* – Charmayne Ross shared that families are being seen for eligibility – families are feeling more comfortable with in-home and clinic

services.

### **Transportation**

Baldo Pasetta was not present.

### **Independent Living Services**

*ILS Services* – Nicole Mirikitani reported that some individuals served are starting to be able to see more people. She too is concerned for those providers that have not provided quality services and will have to face an audit in the future.

*SLS Services* – Nancy Bunker asked for clarification about absentee billing regarding PPP Loans. Lucina shared information about Directives from DDS. Nancy also shared about being in compliance with EBB by January 2022.

### **Residential Services**

*Specialized* – Mr. Bernstein reported on a new Bill regarding COVID sick extension SB 695 and shared that there may be challenges in order to support individuals. Next week the Residential Sub-Committee meeting

*CCF* –Valerie Donelson had nothing to report.

*ICF*- Grace Kano briefly talked about AB 279. She discussed the struggles with visitations and in-person services.

**Other Vendored Services**- Bryan Chacon has a brief discussion regarding EBB.

**At Large**- Susan Strobel has nothing to report. Dr. Brenda announced the upcoming LICA meeting

## **F. LEGISLATIVE UPDATE**

No report

## **G. SG/PRC STAFF UPDATES**

Rosa Chavez shared flyers and reviewed details about upcoming COVID testing at SG/PRC. Flyers with registration links will be sent out to the community in English and Spanish. This service is offered to all individuals we support, their families, vendors and SG/PRC staff.

Ms. Chavez also congratulated and thanked every vendor that participated at the Virtual Transition Fair. It was a huge undertaking, and it was very successful thanks to large participation of vendors.



Lucina Galarza reported on the upcoming COVID vaccine clinic at SG/PRC. Starts next week April 8, 2021. More information will be sent out soon.

**PUBLIC COMMENTS**

None

**MEETING ADJOURNED**

The next regular meeting will be held on May 6, 2021 at 10:00 a.m.

**SAN GABRIEL/POMONA VALLEYS  
DEVELOPMENTAL SERVICES, INC.  
STRATEGIC DEVELOPMENT COMMITTEE MINUTES**

**April 14, 2021**

The following committee members were present at said meeting.

**MEMBERS:**

Julie Chetney, Chairperson  
Bruce Cruickshank  
Anabel Franco  
Bill Stewart  
Gisele Ragusa

**STAFF:**

Anthony Hill, Executive Director  
Lucina Galarza, Director of Community Services  
Joe Alvarez, Director of Clinical Services  
Daniela Santana, Director of Client Services  
Willanette Steward-Satchell, Executive Assistant  
(Management)  
Erika Gomez, Executive Assistant - BOD

**GUESTS:**

Shannon Hines

**MEMBERS ABSENT:**

None

**RECOMMENDED BOARD ACTIONS**

**THE STRATEGIC DEVELOPMENT COMMITTEE RECOMMENDS THAT  
THEY TAKE ACTION ON THE FOLLOWING:**

None.

**ITEMS DISCUSSED**

**A. CALL TO ORDER**

Julie Chetney called the meeting to order at 6:06 p.m. A quorum was established.

The Minutes from the March 10, 2021 meeting were approved.

**M/S/C (Stewart & Cruickshank) The committee approved the minutes.**

**Abstain: Ragusa**

**B. PUBLIC INPUT**

None

**C. GOALS AND OBJECTIVES**

**Strategic Plan Taskforce** – The members decided it is best to discuss this at the regular meeting as oppose to holding additional meetings. The timeline is good for another year and it will be looked at and adjusted as needed.

- Mr. Cruickshank suggested that the committee revise the vision statement at some point.

- The committee reviewed the Strategic Timeline up to Objective #4 and will continue to review it at the next meeting.
- Dr. Ragusa shared that she is a Board Mentor of Sherry Meng and Shannon Hines is a Board Mentor for Julie Lopez

#### **D. BOARD COMPOSITION**

- The members talked about participating in a virtual conference on October 8-9, 2021 to represent the Board and talk about recruiting with the community in attendance.

#### **E. COVID REPORT**

Mr. Hill and staff provided a quick update on how Covid 19 has impacted operations.

- Joe Alvarez provided individual stats on COVID-19; spoke about the downward trend, presented information on the DDS report to the Committee.
- Intake and Eligibility-SG/PRC remains the only regional center that offers in person intake and eligibility. Referrals numbers are going back up, almost to pre pandemic numbers.
- 89% of staff have been vaccinated.
- On April 7, 2021 SG/PRC served as a Covid 19 testing site. A recap video was shared.
- On April 8, 2021 SG/PRC served as a Covid 19 vaccine site. A recap video was shared.
- SG/PRC hosted a dental clinic over the weekend. A recap video was shared.

#### **F. AGENDA FOR NEXT MEETING**

Strategic Plan Taskforce

Board composition – Recruitment strategies

#### **G. ADJOURNED**

Meeting adjourned.

The next Strategic Development Committee meeting is scheduled for May 12, 2021.

# SAN GABRIEL/POMONA REGIONAL CENTER

April 21, 2021

TO: Dr. Gisele Ragusa, Board President & Board of Directors  
San Gabriel / Pomona Valleys Developmental Services, Inc.

FROM: Anthony Hill, M.A. J.D. Esq.  
Executive Director

RE: Executive Director's Report

## **Recognition & Awareness**

Recognizing and raising the awareness of all developmental disabilities is important for all of us. The Autism Society beginning April 1, 2021 shines the spotlight on "Autism Awareness" month. The purpose of this campaign is to promote awareness of autism and diagnosing young children to provide them and their families with needed services and resources. Another campaign goal is to encourage people to learn more about autism.

Every calendar year, Wednesday of the last full week in April is National Administrative Professional Day. April 21, 2021 is National Administrative Professional Day. Please on this day send a message of goodwill, uplifting our Administrative Professionals for all of their efforts in keeping offices, agencies and organizations supporting individuals with developmental disabilities running and operating smoothly. Their efforts have been critical with supporting SG/PRC's mission, remote workforce, slowing the spread of COVID-19 and protecting SG/PRC's critical functions infrastructure.

## **SG/PRC's Critical Business Functions**

We are pleased to report that all critical functions including Intake/Eligibility, Fiscal, Clinical, Human Resources, Quality Assurance and Information Technology are at optimal levels. Our remote workforce fluctuates between 80-90 percent.

The SG/PRC business office remains open to the public on an appointment only basis. All visitors are required to wear a face mask and pass a contactless electronic temperature screening device. Our porter sanitizes and disinfects our office space during business hours. SG/PRC is the **only regional center throughout the pandemic** that has continued to safely provide in-person intake and eligibility services and early intervention service clinics.

We are pleased to report that throughout the pandemic, children and their parents continue to spend time with us, being greeted by SG/PRC staff, waiting in our lobby, and thereafter receiving diagnostic, counselling, clinical, early intervention and intake services.

The following reflects intake and eligibility data ending March 2021 (See Attachment A).

<b>Early Intervention/Intake</b>	<b>Lanterman/Intake</b>
1287 New Referrals	241 New Referrals
1147 Eligibility Reviews	824 Eligibility Reviews
56 Reactivations	118 Reactivations
1089 children found eligible	465 Eligible (Plus/EI transitions)

In response to COVID-19, SG/PRC changed its Quality Assurance residential facility monitoring activities to primarily a remote format for annual monitoring visits, while investigation practices including visits to the physical site, and in-person meetings with Facility Administrators occurred with minor adjustments to protect against the spread of COVID-19. Effective April, 1, 2021, SG/PRC's Quality Assurance monitoring activities required through Title 17 California Code of Regulations has shifted to a hybrid format, including in-person monitoring (facility inspections) with substantial reliance on teleconferencing formats and other methods to perform record reviews.

#### **COVID-19 LA County Surge / SG/PRC Risk Mitigation Efforts**

The past 13 months have been challenging for all of us. We are grateful and thankful for the collective efforts of residents of Los Angeles County through practicing physical distancing, handwashing, wearing face mask and accepting vaccines.

On April 19, 2021, according to Los Angeles County Department of Public Health statistics archived within its dashboard, the COVID-19 positivity rate within Los Angeles County is between 1.2% - 1.4% percent and the case rate is 3.2 -3.9 per 100,000 individuals keeping Los Angeles County in the orange tier (moderate) relaxing restrictions on certain business activities ( See Attachment B). In conformity with Los Angeles County data, SG/PRC's COVID-19 positive test results for individuals served, service provider staff, and SG/PRC staff has remained on a downward trajectory (See Attachment C).

#### **SG/PRC's COVID-19 Testing Clinic**

On April 7, 2021, SG/PRC held it first COVID-19 testing clinic at SG/PRC's business office in partnership with the California Department of Public Health, Valencia Branch Laboratories, Color, and Aveanna Healthcare. SG/PRC's COVID-19 testing clinic is available to perform COVID-19 testing for individuals served, their family members, service providers and their staff and SG/PRC staff and their family members every Wednesday from 9 a.m. -11 a.m. through August 31, 2021 (See Attachment D).

### **SG/PRC's COVID-19 Vaccine Clinic & Partnerships**

On April 8, 2021, SG/PRC in partnership with Los Angeles County Department of Public Health and Care Ambulance held SG/PRC's first COVID-19 vaccine clinic at the SG/PRC business office. It was a walk in clinic offering vaccines for individuals served and their family members, service provider staff and their family members, and SG/PRC staff and their family members. Two-Hundred and Fifty Seven (257) people received vaccinations (See Attachment E).

On May 6<sup>th</sup>, 2021, SG/PRC in partnership with Mercy Pharmacy will hold another COVID-19 vaccine clinic for individuals served, their family members, service provider staff and their family members, and SG/PRC staff and their family members. Priority will be given to individuals served and their family members. Individuals served and their family members should contact their Service Coordinator for information and to register for this event. Interested service providers and their staff should contact SG/PRC's Community Service Department. We anticipate that we will be allocated at least 250 vaccine dosages.

SG/PRC is simply thankful for our partnerships with Los Angeles County Department of Public Health, Care Ambulance, Western University, Mercy Pharmacy, Albertsons Pharmacy, and Phillips Ranch Pharmacy for supporting our community.

### **COVID-19 Vaccine Data**

As required by the Department of Developmental Services (DDS) Directive, SG/PRC is collecting COVID-19 vaccine data. We are gathering vaccine data for individuals served. According to our analysis based on individuals served that are eligible to receive COVID-19 vaccines, we do not have vaccine information for at least 3000 individuals. SG/PRC Service Coordinators are helping individuals served and their families schedule vaccination appointments.

### **FEMA-COVID-19 Funeral Expense/ Financial Assistance**

In early April 2021, the Federal Emergency Management Agency (FEMA) began providing financial assistance for COVID-19 funeral expenses that occurred after January 20, 2020. The applicant must be a U.S. Citizen or a qualified person. An applicant can apply for multiple deceased individuals with a maximum of \$9,000 per funeral with a maximum of \$35,000 per application. The death must have occurred in the United States, including U.S. territories and the District of Columbia (See Attachment F).

### **SG/PRC's Dental Clinic**

On March 26, 2021, SG/PRC held its second dental clinic during the COVID-19 pandemic. The SG/PRC dental clinic is a collaborative partnership with Western University (See Attachment G).

The clinic was held within the SG/PRC parking lot with the use of canopy tents, allowing space for physical distancing. Attendees were required to pass a contactless temperature screening monitor, and wear face masks. The purpose of the dental clinic is to support the individual served with securing a permanent dental provider. The dental clinic offers screenings, and implementation of desensitization strategies relying on doctrines of applied behavior analysis.

The SG/PRC Dental Coordinator, Clinical Director, and Client Services Director through a team approach with Dr. Banner and Western University dental students served at least 70 individuals. SG/PRC will host a dental clinic on May 22, 2021.

### **Parents' Place Technology Lending Library**

SG/PRC was the first regional center to create a technology lending library through allocating 250 iPads to Parents' Place, and allocating funds from a resulting trust to pay for internet service. We are pleased to announce that DDS recently approved SG/PRC's request to modify the SG/PRC's Community Placement Plan securing an allocation of \$50,000 toward Parents' Place Technology Lending Library. Recently, City National Bank has expressed interest in supporting Parents' Place technology lending library (See Attachment H).

### **University of Southern California (USC) Autism Research Partnership**

SG/PRC has agreed to renew its partnership with Dr. Amber Angell PhD, OTR/L, Assistant Professor with the University of Southern California (USC). Dr. Angell, in the past has conducted research studies focusing on "Latinx Families Experiences of Autism Diagnosis and Services."

Dr. Angell's current research study involves investigating disparities in the diagnosis of autism with a focus on Latina girls (Autism Trajectories of Girls). This study will gather data through semi-structured interviews with parents of girls with autism. Also, a companion research study will be conducted investigating "Parental Attitudes and Decision-Making About Autism Services and Treatments Among Latinx populations."

We are excited about our partnership with Dr. Angell and USC, and we look forward to outcomes that might help us better serve children diagnosed with autism. Research study groups will be designed through voluntary participation (See Attachment I).

### **SG/PRC's Budget FY 20/21 as of March 18, 2021**

SG/PRC's OPS allocation for FY 20/21 is \$32,144,211 projecting at \$31,928,344 at the end of the fiscal year. Current month expenditures are \$2,578,585 and year to date expenditures are \$20,851,079.

SG/PRC's POS allocation is \$271,307,068. Current month claims are \$22,421,425. Year to date expenditures are \$170,080,353. We anticipate a deficit reflecting \$6,580,586 derived from COVID-19 Health and Safety Exemption expenditures. All regional centers are required to track COVID-19 expenditures and report those specific costs to DDS. Anticipated future allocations related to COVID-19 expenditures will yield a balanced year end budget outcome.

### **Department of Developmental Services (DDS)**

#### ***March 23, 2021 Home and Community-Based Services Final Rule: Virtual Assessments***

The California Statewide Transition Plan is California's plan to achieve compliance with the Home and Community-Based Services (HCBS) Final Rule.

DDS has contracted with the Public Consulting Group to conduct a randomized, statistically valid sample of 1,200 HCBS providers among the 21 regional centers. Virtual assessments are underway and are designed to offer a forum for discussion regarding how services are being provided, both currently and prior to the COVID-19 State of Emergency. California's compliance with the HCBS Final Rule has been extended one more year to March 17, 2023 due to the COVID-19 pandemic (See Attachment J).

***Electronic Visit Verification (EVV)***

The Electronic Visit Verification (EVV) is a telephone and computer-based method that electronically verifies in-home service visits. All states are required to implement EVV. The EVV system is required to verify; (1) type of service performed, (2) individual receiving service, (3) date of service, (4) location service delivered, (5) individual providing service and (6) the time the service begins and ends. Regional Center services are included in Phase II implementation and are expected to go live January 2022. EVV is required for respite, supported living services, personal assistance, and homemaker services (See Attachment K).

***March 29, 2021- Provider Attestation for Absence Payments for Nonresidential Services during COVID-19 State of Emergency***

This DDS Directive requires non-residential service providers to make an attestation that claims for payment from regional centers were reduced by the same level as the reduction in payroll, if the provider received COVID-19 relief funding such as Paycheck Protection Program (PPP), Economic Injury Disaster Loan Emergency Advance Program or any similar federal or state funds and when repayment was waived or forgiven. Also, if the provider received funding for any state or federal program, and such funding was forgiven, the provider is required to attest that funds were not received for the same expense reimbursed by the regional center (See Attachment L).

***March 29, 2021- Guidance Regarding Reimbursement for Group Supported Employment for Alternative Nonresidential Services***

Beginning April 1, 2021 group supported employment service providers will be reimbursed for Alternative Services using a monthly rate that is unique to each vendor. If an individual receives a combination of traditional and Alternative Services within the same month, the monthly Alternative Services rate is applied (See Attachment M).

***March 29, 2021- Guidance Regarding Reimbursement for Transportation Services for Alternative Non-Residential Services***

Beginning April 1, 2021 transportation service providers will use a monthly unit rate to calculate reimbursement for Alternative Services up to a vendor monthly maximum. If an individual receives Alternative Services, the monthly unit rate is applicable. This Directive includes methodology for calculating the amount of monthly reimbursement, and allows for reimbursement for fuel expenses to be claimed separately (See Attachment N).



**Department of Social Services April 15, 2021- Provider Information Notice 21-21-ASC**

The Community Care Licensing Division (CCLD) under the Department of Social Services has authority and jurisdiction over approval and licensure of Adult Day Programs. Provider Information Notices (PINS) are guidance issued by CCLD related to both operations and delivery of Adult Day Program Services. PIN 21-21-ASC is recently published guidance for "Adult Day Program Operations and Vaccinations During the COVID-19 Pandemic."

PIN 21-21-ASC notifies the general public that CCLD has not issued guidance prohibiting Adult Day Programs (ADPs) from remaining open during the COVID-19 pandemic as long as CCLD COVID-19 prevention practices are implemented. Additionally, this PIN affirms personal rights of program participants in their right to refuse vaccinations and if that right is exercised, the program participant cannot be denied participation solely for that reason. Also, according to this PIN, CCLD is not requiring vaccinations for licensees, volunteers and facility staff (See Attachment O).

**Association of Regional Center Agencies (ARCA) Updates**

The Association of Regional Center Agencies (ARCA) represents the 21 non-profit regional centers that advocate on behalf of and coordinates services for California's over 350,000 people with developmental disabilities. The Association functions as a leader and advocate in promoting the continuing entitlement of individuals with developmental disabilities to achieve their full potential and highest level of self-sufficiency. The Association participates in the development of public legislative policy that impact individuals with developmental disabilities and their families.

*Assembly & Senate Bills*

**(AB)-445 - Support/Sponsor**

On March 25, 2021 SG/PRC issued a letter supporting AB-445. Assemblymember Calderon's bill proposes to modify language within the Lanterman Act terminating regional center's requirement to collect certain information within the eligibility review procedure (See Attachment P).

**(SB)-639- ARCA- Comments**

Senator Durazo, through SB-639 proposes transitioning employees with disabilities from sub-minimum wage to integrated competitive employment requiring the legal minimum wage effective January 1, 2024. ARCA raises concerns regarding ambitious timelines established for full implementation, the lack of additional funding, and implementation costs that further destabilizes an already underfunded regional center system of care (See Attachment Q).

**Department of Developmental Services (4300) –**

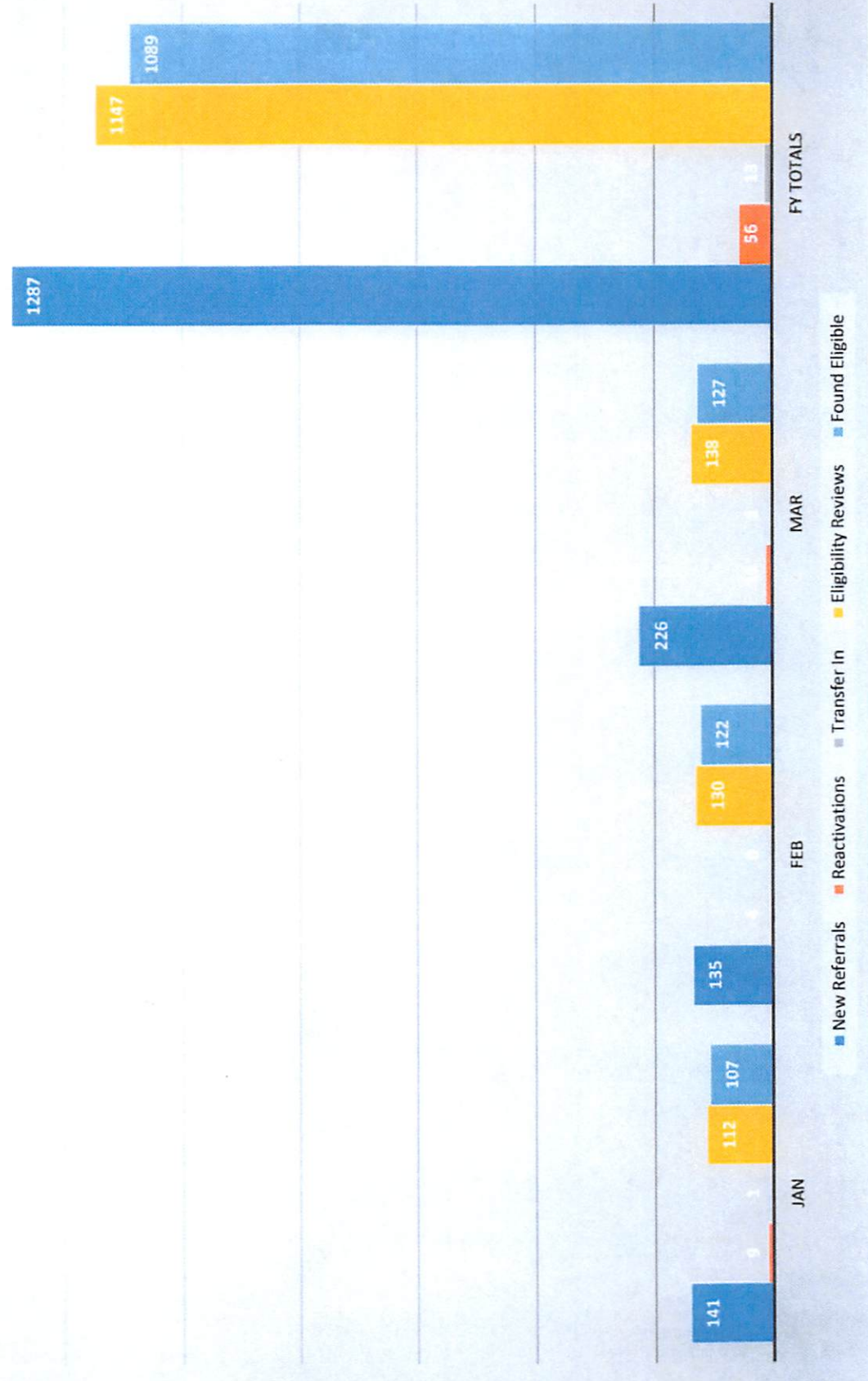
**ARCA's Response to 2021-22 Preliminary Budget Hearings- (Senator Susan Talamantes Eggman, Chair Senate Budget Subcommittee #3 on Health and Human Services & (Assemblymember Joaquin Arambula, Chair Assembly Committee #1 on Health and Human Services)**

On April 2, 2021 ARCA issued its response to Governor Newsom's proposed budget. ARCA commends the status quo budget, vaccine prioritization, value of DDS Directives supporting individuals served creating flexible service delivery options, and the need to continue funding for grant programs to address equity and access to services.

ARCA proposes policy changes and funding investments to support implementation of Self-Determination on a broader scale as intended. Including clear regional center authorization to purchase Person-Centered Plans, lower caseload ratios, accounting infrastructure improvements, revisions to the individual budget methodology, and guardrails around program rules to achieve greater consistency statewide. Additionally, ARCA suggests more than to simply monitor the erosion of sustainable provider rates, but to implement existing recommendations to stabilize California's community based service delivery system.

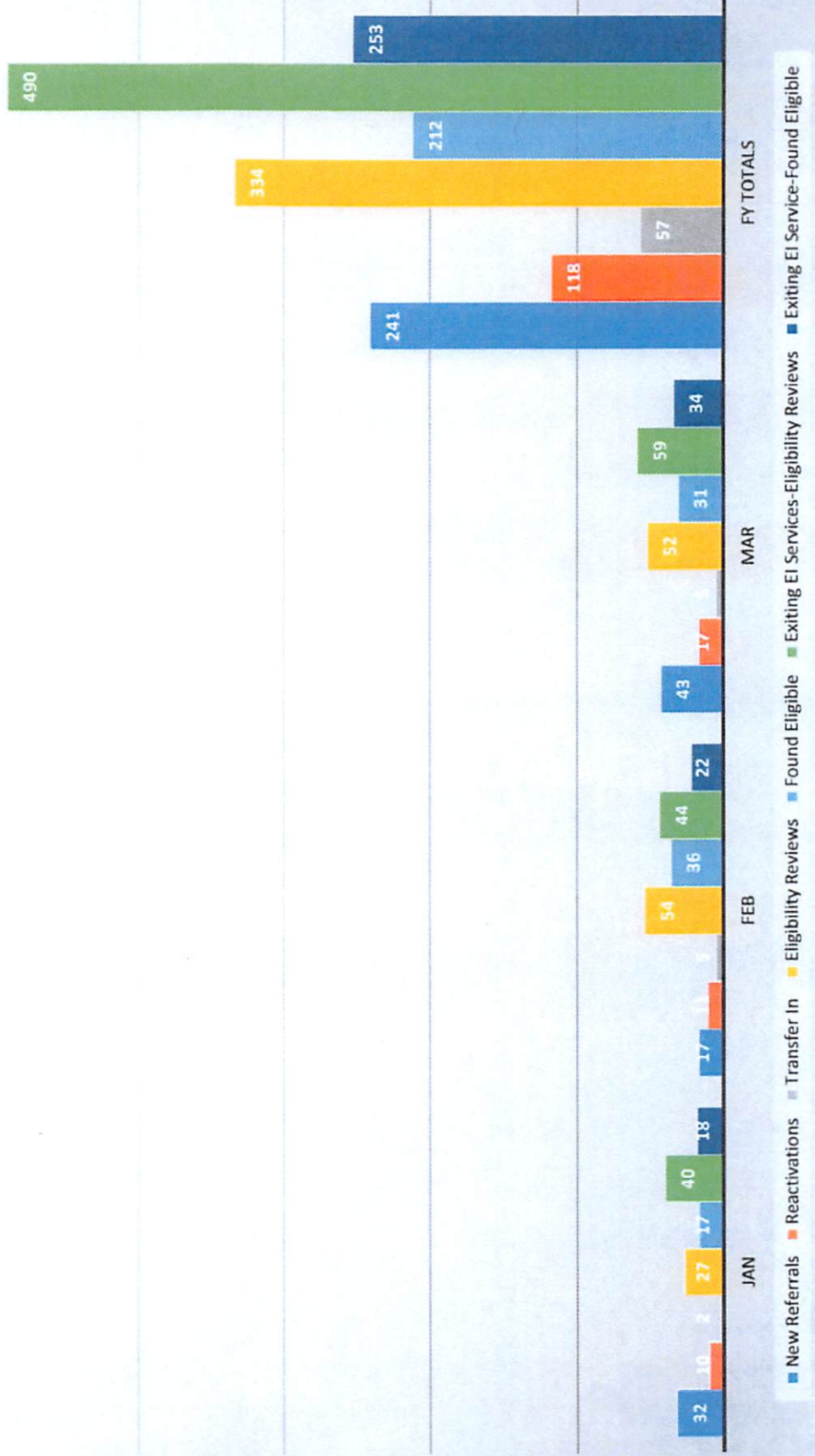
With regard to Proposed Trailer Bill Language, ARCA supports funding for the Community Navigator program, Stabilization, Training, Assistance and Reintegration (STAR) Homes, Community Crisis (CCH) Homes, Residential Facilities for Special Health Care Needs, ending the Unformed Holiday Schedule policy, and permanent removal of sunset provisions tethered to supplemental provider rate increases (See Attachment R).

### Early Start Intake Eligibility & Reviews Third Quarter FY 2020-2021



# Lanterman Intake Eligibility & Reviews Third Quarter FY 2020-2021

ATTACHMENT 4



## Blueprint for a Safer Economy

### Activity and Business Tiers

April 2, 2021

SECTORS	Tier 1 Widespread (Case Rate >7 and Test Positivity >8%)	Tier 2 Substantial (Case Rate 4-7 and Test Positivity 5-8%)	Tier 3 Moderate (Case Rate 1-3.9 and Test Positivity 2-4.9%)	Tier 4 Minimal (Case Rate <1 and Test Positivity <2%)
Post 2 million doses administered in first Healthy Places Index quartile	CR >10	CR 4-10	CR 1-3.9	CR <1
Post 4 million doses administered in first Healthy Places Index quartile	CR >10	CR 6-10	CR 2-5.9	CR <2
Critical Infrastructure	Open with modifications	Open with modifications	Open with modifications	Open with modifications
<b>Gatherings *</b> - Social, informal gatherings - No defined guest list required - No testing or vaccination required	<b>Current:</b> Outdoor gatherings only with modifications • Max 3 households  <b>Effective April 15, 2021</b> Outdoor only • Max 3 households	<b>Current:</b> Indoor gatherings strongly discouraged, allowed with modifications • Max 3 households  <b>Effective April 15, 2021</b> Outdoor • Max 25 people  Indoor • Indoor gatherings strongly discouraged, allowed with modifications (no food/drink except when following the standards in the guidance)	<b>Current:</b> Indoor gatherings strongly discouraged, allowed with modifications • Max 3 households  <b>Effective April 15, 2021</b> Outdoor • Max 50 people  Indoor • Indoor gatherings strongly discouraged, allowed with modifications (no food/drink except when following the standards in the guidance)	<b>Current:</b> Indoor gatherings strongly discouraged, allowed with modifications • Max 3 households  <b>Effective April 15, 2021</b> Outdoor • Max 100 people  Indoor • Indoor gatherings strongly discouraged, allowed with modifications (no food/drink except when following the standards in the guidance)

SECTORS	Tier 1 Widespread (Case Rate >7 and Test Positivity >8%)	Tier 2 Substantial (Case Rate 4-7 and Test Positivity 5-8%)	Tier 3 Moderate (Case Rate 1-3.9 and Test Positivity 2-4.9%)	Tier 4 Minimal (Case Rate <1 and Test Positivity <2%)
Post 2 million doses administered in first Healthy Places Index quartile	CR >10	CR 4-10	CR 1-3.9	CR <1
Post 4 million doses administered in first Healthy Places Index quartile	CR >10	CR 6-10	CR 2-5.9	CR <2
		<ul style="list-style-type: none"> <li>Max 25% capacity in settings where capacity limits exist and up to 3 households or 10 people</li> </ul>	<ul style="list-style-type: none"> <li>Max 25% capacity in settings where capacity limits exist or 25 people or whichever is fewer</li> </ul>	<ul style="list-style-type: none"> <li>Max 50% capacity in settings where capacity limits exist or 50 people or whichever is fewer</li> </ul>
<b>Private Events **</b> (meetings/receptions/ conferences)  <b>Required mitigation measures:</b> <ul style="list-style-type: none"> <li>- Purchased tickets or defined guest list</li> <li>- Seating chart/Assigned seating</li> <li>- Testing and vaccination can increase capacity</li> <li>- No intermingling of multiple private events</li> </ul>	<b>Effective April 15, 2021</b> Outdoor only <ul style="list-style-type: none"> <li>• Maximum 25 people</li> <li>• If all guests are tested or show proof of full vaccination: Max 100</li> </ul>	<b>Effective April 15, 2021</b> Outdoor <ul style="list-style-type: none"> <li>• Maximum of 50 people</li> <li>• If all guests are tested or show proof of full vaccination: Max 200</li> </ul> Indoor <ul style="list-style-type: none"> <li>• If all guests are tested or show proof of full vaccination: Max 100 people</li> </ul>	<b>Effective April 15, 2021</b> Outdoor <ul style="list-style-type: none"> <li>• Maximum of 100 people</li> <li>• If all guests are tested or show proof of full vaccination: Max 300</li> </ul> Indoor <ul style="list-style-type: none"> <li>• If all guests are tested or show proof of full vaccination: Max 150 people</li> </ul>	<b>Effective April 15, 2021</b> Outdoor <ul style="list-style-type: none"> <li>• Maximum of 200 people</li> <li>• If all guests are tested or show proof of full vaccination: Max 400</li> </ul> Indoor <ul style="list-style-type: none"> <li>• If all guests are tested or show proof of full vaccination: Max 200 people</li> </ul>

SECTORS	Tier 1 Widespread (Case Rate >7 and Test Positivity >8%)	Tier 2 Substantial (Case Rate 4-7 and Test Positivity 5-8%)	Tier 3 Moderate (Case Rate 1-3.9 and Test Positivity 2-4.9%)	Tier 4 Minimal (Case Rate <1 and Test Positivity <2%)
Post 2 million doses administered in first Healthy Places Index quartile	CR >10	CR 4-10	CR 1-3.9	CR <1
Post 4 million doses administered in first Healthy Places Index quartile	CR >10	CR 6-10	CR 2-5.9	CR <2
Indoor Seated Live Events and Performances **	Closed	<p>Effective April 15, 2021:</p> <p>All venues:</p> <ul style="list-style-type: none"> <li>In-state visitors only, check for current <a href="#">CDPH Travel Advisory</a> in effect</li> <li>Weekly worker testing program</li> <li>All tickets delivered digital, advanced purchase only</li> <li>Pre-designated eating area (no eating/drinking allowed in seats) – 6 feet of distance.</li> <li>Suites 25% capacity, max three households.</li> </ul> <p>Venues: 0-1,500</p> <ul style="list-style-type: none"> <li>Maximum 10% or 100 people</li> <li>25% if all guests are tested or show proof of full vaccination</li> </ul>	<p>Effective April 15, 2021</p> <p>All venues:</p> <ul style="list-style-type: none"> <li>In-state visitors only, check for current <a href="#">CDPH Travel Advisory</a> in effect</li> <li>Weekly worker testing program</li> <li>All tickets delivered digital, advanced purchase only</li> <li>Pre-designated eating area (no eating/drinking allowed in seats) – 6 feet of distance.</li> <li>Suites 25% capacity, max three households.</li> </ul> <p>Venues: 0-1,500</p> <ul style="list-style-type: none"> <li>Maximum 15% or 200 people</li> <li>35% if all guests are tested or show proof of full vaccination</li> </ul>	<p>Effective April 15, 2021</p> <p>All venues:</p> <ul style="list-style-type: none"> <li>In-state visitors only, check for current <a href="#">CDPH Travel Advisory</a> in effect</li> <li>Weekly worker testing program</li> <li>All tickets delivered digital, advanced purchase only</li> <li>Pre-designated eating area (no eating/drinking allowed in seats) – 6 feet of distance.</li> <li>Suites 25% capacity, max three households.</li> </ul> <p>Venues: 0-1,500</p> <ul style="list-style-type: none"> <li>Maximum 25% or 300 people</li> <li>50% if all guests are tested or show proof of full vaccination</li> </ul>

SECTORS	Tier 1 Widespread (Case Rate >7 and Test Positivity >8%)	Tier 2 Substantial (Case Rate 4-7 and Test Positivity 5-8%)	Tier 3 Moderate (Case Rate 1-3.9 and Test Positivity 2-4.9%)	Tier 4 Minimal (Case Rate <1 and Test Positivity <2%)
Post 2 million doses administered in first Healthy Places Index quartile	CR >10	CR 4-10	CR 1-3.9	CR <1
Post 4 million doses administered in first Healthy Places Index quartile	CR >10	CR 6-10	CR 2-5.9	CR <2
		Venues: 1,501 and above <ul style="list-style-type: none"> <li>20% if all guests are tested or show proof of full vaccination</li> </ul>	Venues: 1,501 and above <ul style="list-style-type: none"> <li>10% capacity or 2000, whatever is fewer; with modifications, and no eating/drinking</li> <li>35% if all guests are tested or show proof of full vaccination</li> </ul>	Venues: 1,501 and above <ul style="list-style-type: none"> <li>10% capacity or 2000, whatever is fewer; with modifications, and no eating/drinking</li> <li>50% if all guests are tested or show proof of full vaccination</li> </ul>
Limited Services	Open with modifications	Open with modifications	Open with modifications	Open with modifications
Outdoor Playgrounds & Outdoor Recreational Facilities	Open with modifications	Open with modifications	Open with modifications	Open with modifications
Hair Salons & Barbershops	Open indoors with modifications	Open indoors with modifications	Open indoors with modifications	Open indoors with modifications
All Retail (including critical infrastructure, except standalone grocers)	Open indoors with modifications <ul style="list-style-type: none"> <li>Max 25% capacity</li> </ul>	Open indoors with modifications <ul style="list-style-type: none"> <li>Max 50% capacity</li> </ul>	Open indoors with modifications	Open indoors with modifications



SECTORS	Tier 1 Widespread (Case Rate >7 and Test Positivity >8%)	Tier 2 Substantial (Case Rate 4-7 and Test Positivity 5-8%)	Tier 3 Moderate (Case Rate 1-3.9 and Test Positivity 2-4.9%)	Tier 4 Minimal (Case Rate <1 and Test Positivity <2%)
Post 2 million doses administered in first Healthy Places Index quartile	CR >10	CR 4-10	CR 1-3.9	CR <1
Post 4 million doses administered in first Healthy Places Index quartile	CR >10	CR 6-10	CR 2-5.9	CR <2
Shopping Centers (Malls, Destination Centers, Swap Meets)	Open indoors with modifications <ul style="list-style-type: none"> <li>• Max 25% capacity</li> <li>• Closed common areas</li> <li>• Closed food courts</li> </ul>	Open indoors with modifications <ul style="list-style-type: none"> <li>• Max 50% capacity</li> <li>• Closed common areas</li> <li>• Reduced capacity food courts (see restaurants)</li> </ul>	Open indoors with modifications <ul style="list-style-type: none"> <li>• Closed common areas</li> <li>• Reduced capacity food courts (see restaurants)</li> </ul>	Open indoors with modifications <ul style="list-style-type: none"> <li>• Reduced capacity food courts (see restaurants)</li> </ul>
Personal Care Services	Open indoors with modifications	Open indoors with modifications	Open indoors with modifications	Open indoors with modifications
Museums, Zoos, and Aquariums	Outdoor only with modifications	Open indoors with modifications <ul style="list-style-type: none"> <li>• Indoor activities max 25% capacity</li> </ul>	Open indoors with modifications <ul style="list-style-type: none"> <li>• Indoor activities max 50% capacity</li> </ul>	Open indoors with modifications
Places of Worship	<ul style="list-style-type: none"> <li>• Outdoor encouraged</li> <li>• Indoor strongly discouraged, allowed with modifications</li> <li>• Max 25% capacity</li> </ul>	Open indoors with modifications <ul style="list-style-type: none"> <li>• Max 25% capacity</li> </ul>	Open indoors with modifications <ul style="list-style-type: none"> <li>• Max 50% capacity</li> </ul>	Open indoors with modifications <ul style="list-style-type: none"> <li>• Max 50% capacity</li> </ul>
Movie Theaters	Outdoor only with modifications	Open indoors with modifications <ul style="list-style-type: none"> <li>• Max 25% capacity or 100 people, whichever is fewer</li> </ul>	Open indoors with modifications <ul style="list-style-type: none"> <li>• Max 50% capacity or 200 people, whichever is fewer</li> </ul>	Open indoors with modifications <ul style="list-style-type: none"> <li>• Max 50% capacity</li> </ul>

SECTORS	Tier 1 Widespread (Case Rate >7 and Test Positivity >8%)	Tier 2 Substantial (Case Rate 4-7 and Test Positivity 5-8%)	Tier 3 Moderate (Case Rate 1-3.9 and Test Positivity 2-4.9%)	Tier 4 Minimal (Case Rate <1 and Test Positivity <2%)
Post 2 million doses administered in first Healthy Places Index quartile	CR >10	CR 4-10	CR 1-3.9	CR <1
Post 4 million doses administered in first Healthy Places Index quartile	CR >10	CR 6-10	CR 2-5.9	CR <2
<b>Hotels and Lodging</b>	Open with modifications	Open with modifications • +Fitness centers (+10%)	Open with modifications • +Fitness centers (+25%) • +Indoor pools	Open with modifications • +Fitness Centers (50%) • +Spa facilities etc.
<b>Gyms and Fitness Centers</b>	Outdoor only with modifications	Open indoors with modifications • Max 10% capacity • +Climbing walls	Open indoors with modifications • Max 25% capacity • +Indoor pools	Open indoors with modifications • Max 50% capacity • +Saunas • +Steam rooms
<b>Restaurants</b>	Outdoor only with modifications	Open indoors with modifications • Max 25% capacity or 100 people, whichever is fewer	Open indoors with modifications • Max 50% capacity or 200 people, whichever is fewer	Open indoors with modifications • Max 50% capacity
<b>Wineries, Breweries and Distilleries</b>	Outdoor only with modifications • Reservations • 90-minute time limit • Seating/tables only • Limited hours (service for on-site consumption closed by 8 pm)	Outdoor only with modifications • Reservations • 90-minute time limit • Seating/tables only • Limited hours (service for on-site consumption closed by 8 pm)	Open indoors with modifications • Max 25% capacity indoors, or 100 people, whichever is fewer	Open indoors with modifications • Max 50% capacity or 200 people indoors, whichever is fewer

SECTORS	Tier 1 Widespread (Case Rate >7 and Test Positivity >8%)	Tier 2 Substantial (Case Rate 4-7 and Test Positivity 5-8%)	Tier 3 Moderate (Case Rate 1-3.9 and Test Positivity 2-4.9%)	Tier 4 Minimal (Case Rate <1 and Test Positivity <2%)
Post 2 million doses administered in first Healthy Places Index quartile	CR >10	CR 4-10	CR 1-3.9	CR <1
Post 4 million doses administered in first Healthy Places Index quartile	CR >10	CR 6-10	CR 2-5.9	CR <2
Bars (where no meal provided; follow restaurant guidance where meal is provided)	Closed	Closed	Open outdoors with modifications	Open indoors with modifications <ul style="list-style-type: none"> <li>Max 25% capacity indoors, or 100 people, whichever is fewer</li> </ul>
Family Entertainment Centers ***	Outdoor only with modifications	Outdoor only with modifications	Indoor <ul style="list-style-type: none"> <li>Max 25% capacity</li> <li>50% if all guests are tested or show proof of full vaccination</li> </ul> With modifications <ul style="list-style-type: none"> <li>100% masking except for food and beverage service</li> <li>Food/beverage consumption must be restricted to designated areas separated from activity area</li> <li>Service of alcohol without meals must follow bar guidance (outdoor only)</li> </ul>	Indoor <ul style="list-style-type: none"> <li>Max 50% capacity</li> <li>75% if all guests are tested or show proof of full vaccination</li> </ul> With modifications <ul style="list-style-type: none"> <li>100% masking except for food and beverage service</li> <li>Food/beverage consumption must be restricted to designated areas separated from activity area</li> </ul>

SECTORS	Tier 1 Widespread (Case Rate >7 and Test Positivity >8%)	Tier 2 Substantial (Case Rate 4-7 and Test Positivity 5-8%)	Tier 3 Moderate (Case Rate 1-3.9 and Test Positivity 2-4.9%)	Tier 4 Minimal (Case Rate <1 and Test Positivity <2%)
Post 2 million doses administered in first Healthy Places Index quartile	CR >10	CR 4-10	CR 1-3.9	CR <1
Post 4 million doses administered in first Healthy Places Index quartile	CR >10	CR 6-10	CR 2-5.9	CR <2
Cardrooms, Satellite Wagering	Outdoor only with modifications	Outdoor only with modifications	Open indoors with modifications • Max 25% capacity	Open indoors with modifications • Max 50% capacity
Offices	Remote	Remote	Open indoors with modifications • Encourage telework	Open indoors with modifications • Encourage telework
Outdoor Live Events with Assigned Seats and Controlled Mixing (e.g., sports and live performances)	<ul style="list-style-type: none"> <li>• 100 people or fewer</li> <li>• Regional visitors (120 miles)</li> <li>• Advanced reservations only</li> <li>• No concessions or concourse sales</li> </ul>	<ul style="list-style-type: none"> <li>• Max 20%, includes suites with 25% occupancy per suite and suites no more than 3 households</li> <li>• Weekly worker testing program</li> <li>• In-state visitors only, check for current <a href="#">CDPH Travel Advisory</a> in effect</li> <li>• Advanced reservations only</li> <li>• Primarily in-seat concessions (no concourse sales)</li> </ul>	<ul style="list-style-type: none"> <li>• Max 33%, includes suites with 25% occupancy per suite</li> <li>• Weekly worker testing program</li> <li>• In-state visitors only, check for current CDPH Travel Advisory in effect</li> <li>• Primarily in-seat concessions (no concourse sales)</li> <li>• Max 67% if all guests are tested or show proof of full vaccination</li> </ul>	<ul style="list-style-type: none"> <li>• Max 67%, includes suites with 25% occupancy per suite</li> <li>• In-state visitors only, check for current <a href="#">CDPH Travel Advisory</a> in effect</li> <li>• Primarily in-seat concessions (no concourse sales)</li> </ul>

SECTORS	Tier 1 Widespread (Case Rate >7 and Test Positivity >8%)	Tier 2 Substantial (Case Rate 4-7 and Test Positivity 5-8%)	Tier 3 Moderate (Case Rate 1-3.9 and Test Positivity 2-4.9%)	Tier 4 Minimal (Case Rate <1 and Test Positivity <2%)
Post 2 million doses administered in first Healthy Places Index quartile	CR >10	CR 4-10	CR 1-3.9	CR <1
Post 4 million doses administered in first Healthy Places Index quartile	CR >10	CR 6-10	CR 2-5.9	CR <2
Amusement Parks/ Fairs ****	Closed	<ul style="list-style-type: none"> <li>• Max 15%</li> <li>• Small Groups - Max 10 people or 3 household groups with no intergroup mixing</li> <li>• Indoor capacity max 15% with time restrictions</li> <li>• No indoor dining</li> <li>• Weekly worker testing program</li> <li>• In-state visitors only, check for current CDPH Travel Advisory in effect</li> <li>• Online ticket purchases only</li> </ul>	<ul style="list-style-type: none"> <li>• Max 25%</li> <li>• Indoor capacity max 25% with time restrictions</li> <li>• Weekly worker testing program</li> <li>• With other modifications</li> <li>• In-state visitors only, check for current CDPH Travel Advisory in effect</li> </ul>	<ul style="list-style-type: none"> <li>• Max 35%</li> <li>• Indoor capacity max 25% with time restrictions</li> <li>• Weekly worker testing program</li> <li>• With other modifications</li> <li>• In-state visitors only, check for current CDPH Travel Advisory in effect</li> </ul>
Overnight Sleepaway Camps *****	Closed	Effective June 1, 2021: Open with modifications	Effective June 1, 2021: Open with modifications	Effective June 1, 2021: Open with modifications

Updated on April 2, 2021:

\*Updated Gatherings effective April 15, 2021

\*\*Added private events and indoor seated live events and performances effective April 15, 2021

\*\*\*Updated Family Entertainment Centers

\*\*\*\*Added Fairs to Amusement Parks

Updated on March 11, 2021:

\*\*\*\*\*Regardless of trigger being met, these activities (overnight sleepaway camps) cannot begin any sooner than June 1, 2021.

**California COVID-19 Data**

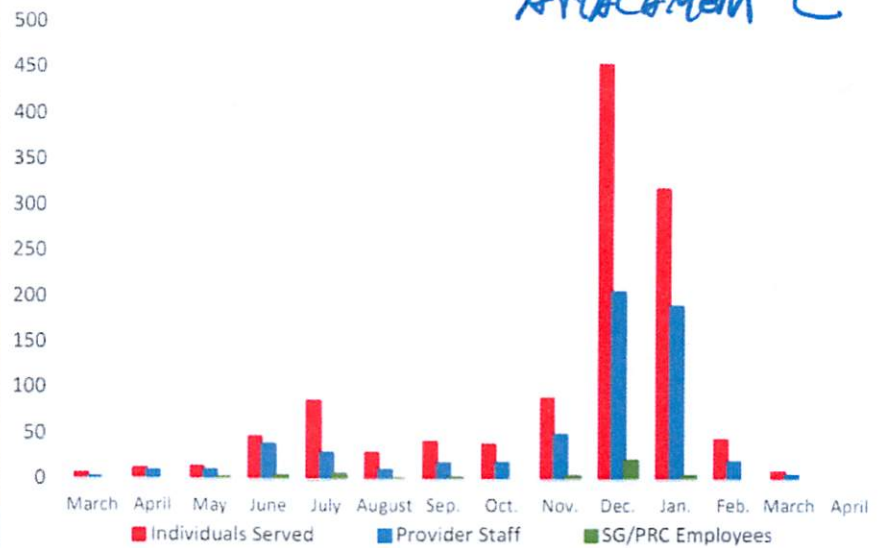
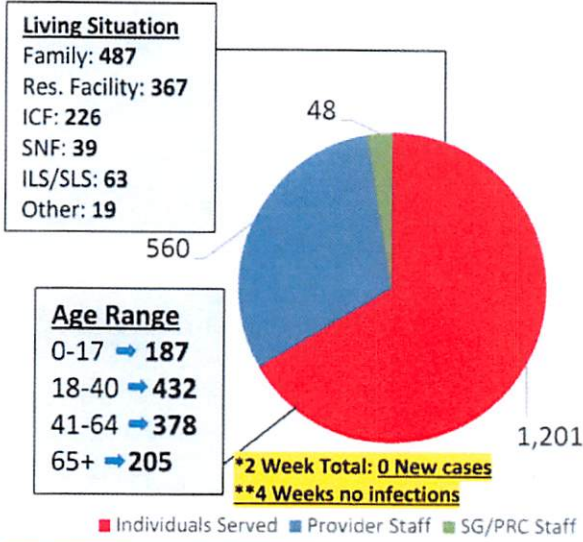
Total Cases: 3,616,779  
 Hospitalizations: 2,140  
 Deaths: 59,768

**San Gabriel Pomona Regional Center COVID-19 Report Week of 4/19/21**

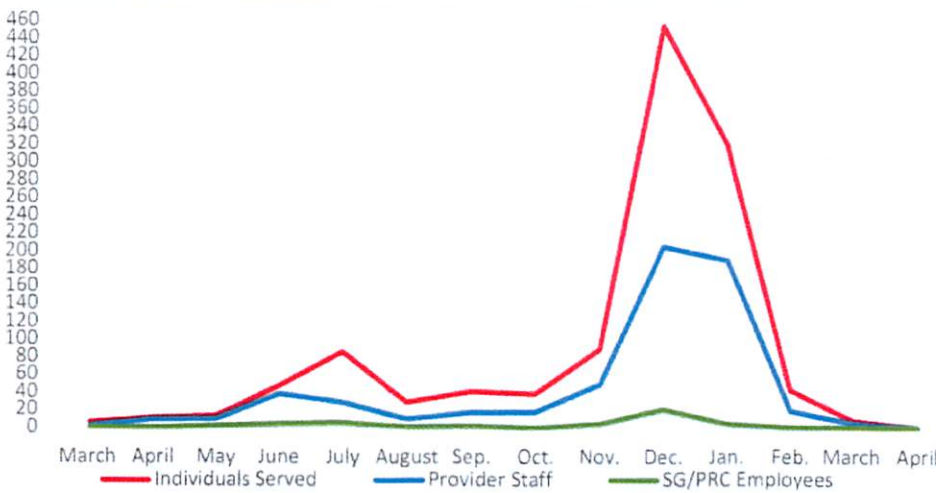
**San Gabriel Pomona Regional Center Positive COVID-19 Cases 2020/2021**

*ATTACHMENT C*

**SG/PRC TOTAL COVID-19 CASES 2020/2021**



**San Gabriel Pomona Regional Center Positive COVID-19 Cases 2020/2021**



**COVID-19 Deaths of Individuals Served**

***2020 Total Deaths	28
<b>2021</b>	
January	19
February	10
March	1
April	0
<b>2020/2021 TOTAL</b>	<b>58</b>

**Los Angeles County Public Health Data**

Total Cases	1,228,564
Current Hospitalizations	498 (31% - ICU Capacity)
Total Deaths	23,626
7 Day Daily Testing Average	51,149
Positivity Rate	1.2%
New Cases per 100,000	3.2 total daily
<b>SG/PRC SERVICE AREA HOTSPOTS / TOTAL CASES</b>	
Pomona	24,189
El Monte	17,100
Baldwin Park	13,072
West Covina	12,788

**Los Angeles County Tier Assignment**

<b>WIDESPREAD</b> Most non-essential indoor business operations are closed.	More than 7 Daily new cases (per 100k)	More than 8% Positive tests
<b>SUBSTANTIAL</b> Some non-essential indoor business operations are closed.	4-7 Daily new cases (per 100k)	5-8% Positive tests
<b>MODERATE</b> Some business operations are open with modifications.	1-3.9 Daily new cases (per 100k)	2-4.9% Positive tests
<b>MINIMAL</b> Most business operations are open with modifications.	Less than 1 Daily new cases (per 100k)	Less than 2% Positive tests

ATTACHMENT D

**S**AN GABRIEL/POMONA  
REGIONAL CENTER

# COVID-19 TESTING

**FREE TESTING  
OFFERED TO INDIVIDUALS  
WE SUPPORT, THEIR FAMILIES,  
VENDORS & SG/PRC STAFF**

**Testing Available on  
Wednesdays from 9 to 11 a.m.  
Starting April 7, 2021**

**Registration is  
Highly Encouraged**

**Testing Site:  
San Gabriel/Pomona  
Regional Center  
75 Rancho Camino Drive**

**TO REGISTER,  
PLEASE CLICK HERE**

Brought to you by SG/PRC in  
partnership with the following:

[https://home.color.com/covid/  
sign-up/start?partner=cdph681](https://home.color.com/covid/sign-up/start?partner=cdph681)



Valencia Branch  
Laboratory

**color**



**For questions, email us at  
[covidtesting@sgprc.org](mailto:covidtesting@sgprc.org)**



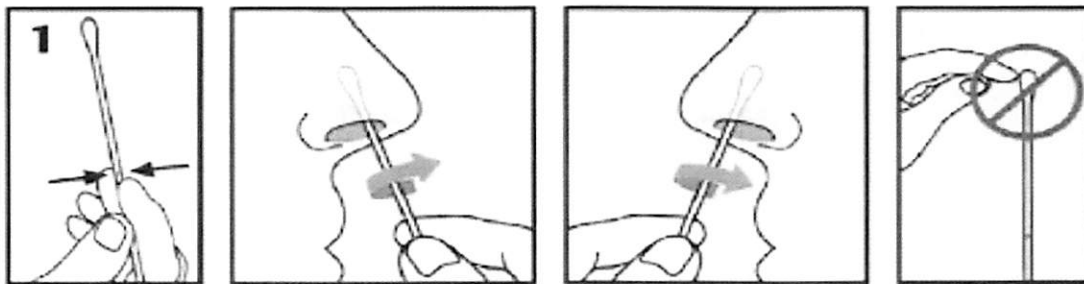
To register use this  
QR Code or



Use the Following Link:

<https://home.color.com/covid/sign-up/start?partner=cph681>

### *Testing Instructions & Information*



- Tests will be self-administered as much as possible.
- Take the swab out of the test tube.
- **DO NOT** touch the tip of the swab on anything other than the inside of your nose.
- You will need to swab both nostrils (15 seconds each nostril).
- Place the swab into test tube and break off the excess.
- Test administrator will hand you a card that has a unique barcode assigned to you to get your results.
- Test results are estimated to be available 24 to 48 hours from your testing date.



# SG/PRC COVID-19 VACCINE CLINIC

Thursday, April 8, 2021

9 a.m. to 6 p.m.



**A special event sponsored for individuals our agency supports, their families, our service providers, and SG/PRC staff.**

Must be eligible according to the current requirements under the LA County Vaccine Allocation Phases and Tiers which includes, but is not limited to:

- \* Individuals supported by SG/PRC 16 years of age and over.
- \* Family caretakers of individuals supported by SG/PRC
- \* Healthcare workers/Vendors/Service Providers/Direct Care Staff

We will be using the L.A. county system to register individuals for this clinic. More information will be provided to you when your appointment is confirmed.

If interested in obtaining an appointment, please click here:



FEMA Advisory

# FEMA to Help Pay Funeral Costs for COVID-19-related Deaths

---

In early April, FEMA will begin providing financial assistance for funeral expenses incurred after Jan. 20, 2020 for deaths related to coronavirus (COVID-19) to help ease some of the financial stress and burden caused by the pandemic. The policy was finalized today, and FEMA is now moving rapidly to implement this funeral assistance program nationwide.

To be eligible for COVID-19 funeral assistance, [the policy states](#):

- The applicant must be a U.S. citizen, non-citizen national, or qualified alien who incurred funeral expenses after Jan. 20, 2020 for a death attributed to COVID-19.
- If multiple individuals contributed toward funeral expenses, they should apply under a single application as applicant and co-applicant. FEMA will also consider documentation from other individuals not listed as the applicant and co-applicant who may have incurred funeral expenses as part of the registration for the deceased individual.
- An applicant may apply for multiple deceased individuals.
- The COVID-19-related death must have occurred in the United States, including the U.S. territories and the District of Columbia.
- This assistance is limited to a maximum financial amount of \$9,000 per funeral and a maximum of \$35,500 per application.
- Funeral assistance is intended to assist with expenses for funeral services and interment or cremation.

In the coming weeks, a dedicated 800 number will be established to help individuals who apply. In the meantime, potential applicants are encouraged to start gathering the following documentation:

- **An official death certificate** that attributes the death to COVID-19 and shows that the death occurred in the U. S. The death certificate must indicate the death "may have been caused by" or "was likely the result of" COVID-19 or COVID-19 like symptoms. Similar phrases that indicate a high likelihood of COVID-19 are considered sufficient attribution.
- **Funeral expense documents** (receipts, funeral home contract, etc.) that include the applicant's name, the deceased individual's name, the amount of funeral expenses, and the dates the funeral expenses were incurred.



- **Proof of funds received from other sources** specifically for use toward funeral costs. Funeral assistance may not duplicate benefits received from burial or funeral insurance, financial assistance received from voluntary agencies, federal/state/local/tribal/territorial government programs or agencies, or other sources.

More information regarding this assistance can be found at [COVID-19 Funeral Assistance | FEMA.gov](https://www.fema.gov/covid-19-funeral-assistance)

## Contact Us

If you have any questions, please contact FEMA Office of External Affairs:

- Congressional Affairs at (202) 646-4500 or at [FEMA-Congressional-Affairs@fema.dhs.gov](mailto:FEMA-Congressional-Affairs@fema.dhs.gov)
- Intergovernmental Affairs at (202) 646-3444 or at [FEMA-IGA@fema.dhs.gov](mailto:FEMA-IGA@fema.dhs.gov)
- Tribal Affairs at (202) 646-3444 or at [FEMA-Tribal@fema.dhs.gov](mailto:FEMA-Tribal@fema.dhs.gov)
- Private Sector Engagement at [nbeoc@max.gov](mailto:nbeoc@max.gov)

## Follow Us

Follow FEMA on social media at: [FEMA Blog](https://www.fema.gov/blog) on [fema.gov](https://www.fema.gov), [@FEMA](https://twitter.com/FEMA) or [@FEMAEspanol](https://twitter.com/FEMAEspanol) on Twitter, [FEMA](https://www.facebook.com/FEMA) or [FEMA Espanol](https://www.facebook.com/FEMAEspanol) on Facebook, [@FEMA](https://www.instagram.com/FEMA) on Instagram, and via [FEMA YouTube channel](https://www.youtube.com/channel/UCv8v8v8v8v8v8v8v8v8v8v8).

Also, follow Acting Administrator Bob Fenton on Twitter [@FEMA\\_Fenton](https://twitter.com/FEMA_Fenton).

## FEMA Mission

Helping people before, during, and after disasters.

# SAN GABRIEL/POMONA REGIONAL CENTER

April 13, 2021

Susan Welch, Senior Vice President  
City National Bank  
555 So. Flower St., 20th Floor  
Los Angeles, CA 90071

RE: Parents' Place (Technology Lending Library)

Dear Ms. Welch,

Parents' Place is a local Family Resource Center that provides services and supports for individuals served and their families through San Gabriel/Pomona Regional Center (SG/PRC). Parents' Place mission is simply:

*"Providing hope and support for families with children with special needs through education and community resources."*

Many of the over 13,000 individuals served by (SG/PRC) live within low-income households. Invariably, the cost of digital technology is a major barrier blocking access to telehealth therapies for many children and adults with developmental disabilities.

Consistent with public health policy tailored to prevent and slow the spread of COVID-19, in person therapies are limited or unavailable because physicians, healthcare practitioners and clinicians have integrated remote telehealth practice as an alternative service option. In response to this trend, SG/PRC has allocated over 250 iPads to Parents' Place establishing a technology lending library to reduce growing disparities within our community. Supporting the need for internet connectivity, SG/PRC has allocated at least \$28,000 dollars to support Parents' Place technology devices.

Ms. Welch, our dream is now.... what we do..., in that individuals served and their families have iPads in their hands, and access to therapy services being delivered through teleconferencing platforms. Principally, Parents' Place and SG/PRC's shared goal is to secure and retain technology resources for individuals served and their families throughout the COVID-19 Pandemic and beyond. Ms. Welch, we are pleased that you have expressed interest in this important endeavor, and we are thankful for any support offered through City National Bank.

Warmest regards,



Anthony Hill, M.A. J.D. Esq.  
Executive Director

75 Rancho Camino Drive, Pomona, California 91766  
(909) 620-7722 [www.sgprc.org](http://www.sgprc.org)

Program of San Gabriel/Pomona Valley's Developmental Services, Inc.

# Angell Research Lab: Addressing Autism Disparities

Amber M. Angell, PhD, OTR/L  
Assistant Professor

University of Southern California

Mrs. T. H. Chan Division of Occupational Science and Occupational Therapy

April 14, 2021

Identify, understand, and reduce  
disparities in autism diagnosis and  
services among under-identified,  
under-studied, and under-served  
populations

USC Mrs. T.H. Chan Division of Occupational Science and Occupational Therapy

## Autism Disparities

- Autism spectrum disorder (ASD)
- CDC estimated prevalence: 1 in 54 children age 8
- Disparities in diagnosis and services
  - Racial/ethnic
  - Sex/gender
  - Age
- Complex reasons for disparities
- Complex medical, behavioral, and educational challenges



Photo credit Rene Bernal, used with permission, [unsplash.com/photos/f0rdHx5P8sQ](https://unsplash.com/photos/f0rdHx5P8sQ)

USC Mrs. T.H. Chan Division of Occupational Science and Occupational Therapy

## Previous San Gabriel/Pomona Regional Center Partnership: Latinx Families' Experiences of Autism Diagnosis and Services



- Southern California Clinical Translational Science Institute (NIH/NCRR/NCATS # TL1TR000132, PI Buchanan)
- University of Southern California Diploma in Innovation (PI Angell)
- Society for the Study of Occupation: USA Student Research Grant (PI Angell)

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Stakeholder-Engaged  
Autism Research

USC Mrs. T.H. Chan Division of Occupational Science and Occupational Therapy



Current and Future Studies

USC Mrs. T.H. Chan Division of Occupational Science and Occupational Therapy

## Autism Diagnosis Trajectories of Girls

- Semi-structured interviews with parents of girls with autism
- Diagnosis trajectories
  - Mis-diagnoses
  - Co-occurring conditions
- Focus on Latina girls

Rehabilitation Research Career Development Program (NIH/NICHD K12 HD055929, PI: K. Ottenbacher)

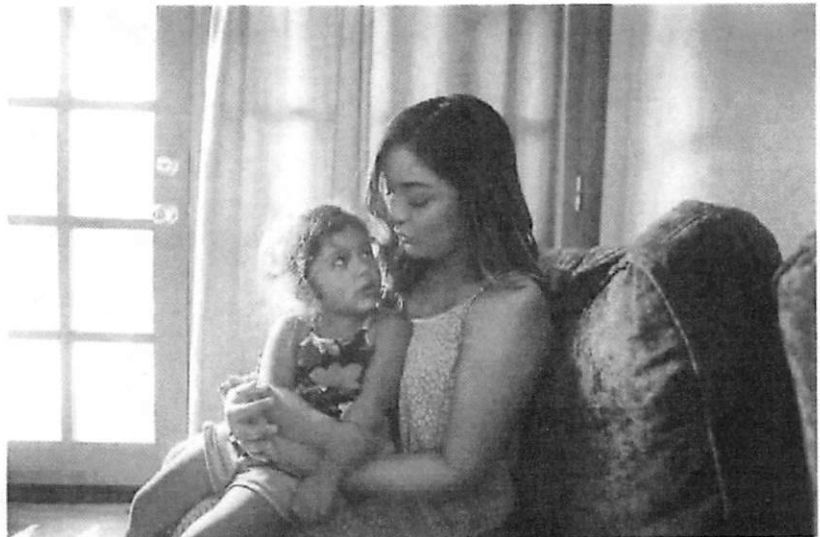


Photo credit Omar Lopez, used with permission, [unsplash.com/photos/zsXDWzIqKJU](https://unsplash.com/photos/zsXDWzIqKJU)

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## Parental Attitudes and Decision-Making About Autism Services and Treatments Among Latinx Populations



Photo credit Omar Lopez, used with permission, [unsplash.com/photos/h1qLAaO1qW8](https://unsplash.com/photos/h1qLAaO1qW8)

- Representative Latinx sample by various subgroups
  - Language proficiency/primary language
  - Country of origin/immigration generation
  - Geographic residence within the U.S.
  - Urban/rural
- Parent survey
- In-depth interview with subsample

USC Mrs. T.H. Chan Division of Occupational Science and Occupational Therapy

What Would a Successful  
Research Partnership with the  
San Gabriel/Pomona Regional  
Center Look Like?

USC Mrs. T.H. Chan Division of Occupational Science and Occupational Therapy

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

1600 NINTH STREET, Room 320, MS 3-8  
SACRAMENTO, CA 95814  
TTY: 711  
(916) 654-1954



March 23, 2021

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: HOME AND COMMUNITY-BASED SERVICES FINAL RULE: VIRTUAL  
SITE ASSESSMENTS

**Background**

The Home and Community-Based Services (HCBS) Final Rule ensures individuals have full access to the benefits of community living and the opportunity to receive services in the most integrated setting appropriate. The rule applies to services provided to individuals with developmental disabilities through California's regional center system.

The [California Statewide Transition Plan \(Plan\)](#) outlines the state's plan to be in compliance with the HCBS Final Rule. The provider self-assessment survey for residential and non-residential programs measured a provider's current level of compliance with the HCBS Final Rule. [Statewide compliance reporting data](#) as of September 01, 2020, can be found on the HCBS Final Rule Assessment Information page. Despite hardships presented by multiple states of emergencies in California throughout the last year, the provider self-assessment survey reflected 80% completion rate through the efforts of providers and regional center staff.

**Virtual Site Assessment**

The next step outlined in the plan is on-site assessment. The Department of Developmental Services (DDS) contracted with Public Consulting Group (PCG) to conduct on-site assessments of a randomized, statistically valid sample of 1,200 HCBS providers among all 21 regional centers. Due to COVID-19 State of Emergency, on-site assessments will be conducted virtually to ensure the safety and well-being of everyone involved in the process.

**“Building Partnerships, Supporting Choices”**

Regional Center Executive Directors  
March 23, 2021  
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PCG conducted a "pilot" to establish the most effective process for conducting virtual site assessments. The pilot phase included three regional centers and a variety of service types. The pilot assessments are completed and reports for each visit are underway. Statewide virtual site assessments will begin following receipt of the following from regional centers. **By March 31, 2021, or as soon as possible, please provide a regional center point of contact (name and email)**, if someone other than the HCBS Program Evaluator or HCBS Specialist that should be included, to [hcbsregs@dds.ca.gov](mailto:hcbsregs@dds.ca.gov). Regional center staff will be included on each initial email that PCG sends to selected providers.

PCG will contact each selected provider first via email, followed by a phone call to schedule a virtual site assessment. The email to providers will include attachments to assist in preparation such as how to set up the technology to be used, a letter explaining the process, and FAQs. Attached are copies of the documents (Enclosures 1 and 2) that PCG will be sending should providers seek to verify authenticity.

The virtual site assessment is meant to be a discussion about how services are being provided, both currently and prior to the COVID-19 State of Emergency. Along with a tour of the provider setting site, the assessment process will include an interview of a person that currently receives services from the provider. Collecting input from individuals on their experience is necessary to ensure services are individualized and person-centered. PCG will analyze the information that they gather from the virtual site assessment and provide DDS with a report identifying areas to improve upon and recommendations on how those areas can be improved. DDS will share reports with regional centers once approved.

### Webinar

The Department will hold two, one-hour webinars to review the virtual site assessment process and answer questions from regional centers and providers. The webinars will be held on Tuesday, April 6, 2021, from 3:00 p.m. – 4:00 p.m. and Wednesday, April 7, 2021, from 11:00 a.m. – 12:00 p.m. To register for either of the webinars, follow the instructions found at <https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/assessment-information/>.

Regional Center Executive Directors  
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If you have any questions regarding this information, please contact [hcsregs@dds.ca.gov](mailto:hcsregs@dds.ca.gov). This letter, and additional information regarding the assessment process will be posted to the Department's website at <https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/assessment-information/>.

Sincerely,

*Original signed by:*

MARICRIS ACON  
Deputy Director  
Federal Programs Division

Enclosures

cc: Regional Center Administrators  
Regional Center Community Services Directors  
Regional Center Directors of Consumer Services  
Regional Center HCBS Program Evaluators  
Association of Regional Center Agencies  
State Council on Developmental Disabilities  
HCBS Advisory Group  
Brian Winfield, Department of Developmental Services  
Jim Switzgale, Department of Developmental Services  
Erica Reimer Snell, Department of Developmental Services



## EVV Overview for Regional Centers

- Electronic Visit Verification (EVV) is a telephone and computer-based method that electronically verifies in-home service visits
- The federal 21<sup>st</sup> Century Cures Act mandates implementation of EVV for all Medicaid personal care services (PCS) and home health care services (HHCS) that require an in-home visit by a provider.
- The law requires all states implement EVV for:
  - Personal care services (PCS) by 1/1/20
  - In 2019, California received CMS approval for an additional year for implementation, extending implementation of EVV for PCS to January 1, 2021
  - Current schedule has PCS implementation expected by January 1, 2022
  - Home health care services (HHCS) implementation by January 1, 2023
  
- The EVV system is required to electronically verify 6 pieces of data:
  1. The type of service performed
  2. The individual receiving the service
  3. The date of the service
  4. The location of the service delivery
  5. The individual providing the service
  6. The time the service begins and ends
    - Anecdotally, we've heard some providers already use systems that collect some or all of this data from their DSPs
  
- In California, EVV implementation is split between Phase I (In-Home Support Services and Waiver Personal Care Services) and Phase II (all other programs providing PCS and HHCS).
  - EVV is already live for IHSS and WPCS.
  - Regional center services fall under Phase II. Regional Center PCS services are expected to go-live using the EVV solution for Phase II in January 2022.
  
- The CMS approved methods for electronically verifying visit are:
  - Telephone- Use of a land line connected to the home address and utilizing Interactive Voice Response (IVR)

Department of Developmental Services

Federal Programs Division

- Mobile Application using GPS- The location would be captured only at check-in and check-out in the consumers home, with no continuous tracking of the service provider required
- In-Home Device- A fixed in-home device generating a unique code at check-in and check-out.

### **How EVV affects regional centers**

EVV applies to Respite, Supported Living Services (SLS), Personal Assistance and Homemaker Services which are personal care services.

- The new requirements for EVV will not change where and how services are delivered.
- The purpose and benefits of EVV:
  - Ensures consumers receive the in-home service
  - Enhance and/or increase the quality and support for consumers receiving in-home services
  - Discourage and reduce missed or late visits by recording the exact location and time of visit in the consumers home
  - Increases financial accountability by reducing the number of missed, shortened or unauthorized services

### **State IT Solution**

- The State will implement an "Open Vendor Model Solution" for the collection and reporting of EVV data.
- This will allow RC vendors to be able to subscribe to a State provided EVV system, subscribe to another EVV system of their choosing, or leverage their existing software products.

If a vendor chooses their own EVV system, it must comply with the State's EVV requirements to collect and report all 6 of the required data points.

Other EVV front-end systems must also be able to send their EVV data to the State EVV Aggregator on an approved transmission schedule (to be determined) and meet other state requirements. (All the state requirements are yet to be determined.)

More information regarding training and the use of the system will be available in the coming months

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

1600 NINTH STREET, Room 240, MS 2-13  
SACRAMENTO, CA 95814  
TTY: 711  
(916) 654-1897



March 29, 2021

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: PROVIDER ATTESTATION FOR ABSENCE PAYMENTS FOR  
NONRESIDENTIAL SERVICES DURING THE COVID-19 STATE OF  
EMERGENCY

As a result of Governor Gavin Newsom's Proclamation of a State of Emergency dated March 4, 2020, the Department of Developmental Services (Department) issued a directive on [March 12, 2020](#), and additional guidance on [May 7, 2020](#) and [June 18, 2020](#), authorizing regional centers to pay vendors for consumer absences for nonresidential services, pursuant to Title 17, California Code of Regulations section 54326(a)(11), that were the direct result of the COVID-19 State of Emergency.

Although absence payments ended on August 31, 2020, in accordance with the Department's [July 17, 2020](#) and [August 31, 2020](#) directives, providers that claimed absence payments between May and August 2020 must attest to the following requirements in compliance with general auditing principles outlined in the Department's [May 7, 2020](#) guidance and requirements established by the Centers for Medicare and Medicaid Services:

- 1) If a provider experienced any reduction in payroll due to employee layoffs or furlough days for direct service professionals during the period absences were claimed, claims were reduced by the same level as the reduction in payroll.
- 2) If a provider received COVID-19 relief funding, including but not limited to, the Paycheck Protection Program (PPP), Economic Injury Disaster Loan Emergency Advance Program, or any other similar federal or state programs, claims received from the regional center were repaid or offset if: (1) the funds received from PPP or other programs did not require repayment (e.g. forgiven PPP loan) and (2) the funds received from PPP or other programs were for the same expenses reimbursed by the regional center.

Providers will attest to the requirements above through the existing provider certification in eBilling. Underlined in the enclosure is the new attestation requirement added in eBilling. Additionally, providers must maintain documentation, subject to review and audit, to support absence claims during the State of Emergency. Please share this information with your provider community.

**"Building Partnerships, Supporting Choices"**

Regional Center Executive Directors  
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Vendors should contact their local regional center with any questions. Questions from regional centers only should be directed to [DDSC19Directives@dds.ca.gov](mailto:DDSC19Directives@dds.ca.gov).

Sincerely,

*Original Signed by:*

BRIAN WINFIELD  
Chief Deputy Director

Enclosure

cc: Regional Center Board Presidents  
Regional Center Administrators  
Regional Center Directors of Consumer Services  
Regional Center Community Services Directors  
Association of Regional Center Agencies

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

1600 NINTH STREET, Room 240, MS 2-13  
SACRAMENTO, CA 95814  
TTY 711  
(916) 654-1897



March 29, 2021

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: GUIDANCE REGARDING REIMBURSEMENT FOR GROUP SUPPORTED  
EMPLOYMENT FOR ALTERNATIVE NONRESIDENTIAL SERVICES

As follow up to the Department of Developmental Services' (Department) [August 31, 2020](#) Directive regarding Alternative Nonresidential Services (Alternative Services) during the COVID-19 State of Emergency, the purpose of this correspondence is to provide guidance for reimbursement for group supported employment for Alternative Services.

Beginning April 1, 2021, providers of group supported employment will be reimbursed for Alternative Services using a monthly unit rate that is unique to each vendor. A description of the methodology for calculating the vendor's monthly unit rate is enclosed.

Reimbursement claims should be submitted for each consumer for whom Alternative Services was provided using the monthly unit rate and the eBilling system. This is a change for traditional group supported employment vendor claims that are based on job coach hours but aligns with the methods for Alternative Services reimbursement for other types of services.

If a consumer received a combination of traditional and Alternative Services within a month, this methodology applies. The consumer should not be included in any billing/reporting for traditional services for the month to prevent over-billing for the consumer.

Regional centers will receive an email (from [SecureShareAdmin@proofpoint.com](mailto:SecureShareAdmin@proofpoint.com)) that will allow for secure download of the provider rates and documentation supporting the rate calculations. Regional centers should distribute these and related information to each provider. Providers with questions regarding the calculation of their monthly rate should submit questions to the regional center no later than April 30, 2021, utilizing the suggested [form](#) from the Department's December 2, 2020 [guidance](#). If the review indicates a need to adjust the calculated rate, the regional center must submit supporting documentation to the Department by May 14, 2021. Rates may only be adjusted upon approval by the Department.

**“Building Partnerships, Supporting Choices”**

Regional Center Executive Directors  
March 29, 2021  
Page two

Self-advocates, family members or providers with questions related to services should contact their local regional center. Questions from regional centers should be directed to [DDSC19Directives@dds.ca.gov](mailto:DDSC19Directives@dds.ca.gov).

Sincerely,

*Original Signed by:*

BRIAN WINFIELD  
Chief Deputy Director

Enclosure

cc: Regional Center Board Presidents  
Regional Center Administrators  
Regional Center Directors of Consumer Services  
Regional Center Community Services Directors  
Association of Regional Center Agencies

Enclosure

**Methodology for Determining the Vendor Monthly Unit Rate for Group Supported Employment Providers for Alternative Services**

- 1) Monthly average reimbursement  
The vendor's monthly average reimbursement is based on actual payments to each vendor over the 12-month period ending February 2020, including adjustments for any rate changes that occurred during that period.
- 2) Monthly average number of consumers  
The monthly average number of consumers served is based on the total number of consumer months divided by the number of service months over the 12-month period ending February 2020.
- 3) Monthly unit rate  
The monthly unit rate is the vendor's monthly average reimbursement divided by the monthly average number of consumers. See Table 1.

**Table 1**

A	Monthly average reimbursement	\$135,992.20
B	Monthly average number of consumers	78
C	<b>Monthly unit rate (Row A / Row B)</b>	<b>\$1,743.49</b>

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

1600 NINTH STREET, Room 240, MS 2-13  
SACRAMENTO, CA 95814  
TTY: 711  
(916) 654-1897



March 29, 2021

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: GUIDANCE REGARDING REIMBURSEMENT FOR TRANSPORTATION SERVICES FOR ALTERNATIVE NONRESIDENTIAL SERVICES

As follow up to the Department of Developmental Services' (Department) [August 31, 2020](#) Directive regarding Alternative Nonresidential Services (Alternative Services) during the COVID-19 State of Emergency, the purpose of this correspondence is to provide guidance for providers of transportation services for reimbursement for Alternative Services.

Beginning April 1, 2021, providers of transportation services will use a monthly unit rate to calculate reimbursement for Alternative Services up to a vendor monthly maximum. The vendor monthly maximum is based upon the average amount of reimbursement for the 12-months prior to February 2020, minus fuel expenses. The amount of each month's reimbursement will be determined by multiplying the monthly unit rate by the number of consumers served each month. If any consumer receives Alternative Services, this methodology applies to all consumers served by the provider that month, including any consumers who received traditional services. All transportation services are to be individualized and responsive to consumers' individual needs.

Regional centers will receive an email (from [SecureShareAdmin@proofpoint.com](mailto:SecureShareAdmin@proofpoint.com)) that will allow for secure download of vendor monthly average reimbursements. Regional centers should distribute these and related information to each provider.

A description of the methodology for calculating the amount of each month's reimbursement is enclosed (Enclosure A). Transportation providers of Alternative Services may submit reimbursements for actual fuel expenses separately. A template for this adjustment and for ongoing reporting of each month's reimbursement calculation is enclosed (Enclosure B).

The Department encourages transportation providers, regional centers and stakeholders to continue to network and evaluate new ways to meet the needs of consumers and the developmental services community with Alternative Services. Additional support may be requested of the selected [Statewide Technical Assistance and Training Agents](#).

**"Building Partnerships, Supporting Choices"**



Regional Center Executive Directors  
March 29, 2021  
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Self-advocates, family members or providers with questions related to transportation services should contact their local regional center. Questions from regional centers should be directed to [DDSC19Directives@dds.ca.gov](mailto:DDSC19Directives@dds.ca.gov).

Sincerely,

*Original Signed by:*

BRIAN WINFIELD  
Chief Deputy Director

Enclosures

cc: Regional Center Board Presidents  
Regional Center Administrators  
Regional Center Directors of Consumer Services  
Regional Center Community Services Directors  
Association of Regional Center Agencies

**Methodology for Determining Reimbursements for Transportation Providers for Alternative Services**

1. Determine the vendor monthly maximum

The vendor monthly maximum is based on the average of actual payments to each vendor over the 12-month period ending February 2020 minus the average fuel or mileage expenses.

Vendor monthly average reimbursements, including adjustments for any rate changes that occurred during the 12-month period, and documentation supporting the calculations are available for regional centers to securely download. Regional centers should distribute the monthly averages and related information to each provider.

- a. If fuel expenses were not reflected in the calculated monthly average (e.g. if they were reimbursed separately), the monthly average is the vendor monthly maximum.
- b. If fuel expenses were included in the actual payments during this period, the average monthly fuel expenses must be deducted to determine the vendor monthly maximum. See Table 1.

**Table 1**

A	Vendor monthly average reimbursement	\$92,665.00
B	Monthly average fuel expenses	\$11,119.81
C	<b>Vendor monthly maximum</b> (Row A- Row B)	<b>\$81,545.19</b>

Documented fuel expenses for the same months included in the calculated monthly average reimbursement must be used to determine the average fuel expenses. Providers should calculate this and submit to the regional center for verification using Enclosure B. Providers must maintain supporting documentation.

- c. If fuel expenses were included in the traditional reimbursement rate (e.g. daily rate, service hour rate) and documentation of actual expenses (e.g. receipts, bank statements) are not available or are incomplete, average fuel expenses calculated using mileage must be deducted to determine the vendor monthly maximum. For this purpose, expenses are calculated by multiplying the mileage by \$0.28, which is half of \$0.56, the 2021 business standard mileage rate for fuel, insurance, maintenance, depreciation and other costs that go into operating a vehicle. See Table 2.

**Table 2**

A	Vendor monthly average reimbursement	\$92,665.00
B	Monthly average fuel expenses using mileage (mileage x \$0.28)	\$11,119.81
C	<b>Vendor monthly maximum</b> (Row A – Row B)	<b>\$81,545.19</b>

Documented mileage (route records, driver logs, maintenance records) for the same months included in the calculated monthly average reimbursement must be used to determine the average mileage.

Providers should calculate this and submit to the regional center for verification using Enclosure B. Providers must maintain supporting documentation.

- d. If a vendor was paid separately for fuel and a monthly average reimbursement amount was provided, that rate is not to be used. Only actual fuel expenses are to be reimbursed.
2. Calculate the monthly unit rate

- a. Determine the monthly average number of consumers served. This is based on the total number of consumer months divided by the number of service months over the 12-month period ending February 2020.

Documented attendance for the same months included in the calculated monthly average reimbursement must be used to determine the average number of consumers served. Providers should calculate this and submit to the regional center for verification using Enclosure B. Providers should maintain supporting documentation.

- b. Divide the vendor monthly maximum by the monthly average number of consumers to determine the monthly unit rate. See Table 3.

**Table 3**

A	Vendor monthly maximum	\$81,545.19
B	Monthly average number of consumers	184
C	<b>Monthly unit rate</b> (Row A / Row B)	<b>\$443.18</b>

Providers should calculate this and submit to the regional center for verification using Enclosure B. Providers must maintain supporting documentation.

3. Calculate the amount of reimbursement for each month

For each month, beginning April 2021, the following procedure shall be used to calculate the monthly amount of reimbursement. See Table 3.

- a. Determine the number of consumers served for the month. This may include services to consumers who did not previously rely on vendored transportation services.
- b. Multiply the number of consumers served for the month by the monthly unit rate. The resulting amount may not exceed the vendor monthly maximum. See Table 4.

**Table 4**

A	Number of consumers served for the month	172
B	Monthly unit rate	\$443.18
C	<b>Reimbursement for the month</b> (Row A x Row B)	<b>\$76,227.03</b>

- c. Transportation providers of Alternative Services may submit claims for reimbursements for actual fuel expenses separately.



KIM JOHNSON  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



GAVIN NEWSOM  
GOVERNOR

*ATTACHMENT 0*

April 15, 2021

PIN 21-21-ASC

TO: ALL ADULT DAY PROGRAM LICENSEES

FROM: *Original signed by Kevin Gaines*  
Kevin Gaines  
Deputy Director  
Community Care Licensing Division

SUBJECT: **ADULT DAY PROGRAM OPERATIONS AND VACCINATIONS DURING COVID-19 PANDEMIC**

**Provider Information Notice (PIN) Summary**

PIN 21-21-ASC addresses the Community Care Licensing Division (CCLD) support for Adult Day Programs (ADPs) to operate during the COVID-19 pandemic and provides information on COVID-19 vaccinations.

***Please post/keep this PIN in the facility where clients/participants can easily access it and distribute the PIN Summary for Clients/Participants (located at the end of this PIN) to clients/participants, and, if applicable, their representatives.***

ADPs provide a critical resource throughout California for adults and seniors and continue to be a necessary component of the successful wraparound services afforded to these vulnerable populations. CCLD recognizes the difficulty in operating an ADP during the ongoing COVID-19 pandemic and has strived to provide technical assistance throughout these unprecedented times. CCLD released PIN 20-33-ASC to provide guidance specifically for ADPs on how to continue operations while following COVID-19 protection measures. In line with the mission of the Department, CCLD has developed this PIN to encourage ADP providers to remain diligent with their operations while incorporating the necessary mitigation strategies to help prevent COVID-19 exposure and provide information related to COVID-19 vaccines. As a friendly reminder, CCLD has not issued any guidance prohibiting ADPs from

remaining open during the COVID-19 pandemic. The COVID-19 prevention practices that CCLD has issued were always designed to ensure the operational capabilities in local communities throughout California.

### **CCLD COVID-19 Guidance**

Providers of ADPs should continue to monitor the [CCLD homepage](#) for updated information regarding COVID-19 and review the following applicable PINs:

#### **Prevention of COVID-19:**

- [PIN 20-29-CCLD](#) Provider Infection Prevention Helpline
- [PIN 21-11-ASC](#) Coronavirus Disease 2019 (COVID-19): Options for Accessing COVID-19 Testing
- [PIN 20-48-ASC](#) Coronavirus Disease 2019 (COVID-19) Mitigation Plan Report and Training
- [PIN 20-35-ASC](#) Influenza Or "Flu", Novel Coronavirus Disease 2019 (COVID-19), and Pneumonia in Adult Day Programs
- [PIN 20-13-ASC](#) Notification to Families When a Person Tests Positive for Coronavirus Disease 2019 (COVID-19)

#### **Waivers:**

- [PIN 21-03-CCLD](#) Statewide Waivers for Licensing Requirements Related to Tuberculosis (TB) Testing and Coronavirus Disease 2019 (COVID-19) Vaccine
- [PIN 20-37-ASC](#) Statewide Waivers for Licensing Requirements for Adult and Senior Care Facilities Due to Coronavirus Disease 2019 (COVID-19)

#### **N95 Respirators:**

- [PIN 21-06-ASC](#) Update to Guidance for Decontamination and Reuse of N95 Filtering Facepiece Respirators

### **COVID-19 Vaccination**

COVID-19 vaccination is one of the most important tools to help us recover from this pandemic and thrive again. It is important that licensees, staff, clients/participants, and families know:

- The Pfizer-BioNTech, Moderna, and Janssen (Johnson and Johnson) COVID-19 vaccine trials have demonstrated that the COVID-19 vaccine is safe and effective for trial participants.
- The COVID-19 vaccine is available at no out-of-pocket cost.
- All individuals, including those who have been vaccinated, should continue to wear a mask, practice frequent hand hygiene, maintain at least six (6) feet distance from others and avoid attending gatherings of groups of people until the end of the pandemic.

The Centers for Disease Control and Prevention (CDC) provided [interim clinical recommendations](#) for COVID-19 vaccines currently authorized under the United

PIN 21-21-ASC  
Page Three

Stated Food and Drug Administration (FDA) granted Emergency Use Authorization (EUA) and recommends:

- Persons be offered the vaccine regardless of history of prior COVID-19 infection.
- Deferring vaccination of persons with COVID-19 infection until the person has recovered (if the person had symptoms) **and** the criteria have been met for them to discontinue isolation. This recommendation to defer vaccination applies to:
  - Persons who develop COVID-19 infection *before* receiving any vaccine doses, and
  - Those who develop COVID-19 infection *after* the first dose but *before* receipt of the second dose (for the Pfizer or Moderna vaccines).
- While vaccine supply remains limited, people with recent documented acute COVID-19 infection may choose to temporarily delay vaccination, if desired, since evidence suggests the risk of reinfection is low in the months after initial infection. The risk of reinfection and, therefore, the need for vaccination, might increase with time following the initial infection.

### **Personal Rights and COVID-19 Vaccines**

Licensees should keep in mind the importance of ensuring personal rights of clients/participants throughout the COVID-19 vaccination period. The personal rights of clients/participants include the right to receive or reject medical care or health-related services. Medical care and access to healthcare include receiving the COVID-19 vaccine. No client/participant who refuses to be vaccinated against COVID-19 may be denied participation in any activity or service available to any other client/participant solely based on the decision to not receive the vaccine.

Also, no client/participant who refuses to be vaccinated against COVID-19 may be removed from the ADP based on their decision to not receive the vaccine. Receiving the COVID-19 vaccine is not required by law and is voluntary. Refusal to be vaccinated is a client's/participant's right, and therefore is not an authorized reason for removing a client/participant from an ADP.

### **Facility Staff Acceptance and Refusal of COVID-19 Vaccines**

At this time, there is no mandate for COVID-19 vaccination for licensees, volunteers, and facility staff. When COVID-19 vaccinations are made available, they should be offered by employers to employees as recommended by CDPH guidance. Employers should track employees' and volunteer immunization status by having employees and volunteers complete an acceptance/declination form at the time vaccination is offered and maintaining a copy in the employee's and volunteer's file.

### **Tuberculosis Tests and COVID-19 Vaccines**

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Page Four

As vaccinations continue, licensees may have questions about the interaction between new COVID-19 vaccines and tests used for tuberculosis (TB) infection. The CDC has indicated there is no immunological reason to believe a TB test will impact the effectiveness of COVID-19 vaccines. However, since not enough is yet known of the potential impact of vaccines on immune responses, the CDC recommends individuals:

- Complete the TB test before COVID-19 vaccination; or
- If already vaccinated, defer the TB test until four (4) weeks after completion of the COVID-19 vaccine.

Prioritization of testing for TB infection needs to be weighed with the importance of receiving COVID-19 vaccination based on potential COVID-19 exposures and TB risk factors. All potential recipients of COVID-19 vaccination should weigh the risks and benefits of delaying a TB test with their primary care provider.

For additional information related to TB testing and COVID-19 vaccines please refer to PIN 21-03-CCLD.

#### **Post Vaccine Considerations for Clients/Participants and Facility Staff**

Post-vaccination signs and symptoms usually:

- Are mild to moderate in severity;
- Occur within the first three (3) days of vaccination (i.e., the day of vaccination and the following two (2) days, with most occurring the day after vaccination);
- Resolve within 1-2 days of onset; and
- Are less frequent and less severe in adults older than 55 years.

Per CDC guidelines, if a client/participant has had close contact with a person diagnosed with COVID-19 and is:

- Fully vaccinated:
  - Clients/participants do not need to stay away from others or get tested unless they have symptoms.
- Not fully vaccinated:
  - Client /participant should inform caregiver(s) and staff of the ADP and should not attend services at the ADP until after their quarantine period has ended.
  - Client/participant should stay home and self-monitor for symptoms.
  - Client/participant should follow CDC guidance if symptoms develop.

**Important! The COVID-19 vaccine cannot give the recipient COVID-19.** A positive COVID-19 viral test result following vaccination should not be attributed to the COVID-19 vaccine, as vaccination does not influence the results of these tests.



**Additional Resources**

The following links include additional resources about the COVID-19 vaccines:

- California Department of Social Services
  - About COVID-19 Vaccines
  - ASC Informational Call "COVID-19 Vaccines: Steps for Success" PowerPoint
  
- California Department of Public Health
  - All COVID-19 Guidance
  - CDPH Allocation Guidelines for COVID-19 Vaccine During Phase 1A: Recommendations
  - Vaccine Prioritization
  
- Centers for Disease Control and Prevention
  - CDC Frequently Asked Questions about COVID-19 Vaccination
  - CDC Talking to Recipients about COVID-19 Vaccines
  - CDC Information for When You've Been Fully Vaccinated
  
- COVID19.CA.GOV
  - Vaccines (includes information about the distribution of vaccines)

If you have any questions regarding this PIN, please contact your local Adult and Senior Care Regional Office.

**PIN Summary for Clients/Participants**

**A companion guide for Provider Information Notice (PIN) 21-21-ASC Adult Day Program (ADP) Operations and Vaccinations During COVID-19 Pandemic**

The Community Care Licensing Division (CCLD) has prepared this PIN Summary for Clients/Participants as a companion to PIN 21-21-ASC which reminded the licensee of your facility that CCLD has not issued any guidance requesting or requiring that ADPs close or shut down operations during the COVID-19 pandemic and provided references to previous PINs issued that relate to the safe operation of ADPs during the COVID-19 pandemic. PIN 21-21-ASC also provided updated information regarding COVID-19 vaccines.

**COVID-19 Vaccination**

It is important that you know:

- The Pfizer-BioNTech, Moderna, and Janssen (Johnson and Johnson) COVID-19 vaccine trials have demonstrated that the COVID-19 vaccine is safe and effective for trial participants.
- The COVID-19 vaccine is available at no out-of-pocket cost.
- Everyone, including those who have been vaccinated, should continue to wear a mask, practice frequent hand hygiene, maintain at least six (6) feet distance from others and avoid attending gatherings of groups of people until the end of the pandemic.
- You can receive the COVID-19 vaccine even if you have a history of COVID-19 infection.
- You should wait to get vaccinated if you currently have COVID-19 until you have recovered, and your isolation period is over.
- While vaccine supply remains limited, you can wait to get vaccinated if you had COVID-19 within the last few months. However, risk of reinfection may increase with time due to loss of natural immunity.

**Personal Rights and Vaccinations**

PIN 21-21-ASC reminds licensees of your facility that:

- You have the right to receive or reject medical care or health-related services, which includes receiving the COVID-19 vaccine.
- If you choose not to be vaccinated, the licensee of your facility cannot deny your participation in any activity or service available to any other client/participant, and you cannot be removed from the ADP solely based on your decision to not receive the vaccine.
- Receiving the COVID-19 vaccine is not required by law and is voluntary.

PIN 21-21-ASC  
Page Seven

### **Facility Staff Acceptance and Refusal of COVID-19 Vaccines**

PIN 21-21-ASC provides guidance to your facility that:

- The Department is not requiring COVID-19 vaccination for the licensee of your facility and facility staff.
- The licensee of your facility should keep track of facility staff who have and have not been vaccinated.

### **Tuberculosis Tests and COVID-19 Vaccines**

PIN 21-21-ASC recommends the licensee of your facility:

- Request you complete a tuberculosis (TB) test before your vaccination or wait until four (4) weeks after completion of the COVID-19 vaccine, if you need a TB test.
- Weigh the risks and benefits of delaying TB testing with the importance of receiving COVID-19 vaccination with your primary care provider.

### **Post Vaccine Considerations for Clients/Participants and Facility Staff**

PIN 21-21-ASC provides guidance to the licensee of your facility that post-vaccination signs and symptoms usually:

- Are mild to moderate in severity;
- Occur within the first three (3) days of vaccination (i.e., the day of vaccination and the following two (2) days, with most occurring the day after vaccination);
- Resolve within 1-2 days of onset; and
- Are less frequent and less severe in adults older than 55 years.

PIN 21-21-ASC provides guidance per CDC guidelines to the licensee of your facility, on what to do if you have had close contact with a person diagnosed with COVID-19 and you are:

- Fully vaccinated:
  - You do not need to stay away from others or get tested unless you have symptoms.
- Not fully vaccinated:
  - You should inform caregiver(s) and staff of the ADP and should not attend services at the ADP until after your quarantine period has ended.
  - You should stay home and self-monitor for symptoms.
  - You should follow CDC guidance if symptoms develop.

**Important!** The COVID-19 vaccine cannot give you COVID-19. If you test positive for COVID-19 after vaccination, the COVID-19 vaccine should not be considered the reason for the positive test.

PIN 21-21-ASC  
Page Eight

Your care providers, the licensee of your facility, and the Ombudsman (call 1-800-510-2020) are available to answer your questions.

# SAN GABRIEL/POMONA REGIONAL CENTER

March 25, 2021

Assemblymember Lisa Calderon  
State Capitol, Room 2137  
Sacramento, CA 95814

**RE: AB 445 – SUPPORT**

Honorable Assemblymember Calderon:

San Gabriel/Pomona Regional Center (SG/PRC) is offering support for your bill AB 445.

San Gabriel/Pomona Regional Center is a non-profit entity created through statute for the purpose of providing counselling, diagnostic assessment, and ensuring the delivery of community-based services and supports for individuals with developmental disabilities. San Gabriel/Pomona Regional Center serves approximately 14,000 individuals with developmental disabilities and their families that live in Los Angeles County, El Monte, and Foothill Health Districts.

Our organization supports AB 445. Your bill removes personal, sensitive information disclosure requirements that are not criteria relied on to determine eligibility for regional center services based on a qualifying condition as stated within WIC Sections 4512(a) & (l).

The obvious unintended consequence when requiring the collection of unrelated information or data is the applicant's failure to proceed in the application process or delay in receiving critical services. Both outcomes are severely harmful in preserving the impact of the presenting developmental disability. Also, your bill simultaneously eliminates inefficient procedure and creates regional center operations expense savings. Exceedingly, your bill encourages prudent public policy.

San Gabriel/Pomona Regional Center strongly supports your bill. AB 445 is timely and furthers the mission of San Gabriel/Pomona Regional Center in creating a society where all individuals with developmental disabilities are fully included within all aspects of community life.

Please know that San Gabriel/Pomona Regional Center is thankful for your thoughtfulness and your time allocated pursuing the necessary outcome of AB 445.

With best regards,



Anthony Hill, M.A. J.D. Esq.  
Executive Director  
San Gabriel/Pomona Regional Center

Cc: Arnell Rusanganwa, Legislative Assistant, Office of Assemblymember Calderon  
Daniel Savino, Government Affairs Director, Association of Regional Center Agencies  
75 Rancho Camino Drive, Pomona, California 91766  
(909) 620-7722 [www.sgprc.org](http://www.sgprc.org)



980 9th Street, Suite 1450, Sacramento, California 95814 • 916.446.7961 • www.arcenet.org

March 22, 2021

Senator Elena Durazo  
State Capitol, Room 2032  
Sacramento, CA 95814

**RE: SB 639 – COMMENTS**

Honorable Senator Durazo:

The Association of Regional Center Agencies (ARCA) represents the network of 21 community-based non-profit regional centers that coordinate services for, and advocate on behalf of, over 350,000 Californians with developmental disabilities. On behalf of ARCA, I wish to provide comments on SB 639.

People with developmental disabilities face extraordinarily high unemployment levels. Many of them are actively interested in, or currently have, competitive, integrated employment. Others benefit from work training programs, which may pay subminimum wages. Transitioning individuals from subminimum wages to integrated, competitive settings is a goal we wholeheartedly endorse. However, these transitions do not happen in a vacuum and require careful individualized planning and support. The ability of each individual to thrive in a different work environment and the availability of open jobs in a given community must both be considered. Additionally, in areas facing high unemployment, transportation barriers, or other challenges, these factors must also be accounted for. This bill has several elements. Two warrant comment.

First, the proposed phaseout plan is an excellent concept. Any proposal to end this form of employment must be done in a thoughtful and comprehensive way, focused at all times on the value each individual finds in employment – a value that, like for many people without disabilities, often far exceeds the paycheck. However, there are no contingencies in this bill to address what happens if the January 1, 2023, deadline is not met. In the unlikely event this group of state agencies, inclusive of stakeholder participation, is not able to meet this deadline, adequate time must be allowed to implement the completed plan.

As a corollary, the one-year gap between plan completion and phaseout is ambitious. The thousands of individuals earning subminimum wage have diverse needs and will need diverse supports to enter competitive integrated employment. Addressing changes in statute, regulation, and funding will likely take more than 12 months.

Second, a universe without subminimum wage is, necessarily, a more expensive one given the volume of staff support needed to support this. We do not wish to see costs create a barrier to this bill, but we cannot overemphasize the need to make an honest assessment of what it will take to ensure, through

new or expanded service models, successful transitions for every individual currently in a subminimum wage environment.

California continues to see the number of individuals earning less than minimum wage follow its long-term decline. Those in such jobs place high value on their roles as employees. They (and their families) want to see their role continue to be presented as the labor of committed employees who continue to be a significant value-add to their employers. Employment is a goal they have already attained. Ensuring they continue to retain employment is critical to the success of this.

We are committed to working with you, your staff, and the sponsors to craft language that will ensure every person currently earning subminimum wage will be able to thrive in competitive, integrated employment. It may be complex, and will likely involve new and creative resources, but it is a goal we are wholeheartedly willing to work towards, focused at all times on individual outcomes.

If you have any questions regarding our position, please do not hesitate to contact Daniel Savino in our office at [dsavino@arcanet.org](mailto:dsavino@arcanet.org) or (916) 446-7961.

Sincerely,

/s/Amy Westling  
Executive Director

Cc: Melinda Sullivan, Executive Director, Frank D. Lanterman Regional Center  
Gloria Wong, Executive Director, Eastern Los Angeles Regional Center  
Dexter Henderson, Executive Director, South Central Los Angeles Regional Center  
Jennifer Richard, Chief of Staff, Office of Senator Durazo



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April 2, 2021

Senator Susan Talamantes Eggman  
Chair, Senate Budget Subcommittee #3 on Health and Human Services

Assemblymember Joaquin Arambula  
Chair, Assembly Committee on Budget, Subcommittee #1 on Health and Human Services

**RE: Department of Developmental Services (4300) – Response to 2021-22 Preliminary Budget Hearings**

Honorable Senator Talamantes Eggman and Assemblymember Arambula:

The Association of Regional Center Agencies (ARCA) represents the network of 21 regional centers, community-based organizations that serve more than 350,000 Californian children and adults with developmental disabilities. We thank you for this opportunity to comment on the Governor's proposed Budget for FY 2021-22 for the Department of Developmental Services (DDS).

We would like to acknowledge the work of members and staff for both your committees to highlight the key challenges facing the developmental services system during your recent hearings. This is always challenging, but is even more so in an environment where necessary restrictions in response to the pandemic condense the amount of time available during a hearing for full exploration of critical issues facing this population. As such, ARCA submits these comments as a follow-up to the discussions that were sparked during the formal hearings.

*Regional Center Pandemic Response*

Over the last year, regional centers have been committed to ensuring ongoing and new needs can be met during the pandemic. This includes outreach to people served, increased respite authorizations to meet family needs, distribution of over 25 million pieces of personal protective equipment, collaboration with local public health agencies, and support in finding financial, food, housing, internet, and other community resources. Life as we knew it changed rapidly, and in response, regional centers worked with those they support to modify their services. Fact sheets are available in [English](#) and [Spanish](#) that highlight many of these activities. ARCA was heartened to see that in a recent survey by the Department of Developmental Services, the vast majority of respondents found the support of regional centers to be helpful in navigating the challenges created by the pandemic. Regional centers remain committed to continuing their efforts to meet their communities' outstanding support needs.



### Population Trends

As noted in the Governor's Proposed Budget, regional centers are serving less people than we would have expected this year, in large part because referrals for service in the Early Start program have declined, which is a direct result of fewer well-child pediatric visits and lower utilization of daycare settings. Medical and childcare providers are often the richest sources of referrals into the Early Start program. ARCA appreciates the Administration's proposal to keep regional center operations funds intact to allow the staff to carry out new duties in response to the pandemic as well as to be ready for an increase in referrals as daily life returns children to medical and daycare settings.

ARCA commends the Administration and the Legislature for its dedication to Early Start. The Early Start program benefits tens of thousands of children annually by providing services such as speech therapy, audiology services, family training, service coordination, nutrition services, and occupational therapy to assist them to make significant developmental gains. The decrease in the Early Start population is very concerning as regional centers strongly believe in the "child find" program, which includes outreach efforts to locate children and families in need. ARCA is in full support of the core goal to provide services to all eligible children statewide and will work in close collaboration with DDS, Family Resource Centers (FRCs), school districts, and other entities to achieve full program recovery.

### Vaccine Prioritization, Access, and Equity

ARCA is appreciative of California's decision to prioritize COVID-19 vaccine access for all people served by regional centers. Regional centers appreciate the strong community partnerships (e.g., with service providers, local public health agencies, pharmacy chains) that will move people who choose to receive the vaccine from prioritization to inoculation. ARCA commends the focus on equity through this process to ensure no area of the state is left behind in these efforts. Attention being paid to various factors that may limit COVID-19 vaccine access such as lack of transportation and making vaccination sites more accessible for those with disabilities will allow community life, including critical school and daytime routines, to return soon.

### The Value of DDS Directives

Throughout the pandemic, ARCA has appreciated the state's commitment to flexible service delivery to meet new and emerging needs. While understanding the directives and guidance issued by DDS during the last year was in direct response to the public health emergency, these efforts have given the opportunity to learn what flexibilities may make sense long-term, including some that would work better with modifications in the long-term. ARCA suggests the following be considered long-term:

- Continue Early Start and Lanterman remote service coordination with planning team agreement to strike the balance between family schedule flexibility and the protective role service coordinators play;
- Allow for remote intake procedures for Early Start and Lanterman if clinically appropriate;
- Permit regional center directors to provisionally approve health and safety waivers, including for DDS-set rate facilities, to allow for quicker initial decisions and state-level oversight of spending;

- Continue the allowance for payment for supplemental residential support in Intermediate Care Facilities to support needs beyond the set staffing levels;
- Eliminate the Annual Family Program Fee and Family Cost Participation Program as they are an artificial barrier between families and needed services.
- Refine models, such as Participant-Directed Services, which began many years ago and offer individuals and families the opportunity to select staff known to them, and permanently expand the program to include personal assistance, Independent Living Skills training, and supported employment, while ensuring the latter two continue to be outcome-driven services; and,
- Work with schools to return to timely transitions of children from Early Start to education.

In short, the pandemic has reinforced the lesson of the value of supporting a wider array of more person-centered, flexible service delivery options to better meet individual needs.

Service to Diverse Communities

Over the last few years, California has become more systemic in its collection and analysis of data related to spending in the developmental services system along demographic lines, including racial/ethnic identification, age, and residential setting.

While the simplest measure is what is spent on the average person of each racial or ethnic group, the information below taken from the Fiscal Year 2019-2020 regional center expenditure data tells a more complex story. Each chart below illustrates how much money is spent per capita for members of various racial and ethnic groups for every \$1.00 spent per capita for a white individual.

When the data is analyzed only by age, there is much less difference in spending on the average person in each age group than the overall average would initially lead us to believe. Interestingly, this demonstrates close to equal spending between those classified as white and Hispanic from birth through age two, with more spending on Asian children in the same age band who are enrolled in the Early Start program. The major reason controlling for age makes such a significant difference is because as people age out of the school system, their expenses rise dramatically. Various racial and ethnic groups have different proportions of people in each age band, whether served by regional centers or in the general population.

All Consumers with POS All Services	All Ages	0-2	3-21	over 21
American Indian	\$0.82	\$0.90	\$1.15	\$0.85
Asian	\$0.57	\$1.14	\$0.82	\$0.71
Black/African-American	\$0.83	\$0.87	\$1.02	\$0.83
Hispanic	\$0.43	\$1.01	\$0.68	\$0.61
Native Hawaiian/Pacific Islander	\$0.68	\$0.87	\$0.55	\$0.83
Other Ethnicity or Race	\$0.36	\$0.80	\$0.68	\$0.79
White	\$1.00	\$1.00	\$1.00	\$1.00
<b>Total</b>	\$0.63	\$0.96	\$0.79	\$0.82

Another factor that has a major impact on the cost of services is what setting people served by regional centers live in. The vast majority of individuals supported by regional centers live in family homes. Below is information for those living in the family home broken out by age that is intended to provide as close to an “apples to apples” comparison if possible.

All Consumers Living with Family	All Ages	0-2	3-21	over 21
American Indian	\$1.26	\$1.04	\$1.56	\$1.43
Asian	\$0.90	\$1.13	\$0.94	\$0.93
Black/African-American	\$1.01	\$0.88	\$1.06	\$0.97
Hispanic	\$0.74	\$1.03	\$0.82	\$0.82
Native Hawaiian/Pacific Islander	\$1.00	\$1.05	\$0.96	\$1.09
Other Ethnicity or Race	\$0.57	\$0.81	\$0.74	\$0.88
White	\$1.00	\$1.00	\$1.00	\$1.00
<b>Total</b>	<b>\$0.82</b>	<b>\$0.97</b>	<b>\$0.89</b>	<b>\$0.91</b>

ARCA remains committed to ensuring equity in access to needed services for people regardless of racial or ethnic background. This closer examination of the available data provides insight into areas of strength as well as where there is still needed work to do, including some areas that should be prioritized for future Disparity Funds Grant Program awards.

#### Self-Determination Program Implementation

The Self-Determination Program (SDP) was approved for federal funding in June 2018, which began a three-year limited rollout process that was open to up to 2,500 individuals statewide before broader implementation. As that three-year period draws to a close, now is a good time to reflect on how to best support and advance the program going forward. ARCA suggests the following steps be taken:

- Clear authorization to purchase Person-Centered Plans for individuals interested in SDP ahead of the expansion of the program to streamline participants’ entry into the program following their completion of program orientation
- Lower caseload ratios during at least each participant’s transition and initial two years of program enrollment to support the increased individualized service coordination needed to smoothly move each person from the traditional system into SDP, as data from one regional center shows those individuals transitioning into and enrolled in SDP required three times the service coordination time as the average person supported by the regional center in the traditional program
- Complete accounting infrastructure improvements, including streamlining of processes and, in the meantime, funding for additional accounting staff to manage and frequently modify complex purchase authorizations
- Individual budget methodology revisions to improve its equitability, transparency, and ease of use for planning teams
- Additional clarity on program rules and expectations to enhance statewide consistency

As noted in a 2020 DDS survey of those who were selected for SDP and opted not to enroll, common reasons given for this choice included the complexity of the program and satisfaction with current services and supports.

SDP provides an opportunity for individually tailoring services to meet unique needs through the selection of individual providers and control over one's individual budget. Director Bargmann noted during the Senate Budget Subcommittee #3 hearing that nationwide 10-15% of people offered the choice to self-direct developmental services choose to. With the expansion of SDP, we must address the above issues to streamline its implementation and adequately invest in it to ensure the program doesn't divert resources away from those served in the traditional service delivery system.

#### Planning for Rate Reform

California must continue to invest needed resources to stabilize the state's developmental services system and enable it to meet the challenge of serving all individuals in inclusive communities. In recent years, the state completed a service provider rate study. Implementing its recommendations is an essential step to stabilizing California's community-based service system for individuals with developmental disabilities and their families. In particular, payment rates that support the Direct Support Professionals who work with people to enable community life must be adjusted to reflect the value of their work and its centrality in supporting the promise of the Lanterman Act. ARCA supports implementation of provider rate reforms that will support professionalization of the workforce and better outcomes as well as continued movement towards a rate structure that is reflective of actual costs and provides a living wage for Direct Support Professionals. As the state emerges from the pandemic, new rate structures should correct for historical inequities in median rate limits between regional centers, be reflective of higher service costs in some geographic areas, and allow providers to support individuals' person-centered decisions about how they flexibly structure their day.

#### Response to Proposed Trailer Bill Language (TBL)

Below, please find ARCA's response to the draft TBL proposals advanced by the Administration that align with several of its policy initiatives related to service to diverse communities, crisis support, funding of provider services, and supporting those with complex medical needs in community settings:

##### 1. Community Navigators

ARCA continues to support funding for the Community Navigator program as proposed in the Governor's Budget and agrees with the need to establish standardized metrics for measuring its success, as these are good tools to use in setting goals and tracking progress towards achieving them. Metrics support accountability and transparency and play a key role in assessing the impact of a program and replicating its success. Ultimately, standardized metrics would assist the Community Navigator program continuously adapt and improve.

ARCA is in support of the proposed TBL that would require the department to contract for an independent evaluation of the previously funded efforts to promote equity and reduce disparities. ARCA believes that evaluating efforts in this area would be beneficial in both

identifying strategies that are impactful and expanding on promising practices. ARCA values equity in access to critical developmental services for diverse communities and would welcome the critical evaluation of projects that seek to make measurable differences in this area.

**2. Acute Crisis Clarification and Admission Extension**

State-operated homes are used when an individual is in acute crisis and there are no other community options available for treatment and stabilization. Unfortunately, until the advent of Stabilization, Training, Assistance and Reintegration (STAR) and Community Crisis Homes (CCH), people with developmental disabilities had to rely too heavily on hospital emergency departments and psychiatric settings for stabilization. These environments are not often ideal for people with developmental disabilities as these services are not specialized. However, the STAR and CCH facilities provide a specialized environment proven to be effective in diverting people from a higher level of care and addressing behavioral health crises of people with developmental disabilities. ARCA supports the proposal to retain this option until increased community capacity to address this longstanding systemic gap is developed.

**3. Provider Rate Adjustment and Uniform Holiday Schedule Suspension Extension**

ARCA applauds the extension of the timeline for the Supplemental Provider Rate Increases and the Uniform Holiday Schedule suspension for at least an additional 12 months. These initiatives help people with developmental disabilities access the support they need when they need it. However, those needs have no end date. As the Legislative Analyst's Office noted in its analysis, these are fundamentally ongoing needs. Since these proposed sunsets create additional uncertainty for providers and people served, ARCA continues to urge these suspensions be made permanent.

**4. Residential Facilities for Special Health Care Needs**

One of the great innovations to come out of the closure of the state's developmental centers was greater capacity to support people with enduring medical needs in community homes. ARCA supports this TBL, which would allow for greater expansion of these specialized facilities for adults and the initial development of them for children.

**Increasing Access to Generic Services**

Individuals with developmental disabilities receive significant support from sources other than regional centers. Special education, county-specific programs, and health insurance are the most common examples. Referred to as "generic services," these options provide ways to meet individual needs outside of direct funding through the developmental disabilities services system. However, a number of barriers prevent access to these options – options that both state law and best practices require regional centers and families pursue. ARCA agrees that barriers to access should be removed, and we commit to working with the Legislature and Administration to address this challenge.

ATTACHMENT  
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ARCA appreciates the opportunity to offer the above comments in response to the preliminary hearings in your committees focused on the needs of people with developmental disabilities. We look forward to continuing important conversations about working with the Legislature, Administration, and community partners to identify how to best serve this critical population in the coming year and beyond. If you have any questions regarding ARCA's positions on these or other issues, please feel free to reach me at [awestling@arcenet.org](mailto:awestling@arcenet.org) or by phone at (916) 446-7961.

Sincerely,

/s/

Amy Westling

Executive Director

Cc: Renita Polk, Consultant, Senate Budget Subcommittee #3 on Health and Human Services  
Nicole Vazquez, Consultant, Assembly Budget Subcommittee #1 on Health and Human Services  
David Stammerjohan, Chief of Staff, Office of Senator Eggman  
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Dr. Mark Ghaly, Secretary, Health and Human Services Agency  
Tam Ma, Deputy Legislative Secretary, Office of the Governor

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click on the calendar and look for an event by date.  
There you will find a link to the materials for each meeting.**