

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

1600 NINTH STREET, Room 320, MS-3-9  
SACRAMENTO, CA 95814  
TTY (916) 654-2054 (For the Hearing Impaired)  
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October 15, 2020

Gisele Ragusa, Board President  
San Gabriel/Pomona Regional Center  
75 Rancho Camino Drive  
Pomona, CA 91766

Dear Mrs. Ragusa:

The Department of Developmental Services' (DDS) Audit Section has completed the audit of the San Gabriel/Pomona Regional Center (SG/PRC). The period of review was from July 1, 2017, through June 30, 2019, with follow-up as needed into prior and subsequent periods. The enclosed report discusses the areas reviewed along with the findings and recommendations. The audit report includes the response submitted by SG/PRC as Appendix A and DDS' reply on page 19.

If there is a disagreement with the audit findings, a written "Statement of Disputed Issues" may be filed with DDS' Audit Appeals Unit, pursuant to California Code of Regulations (CCR), Title 17, Section 50730, Request for Administrative Review (excerpt enclosed). The "Statement of Disputed Issues" must be filed and submitted within 30 days of receipt of this audit report to the address below:

Department of Developmental Services  
Audit Appeals Unit  
Attn: Carla Castañeda, Chief Deputy Director  
1600 Ninth Street, Room 240, MS 2-13  
Sacramento, CA 95814

The cooperation of SG/PRC's staff in completing the audit is appreciated.

Your invoice for the total amount of \$15,630.27 from the current audit findings is enclosed. When making payments to DDS, please refer to the invoice number to ensure that proper credit is given. If you have any questions regarding the payment process, please contact Diane Nanik, Chief, Accounting Section, at (916) 654-2932.

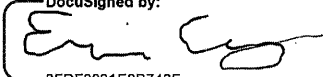
**"Building Partnerships, Supporting Choices"**

Gisele Ragusa, Board President

Page two

If you have any questions regarding the audit report, please contact Edward Yan, Manager, Audit Section, at (916) 651-8207.

Sincerely,

DocuSigned by:  
  
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ERNIE CRUZ  
Assistant Deputy Director  
Office of Community Operations

Enclosure(s)

cc: Anthony L. Hill, SG/PRC  
Rosa Ham, SG/PRC  
Bob Sands, DHCS  
Brian Winfield, DDS  
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State of California  
**DEPARTMENT OF DEVELOPMENTAL SERVICES**  
 1600 9th Street  
 Sacramento, CA 95814

**Gisele Ragusa, Board President**  
**San Gabriel/Pomona Regional Center**  
**75 Rancho Camino Drive**  
**Pomona, CA 91766**

INVOICE No. **13524**

Date **October 15, 2020**

**Headquarters**

Please return copy of Invoice with your remittance and make payable to:

DEPARTMENT OF DEVELOPMENTAL SERVICES  
 1600 9th Street, Room 310, MS 3-7  
 Sacramento, CA 95814  
 Attn: Diane J. Nanik, Chief of Accounting



**For:** Per final audit report dated October 15, 2020, please reimburse the Department of Developmental Services for the unresolved overpayment of \$15,630.27 for the period July 1, 2017 thru June 30, 2019.

**Amount Due** ..... **\$15,630.27**

**DDS ACCOUNTING OFFICE ONLY:**

FY	INV DATE	Curr. Doc	Rptg Structure	Svc Loc	Program	Amount	Approp. Ref.	Fund
17/18	10-15-2020	INV13524	43009517	96000	9910	\$15,630.27	101	0001

**California Code of Regulations**  
**Title 17, Division 2**  
**Chapter 1 - General Provisions**  
**Subchapter 7 - Fiscal Audit Appeals**  
**Article 2 - Administrative Review**

**§50730. Request for Administrative Review.**

a) An individual, entity, or organization which disagrees with any portion or aspect of an audit report issued by the Department or regional center may request an administrative review. The appellant's written request shall be submitted to the Department within 30 days after the receipt of the audit report. The request may be amended at any time during the 30-day period.

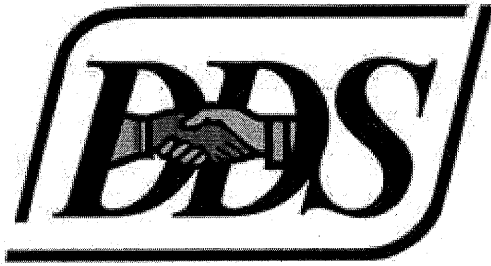
(b) If the appellant does not submit the written request within the 30-day period, the appeals review officer shall deny such request, and all audit exceptions or findings in the report shall be deemed final unless the appellant establishes good cause for late filing.

(c) The request shall be known as a "Statement of Disputed Issues." It shall be in writing, signed by the appellant or his/her authorized agent, and shall state the address of the appellant and of the agent, if any agent has been designated. An appellant shall specify the name and address of the individual authorized on behalf of the appellant to receive any and all documents, including the final decision of the Director, relating to proceedings conducted pursuant to this subchapter. The Statement of Disputed Issues need not be formal, but it shall be both complete and specific as to each audit exception or finding being protested. In addition, it shall set forth all of the appellant's contentions as to those exceptions or findings, and the estimated dollar amount of each exception or finding being appealed.

(d) If the appeals review officer determines that a Statement of Disputed Issues fails to state the grounds upon which objections to the audit report are based, with sufficient completeness and specificity for full resolution of the issues presented, he/she shall notify the appellant, in writing, that it does not comply with the requirements of this subchapter.

(e) The appellant has 15 days after the date of mailing of such notice within which to file an amended Statement of Disputed Issues. If the appellant does not amend his/her appeal to correct the stated deficiencies within the time permitted, all audit exceptions or findings affected shall be dismissed from the appeal, unless good cause is shown for the noncompliance.

(f) The appellant shall attach to the Statement of Disputed Issues all documents which he/she intends to introduce into evidence in support of stated contentions. An appellant that is unable to locate, prepare, or compile such documents within the appeal period specified in Subsection (a) above, shall include a statement to this effect in the Statement of Disputed Issues. The appellant shall have an additional 30 days after the expiration of the initial 30-day period in which to submit the documents. Documents that are not submitted within this period shall not be accepted into evidence at any stage of the appeal process unless good cause is shown for the failure to present the documents within the prescribed period.



**AUDIT OF THE  
SAN GABRIEL/POMONA REGIONAL CENTER  
FOR FISCAL YEARS 2017-18 AND 2018-19**

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**Department of Developmental Services**

**October 15, 2020**

This audit report was prepared by the  
California Department of Developmental Services  
1600 Ninth Street  
Sacramento, CA 95814

Jim Knight, Deputy Director, Administration Division  
Vicky Lovell, Chief, Research, Audit, and Evaluation Branch  
Edward Yan, Manager, Audit Section  
Luciah Ellen Nzima, Chief, Regional Center Audit Unit  
Soi Ly, Supervisor, Regional Center Audit Unit

Audit Staff: Dong Le, Shoua Vue, Ruth Yang and Rajiv Raman

For more information, please call: (916) 654-3695

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## EXECUTIVE SUMMARY

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The Department of Developmental Services (DDS) conducted a fiscal compliance audit of San Gabriel/Pomona Regional Center (SG/PRC) to ensure SG/PRC is compliant with the requirements set forth in the Lanterman Developmental Disabilities Services Act and Related Laws/Welfare and Institutions (W&I) Code; the Home and Community-based Services (HCBS) Waiver for the Developmentally Disabled; California Code of Regulations (CCR), Title 17; Federal Office of Management and Budget (OMB) Circulars A-122 and A-133; and the contract with DDS. Overall, the audit indicated that SG/PRC maintains accounting records and supporting documentation for transactions in an organized manner.

The audit period was July 1, 2017, through June 30, 2019, with follow-up, as needed, into prior and subsequent periods. This report identifies some areas where SG/PRC's administrative and operational controls could be strengthened, but none of the findings were of a nature that would indicate systemic issues or constitute major concerns regarding SG/PRC's operations. A follow-up review was performed to ensure SG/PRC has taken corrective action to resolve the finding identified in the prior DDS audit report.

### **Findings that need to be addressed.**

#### **Finding 1: Payments Above the Statewide Median Rate**

The review of 101 sampled Purchase of Service (POS) vendor files revealed SG/PRC reimbursed Applied Behavior Alternatives (ABA), vendor number PP5193, service code 615, above the Statewide Median Rate. SG/PRC reimbursed ABA at a rate of \$52.40 per hour when the Statewide Median Rate was \$35 per hour. This resulted in overpayments totaling \$80,849.36 from August 2014 through May 2019. This is not in compliance with W&I Code, Section 4691.9(a) (1) and (2).

SG/PRC provided documentation with its response which indicated that this was not a Statewide Median Rate issue; rather, due to an error, SG/PRC inadvertently increased ABA's rate from \$49.34 per hour to \$52.40 per hour when assigning a new vendor number following ABA's incorporation, resulting in a \$3.06 per hour difference. Therefore, the overpayment has been revised from \$80,849.36 to \$14,337.27.

#### **Finding 2: Over/Understated Claims**

The review of 101 sampled POS vendor files revealed SG/PRC reimbursed seven vendors at incorrect rates, resulting in overpayments totaling \$1,293 and underpayments totaling \$35,400.81. This is not in compliance with CCR, Title 17, Section 57300 (c)(2).



SG/PRC took corrective action to resolve \$18,067.48 in underpayments with \$1,293 in overpayments and \$17,333.33 in underpayments remaining. SG/PRC provided support documentation with its response indicating that an additional \$2,189.90 in underpayments has been resolved with \$15,143.43 still outstanding.

## BACKGROUND

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DDS is responsible, under the W&I Code, for ensuring that persons with developmental disabilities (DD) receive the services and supports they need to lead more independent, productive, and integrated lives. To ensure that these services and supports are available, DDS contracts with 21 private, nonprofit community agencies/corporations that provide fixed points of contact in the community for serving eligible individuals with DD and their families in California. These fixed points of contact are referred to as regional centers (RCs). The RCs are responsible under State law to help ensure that such persons receive access to the programs and services that are best suited to them throughout their lifetime.

DDS is also responsible for providing assurance to the Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), that services billed under California's HCBS Waiver program are provided and that criteria set forth for receiving funds have been met. As part of DDS' program for providing this assurance, the Audit Section conducts fiscal compliance audits of each RC no less than every two years, and completes follow-up reviews in alternate years. Also, DDS requires RCs to contract with independent Certified Public Accountants (CPAs) to conduct an annual financial statement audit. The DDS audit is designed to wrap around the independent CPA's audit to ensure comprehensive financial accountability.

In addition to the fiscal compliance audit, each RC will also be monitored by the DDS Federal Programs Operations Section to assess overall programmatic compliance with HCBS Waiver requirements. The HCBS Waiver compliance monitoring review has its own criteria and processes. These audits and program reviews are an essential part of an overall DDS monitoring system that provides information on RCs' fiscal, administrative, and program operations.

DDS and San Gabriel/Pomona Valleys Developmental Services, Inc. (SG/PVDS) entered into State Contract HD149018, effective July 1, 2014, through June 30, 2021. This contract specifies that SG/PVDS will operate an agency known as SG/PRC to provide services to individuals with DD and their families in the El Monte, Monrovia, Pomona, and Foothill areas. The contract is funded by state and federal funds that are dependent upon SG/PRC performing certain tasks, providing services to eligible consumers, and submitting billings to DDS.

This audit was conducted at SG/PRC from August 5, 2019, through August 30, 2019, by the Audit Section of DDS.

## **AUTHORITY**

The audit was conducted under the authority of the W&I Code, Section 4780.5 and Article IV, Section 3 of the State Contract between DDS and SG/PRC.

## **CRITERIA**

The following criteria were used for this audit:

- W&I Code,
- "Approved Application for the HCBS Waiver for the Developmentally Disabled,"
- CCR, Title 17,
- OMB Circulars A-122 and A-133, and
- The State Contract between DDS and SG/PRC, effective July 1, 2014.

## **AUDIT PERIOD**

The audit period was July 1, 2017, through June 30, 2019, with follow-up, as needed, into prior and subsequent periods.

## OBJECTIVES, SCOPE, AND METHODOLOGY

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This audit was conducted as part of the overall DDS monitoring system that provides information on RCs' fiscal, administrative, and program operations. The objectives of this audit were:

- To determine compliance with the W&I Code,
- To determine compliance with the provisions of the HCBS Waiver Program for the Developmentally Disabled,
- To determine compliance with CCR, Title 17 regulations,
- To determine compliance with OMB Circulars A-122 and A-133, and
- To determine that costs claimed were in compliance with the provisions of the State Contract between DDS and SG/PRC.

The audit was conducted in accordance with the Generally Accepted Government Auditing Standards issued by the Comptroller General of the United States. However, the procedures do not constitute an audit of SG/PRC's financial statements. DDS limited the scope to planning and performing audit procedures necessary to obtain reasonable assurance that SG/PRC was in compliance with the objectives identified above. Accordingly, DDS examined transactions on a test basis to determine whether SG/PRC was in compliance with the W&I Code; the HCBS Waiver for the Developmentally Disabled; CCR, Title 17; OMB Circulars A-122 and A-133; and the State Contract between DDS and SG/PRC.

DDS' review of SG/PRC's internal control structure was conducted to gain an understanding of the transaction flow and the policies and procedures, as necessary, to develop appropriate auditing procedures.

DDS reviewed the annual audit report that was conducted by an independent CPA firm for Fiscal Year (FY) 2017-18, issued on January 9, 2019. It was noted that no management letter was issued for SG/PRC. This review was performed to determine the impact, if any, upon the DDS audit and, as necessary, develop appropriate audit procedures.

The audit procedures performed included the following:

**I. Purchase of Service**

DDS selected a sample of Purchase of Service (POS) claims billed to DDS. The sample included consumer services and vendor rates. The sample also included consumers who were eligible for the HCBS Waiver Program. For POS claims, the following procedures were performed:

- DDS tested the sample items to determine if the payments made to service providers were properly claimed and could be supported by appropriate documentation.
- DDS selected a sample of invoices for service providers with daily and hourly rates, standard monthly rates, and mileage rates to determine if supporting attendance documentation was maintained by SG/PRC. The rates charged for the services provided to individual consumers were reviewed to ensure compliance with the provision of the W&I Code; the HCBS Waiver for the Developmentally Disabled; CCR, Title 17, OMB Circulars A-122 and A-133; and the State Contract between DDS and SG/PRC.
- DDS selected a sample of individual Consumer Trust Accounts to determine if there were any unusual activities and whether any account balances exceeded \$2,000, as prohibited by the Social Security Administration. In addition, DDS determined if any retroactive Social Security benefit payments received exceeded the \$2,000 resource limit for longer than nine months. DDS also reviewed these accounts to ensure that the interest earnings were distributed quarterly, personal and incidental funds were paid before the 10th of each month, and proper documentation for expenditures was maintained.
- The Client Trust Holding Account, an account used to hold unidentified consumer trust funds, was tested to determine whether funds received were properly identified to a consumer or returned to the Social Security Administration in a timely manner. An interview with SG/PRC staff revealed that SG/PRC has procedures in place to determine the correct recipient of unidentified consumer trust funds. If the correct recipient cannot be determined, the funds are returned to the Social Security Administration or other sources in a timely manner.
- DDS selected a sample of Uniform Fiscal Systems (UFS) reconciliations to determine if any accounts were out of balance or if there were any outstanding items that were not reconciled.

- DDS analyzed all of SG/PRC's bank accounts to determine whether DDS had signatory authority, as required by the State Contract with DDS.
- DDS selected a sample of bank reconciliations for Operations (OPS) accounts and Consumer Trust bank accounts to determine if the reconciliations were properly completed on a monthly basis.

## **II. Regional Center Operations**

DDS selected a sample of OPS claims billed to DDS to determine compliance with the State Contract. The sample included various expenditures claimed for administration that were reviewed to ensure SG/PRC's accounting staff properly input data, transactions were recorded on a timely basis, and expenditures charged to various operating areas were valid and reasonable. The following procedures were performed:

- A sample of the personnel files, timesheets, payroll ledgers, and other support documents were selected to determine if there were any overpayments or errors in the payroll or the payroll deductions.
- A sample of OPS expenses, including, but not limited to, purchases of office supplies, consultant contracts, insurance expenses, and lease agreements were tested to determine compliance with CCR, Title 17, and the State Contract.
- A sample of equipment was selected and physically inspected to determine compliance with requirements of the State Contract.
- DDS reviewed SG/PRC's policies and procedures for compliance with the DDS Conflict of Interest regulations, and DDS selected a sample of personnel files to determine if the policies and procedures were followed.

## **III. Targeted Case Management (TCM) and Regional Center Rate Study**

The TCM Rate Study determines the DDS rate of reimbursement from the federal government. The following procedures were performed upon the study:

- Reviewed applicable TCM records and SG/PRC's Rate Study. DDS examined the months of May 2018 and May 2019 and traced the reported information to source documents.
- Reviewed SG/PRC's TCM Time Study. DDS selected a sample of payroll timesheets for this review and compared timesheets to the Case Management Time Study Forms (DS 1916) to ensure that the forms were properly completed and supported.

#### **IV. Service Coordinator Caseload Survey**

Under the W&I Code, Section 4640.6(e), RCs are required to provide service coordinator caseload data to DDS. The following average service coordinator-to-consumer ratios apply per W&I Code Section 4640.6(c)(1)(2)(3)(A)(B)(C):

- “(c) Contracts between the department and regional centers shall require regional centers to have service coordinator-to-consumer ratios, as follows:
- (1) An average service coordinator-to-consumer ratio of 1 to 62 for all consumers who have not moved from the developmental centers to the community since April 14, 1993. In no case shall a service coordinator for these consumers have an assigned caseload in excess of 79 consumers for more than 60 days.
  - (2) An average service coordinator-to-consumer ratio of 1 to 45 for all consumers who have moved from a developmental center to the community since April 14, 1993. In no case shall a service coordinator for these consumers have an assigned caseload in excess of 59 consumers for more than 60 days.
  - (3) Commencing January 1, 2004, the following coordinator-to-consumer ratios shall apply:
    - (A) All consumers three years of age and younger and for consumers enrolled in the Home and Community-based Services Waiver program for persons with developmental disabilities, an average service coordinator-to-consumer ratio of 1 to 62.
    - (B) All consumers who have moved from a developmental center to the community since April 14, 1993, and have lived continuously in the community for at least 12 months, an average service coordinator-to-consumer ratio of 1 to 62.
    - (C) All consumers who have not moved from the developmental centers to the community since April 14, 1993, and who are not described in subparagraph (A), an average service coordinator-to-consumer ratio of 1 to 66.”

DDS also reviewed the Service Coordinator Caseload Survey methodology used in calculating the caseload ratios to determine reasonableness and that supporting documentation is maintained to support the survey and the ratios as required by W&I Code, Section 4640.6(e).

**V. Early Intervention Program (EIP; Part C Funding)**

For the EIP, there are several sections contained in the Early Start Plan. However, only the Part C section was applicable for this review.

**VI. Family Cost Participation Program (FCPP)**

The FCPP was created for the purpose of assessing consumer costs to parents based on income level and dependents. The family cost participation assessments are only applied to respite, day care, and camping services that are included in the child's Individual Program Plan (IPP)/Individualized Family Services Plan (IFSP). To determine whether SG/PRC was in compliance with CCR, Title 17, and the W&I Code, Section 4783, DDS performed the following procedures during the audit review:

- Reviewed the list of consumers who received respite, day care, and camping services, for ages 0 through 17 years who live with their parents and are not Medi-Cal eligible, to determine their contribution for the FCPP.
- Reviewed the parents' income documentation to verify their level of participation based on the FCPP Schedule.
- Reviewed copies of the notification letters to verify that the parents were notified of their assessed cost participation within 10 working days of receipt of the parents' income documentation.
- Reviewed vendor payments to verify that SG/PRC was paying for only its assessed share of cost.

**VII. Annual Family Program Fee (AFPF)**

The AFPF was created for the purpose of assessing an annual fee of up to \$200 based on the income level of families with children between the ages of 0 through 17 years receiving qualifying services through the RC. The AFPF fee shall not be assessed or collected if the child receives only respite, day care, or camping services from the RC and a cost for participation was assessed to the parents under FCPP. To determine whether SG/PRC was in compliance with the W&I Code, Section 4785, DDS requested a list of AFPF assessments and verified the following:

- The adjusted gross family income is at or above 400 percent of the federal poverty level based upon family size.
- The child has a DD or is eligible for services under the California Early Intervention Services Act.



- The child is less than 18 years of age and lives with his or her parent.
- The child or family receives services beyond eligibility determination, needs assessment, and service coordination.
- The child does not receive services through the Medi-Cal program.
- Documentation was maintained by the RC to support reduced assessments.

### **VIII. Parental Fee Program (PFP)**

The PFP was created for the purpose of prescribing financial responsibility to parents of children under the age of 18 years who are receiving 24-hour, out-of-home care services through an RC or who are residents of a state hospital or on leave from a state hospital. Parents shall be required to pay a fee depending upon their ability to pay, but not to exceed (1) the cost of caring for a child without DD at home, as determined by the Director of DDS, or (2) the cost of services provided, whichever is less. To determine whether SG/PRC is in compliance with the W&I Code, Section 4782, DDS requested a list of PFP assessments and verified the following:

- Identified all children with DD who are receiving the following services:
  - (a) All 24-hour, out-of-home community care received through an RC for children under the age of 18 years;
  - (b) 24-hour care for such minor children in state hospitals. Provided, however, that no ability to pay determination shall be made for services required by state or federal law, or both, to be provided to children without charge to their parents.
- Provided DDS with a listing of new placements, terminated cases, and client deaths for those clients. Such listings shall be provided not later than the 20th day of the month following the month of such occurrence.
- Informed parents of children who will be receiving services that DDS is required to determine parents' ability to pay and to assess, bill, and collect parental fees.
- Provided parents a package containing an informational letter, a Family Financial Statement (FFS), and a return envelope within 10 working days after placement of a minor child.
- Provided DDS a copy of each informational letter given or sent to parents, indicating the addressee and the date given or mailed.

## **IX. Procurement**

The Request for Proposal (RFP) process was implemented to ensure RCs outline the vendor selection process when using the RFP process to address consumer service needs. As of January 1, 2011, DDS requires RCs to document their contracting practices, as well as how particular vendors are selected to provide consumer services. By implementing a procurement process, RCs will ensure that the most cost-effective service providers, amongst comparable service providers, are selected, as required by the Lanterman Act and the State Contract. To determine whether SG/PRC implemented the required RFP process, DDS performed the following procedures during the audit review:

- Reviewed SG/PRC's contracting process to ensure the existence of a Board-approved procurement policy and to verify that the RFP process ensures competitive bidding, as required by Article II of the State Contract, as amended.
- Reviewed the RFP contracting policy to determine whether the protocols in place included applicable dollar thresholds and comply with Article II of the State Contract, as amended.
- Reviewed the RFP notification process to verify that it is open to the public and clearly communicated to all vendors. All submitted proposals are evaluated by a team of individuals to determine whether proposals are properly documented, recorded, and authorized by appropriate officials at SG/PRC. The process was reviewed to ensure that the vendor selection process is transparent and impartial and avoids the appearance of favoritism. Additionally, DDS verified that supporting documentation is retained for the selection process and, in instances where a vendor with a higher bid is selected, written documentation is retained as justification for such a selection.

DDS performed the following procedures to determine compliance with Article II of the State Contract for contracts in place as of January 1, 2011:

- Selected a sample of Operations, Community Placement Plan (CPP), and negotiated POS contracts subject to competitive bidding to ensure SG/PRC notified the vendor community and the public of contracting opportunities available.
- Reviewed the contracts to ensure that SG/PRC has adequate and detailed documentation for the selection and evaluation process of vendor proposals and written justification for final vendor selection decisions and that those contracts were properly signed and executed by both parties to the contract.

In addition, DDS performed the following procedures:

- To determine compliance with the W&I Code, Section 4625.5 for contracts in place as of March 24, 2011: Reviewed to ensure SG/PRC has a written policy requiring the Board to review and approve any of its contracts of two hundred fifty thousand dollars (\$250,000) or more before entering into a contract with the vendor.
- Reviewed SG/PRC Board-approved Operations, Start-Up, and POS vendor contracts of \$250,000 or more, to ensure the inclusion of a provision for fair and equitable recoupment of funds for vendors that cease to provide services to consumers; verified that the funds provided were specifically used to establish new or additional services to consumers, the usage of funds is of direct benefit to consumers, and the contracts are supported with sufficiently detailed and measurable performance expectations and results.

The process above was conducted in order to assess SG/PRC's current RFP process and Board approval for contracts of \$250,000 or more, as well as to determine whether the process in place satisfies the W&I Code and SG/PRC's State Contract requirements, as amended.

#### **X. Statewide/Regional Center Median Rates**

The Statewide and RC Median Rates were implemented on July 1, 2008, and amended on December 15, 2011, to ensure that RCs are not negotiating rates higher than the set Median Rates for services. Despite the Median Rate requirement, rate increases could be obtained from DDS under health and safety exemptions where RCs demonstrate the exemption is necessary for the health and safety of the consumers.

To determine whether SG/PRC was in compliance with the Lanterman Act, DDS performed the following procedures during the audit review:

- Reviewed sample vendor files to determine whether SG/PRC is using appropriately vendorized service providers and correct service codes, and that SG/PRC is paying authorized contract rates and complying with the Median Rate requirements of W&I Code, Section 4691.9.
- Reviewed vendor contracts to ensure that SG/PRC is reimbursing vendors using authorized contract Median Rates and verified that rates paid represented the lower of the Statewide or RC Median Rate set after June 30, 2008. Additionally, DDS verified that providers vendorized before June 30, 2008, did not receive any unauthorized rate increases, except in situations where required by regulation, or health and safety exemptions were granted by DDS.

- Reviewed vendor contracts to ensure that SG/PRC did not negotiate rates with new service providers for services which are higher than the RC's Median Rate for the same service code and unit of service, or the Statewide Median Rate for the same service code and unit of service, whichever is lower. DDS also ensured that units of service designations conformed with existing RC designations or, if none exists, ensured that units of service conformed to a designation used to calculate the Statewide Median Rate for the same service code.

#### **XI. Other Sources of Funding from DDS**

RCs may receive other sources of funding from DDS. DDS performed sample tests on identified sources of funds from DDS to ensure SG/PRC's accounting staff were inputting data properly, and that transactions were properly recorded and claimed. In addition, tests were performed to determine if the expenditures were reasonable and supported by documentation. The sources of funding from DDS identified in this audit are:

- CPP;
- Part C – Early Start Program;
- Family Resource Center;
- Foster Grandparent (FGP);
- Senior Companion (SC);

#### **XII. Follow-up Review on Prior DDS Audit Findings**

As an essential part of the overall DDS monitoring system, a follow-up review of the prior DDS audit findings was conducted. DDS identified prior audit findings that were reported to SG/PRC and reviewed supporting documentation to determine the degree of completeness of SG/PRC's implementation of corrective actions.

## CONCLUSIONS

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Based upon the audit procedures performed, DDS has determined that except for the items identified in the Findings and Recommendations section, SG/PRC was in compliance with applicable sections of the W&I Code; the HCBS Waiver for the Developmentally Disabled; CCR, Title 17; OMB Circulars A-122 and A-133; and the State Contract between DDS and SG/PRC for the audit period, July 1, 2017, through June 30, 2019.

The costs claimed during the audit period were for program purposes and adequately supported.

From the review of the prior audit, it has been determined that SG/PRC has taken appropriate corrective action to resolve one finding that was noted in the prior audit report.

## **VIEWS OF RESPONSIBLE OFFICIALS**

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DDS issued the draft audit report on March 16, 2020. The findings in the draft audit report were discussed at a formal exit conference with SG/PRC on March 19, 2020. The views of SG/PRC's responsible officials are included in this final audit report.

## **RESTRICTED USE**

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This audit report is solely for the information and use of DDS, CMS, Department of Health Care Services, and SG/PRC. This restriction does not limit distribution of this audit report, which is a matter of public record.

## FINDINGS AND RECOMMENDATIONS

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### Findings that need to be addressed.

#### **Finding 1: Payments Above the Median Rate**

The review of 101 sampled POS vendor files revealed SG/PRC reimbursed ABA, Vendor Number PP5193, Service Code 615, at SG/PRC's Statewide Median Rate of \$52.40 per hour when the Statewide Median Rate was \$35 per hour. This resulted in overpayments totaling \$80,849.36 from August 2014 through May 2019.

SG/PRC provided documentation with its response which indicated that this was not a Statewide Median Rate issue. However, SG/PRC indicated that due to an error it inadvertently increased ABA's rate to \$52.40 per hour, resulting in a \$3.06 per hour difference. Therefore, the overpayment has been revised from \$80,849.36 to \$14,337.27.  
(See Attachment A and AI)

W&I Code, Section 4691.9(a)(1) and (2) states in part:

- (1) "A regional center shall not pay an existing service provider, for services where rates are determined through a negotiation between the regional center and the provider, a rate higher than the rate in effect on June 30, 2008, unless the increase is required by a contract between the regional center and the vendor that is in effect on June 30, 2008, or the regional center demonstrates that the approval is necessary to protect the consumer's health or safety and the department has granted prior written authorization.
- (2) "A regional center shall not negotiate a rate with a new service provider, for services where rates are determined through a negotiation between the regional center and the provider, that is higher than the regional center's median rate for the same service code and unit of service, or the statewide median rate for the same service code and unit of service, whichever is lower."

#### **Recommendation:**

SG/PRC must reimburse to DDS the overpayments totaling \$14,337.27 and apply the correct rate of \$49.34 per hour to the vendor. In addition, SG/PRC should ensure its staff enter the correct rate into its accounting program to ensure accurate payments to its vendors.



**Finding 2: Over/Understated Claims**

The review of 101 sampled POS vendor files revealed SG/PRC reimbursed seven vendors at incorrect rates. This resulted in overpayments totaling \$1,293 to one vendor and underpayments totaling \$35,400.81 to six vendors. The overpayments occurred due to SG/PRC staff entering incorrect vendor rates into its Uniform Fiscal System (UFS), while the underpayments occurred due to SG/PRC's failure to retroactively make additional payments to vendors after rate increases were issued by DDS. SG/PRC took corrective action to resolve \$18,067.48 in underpayments. However, \$1,293 in overpayments and \$17,333.33 in underpayments remain outstanding.

SG/PRC provided support documentation with its response indicating that an additional \$2,189.90 in underpayments have been resolved with \$15,143.43 still outstanding. (See Attachment B)

CCR, Title 17, Section 57300 (c) (2) states in part:

“(c) Regional centers shall not reimburse vendors: ...

(2) For services in an amount greater than the rate established pursuant to these regulations.”

**Recommendation:**

SG/PRC must reimburse to DDS the overpayments totaling \$1,293 and issue payments totaling \$15,143.43 to the underpaid vendor. In addition, SG/PRC must ensure its staff enters correct rates into its UFS for payments prior to reimbursing its vendors. Furthermore, SG/PRC must apply retro payments to vendors timely after rate increases are received from DDS.

## EVALUATION OF RESPONSE

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As part of the audit report process, SG/PRC was provided with a draft audit report and requested to provide a response to the findings. SG/PRC's response dated April 30, 2020, is provided as Appendix A.

DDS' Audit Section has evaluated SG/PRC's response and will confirm the appropriate corrective actions have been taken during the next scheduled audit.

### **Finding 1: Payments Above the Statewide Median Rate**

SG/PRC provided additional documentation with its response which indicated that this was not a Statewide Median Rate issue. The documentation indicated that ABA was vendorized in June 2008 at a rate of \$49.34 per hour, before the Statewide Median Rate took effect on July 1, 2008. However, SG/PRC indicated that due to an error it inadvertently increased ABA's rate to \$52.40 per hour, resulting in a \$3.06 per hour difference, when it changed ABA's Vendor Number from PP4932 to PP5193 following ABA's incorporation. This resulted in an overpayment totaling \$14,337.27.

SG/PRC indicated that it will negotiate a five-year payment plan with ABA to recoup the \$14,337.27 overpayment and will forward a copy of the payment plan to DDS.

### **Finding 2: Over/Understated Claims**

SG/PRC agreed with the overpayments totaling \$1,293 to Behavior Respite In Action Inc. SG/PRC indicated that it will request DDS to write-off the overpayment from the vendor since the owner is deceased and the business was sold to another entity. DDS disagrees with SG/PRC's request for a write-off since the business continues to provide services under the same Tax Identification Number. Therefore, SG/PRC must reimburse DDS the overpayment totaling \$1,293.

In addition, SG/PRC agreed with the underpayments totaling \$17,333.33 and provided documents with its response indicating that it has resolved \$2,189.90 in underpayments with \$15,143.43 still outstanding. However, SG/PRC stated that underpayments totaling \$15,143.43 are from closed FYs and will request instructions from DDS on how to reimburse the vendor. SG/PRC stated it has since implemented new procedures to help eliminate underpayment variances to its vendors.

**San Gabriel Pomona Regional Center  
Payments Above the Median Rate  
Fiscal Years 2017-18 through 2018-19**

No.	Vendor Number	Vendor Name	Unique Client Identification Number	Service Code	Authorization Number	Payment Period	Over Payments
1	PP5193	Applied Behavioral Alternatives	7924816	615	15343897	8/1/14 - 3/1/15	\$1,944.45
			7924816	615	16343897	7/1/15 - 4/1/16	\$1,713.90
			7912869	615	16378042	6/1/16 - 6/1/16	\$134.85
			7335425	615	16378039	6/1/16 - 6/1/16	\$87.00
			7912869	615	17378042	7/1/16 - 6/1/17	\$9,776.41
			7335425	615	17378039	7/1/16 - 6/1/17	\$9,919.87
			7912869	615	18378042	7/1/17 - 6/1/18	\$9,787.74
			7335425	615	18378039	7/1/17 - 6/1/18	\$9,702.79
			7912869	615	19427157	7/1/18 - 5/1/19	\$9,023.22
			7335425	615	19427160	7/1/18 - 5/1/19	\$8,825.00
			7917664	615	19428018	8/1/18 - 5/1/19	\$7,456.42
			7965136	615	19432966	10/1/18 - 5/1/19	\$6,078.40
			6064367	615	19436456	12/1/18 - 5/1/19	\$4,681.50
			7917116	615	19446102	4/1/19 - 5/1/19	\$1,717.81
			<b>Total Overpayments Due to Payments Above the Median Rate</b>				

**San Gabriel Pomona Regional Center  
Overpayment Due to an Incorrect Rate  
Fiscal Years 2017-18 through 2018-19**

No.	Vendor Number	Vendor Name	Unique Client Identification Number	Service Code	Authorization Number	Payment Period	Amount Paid at \$52.40	Number of Units	Amount Paid at \$49.34	Over Payments
			7924816	615	15343897	8/1/2014 - 6/30/2015	\$8,001.48	152.70	\$7,534.22	\$467.26
			7924816	615	16343897	7/1/2015 - 4/30/2016	\$5,161.40	98.50	\$4,859.99	\$301.41
			7335425	615	16378039	6/1/2016 - 6/30/2016	\$262.00	5.00	\$246.70	\$15.30
			7912869	615	16378042	6/1/2016 - 6/30/2016	\$406.10	7.75	\$382.39	\$23.72
			7335425	615	17378039	7/1/2016 - 6/30/2017	\$29,874.18	525.50	\$28,130.04	\$1,744.14
			7912869	615	17378042	7/1/2016 - 6/30/2017	\$29,385.28	516.90	\$27,669.69	\$1,715.59
			7335425	615	18378039	7/1/2017 - 6/30/2018	\$29,220.42	514.00	\$27,514.45	\$1,705.97
1	PP5193	Applied Behavioral Alternatives	7912869	615	18378042	7/1/2017 - 6/30/2018	\$29,476.24	518.50	\$27,755.34	\$1,720.90
			7912869	615	19427157	7/1/2018 - 5/31/2019	\$27,173.86	478.00	\$25,587.38	\$1,586.48
			7335425	615	19427160	7/1/2018 - 5/31/2019	\$26,576.93	467.50	\$25,025.30	\$1,551.63
			7917664	615	19428018	8/1/2018 - 5/31/2019	\$22,455.36	395.00	\$21,144.35	\$1,311.01
			7965136	615	19432966	10/1/2018 - 5/31/2019	\$18,305.40	322.00	\$17,236.68	\$1,068.72
			6064367	615	19436456	12/1/2018 - 5/31/2019	\$14,098.56	248.00	\$13,275.45	\$823.11
			7917116	615	19446102	4/1/2019 - 5/31/2019	\$5,173.26	91.00	\$4,871.23	\$302.03
<b>Total Overpayments Due to Payments at an Incorrect Rate:</b>							<b>\$245,570.47</b>	<b>4,340.35</b>	<b>\$231,233.20</b>	<b>\$14,337.27</b>

**San Gabriel/Pomona Regional Center  
Over and Understated Claims  
Fiscal Years 2015-16 through 2018-19**

No.	Vendor Number	Vendor Name	Unique Client Identification Number	Service Code	Sub Code	Authorization Number	Payment Period	Under/Overpayments	Resolved	Outstanding Balance
<b>Overstated Claims</b>										
1	PT0441	Behavior Respite In Action, Inc.	7906062	62	SIB1	18296633	11/1/17 - 6/1/18	\$193.63	\$0.00	\$193.63
			1978793	62	SIB1	18333430	11/1/17 - 6/1/18	\$97.15	\$0.00	\$97.15
			7998235	62	SIB1	18333433	11/1/17 - 6/1/18	\$97.15	\$0.00	\$97.15
			7902815	62	DC	18365360	11/1/17 - 6/1/18	\$163.60	\$0.00	\$163.60
			7907620	62	DC	18381141	11/1/17 - 6/1/18	\$274.80	\$0.00	\$274.80
			7953773	62	SIB1	18381143	11/1/17 - 12/1/17	\$16.08	\$0.00	\$16.08
			7575903	62	SIB1	18399968	11/1/17 - 12/1/17	\$8.04	\$0.00	\$8.04
			7937283	62	DC	18403953	11/1/17 - 6/1/18	\$147.60	\$0.00	\$147.60
			7998235	62	SIB1	18407729	9/1/2017	\$2.68	\$0.00	\$2.68
			7907620	62	DC	18413442	12/1/17 - 1/1/18	\$17.60	\$0.00	\$17.60
			7953773	62	QSIB1	18413752	1/1/18 - 3/1/18	\$32.16	\$0.00	\$32.16
			7953773	62	QSIB1	18413753	4/1/18 - 6/1/18	\$32.16	\$0.00	\$32.16
			6099581	62	DC	18421706	5/1/18 - 6/1/18	\$28.00	\$0.00	\$28.00
			7906062	62	SIB1	19296633	7/1/2018	\$24.79	\$0.00	\$24.79
			7902815	62	DC	19365360	7/1/2018	\$20.80	\$0.00	\$20.80
			7907620	62	DC	19381141	7/1/2018	\$26.40	\$0.00	\$26.40
			6099581	62	DC	19425767	7/1/2018	\$22.80	\$0.00	\$22.80
7953773	62	QSIB1	19426380	7/1/2018	\$5.36	\$0.00	\$5.36			
7937283	62	DC	19426702	7/1/2018	\$26.20	\$0.00	\$26.20			
7902816	63	DC	18365361	2/1/2018	\$28.00	\$0.00	\$28.00			
7902817	64	DC	18365362	3/1/2018	\$28.00	\$0.00	\$28.00			
<b>Total Overstated Claims for FY 2017-18 &amp; 2018-19</b>								<b>\$1,293.00</b>	<b>\$0.00</b>	<b>\$1,293.00</b>

San Gabriel/Pomona Regional Center  
 Over and Understated Claims  
 Fiscal Years 2015-16 through 2018-19

No.	Vendor Number	Vendor Name	Unique Client Identification Number	Service Code	Sub Code	Authorization Number	Payment Period	Under/Overpayments	Resolved	Outstanding Balance
<b>Understated Claims</b>										
2	H48801	Delhaven South Activ. Ctr	7300003	510		16070416	1/1/16 - 6/1/16	(\$147.60)	\$0.00	(\$147.60)
			7925067	510		16090476	1/1/16 - 6/1/16	(\$140.40)	\$0.00	(\$140.40)
			7926104	510		16074020	1/1/16 - 6/1/16	(\$148.80)	\$0.00	(\$148.80)
			7922701	510		16074012	1/1/16 - 6/1/16	(\$147.60)	\$0.00	(\$147.60)
			5605985	510		16158690	1/1/16 - 6/1/16	(\$145.20)	\$0.00	(\$145.20)
			5350228	510		16152655	1/1/16 - 6/1/16	(\$150.00)	\$0.00	(\$150.00)
			5446430	510		16256532	1/1/16 - 6/1/16	(\$151.20)	\$0.00	(\$151.20)
			7931582	510		16130606	1/1/16 - 6/1/16	(\$150.00)	\$0.00	(\$150.00)
			7930217	510		16180082	1/1/16 - 6/1/16	(\$148.80)	\$0.00	(\$148.80)
			6044153	510		16326687	1/1/16 - 6/1/16	(\$141.60)	\$0.00	(\$141.60)
			7925081	510		16131892	1/1/16 - 6/1/16	(\$147.60)	\$0.00	(\$147.60)
			5007232	510		16107879	1/1/16 - 6/1/16	(\$144.00)	\$0.00	(\$144.00)
			7302648	510		16171436	1/1/16 - 6/1/16	(\$145.20)	\$0.00	(\$145.20)
			7932290	510		16350396	1/1/16 - 6/1/16	(\$151.20)	\$0.00	(\$151.20)
			7904774	510		16204921	1/1/16 - 6/1/16	(\$147.60)	\$0.00	(\$147.60)
			7408367	510		16140912	1/1/16 - 6/1/16	(\$130.80)	\$0.00	(\$130.80)
			7320238	510		16362085	1/1/16 - 6/1/16	(\$151.20)	\$0.00	(\$151.20)
			5406988	510		16131267	1/1/16 - 6/1/16	(\$140.40)	\$0.00	(\$140.40)
			4906822	510		16074009	1/1/16 - 6/1/16	(\$136.80)	\$0.00	(\$136.80)
			5975362	510		16207132	1/1/16 - 1/1/16	(\$10.80)	\$0.00	(\$10.80)
7569403	510		16293581	1/1/16 - 6/1/16	(\$142.80)	\$0.00	(\$142.80)			
6020861	510		16109407	1/1/16 - 6/1/16	(\$142.80)	\$0.00	(\$142.80)			
6713074	510		16089406	1/1/16 - 6/1/16	(\$150.00)	\$0.00	(\$150.00)			
7302996	510		16080518	1/1/16 - 6/1/16	(\$144.00)	\$0.00	(\$144.00)			

**San Gabriel/Pomona Regional Center  
Over and Understated Claims  
Fiscal Years 2015-16 through 2018-19**

No.	Vendor Number	Vendor Name	Unique Client Identification Number	Service Code	Sub Code	Authorization Number	Payment Period	Under/Overpayments	Resolved	Outstanding Balance
2	H48801	Delhaven South Activ. Ctr	5055447	510		16176328	1/1/16 - 6/1/16	(\$150.00)	\$0.00	(\$150.00)
			5640933	510		16244262	1/1/16 - 6/1/16	(\$146.40)	\$0.00	(\$146.40)
			7300187	510		16199241	1/1/16 - 6/1/16	(\$145.20)	\$0.00	(\$145.20)
			6027710	510		16130369	1/1/16 - 6/1/16	(\$151.20)	\$0.00	(\$151.20)
			7305943	510		16097636	1/1/16 - 6/1/16	(\$121.20)	\$0.00	(\$121.20)
			4906103	510		16091643	1/1/16 - 6/1/16	(\$144.00)	\$0.00	(\$144.00)
			7921722	510		16097638	1/1/16 - 6/1/16	(\$147.60)	\$0.00	(\$147.60)
			7933122	510		16193036	1/1/16 - 6/1/16	(\$146.40)	\$0.00	(\$146.40)
			7920454	510		16269751	1/1/16 - 6/1/16	(\$151.20)	\$0.00	(\$151.20)
			7305421	510		16314775	1/1/16 - 6/1/16	(\$151.20)	\$0.00	(\$151.20)
			7923948	510		16371261	2/1/16 - 3/1/16	(\$34.80)	\$0.00	(\$34.80)
			7300003	510		17070416	7/1/16 - 6/1/17	(\$321.21)	\$0.00	(\$321.21)
			7925067	510		17090476	7/1/16 - 6/1/17	(\$310.89)	\$0.00	(\$310.89)
			7926104	510		17074020	7/1/16 - 6/1/17	(\$279.93)	\$0.00	(\$279.93)
			7922701	510		17074012	7/1/16 - 6/1/17	(\$297.99)	\$0.00	(\$297.99)
			5605985	510		17158690	7/1/16 - 6/1/17	(\$310.89)	\$0.00	(\$310.89)
			5350228	510		17152655	7/1/16 - 6/1/17	(\$309.60)	\$0.00	(\$309.60)
			5446430	510		17256532	7/1/16 - 6/1/17	(\$316.05)	\$0.00	(\$316.05)
			7931582	510		17130606	7/1/16 - 6/1/17	(\$322.50)	\$0.00	(\$322.50)
			7930217	510		17180082	7/1/16 - 6/1/17	(\$319.92)	\$0.00	(\$319.92)
6044153	510		17326687	7/1/16 - 6/1/17	(\$285.09)	\$0.00	(\$285.09)			
7925081	510		17131892	7/1/16 - 6/1/17	(\$314.76)	\$0.00	(\$314.76)			
5007232	510		17107879	7/1/16 - 6/1/17	(\$317.34)	\$0.00	(\$317.34)			
7302648	510		17171436	7/1/16 - 1/1/17	(\$165.12)	\$0.00	(\$165.12)			
7932290	510		17350396	7/1/16 - 6/1/17	(\$322.50)	\$0.00	(\$322.50)			

**San Gabriel/Pomona Regional Center  
Over and Understated Claims  
Fiscal Years 2015-16 through 2018-19**

No.	Vendor Number	Vendor Name	Unique Client Identification Number	Service Code	Sub Code	Authorization Number	Payment Period	Under/Overpayments	Resolved	Outstanding Balance
2	H48801	Delhaven South Activ. Ctr	7904774	510		17204921	7/1/16 - 6/1/17	(\$318.63)	\$0.00	(\$318.63)
			7408367	510		17140912	7/1/16 - 6/1/17	(\$243.81)	\$0.00	(\$243.81)
			7320238	510		17362085	7/1/16 - 6/1/17	(\$305.73)	\$0.00	(\$305.73)
			5406988	510		17131267	7/1/16 - 6/1/17	(\$286.38)	\$0.00	(\$286.38)
			4906822	510		17074009	7/1/16 - 6/1/17	(\$318.63)	\$0.00	(\$318.63)
			7569403	510		17293581	7/1/16 - 6/1/17	(\$317.34)	\$0.00	(\$317.34)
			6020861	510		17109407	7/1/16 - 6/1/17	(\$304.44)	\$0.00	(\$304.44)
			6713074	510		17089406	7/1/16 - 12/1/16	(\$107.07)	\$0.00	(\$107.07)
			7302996	510		17080518	7/1/16 - 6/1/17	(\$318.63)	\$0.00	(\$318.63)
			5055447	510		17176328	7/1/16 - 6/1/17	(\$314.76)	\$0.00	(\$314.76)
			5640933	510		17244262	7/1/16 - 6/1/17	(\$304.44)	\$0.00	(\$304.44)
			7300187	510		17199241	7/1/16 - 6/1/17	(\$305.73)	\$0.00	(\$305.73)
			6027710	510		17130369	7/1/16 - 6/1/17	(\$322.50)	\$0.00	(\$322.50)
			7305943	510		17097636	7/1/16 - 6/1/17	(\$283.80)	\$0.00	(\$283.80)
			4906103	510		17091643	7/1/16 - 6/1/17	(\$288.96)	\$0.00	(\$288.96)
			7921722	510		17097638	7/1/16 - 6/1/17	(\$299.28)	\$0.00	(\$299.28)
			7933122	510		17193036	7/1/16 - 6/1/17	(\$308.31)	\$0.00	(\$308.31)
			7920454	510		17269751	7/1/16 - 6/1/17	(\$321.21)	\$0.00	(\$321.21)
			7305421	510		17314775	7/1/16 - 6/1/17	(\$309.60)	\$0.00	(\$309.60)
			7921469	510		17382023	8/1/16 - 1/1/17	(\$134.16)	\$0.00	(\$134.16)
4906103	510		17397088	4/1/17 - 6/1/17	(\$23.22)	\$0.00	(\$23.22)			
7300003	510		18070416	7/1/17 - 6/1/18	(\$319.92)	(\$319.92)	\$0.00			
4906822	510		18074009	7/1/17 - 6/1/18	(\$319.92)	(\$319.92)	\$0.00			
7922701	510		18074012	7/1/17 - 6/1/18	(\$296.70)	(\$296.70)	\$0.00			
7926104	510		18074020	7/1/17 - 7/1/17	(\$12.90)	(\$12.90)	\$0.00			



**San Gabriel/Pomona Regional Center  
Over and Understated Claims  
Fiscal Years 2015-16 through 2018-19**

No.	Vendor Number	Vendor Name	Unique Client Identification Number	Service Code	Sub Code	Authorization Number	Payment Period	Under/Overpayments	Resolved	Outstanding Balance
2	H48801	Delhaven South Activ. Ctr	7302996	510		18080518	7/1/17 - 6/1/18	(\$317.34)	(\$317.34)	\$0.00
			7925067	510		18090476	7/1/17 - 6/1/18	(\$310.89)	(\$310.89)	\$0.00
			4906103	510		18091643	7/1/17 - 6/1/18	(\$290.25)	(\$290.25)	\$0.00
			7921722	510		18097638	7/1/17 - 6/1/18	(\$313.47)	(\$313.47)	\$0.00
			5007232	510		18107879	7/1/17 - 6/1/18	(\$305.73)	(\$305.73)	\$0.00
			6020861	510		18109407	7/1/17 - 6/1/18	(\$297.99)	(\$297.99)	\$0.00
			6027710	510		18130369	7/1/17 - 6/1/18	(\$314.76)	(\$314.76)	\$0.00
			7931582	510		18130606	7/1/17 - 6/1/18	(\$317.34)	(\$317.34)	\$0.00
			5406988	510		18131267	7/1/17 - 6/1/18	(\$264.45)	(\$264.45)	\$0.00
			7925081	510		18131892	7/1/17 - 6/1/18	(\$319.92)	(\$319.92)	\$0.00
			7408367	510		18140912	7/1/17 - 6/1/18	(\$304.44)	(\$304.44)	\$0.00
			5350228	510		18152655	7/1/17 - 6/1/18	(\$314.76)	(\$314.76)	\$0.00
			5605985	510		18158690	7/1/17 - 6/1/18	(\$319.92)	(\$319.92)	\$0.00
			5055447	510		18176328	7/1/17 - 6/1/18	(\$308.31)	(\$308.31)	\$0.00
			7930217	510		18180082	7/1/17 - 6/1/18	(\$313.47)	(\$313.47)	\$0.00
			7933122	510		18193036	7/1/17 - 6/1/18	(\$314.76)	(\$314.76)	\$0.00
			7300187	510		18199241	7/1/17 - 6/1/18	(\$310.89)	(\$310.89)	\$0.00
			7904774	510		18204921	7/1/17 - 6/1/18	(\$316.05)	(\$316.05)	\$0.00
			5640933	510		18244262	7/1/17 - 6/1/18	(\$321.21)	(\$321.21)	\$0.00
			5446430	510		18256532	7/1/17 - 6/1/18	(\$322.50)	(\$322.50)	\$0.00
7920454	510		18269751	7/1/17 - 6/1/18	(\$319.92)	(\$319.92)	\$0.00			
7569403	510		18293581	7/1/17 - 6/1/18	(\$322.50)	(\$322.50)	\$0.00			
7305421	510		18314775	7/1/17 - 6/1/18	(\$321.21)	(\$321.21)	\$0.00			
7932290	510		18350396	7/1/17 - 3/1/18	(\$233.49)	(\$233.49)	\$0.00			
7320238	510		18362085	7/1/17 - 6/1/18	(\$276.06)	(\$276.06)	\$0.00			

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No.	Vendor Number	Vendor Name	Unique Client Identification Number	Service Code	Sub Code	Authorization Number	Payment Period	Under/Overpayments	Resolved	Outstanding Balance
2	H48801	Delhaven South Activ. Ctr	7923948	510		18397088	7/1/17 - 6/1/18	(\$208.98)	(\$208.98)	\$0.00
			7964170	510		18408241	10/1/17 - 1/1/18	(\$86.43)	(\$86.43)	\$0.00
			7300003	510		19070416	7/1/18 - 12/1/18	(\$157.38)	(\$157.38)	\$0.00
			4906822	510		19074009	7/1/18 - 12/1/18	(\$156.09)	(\$156.09)	\$0.00
			7922701	510		19074012	7/1/18 - 12/1/18	(\$136.74)	(\$136.74)	\$0.00
			7302996	510		19080518	7/1/18 - 12/1/18	(\$152.22)	(\$152.22)	\$0.00
			7925067	510		19090476	7/1/18 - 12/1/18	(\$149.64)	(\$149.64)	\$0.00
			4906103	510		19091643	7/1/18 - 12/1/18	(\$145.77)	(\$145.77)	\$0.00
			7921722	510		19097638	7/1/18 - 12/1/18	(\$150.93)	(\$150.93)	\$0.00
			5007232	510		19107879	7/1/18 - 12/1/18	(\$158.67)	(\$158.67)	\$0.00
			6020861	510		19109407	7/1/18 - 12/1/18	(\$141.90)	(\$141.90)	\$0.00
			6027710	510		19130369	7/1/18 - 12/1/18	(\$158.67)	(\$158.67)	\$0.00
			7931582	510		19130606	7/1/18 - 12/1/18	(\$157.38)	(\$157.38)	\$0.00
			5406988	510		19131267	7/1/18 - 12/1/18	(\$125.13)	(\$125.13)	\$0.00
			7925081	510		19131892	7/1/18 - 12/1/18	(\$154.80)	(\$154.80)	\$0.00
			7408367	510		19140912	7/1/18 - 12/1/18	(\$158.67)	(\$158.67)	\$0.00
			5350228	510		19152655	7/1/18 - 12/1/18	(\$156.09)	(\$156.09)	\$0.00
			5605985	510		19158690	7/1/18 - 12/1/18	(\$150.93)	(\$150.93)	\$0.00
			5055447	510		19176328	7/1/18 - 12/1/18	(\$156.09)	(\$156.09)	\$0.00
			7930217	510		19180082	7/1/18 - 12/1/18	(\$156.09)	(\$156.09)	\$0.00
7933122	510		19193036	7/1/18 - 12/1/18	(\$156.09)	(\$156.09)	\$0.00			
7300187	510		19199241	7/1/18 - 12/1/18	(\$153.51)	(\$153.51)	\$0.00			
7904774	510		19204921	7/1/18 - 12/1/18	(\$154.80)	(\$154.80)	\$0.00			
5640933	510		19244262	7/1/18 - 12/1/18	(\$154.80)	(\$154.80)	\$0.00			
5446430	510		19256532	7/1/18 - 12/1/18	(\$158.67)	(\$158.67)	\$0.00			

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No.	Vendor Number	Vendor Name	Unique Client Identification Number	Service Code	Sub Code	Authorization Number	Payment Period	Under/Overpayments	Resolved	Outstanding Balance
2	H48801	Delhaven South Activ. Ctr	7920454	510		19269751	7/1/18 - 12/1/18	(\$157.38)	(\$157.38)	\$0.00
			7569403	510		19293581	7/1/18 - 12/1/18	(\$158.67)	(\$158.67)	\$0.00
			7305421	510		19314775	7/1/18 - 12/1/18	(\$149.64)	(\$149.64)	\$0.00
			7923948	510		19397088	7/1/18 - 12/1/18	(\$65.79)	(\$65.79)	\$0.00
			5232277	510		19426171	7/1/18 - 12/1/18	(\$154.80)	(\$154.80)	\$0.00
			7964170	510		19408241	7/1/18 - 7/1/18	(\$27.09)	(\$27.09)	\$0.00
			7320238	510		19362085	8/1/18 - 4/1/19	(\$241.23)	\$0.00	(\$241.23)
			7925595	510		19430025	8/1/18 - 12/1/18	(\$112.23)	(\$112.23)	\$0.00
			7925199	510		19433368	10/1/18 - 12/1/18	(\$76.11)	(\$76.11)	\$0.00
			7931126	510		19439165	12/1/18 - 12/1/18	(\$24.51)	(\$24.51)	\$0.00
3	HD0367	Villa Esperanza	7931868	510		19439166	12/1/18 - 12/1/18	(\$24.51)	(\$24.51)	\$0.00
			7895912	520	EVAL	18418892	3/1/18 - 3/1/18	(\$1.92)	(\$1.92)	\$0.00
			1977076	520	EVAL	18422205	3/1/18 - 3/1/18	(\$1.92)	(\$1.92)	\$0.00
			6095260	520	EVAL	18420429	4/1/18 - 4/1/18	(\$1.92)	(\$1.92)	\$0.00
			7999978	520	EVAL	18423638	5/1/18 - 5/1/18	(\$2.56)	(\$2.56)	\$0.00
			6093627	520	EVAL	18422720	5/1/18 - 5/1/18	(\$2.56)	(\$2.56)	\$0.00
			7924216	520	EVAL	19431117	9/1/18 - 9/1/18	(\$1.92)	(\$1.92)	\$0.00
			6095371	520	EVAL	19433274	9/1/18 - 9/1/18	(\$2.56)	(\$2.56)	\$0.00
			7305586	880		18329003	2/1/18 - 2/1/18	(\$4.80)	(\$4.80)	\$0.00
			7408486	854	LVEXD	19422326	7/1/18 - 10/1/18	(\$7.36)	\$0.00	(\$7.36)
4	HP4042	New Day Beh	7916157	854	LVN	19431189	8/1/18 - 5/1/19	(\$3.46)	\$0.00	(\$3.46)
			7915516	854	LVN	19411368	1/1/19 - 3/1/19	(\$0.78)	\$0.00	(\$0.78)
			7912218	854	LVNDC	19415355	7/1/18 - 5/1/19	(\$9.57)	\$0.00	(\$9.57)
			7905575	854	LVNDC	19408595	7/1/18 - 5/1/19	(\$11.65)	\$0.00	(\$11.65)
			7318682	854	LVNDC	19409061	7/1/18 - 5/1/19	(\$11.78)	\$0.00	(\$11.78)
5	HP5381	Alliant Home Healthcare Services	7916157	854	LVN	19431189	8/1/18 - 5/1/19	(\$3.46)	\$0.00	(\$3.46)
			7915516	854	LVN	19411368	1/1/19 - 3/1/19	(\$0.78)	\$0.00	(\$0.78)

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5	HP5381	Alliant Home Healthcare Services	7318682	854	LVNDC	19426329	7/1/18 - 7/1/18	(\$1.14)	\$0.00	(\$1.14)
			7999115	854	LVNDC	19432115	8/1/18 - 12/1/18	(\$2.80)	\$0.00	(\$2.80)
			7901975	854	LVNDC	19429418	8/1/18 - 5/1/19	(\$10.41)	\$0.00	(\$10.41)
			7318682	854	LVNDC	19426328	8/1/18 - 8/1/18	(\$0.48)	\$0.00	(\$0.48)
			7318682	854	LVNDC	19432962	9/1/18 - 9/1/18	(\$0.06)	\$0.00	(\$0.06)
			7318682	854	LVNDC	19435611	11/1/18 - 11/1/18	(\$0.24)	\$0.00	(\$0.24)
			7318682	854	LVNDC	19441787	2/1/19 - 2/1/19	(\$0.08)	\$0.00	(\$0.08)
			7961339	854	LVNR	19420920	7/1/18 - 7/1/18	(\$0.04)	\$0.00	(\$0.04)
			7918828	854	LVNR	19363573	7/1/18 - 5/1/19	(\$2.64)	\$0.00	(\$2.64)
			6943736	854	LVNR	19420919	7/1/18 - 5/1/19	(\$3.78)	\$0.00	(\$3.78)
			7408486	854	LVNR	19422637	7/1/18 - 5/1/19	(\$2.64)	\$0.00	(\$2.64)
			7424841	854	LVNR	19305458	7/1/18 - 5/1/19	(\$11.98)	\$0.00	(\$11.98)
			7932993	854	LVNR	19422639	7/1/18 - 9/1/18	(\$1.68)	\$0.00	(\$1.68)
			7918460	854	LVNR	19418172	7/1/18 - 5/1/19	(\$2.64)	\$0.00	(\$2.64)
			7997180	854	LVNR	19328550	7/1/18 - 5/1/19	(\$3.30)	\$0.00	(\$3.30)
			5485859	854	LVNR	19411800	7/1/18 - 8/1/18	(\$6.13)	\$0.00	(\$6.13)
			7999115	854	LVNR	19432117	8/1/18 - 12/1/18	(\$1.50)	\$0.00	(\$1.50)
			5485859	854	LVNR	19411800	9/1/18 - 9/1/18	(\$4,670.43)	(\$4,670.43)	\$0.00
			5485859	854	LVNR	19411800	10/1/18 - 1/1/19	(\$14.72)	(\$14.72)	\$0.00
			7953346	854	LVNR	19435609	11/1/18 - 5/1/19	(\$1.58)	(\$1.58)	\$0.00
5485859	854	LVNR	19411801	1/1/19 - 3/1/19	(\$0.90)	(\$0.90)	\$0.00			
7912218	854	LVNR	19415356	3/1/19 - 3/1/19	(\$1.80)	(\$1.80)	\$0.00			
7318682	854	LVNR	19409062	5/1/19 - 5/1/19	(\$2.87)	(\$2.87)	\$0.00			
7998845	854	LVNR	19432114	5/1/19 - 5/1/19	(\$2.70)	(\$2.70)	\$0.00			
7931959	854	QLVNR	19426330	9/1/18 - 9/1/18	(\$0.90)	(\$0.90)	\$0.00			

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No.	Vendor Number	Vendor Name	Unique Client Identification Number	Service Code	Sub Code	Authorization Number	Payment Period	Under/Overpayments	Resolved	Outstanding Balance
5	HP5381	Alliant Home Healthcare Services	7932993	854	QLVNR	19434767	11/1/18 - 11/1/18	(\$2.16)	\$0.00	(\$2.16)
			7931959	854	QLVNR	19426327	12/1/18 - 12/1/18	(\$0.90)	\$0.00	(\$0.90)
			7931959	854	QLVNR	19426331	3/1/19 - 3/1/19	(\$0.90)	\$0.00	(\$0.90)
			7931959	854	QLVNR	19426332	5/1/19 - 5/1/19	(\$0.60)	\$0.00	(\$0.60)
6	HP5478	Inclusion Serv	7920628	896	PSS	19344125	3/1/19 - 3/1/19	(\$23.99)	(\$23.98)	(\$0.01)
			6094513	510		19420403	1/1/19 - 4/1/19	(\$24.60)	(\$24.60)	\$0.00
			7931956	510		19430813	1/1/19 - 4/1/19	(\$38.40)	(\$38.40)	\$0.00
			6908810	510		19420158	1/1/19 - 4/1/19	(\$47.40)	(\$47.40)	\$0.00
			7925922	510		19431343	1/1/19 - 4/1/19	(\$49.20)	(\$49.20)	\$0.00
			7301224	510		19423602	1/1/19 - 4/1/19	(\$48.60)	(\$48.60)	\$0.00
			7319507	510		19420160	1/1/19 - 4/1/19	(\$45.00)	(\$45.00)	\$0.00
			7931104	510		19420804	1/1/19 - 4/1/19	(\$48.60)	(\$48.60)	\$0.00
			7966000	510		19435527	1/1/19 - 4/1/19	(\$33.00)	(\$33.00)	\$0.00
			7410934	510		19424912	1/1/19 - 4/1/19	(\$36.00)	(\$36.00)	\$0.00
			7922755	510		19430390	1/1/19 - 4/1/19	(\$49.20)	(\$49.20)	\$0.00
			1979876	510		19420401	1/1/19 - 4/1/19	(\$49.20)	(\$49.20)	\$0.00
			5789169	510		19420402	1/1/19 - 4/1/19	(\$43.80)	(\$43.80)	\$0.00
			6095116	510		19429810	1/1/19 - 4/1/19	(\$36.60)	(\$36.60)	\$0.00
7	HP6715	Social Vocational Services	7931515	510		19429808	1/1/19 - 4/1/19	(\$46.20)	(\$46.20)	\$0.00
			7933103	510		19420636	1/1/19 - 4/1/19	(\$48.60)	(\$48.60)	\$0.00
			7966128	510		19435020	1/1/19 - 4/1/19	(\$40.80)	(\$40.80)	\$0.00
			7309111	510		19420801	1/1/19 - 2/1/19	(\$19.20)	(\$19.20)	\$0.00
			5447487	510		19421779	1/1/19 - 4/1/19	(\$49.20)	(\$49.20)	\$0.00
			7920260	510		19422392	1/1/19 - 4/1/19	(\$46.20)	(\$46.20)	\$0.00
			7931158	510		19418864	1/1/19 - 4/1/19	(\$43.20)	(\$43.20)	\$0.00

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No.	Vendor Number	Vendor Name	Unique Client Identification Number	Service Code	Sub Code	Authorization Number	Payment Period	Under/Overpayments	Resolved	Outstanding Balance
7	HP6715	Social Vocational Services	7917428	510		19420162	1/1/19 - 4/1/19	(\$16.20)	(\$16.20)	\$0.00
			1977744	510		19420798	1/1/19 - 4/1/19	(\$14.40)	(\$14.40)	\$0.00
			7997928	510		19420637	1/1/19 - 4/1/19	(\$49.80)	(\$49.80)	\$0.00
			5484373	510		19424514	1/1/19 - 4/1/19	(\$38.40)	(\$38.40)	\$0.00
			7835093	510		19430815	1/1/19 - 4/1/19	(\$48.60)	(\$48.60)	\$0.00
			7414437	510		19424648	1/1/19 - 4/1/19	(\$39.00)	(\$39.00)	\$0.00
			7320528	510		19435526	1/1/19 - 2/1/19	(\$21.00)	(\$21.00)	\$0.00
			5974464	510		19420156	1/1/19 - 4/1/19	(\$26.40)	(\$26.40)	\$0.00
			5488333	510		19420155	1/1/19 - 4/1/19	(\$49.20)	(\$49.20)	\$0.00
			6040976	510		19420157	1/1/19 - 4/1/19	(\$42.60)	(\$42.60)	\$0.00
			1976412	510		19433837	1/1/19 - 4/1/19	(\$46.80)	(\$46.80)	\$0.00
			7906103	510		19420406	1/1/19 - 4/1/19	(\$43.20)	(\$43.20)	\$0.00
			5978457	510		19419024	1/1/19 - 3/1/19	(\$24.00)	(\$24.00)	\$0.00
			7916353	510		19419639	1/1/19 - 4/1/19	(\$43.20)	(\$43.20)	\$0.00
			6892195	510		19423265	1/1/19 - 4/1/19	(\$43.20)	(\$43.20)	\$0.00
			1979957	510		19419249	1/1/19 - 4/1/19	(\$37.20)	(\$37.20)	\$0.00
			7926425	510		19420407	1/1/19 - 4/1/19	(\$48.00)	(\$48.00)	\$0.00
			6856030	510		19437222	1/1/19 - 4/1/19	(\$47.40)	(\$47.40)	\$0.00
			1977197	510		19421780	1/1/19 - 4/1/19	(\$36.60)	(\$36.60)	\$0.00
			7493866	510		19420161	1/1/19 - 4/1/19	(\$42.60)	(\$42.60)	\$0.00
7925956	510		19441931	2/1/19 - 4/1/19	(\$29.40)	(\$29.40)	\$0.00			
7920355	510		19441930	2/1/19 - 4/1/19	(\$30.60)	(\$30.60)	\$0.00			
7921880	510		19441439	2/1/19 - 4/1/19	(\$28.20)	(\$28.20)	\$0.00			
7301176	510		19443888	3/1/19 - 4/1/19	(\$16.20)	(\$16.20)	\$0.00			
6094513	510		19420403	5/1/19 - 5/1/19	(\$6.20)	(\$6.20)	\$0.00			

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No.	Vendor Number	Vendor Name	Unique Client Identification Number	Service Code	Sub Code	Authorization Number	Payment Period	Under/Overpayments	Resolved	Outstanding Balance
7	HP6715	Social Vocational Services	7931956	510		19430813	5/1/19 - 5/1/19	(\$11.16)	(\$11.16)	\$0.00
			6908810	510		19420158	5/1/19 - 5/1/19	(\$13.64)	(\$13.64)	\$0.00
			7925922	510		19431343	5/1/19 - 5/1/19	(\$13.64)	(\$13.64)	\$0.00
			7301224	510		19423602	5/1/19 - 5/1/19	(\$13.64)	(\$13.64)	\$0.00
			7319507	510		19420160	5/1/19 - 5/1/19	(\$13.02)	(\$13.02)	\$0.00
			7931104	510		19420804	5/1/19 - 5/1/19	(\$13.02)	(\$13.02)	\$0.00
			7966000	510		19435527	5/1/19 - 5/1/19	(\$1.86)	(\$1.86)	\$0.00
			7410934	510		19424912	5/1/19 - 5/1/19	(\$12.40)	(\$12.40)	\$0.00
			7922755	510		19430390	5/1/19 - 5/1/19	(\$13.64)	(\$13.64)	\$0.00
			1979876	510		19420401	5/1/19 - 5/1/19	(\$13.64)	(\$13.64)	\$0.00
			5789169	510		19420402	5/1/19 - 5/1/19	(\$12.40)	(\$12.40)	\$0.00
			6095116	510		19429810	5/1/19 - 5/1/19	(\$13.64)	(\$13.64)	\$0.00
			7931515	510		19429808	5/1/19 - 5/1/19	(\$12.40)	(\$12.40)	\$0.00
			7933103	510		19420636	5/1/19 - 5/1/19	(\$13.02)	(\$13.02)	\$0.00
			7925956	510		19441931	5/1/19 - 5/1/19	(\$11.16)	(\$11.16)	\$0.00
			7966128	510		19435020	5/1/19 - 5/1/19	(\$12.40)	(\$12.40)	\$0.00
			5447487	510		19421779	5/1/19 - 5/1/19	(\$13.02)	(\$13.02)	\$0.00
7920355	510		19441930	5/1/19 - 5/1/19	(\$13.64)	(\$13.64)	\$0.00			
7920260	510		19422392	5/1/19 - 5/1/19	(\$13.64)	(\$13.64)	\$0.00			
7931158	510		19418864	5/1/19 - 5/1/19	(\$11.78)	(\$11.78)	\$0.00			
7917428	510		19420162	5/1/19 - 5/1/19	(\$13.64)	(\$13.64)	\$0.00			
1977744	510		19420798	5/1/19 - 5/1/19	(\$1.86)	(\$1.86)	\$0.00			
7997928	510		19420637	5/1/19 - 5/1/19	(\$13.64)	(\$13.64)	\$0.00			
5484373	510		19424514	5/1/19 - 5/1/19	(\$9.92)	(\$9.92)	\$0.00			
7835093	510		19430815	5/1/19 - 5/1/19	(\$10.54)	(\$10.54)	\$0.00			

**San Gabriel/Pomona Regional Center  
Over and Understated Claims  
Fiscal Years 2015-16 through 2018-19**

No.	Vendor Number	Vendor Name	Unique Client Identification Number	Service Code	Sub Code	Authorization Number	Payment Period	Under/Overpayments	Resolved	Outstanding Balance
7	HP6715	Social Vocational Services	7414437	510		19424648	5/1/19 - 5/1/19	(\$8.06)	(\$8.06)	\$0.00
			5974464	510		19420156	5/1/19 - 5/1/19	(\$7.44)	(\$7.44)	\$0.00
			5488333	510		19420155	5/1/19 - 5/1/19	(\$13.64)	(\$13.64)	\$0.00
			1976412	510		19433837	5/1/19 - 5/1/19	(\$12.40)	(\$12.40)	\$0.00
			7906103	510		19420406	5/1/19 - 5/1/19	(\$12.40)	(\$12.40)	\$0.00
			7916353	510		19419639	5/1/19 - 5/1/19	(\$13.02)	(\$13.02)	\$0.00
			7301176	510		19443888	5/1/19 - 5/1/19	(\$13.64)	(\$13.64)	\$0.00
			6892195	510		19423265	5/1/19 - 5/1/19	(\$13.02)	(\$13.02)	\$0.00
			1979957	510		19419249	5/1/19 - 5/1/19	(\$9.30)	(\$9.30)	\$0.00
			7926425	510		19420407	5/1/19 - 5/1/19	(\$13.02)	(\$13.02)	\$0.00
			7921880	510		19441439	5/1/19 - 5/1/19	(\$13.64)	(\$13.64)	\$0.00
			6856030	510		19437222	5/1/19 - 5/1/19	(\$13.64)	(\$13.64)	\$0.00
			1977197	510		19421780	5/1/19 - 5/1/19	(\$11.78)	(\$11.78)	\$0.00
7493866	510		19420161	5/1/19 - 5/1/19	(\$11.78)	(\$11.78)	\$0.00			
<b>Total Underpayments for FY 2015-16 through 2018-19</b>								<b>(\$35,400.81)</b>	<b>(\$20,257.38)</b>	<b>(\$15,143.43)</b>



**APPENDIX A**

**SAN GABRIEL/POMONA REGIONAL CENTER**

**RESPONSE  
TO AUDIT FINDINGS**

**(Certain documents provided by the San Gabriel/Pomona Regional Center as attachments to its response are not included in this report due to the detailed and sometimes confidential nature of the information).**

# SAN GABRIEL/POMONA REGIONAL CENTER

April 30, 2020

Mr. Edward Yan, Manager, Audit Branch  
Department of Developmental Services  
1600 Ninth Street, Room 203, MS-2-10  
Sacramento, CA 95814

RE: Response to Draft Audit Report for Fiscal Years 2017-18 and 2018-19

Dear Mr. Yan,

San Gabriel/Pomona Regional Center wishes to thank the Department of Developmental Services (DDS) audit team for the work and audit report. Please accept this correspondence as our formal response to the draft audit report dated March 16, 2020. This report was discussed by conference call on March 19, 2020, during the exit conference.

We agree with your assessment that overall, we maintain accounting records and supporting documentation for transactions in an organized manner and there are no systemic or major concerns. We are committed to compliance and adherence with all laws, regulations and contract language. Your audit report identified areas that need to be strengthened, below you will find our response to each finding.

**Finding 1: Payments Above the Median Rate**

SG/PRC disagrees with an audit finding issued on March 16, 2020 that SG/PRC violated W&I Code, Section 4691.9 (a) (1) & (2), because SG/PRC changed a vendor's assigned number. Upon review of the facts, Applied Behavioral Alternatives, was a sole proprietor assigned vendor number (PP4932) with the negotiated rate of \$49.34 added to the rate table before July 1, 2008. Thereafter, Applied Behavioral Alternatives changed its agency status to a corporation, requiring the issuance of a new vendor number (PP5193). The vendor is identical with the same controlling party, demonstrating a procedural need to assure that the vendor remained in conformity with the California Corporations Code, in properly stating its agency status avoiding a misrepresentation creating legal liability and non-compliance.

SG/PRC agrees that it misapplied or entered the wrong rate amount when changing the vendor number, through human error. The rate amount of \$52.40 hourly was mistakenly entered into the accounting program when the vendor number was changed from (PP4932) to (PP5193) instead of the existing negotiated rate of \$49.34 agreed to before July 1, 2008 (See Attachment A). The difference between the negotiated rate of \$49.34 and \$52.40 created a 6.2 % percent variance, resulting in an overpayment over the course of payments in the total amount of \$14, 337.27 (See Attachment B).

Although human error is not fully correctable, SG/PRC will implement oversight controls to ensure that rate information is not misapplied or calculated incorrectly, in working papers. In similar circumstances when a vendor number change is needed, management will review the working papers to assure that the existing negotiated rate is applied correctly to the new vendor number.

The correct rate for Applied Behavioral Alternatives (PP5193) will be applied immediately. The vendor is not entitled to the overpayment in the amount of \$14,337.27. As a restitution remedy, SG/PRC will negotiate a 5-year repayment plan with Applied Behavioral Alternatives to recover the \$14,337.27 overpayment amount, through reliance on a written repayment plan within the next 14 days. A copy of the signed payment plan will be forwarded for your records.

**Finding 2: Over/Understated Claims**

***Overstated Claims***

1. PT0441 Behavior Respite in Action. SG/PRC agrees with this finding; however, SG/PRC is not able to collect the overpayment of \$1,293.00 as the owner has passed away and the business was sold to another entity. For these reasons, SG/PRC is requesting that the uncollectable balance is written off.

***Understated Claims***

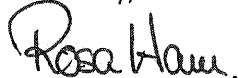
To date, almost all understated claims have been paid. Payment has been made to the following vendors:

1. HD0367 Villa Esperanza---On 4/27/20 payment was issued in the amount of \$15.36 (See Attachment C).
2. HP6715 Social Vocational Services --- On 4/27/20 payment was issued in the amount of \$2,174.54 (See Attachment D).
3. H48801 Delhaven South Activity Center----SG/PRC was not able to pay Delhaven South Activity Center the understated amount of \$14,776.02 for the payment period in Fiscal Year 16-17, as this year has been closed. SG/PRC is requesting instructions from DDS on how to proceed.

SG/PRC has implemented new procedures to help eliminate these payment variances in the future. We will continue to promote and diligently practice our policies and procedures to ensure accurate payments are made conforming to program requirements.

It was a pleasure working with your audit team, and we commend their professionalism.

Sincerely,



Rosa Ham  
Interim Chief Financial Officer  
San Gabriel/Pomona Regional Center

Cc: Anthony Hill, M.A., Esq. Executive Director

Enclosures: Attachment A - Negotiated Rate for vendor PP4932  
Attachment B – Revised Summary of Overpayment Amount  
Attachment C – Payment verification for Villa Esperanza HD0367  
Attachment D – Payment verification for Social Vocational Services HP6715