

# **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, February 23, 2022**

**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.**

**\*If you wish to sign up for public input, please email  
@egomez@sgprc.org\***

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

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

**SAN 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, February 23, 2022 at 7:15 p.m.**  
**Videoconference Meeting**  
**ZOOM Meeting ID: 234 566 141**  
**Password: 916227**

**BOARD OF DIRECTORS**

<b>Penelope Fode, Board President</b>	<b>Sheila James, 1<sup>st</sup> Vice President</b>
<b>Shannon Hines, 2<sup>nd</sup> Vice President</b>	<b>Bill Stewart, Treasurer</b>
<b>Preeti Subramaniam</b>	<b>Gisele Ragusa, Immediate Past President</b>
<b>Natalie Webber</b>	<b>Susan Stroebel, VAC Chairperson</b>
<b>Julie Lopez</b>	<b>Mary Soldato</b>

		ACTION	MATERIAL	COLOR
<b>7:15 - 7:25</b>	<b>CALL TO ORDER (Penelope Fode, President)</b>	None	None	None
	• <b>Roll Call</b>	<b>Quorum</b>	<b>None</b>	<b>None</b>
	• <b>Review Agenda</b>	Info	Attached	White
<b>7:25 – 7:30</b>	GENERAL PUBLIC INPUT (To sign up, please email @egomez@sgprc.org)	Info	None	None
<b>7:30 – 7:35</b>	<ul style="list-style-type: none"> <li>• <b>NOMINATING COMMITTEE - NOTICE</b> Pursuant to Bylaws, Section 15.04 Notice of the intent to conduct an election at the February 23, 2022 meeting for the following Proposed Officer, Fiscal Year 2021-2022 <i>Secretary: Preeti Subramaniam</i></li> </ul>	<b>Consent</b>	None	None
<b>7:35 -40</b>	<b>Contacts for Review – Lucina Galarza</b> <ul style="list-style-type: none"> <li>• Inclusion Specialized Programs-Huntington</li> <li>• A&amp;M Home Care-Aurora</li> <li>• Vocational Innovations</li> <li>• CBC #6</li> <li>• CBC #7</li> <li>• Hope House Park House</li> </ul>	<b>Consent</b>	Materials Drive	White
<b>7:40– 7:55</b>	<b>Special Training – SG/PRC Whistleblower Policy</b> By: Gisele Ragusa, Immediate Past President	Info	None	None
<b>7:55 – 8:40</b>	<b>Special Training - Advanced Strategic Planning and Development</b> by: Mary Beth Lepkowsky			
<b>8:40</b>	OTHER BOARD & COMMUNITY ANNOUNCEMENTS	Info	None	None

**ADJOURNMENT OF THE BOARD OF DIRECTORS MEETING**

<b>APPROXIMATE SCHEDULE</b>	<b>ITEM</b>	<b>ACTION</b>	<b>MATERIAL</b>	<b>COLOR</b>
<b>8:45</b>	<b>EXECUTIVE SESSION – None</b>	Info	None	None

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

**January 26, 2022**

**ATTENDANCE**

The following members of the Board of Directors were present at said meeting:

**PRESENT:**

Penelope Fode  
Sheila James  
Shannon Hines  
Bill Stewart  
Gisele Ragusa  
Susan Stroebel  
Preeti Subramaniam  
Natalie Webber  
Julie Lopez  
Mary Soldato

**STAFF:**

Anthony Hill, Executive Director  
Lucina Galarza, Director of Community Services  
Daniela Santana, Director of Client Services  
Roy Doronila, Chief Financial Officer  
Salvador Gonzalez, Director of Community Outreach and Compliance  
Joe Alvarez, Director of Clinical Services  
Rosa Ham, Controller  
Yvonne Gratianne, Manager of Communications & Public Relations  
Erika Gomez, Exec. Assistant BOD  
Willanette Satchell, Executive Assistant

**ABSENT:**

**GUESTS:**

Albert Feliciano  
Nikisia Simmons  
Michelle Nelson  
Sofia Benitez  
Tracy Evanson  
Herminio Escalante  
Joseph Huang  
Carl Argila

**A. CALL TO ORDER:**

Penelope Fode, Board President, called the meeting to order at 7:17 p.m. Roll call

was taken, and a quorum was established.

- The Board was informed that Georgina Molina resigned from the Board.
- The agenda was reviewed.
- The minutes for the December 8, 2021 meeting were reviewed and approved by the Board.

**M/S/C (James & Stewart) The Board approved the minutes.**

## **B. PUBLIC INPUT:**

- Albert Feliciano, SCDD, provided information on the yearlong virtual training series that happens every month; he provided the attendees with the flyers.
- Gisele Ragusa, Immediate Past President, asked to not be filmed during the meeting and requested Mr. Carl Agila to remove any videos that show her face and name from his blog no later than 72 hours.
- Carl Argila, parent, encouraged Dr. Ragusa to send him a legal notice about removing any videos of her from his blog. He also gave an update on his son, an individual served by SG/PRC, and his wishes pertaining to his conservatorship.

*\*If anyone wishes to provide public input, please email [egomez@sgprc.org](mailto:egomez@sgprc.org)\**

## **C. EXECUTIVE/FINANCE COMMITTEE**

### **Draft AGT Audit Report**

Kristel Maikranz, Engagement Partner, presented the Draft AGT Audit Report. She answered questions and noted that the requested changes made by the Executive Finance Committee were implemented. Ultimately, the report concluded an “unmodified opinion.”

**M/S/C (Stewart & James) The Board approved the Draft Audit Report.**

**Abstain: Stroebel**

### **Financial Report**

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

In regional center operations, the allocation based on the C-2 amendment is expected to meet expenditure projections. Projections include ongoing operating cost and estimated cost for traditional initiatives and the current year’s spending plan. The operation’s C-2 allocation for fiscal year 2021-22 is currently at \$35,207,155 with projected expenditures of \$34,058,555. The year-to-date

expenditures is \$12,597,547 with projected remaining expenditures of \$21,461,009. This results in unencumbered balance of **\$1,148,600** 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 Foster Grandparent/Senior Companion program has a current allocation in the amount of \$1,218,040, staff expect the full amount to be spent. The Community Placement Plan (CPP) and DC ongoing Workload operations funds are allocated in the C-2 amendment. We expect continuation funding this year in the amount of \$1,708,988 and will spend the full amount.

The Purchase of Service allocation is based on the C1 amendment in the amount of \$318,032,645. The current month's expenditure amounted to \$22,785,407 bringing the year-to-date expenditures for services to \$107,175,719. The remaining projected expenditures and late bills are in the amount of \$210,553,571 leaving a surplus, **\$5,303,355**.

CPP POS is in a separate line item, SG/PRC is allocated a total of \$320,868 for placement, assessment, and start-up.

### **C-2 Amendment**

The C-2 Amendment was received and the Board President's signature is needed for funds to be released.

**M/S/C (Ragusa & James) The Board approved the Board President's signature.**

**Abstain: Stroebel**

### **Review of Contracts:**

Presented by Lucina Galarza, Director of Community Services:

- *Brilliant Corners*

The Board reviewed the contracts based on their policy for contracts over \$250,000.

**M/S/C (Hines & Soldato) The Board approved the contract.**

**Abstain: Stroebel**

## **D. COMMUNITY RELATIONS/LEGISLATIVE COMMITTEE**

Julie Lopez shared that the committee received information on the following: Ardena Bartlett will be presenting workshops, Jessica Wilson has joined the Community Outreach unit as the Deaf and Hard of Hearing Specialist, the Credit Union of Southern California donated \$7000, and there is going to be a virtual friendship dance on February 10, 2022.

**E. ADVISORY COMMITTEE FOR INDIVIDUALS SERVED AND THEIR FAMILIES**

Shannon Hines reported that the committee was provided with a presentation on what the Forensic Specialist does. Also Elisa Herzog, Client Advocate, is back and she shared what she is working on.

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

Susan Stroebel shared that rate increases are going into effect on April 1, 2022 but they are not going to be competitive and vendors continue to struggle to keep qualified employees. Vendors have also been impacted by the Omicron surge and some have had to use the registry. She is grateful to have remote services options. Lastly, she thanked SG/PRC for the support they have provided vendors during these difficult times.

**G. STRATEGIC DEVELOPMENT COMMITTEE**

Gisele Ragusa reported that the committee is undergoing a review of the Strategic Plan as it is up for renewal on July 1, 2022. The committee would like to do a SWOT Analysis survey. She also talked about having to adjust the Board's training plan to include the Whistleblower and Conflict of Interest Policies.

Per the Bylaws, Dr. Ragusa also gave notice to conduct an election of the Board Secretary on February 23, 2022. The nominee is Preeti Subramaniam.

*15.04 - Nominations of Officers - A Director may be nominated for an office only by the Strategic Development Advisory Committee in accordance with section 21.02, or by a written nomination, signed by at least one (1) Director, listing the names of a total of five (5) Directors who support the nomination, and that is submitted to the Board's Executive Assistant at least ten (10) days before the election is to be held.*

**H. BOARD OVERVIEW**

Penelope Fode shared the following information:

- ARCA Board Delegate Update:

- There was a Q&A session for Nancy Bargmann, DDS Executive Director.
- Families are expressing concern about aging parents/care takers.
- Ms. Bargmann shared that CPP funds can be used to work on this matter, all that is needed is a request to DDS. She will put together a task force for aging parents/caretakers

## **I. EXECUTIVE DIRECTOR’S REPORT:**

Anthony Hill, Executive Director, discussed the following:

- Mr. Hill will get Lucina Galarza, Director of Community Services, involved with the aging parents/caregivers taskforce.
- Governor Newsom’s Budget/Regional Center Impact:
  - There are no cuts to this system
  - There’s a proposal that would take a step in the direction of allowing Early Childhood Development be for ages 0-5. Caseloads for that age group would be 1:40.
  - There are 15 million dollars set aside to support resources for deaf and hard of hearing. The funding will come on July 1, 2022 but SG/PRC started building up resources to be ready when the funding comes.
  - Advocacy was heard about closing the gap for caseload ratios. Unfortunately, the gap has grown because the funding was determined in March 2021 (prior to inflations) and the formula has not been updated since the 80s.
- ARCA meeting overview:
  - ARCA has the following major policy initiatives:
    - Fix the core staffing formula
    - Eliminate the Family Cost Participation Program
    - Eliminate the Annual Family Program Fee
    - Eliminate the Medicaid Providers Enrollment Forms
- Brief COVID 19 Update:
  - There is currently a 16.4% positivity rate in Los Angeles County
  - There is currently an Omicron variant surge. There are steep positivity rates for staff, individuals served and vendors.
  - Critical functions are at optimal level, with most staff working remotely but critical function staff are in the office 3-5 days a week.
  - Quality Assurance has modified their monitoring for January and probably February.



- Governor Newsom mandated that Healthcare workers be boosted by March 1, 2022.
- SG/PRC will host a vaccine booster clinic tomorrow.
- SG/PRC continues to serve as testing site, averaging 150 people testing a day. Staff must test once a week.
- CCL has testing kits for licensed settings. Staff will work to help coordinate the distribution.
- There are a lot of hotspots at the moment, but SG/PRC has been able to meet staffing needs because of the registry.
- Staff provided the weekly COVID 19 data report.
- SG/PRC will host a virtual friendship dance party on February 10, 2022

**J. EXECUTIVE SESSION**

None

**Next meeting on Wednesday, February 23, 2022 at 7:15 p.m.**

**BOARD MINUTES FROM THE JANUARY 26, 2022 MEETING**

Submitted by:

\_\_\_\_\_  
Penelope Fode, Board President

\_\_\_\_\_  
Date

**S**AN GABRIEL/POMONA  
REGIONAL CENTER

# Committee Reports & Information



**January – February 2022**

**SAN GABRIEL/POMONA VALLEYS  
DEVELOPMENTAL SERVICES, INC.**  
**Executive/Finance Committee Meeting Minutes**  
February 9, 2022 @ 7:15 p.m.

PRESENT: Penelope Fode, Gisele Ragusa, Sheila James, Shannon Hines, Bill Stewart, Natalie Webber

STAFF: Anthony Hill, Willanette Satchell, Roy Doronila, Rosa Ham, Lucina Galarza

ABSENT:

.....

- 1) CALL TO ORDER: Time (7:18 p.m.) ~ Quorum was established.
- 2) REVIEW AGENDA: (Approved without changes)
- 3) APPROVE MINUTES FROM 1/12/2022 MEETING: (Sheila James/Bill Stewart ) ~ Natalie abstained. Motion carries.
- 4) PUBLIC INPUT: **NONE**
- 5) FINANCIAL REPORT (Roy Doronila/Rosa Ham):
  - a. Highlights ~ Reviewed “make up report for the C-2”, since the actual figures were not available last month for the Committee. Discussions held regarding the allocation portion of OPS.
  - b. Highlights (Financial portion - Expenditures) ~ Mentioned unencumbered funds that will be utilized in the next few months. Committee asked for a breakdown in the section of “other services”; Roy will include this in the next report (part of it was captured in another chart he presented, but he says he will break it down further for the Committee). He will also present a comparison of surpluses across all regional centers, per Dr. Ragusa’s request/conversation. The committee members all expressed interest in this.
  - c. Highlights (Balance Sheet) ~ Balances owed to the State, Accounts payable, Accruals, etc. were discussed.

(Motion approved to accept the Financial Report – Gisele Ragusa/Sheila James (motion carried).

\*The full financial report is attaches to these minutes.\*

6) CONTRACTS FOR REVIEW (Lucina Galarza):

- a. Inclusion Specialized Programs-Huntington ~ [Group home for children]. Vote: Sheila James/Bill Stewart ~ motion for approval carried to bring forth to the Board.
- b. A&M Home Care-Aurora ~ [Specialized home for adults]. Vote: Bill Stewart/Sheila James~ motion for approval carried to bring forth to the Board.
- c. Vocational Innovations ~ [Day Program w/specialized program and a behavioral component]. Vote: Gisele Ragusa/Shannon Hines ~ motion for approval carried to bring forth to the Board. (Bill Stewart abstained)
- d. CBC #6 ~ [Residential Facility for 4 adults]. Vote: Bill Stewart/Shannon Hines ~ motion for approval carried to bring forth to the Board.
- e. CBC #7 ~ [Mirror of CBD #6 Program]. Vote: Sheila James/Bill Stewart ~ motion for approval carried to bring forth to the Board.
- f. Hope House Park House ~ [Community Care and Intermediate Care facilities ~ 3-bed children’s home]. Vote: Gisele Ragusa/Sheila James ~ motion for approval carried to bring forth to the Board.

7) BOARD PRESIDENT’S REPORT (Penelope Fode):

- a. Agenda for Board Training (2/23/22 – *Advanced Strategic Planning and Development & Whistleblower Policy*) ~ Gisele elaborated, tandem presentation that was approved in 2020. A Consultant will also speak about strategic planning.
- b. Agenda for Executive/finance Comm. Mtg. on March 9<sup>th</sup> ~
  - i. Contracts by Lucina
  - ii. Review/Update of election for Secretary role
- c. Board Exit Interview Discussion ~ Discussions held, have not interviewed reasoning behind people leaving. Spoke about new interviews and the message going out, i.e. mentorship, etc. Further discussions held re: “exits”, which seemed to be diverse reasons. Will

continue to support board members, inclusion of members, etc. Members will focus on embrace the move forward with recruitment and remove discussions on people exiting.

- d. Board Recruitment ~ Discussions about pushing forward with recruitment/cultural diversity/specialty-expertise areas, etc. Again, held discussions about the mentorship program, for those that wish to be a part of the Board or Board Committees.

8) INFORMATION (Anthony Hill):

- a. ARCA Updates – Budget Response ~ Mentioned the following:
  - i. ARCA’s response to the Governor’s Budget proposal, including DDS’ Core Staffing Formula
  - ii. Recent Budget Sub-Committee Hearing
  - iii. Zero to 5 lower caseloads.
- b. Blue Whale Consulting Survey ~ Spoke about the agency and what they do and are doing for us with job classifications and comparing salaries, etc. with other agencies. This is currently in the discovery process.
- c. Vaccine Booster Mandate – Healthcare Workers ~ Spoke about the 2/1 deadline that was extended to 3/1 for the Booster and the governor’s reasoning. SG/PRC is meeting this mandate, with only a few staff outstanding.
- d. Virtual Meeting / Conversation with Aging Parents ~ Follow-Up that came out of an Advisory Committee meeting discussion. Will be using this discovery process to better understand the need and come up with a plan with the families to help identify these needs. Outside consultant will also come in to assist to help facilitate these discussions. Penelope asked that these conversations also include “caregivers/siblings/spouses” (as a catchall phrase), not just “aging parents” as what’s in the title. It was agreed by all.
- e. Spoke about Virtual Dance Party tomorrow evening.

9) Meeting Adjourned @ 8:50 p.m.

10) Closed Session held re: Individual Served Issue commenced.

# San Gabriel Pomona Regional Center

To: The Board of Directors  
From: Roy Doronila, CFO  
Date: February 2, 2022  
Subject: Financial Report Notes

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Attached, for your review and approval are the Draft Copies of the Operations and Purchase of Services monthly financial reports for the month of December 2021 in the Fiscal Year 2021-22. These expenditures are for services paid through January 18, 2022. These will be presented at the Executive Finance Committee meeting Wednesday evening, February 9, 2022.

In regional center operations, our allocation based on the C-2 amendment is expected to meet expenditure projections. Projections include ongoing operating cost and estimated cost for traditional initiatives and the current year's spending plan. Our operation's C-2 allocation for fiscal year 2021-22 is currently at \$35,207,155 with projected expenditures of \$33,612,535. Our year-to-date expenditures is \$14,106,758 with projected remaining expenditures of \$19,505,777. This results in unencumbered balance of **\$1,594,620** 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 Foster Grandparent/Senior Companion program has a current allocation in the amount of \$1,218,040, we expect to spend the full amount.

The Community Placement Plan (CPP) and DC ongoing Workload operations funds are allocated in the C-2 amendment. We expect continuation funding this year in the amount of \$1,708,988 and will spend the full amount.

The Purchase of Service allocation is based on the C2 amendment in the amount of \$318,032,645. The current month's expenditure amounted to \$22,908,580 bringing the year-to-date expenditures for services to \$12,281,959. The remaining projected expenditures and late bills are in the amount of \$181,958,819 leaving a surplus, **\$7,791,866**.

CPP POS is in a separate line item, we are allocated a total of \$320,868 for placement, assessment and start-up.

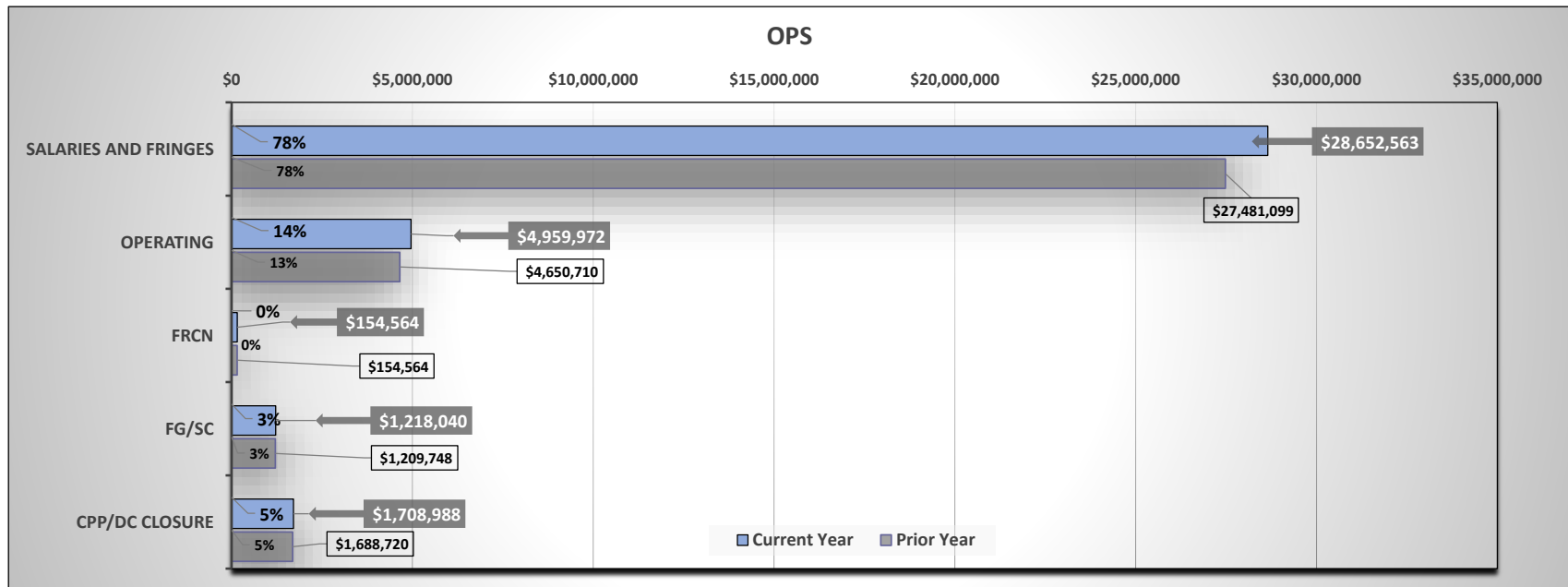
Please note that the prior year (FY 20/21) information is included in the graph for comparison only.

**SAN GABRIEL/POMONA REGIONAL CENTER**  
**FINANCIAL REPORT**  
**FISCAL YEAR 2021-22**

PAYMENTS THROUGH JANUARY 18, 2022 FOR SERVICES PROVIDED THROUGH DECEMBER 31, 2021

**OPERATIONS (OPS)**

<b>REGIONAL CENTER</b>	MTD	YTD	Remaining	Total	<i>FY 20/21</i>
Salaries and Fringes	\$1,181,836	\$11,727,164	\$16,925,399	\$28,652,563	\$27,481,099
Operating Expenses	\$327,375	\$2,379,594	\$2,580,378	\$4,959,972	\$4,650,710
<b>Total</b>	<b>\$1,509,211</b>	<b>\$14,106,758</b>	<b>\$19,505,777</b>	<b>\$33,612,535</b>	<b>\$32,131,810</b>
Allocation ( C-2 )				\$35,207,155	\$32,367,211
<b>Surplus/(Deficit)</b>				<b>\$1,594,620</b>	<b>\$235,401</b>
<b>RESTRICTED OPS FUNDS</b>					
Family Resource Center	\$0	\$48,551	\$106,013	\$154,564	\$154,564
Foster Grandparent/Senior Companion	\$39,077	\$327,836	\$890,204	\$1,218,040	\$1,209,748
CPP and DC Closure Ongoing	\$873,948	\$931,345	\$777,643	\$1,708,988	\$1,688,720
<b>Total</b>	<b>\$913,025</b>	<b>\$1,307,732</b>	<b>\$1,773,860</b>	<b>\$3,081,592</b>	<b>\$3,053,032</b>
Allocation ( C-2 )				\$3,081,592	\$3,053,032
<b>Surplus/(Deficit)</b>				<b>(\$0)</b>	<b>\$0</b>

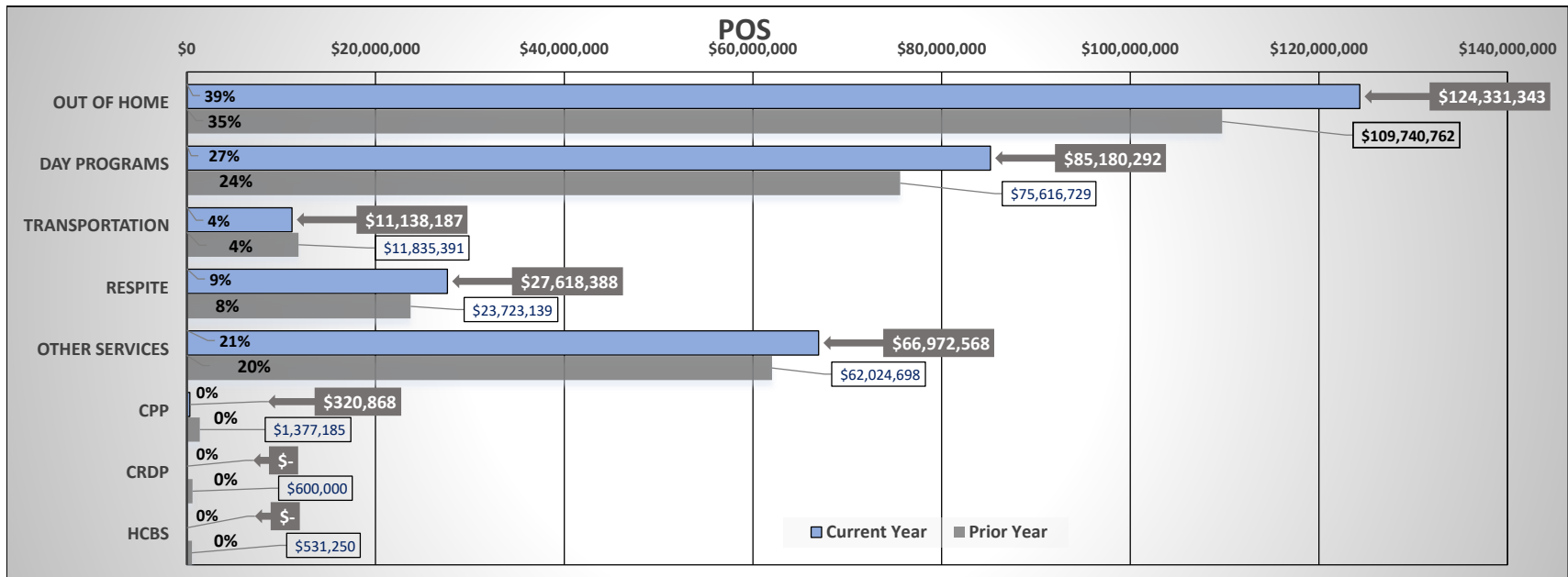


**SAN GABRIEL/POMONA REGIONAL CENTER**  
**FINANCIAL REPORT**  
**FISCAL YEAR 2021-22**

PAYMENTS THROUGH JANUARY 18, 2022 FOR SERVICES PROVIDED THROUGH DECEMBER 31, 2021

**PURCHASE OF SERVICES (POS)**

<b>REGIONAL CENTER</b>	MTD	YTD	Remaining	Total	<i>FY 20/21</i>
Out of Home	\$9,522,254	\$53,913,541	\$70,417,801	\$124,331,343	\$109,740,762
Day Programs	\$6,406,193	\$34,576,449	\$50,603,844	\$85,180,292	\$75,616,729
Transportation	\$791,002	\$5,283,855	\$5,854,332	\$11,138,187	\$11,835,391
Respite	\$1,664,637	\$9,562,459	\$18,055,929	\$27,618,388	\$23,723,139
Other Services	\$4,922,018	\$27,145,518	\$39,827,051	\$66,972,568	\$62,024,698
SPA/ICF Reimbursements	(\$397,523)	(\$2,199,863)	(\$2,800,137)	(\$5,000,000)	(\$5,500,542)
<b>Total</b>	<b>\$22,908,580</b>	<b>\$128,281,959</b>	<b>\$181,958,819</b>	<b>\$310,240,779</b>	<b>\$277,440,178</b>
Allocation ( C-2 )				<b>\$318,032,645</b>	<b>\$283,327,207</b>
<b>Surplus/(Deficit)</b>				<b>\$7,791,866</b>	<b>\$5,887,029</b>
<b>RESTRICTED POS FUNDS</b>					
CPP	(\$110)	\$5,868	\$315,000	\$320,868	\$1,377,185
CRDP	\$0	\$0	\$0	\$0	\$600,000
HCBS	\$0	\$0	\$0	\$0	\$531,250
<b>Total</b>	<b>(\$110)</b>	<b>\$5,868</b>	<b>\$315,000</b>	<b>\$320,868</b>	<b>\$2,508,435</b>
Allocation ( C-2 )				<b>\$320,868</b>	<b>\$2,432,599</b>
<b>Surplus/(Deficit)</b>				<b>\$0</b>	<b>(\$75,836)</b>





# SAN GABRIEL/POMONA REGIONAL CENTER

## STATEMENTS OF FINANCIAL POSITION

December 31	2021
<b>ASSETS</b>	
Cash and Cash Equivalents	\$ 56,749,376
Receivable - State Regional Center Contracts	52,993,663
Receivable - Intermediate Care Facility Providers	2,043,239
Other Receivables	62,154
Prepaid Expenses	18,911
Deposits	12,459
<b>TOTAL ASSETS</b>	<b>\$ 111,879,802</b>
<b>LIABILITIES AND NET ASSETS</b>	
<b>Liabilities</b>	
Accounts Payable	\$ 22,084,564
Advance - State Regional Center Contracts	89,491,778
Accrued Salaries and Payroll Taxes	197,257
Other Payables	6,204
Reserve for Unemployment Insurance	100,000
<b>Total Liabilities</b>	<b>\$ 111,879,802</b>
<b>Net Assets</b>	
Without Donor Restriction	0
With Donor Restriction	0
<b>Total Net Assets</b>	<b>0</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 111,879,802</b>

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

FISCAL YEAR 2021-22

PAYMENTS THROUGH JANUARY 18, 2022 FOR SERVICES PROVIDED THROUGH DECEMBER 31, 2021

50.0% OF YEAR ELAPSED

**DRAFT  
 COPY**

CONTRACT ALLOCATIONS	Regular POS	CPP	HCBS	Total			
Preliminary Allocation (Regular POS)	250,025,837			250,025,837			
C-1	68,006,808	100,000		68,106,808			
C-2		220,868		220,868			
<b>Total Contract Allocation</b>	<b>318,032,645</b>	<b>320,868</b>	<b>0</b>	<b>318,353,513</b>			
					C plus E		
	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
<b>Total POS Actual &amp; Projected Expenditures</b>		<b>22,908,470</b>	<b>128,287,827</b>	<b>40.3%</b>	<b>182,273,819</b>	<b>310,561,647</b>	<b>97.6%</b>
<b>OUT OF HOME CARE</b>							
Community Care Facilities		9,505,008	53,814,981	16.9%	70,066,418	123,881,398	39.0%
ICF/SNF Facilities		17,246	98,561	0.0%	351,383	449,944	0.1%
<b>Total Out of Home Care</b>		<b>9,522,254</b>	<b>53,913,541</b>	<b>17.0%</b>	<b>70,417,801</b>	<b>124,331,343</b>	<b>39.1%</b>
<b>DAY PROGRAMS</b>							
Day Care		1,269,981	6,580,206	2.1%	18,813,661	25,393,868	8.0%
Day Training		4,391,978	24,316,264	7.6%	27,164,986	51,481,250	16.2%
Supported Employment		549,856	2,714,024	0.9%	3,405,479	6,119,503	1.9%
Work Activity Program		194,379	965,954	0.3%	1,219,718	2,185,672	0.7%
<b>Total Day Programs</b>		<b>6,406,193</b>	<b>34,576,449</b>	<b>10.9%</b>	<b>50,603,844</b>	<b>85,180,292</b>	<b>26.8%</b>
<b>OTHER SERVICES</b>							
Non-Medical: Professional		666,673	3,718,318	1.2%	5,904,937	9,623,254	3.0%
Non-Medical: Programs		1,720,425	7,391,804	2.3%	9,596,974	16,988,778	5.3%
Home Care: Programs		202,329	1,116,743	0.4%	1,609,570	2,726,313	0.9%
Transportation		419,041	2,507,919	0.8%	2,963,993	5,471,912	1.7%
Transportation Contracts		371,961	2,775,936	0.9%	2,890,339	5,666,275	1.8%
Prevention		897,070	5,900,092	1.9%	7,462,241	13,362,333	4.2%
Other Authorized Services		1,195,125	7,172,948	2.3%	9,582,684	16,755,632	5.3%
Personal and Incidentals		13,749	75,209	0.0%	92,539	167,748	0.1%
Hospital Care		0	239,866	0.1%	2,003,263	2,243,130	0.7%

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

FISCAL YEAR 2021-22

PAYMENTS THROUGH JANUARY 18, 2022 FOR SERVICES PROVIDED THROUGH DECEMBER 31, 2021

50.0% OF YEAR ELAPSED

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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		293	4,047	0.0%	31,570	35,617	0.0%
Medical Service: Professional		149,422	779,048	0.2%	2,242,272	3,021,320	1.0%
Medical Service: Programs		76,933	747,442	0.2%	1,301,000	2,048,442	0.6%
Respite: In Own Home		1,660,604	9,535,975	3.0%	17,998,649	27,534,624	8.7%
Respite: Out of Home		4,033	26,484	0.0%	57,280	83,763	0.0%
Camps		0	0	0.0%	0	0	0.0%
<b>Total Other Services</b>		<b>7,377,656</b>	<b>41,991,833</b>	<b>13.2%</b>	<b>63,737,311</b>	<b>105,729,144</b>	<b>33.2%</b>
<b>Total Estimated Cost of Current Services</b>		<b>23,306,103</b>	<b>130,481,823</b>	<b>41.0%</b>	<b>184,758,956</b>	<b>315,240,779</b>	<b>99.1%</b>
<b>OTHER ITEMS</b>							
HCBS	0	0	0		0	0	
<b>Total Other Items</b>		<b>0</b>	<b>0</b>	<b>0.0%</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>
<b>Total Purchase of Services</b>		<b>23,306,103</b>	<b>130,481,823</b>	<b>41.0%</b>	<b>184,758,956</b>	<b>315,240,779</b>	<b>99.1%</b>
Deduct: Estimated Receipts from Intermediate Care Facilities for State Plan Amendment Services		(397,523)	(2,199,863)	-0.7%	(2,800,137)	(5,000,000)	-1.6%
<b>Expenditures Regular POS (Net of CPP)</b>	<b>318,032,645</b>	<b>22,908,580</b>	<b>128,281,959</b>	<b>40.3%</b>	<b>181,958,819</b>	<b>310,240,779</b>	<b>97.5%</b>
<b>Projected Allocation Balance (Deficit) Regular POS</b>						<b>7,791,866</b>	<b>2.5%</b>
<b>COMMUNITY PLACEMENT PLAN</b>							
Community Placement Plan (inc. CRDP)	320,868	(110)	5,868	1.8%	315,000	320,868	100.0%
<b>Allocation Balance (Deficit) CPP and CRDP</b>						<b>0</b>	<b>0.0%</b>
<b>Total Projected Allocation Balance (Deficit) Regular &amp; Community Placement Plan POS</b>						<b>7,791,866</b>	<b>2.4%</b>

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

FISCAL YEAR 2021-22

PAYMENTS THROUGH JANUARY 18, 2022 FOR SERVICES PROVIDED THROUGH DECEMBER 31, 2021

50.0% OF YEAR ELAPSED

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CONTRACT ALLOCATIONS	Regular	CPP/CRDP DC Ongoing	Family Resource Center	Foster Grandparent Senior Companion	Total				
							D plus F G	A minus G H	I
Preliminary Allocation	27,967,990					27,967,990			
C-1	6,756,979		154,564	1,218,040		8,129,583			
C-2	482,186	1,708,988				2,191,174			
<b>Total Operations Contract Allocation</b>	<b>35,207,155</b>	<b>1,708,988</b>	<b>154,564</b>	<b>1,218,040</b>	<b>-</b>	<b>38,288,747</b>			
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>
	Current Allocation	% of Allocation	Current Month Expenditures	Year-to-Date Expenditures	YTD Actual as % of Allocation	Projected Remaining Expenditures	Total Projected Expenditures	Projected Balance Amount	Remaining Percent
<b>Total Operations - Actual and Projected Expenditures</b>	<b>38,288,747</b>	<b>100.00%</b>	<b>2,422,236</b>	<b>15,414,490</b>	<b>40.3%</b>	<b>21,279,637</b>	<b>36,694,127</b>	<b>1,594,620</b>	<b>4.16%</b>
<b>PERSONAL SERVICES (REGULAR OPERATIONS)</b>									
Salaries	24,238,889	68.85%	970,710	9,348,464	26.6%	13,736,336	23,084,800	1,154,089	3.28%
Temporary Staff	0	0.00%	0	0	0.0%	0	0	0	0.00%
Retirement ( includes 403B)	3,029,861	8.61%	118,040	1,165,298	3.3%	1,686,650	2,851,948	177,913	0.51%
Social Security (OASDI)	351,464	1.00%	13,565	110,648	0.3%	168,150	278,798	72,666	0.21%
Health Benefits/Long Term Care	2,120,903	6.02%	72,393	970,934	2.8%	1,138,524	2,109,458	11,444	0.03%
Worker's Comp Insurance	242,389	0.69%	4,542	79,245	0.2%	122,659	201,904	40,485	0.11%
Unemployment Insurance	49,343	0.14%	0	6,793	0.0%	40,378	47,171	2,172	0.01%
Non-Industrial Disability/Life Insurance	133,314	0.38%	2,586	45,782	0.1%	32,701	78,483	54,830	0.16%
Clinical Consultants - Consumer Services	0	0.00%	0	0	0.0%	0	0	0	0.00%
<b>Total Personal Services (Regular Operations)</b>	<b>30,166,162</b>	<b>85.68%</b>	<b>1,181,836</b>	<b>11,727,164</b>	<b>33.3%</b>	<b>16,925,399</b>	<b>28,652,563</b>	<b>1,513,599</b>	<b>4.30%</b>
<b>OPERATING EXPENSES (REGULAR OPERATIONS)</b>									
Equipment Rental	59,000	0.17%	10,765	39,092	0.1%	19,546	58,638	362	0.00%
Equipment Maintenance	34,000	0.10%	24	12,033	0.0%	16,233	28,267	5,733	0.02%
Facility Rent	2,628,000	7.46%	219,000	1,533,000	4.4%	1,095,000	2,628,000	0	0.00%
Facility Maintenance	40,000	0.11%	3,025	10,592	0.0%	20,592	31,184	8,816	0.03%
Communications (postage, phones)	412,000	1.17%	21,701	168,718	0.5%	227,403	396,121	15,879	0.05%
General Office Expense	344,000	0.98%	29,673	144,209	0.4%	198,209	342,417	1,583	0.00%
Printing	22,000	0.06%	54	6,855	0.0%	11,855	18,710	3,290	0.01%
Insurance	252,000	0.72%	0	125,511	0.4%	125,511	251,022	978	0.00%
Data Processing	123,535	0.35%	5,896	36,989	0.1%	80,989	117,978	5,557	0.02%
Data Processing Maintenance / Licenses	270,000	0.77%	7,507	149,078	0.4%	118,683	267,761	2,239	0.01%
Interest Expense	13,000	0.04%	0	0	0.0%	13,000	13,000	0	0.00%
Bank Service Fees	2,000	0.01%	43	143	0.0%	1,643	1,786	214	0.00%
Legal Fees	110,000	0.31%	8,194	35,692	0.1%	71,383	107,075	2,925	0.01%
Board of Directors Expense	5,000	0.01%	185	585	0.0%	585	1,171	3,829	0.01%
Accounting Fees	75,000	0.21%	0	0	0.0%	75,000	75,000	0	0.00%
Equipment Purchases	260,000	0.74%	0	15,267	0.0%	240,267	255,535	4,465	0.01%

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

FISCAL YEAR 2021-22

PAYMENTS THROUGH JANUARY 18, 2022 FOR SERVICES PROVIDED THROUGH DECEMBER 31, 2021

50.0% OF YEAR ELAPSED

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						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 Amount	Remaining Percent
Contractor & Consultants - Adm Services	266,000	0.76%	20,566	101,306	0.3%	158,489	259,796	6,204	0.02%
Contract - ABX2 Disparities	0	0.00%	0	0	0.0%	0	0	0	0.00%
Travel/mileage reimbursement	65,000	0.18%	5,826	27,846	0.1%	31,465	59,311	5,689	0.02%
ARCA Dues	80,458	0.23%	0	0	0.0%	80,458	80,458	0	0.00%
General Expenses	55,000	0.16%	2,640	15,227	0.0%	36,617	51,844	3,156	0.01%
<b>Total Operating Expenses (Regular Operations)</b>	<b>5,115,993</b>	<b>14.53%</b>	<b>335,100</b>	<b>2,422,144</b>	<b>6.9%</b>	<b>2,622,928</b>	<b>5,045,072</b>	<b>70,921</b>	<b>0.20%</b>
<b>Total Personal Services &amp; Operating Expenses (Regular Operations)</b>	<b>35,282,155</b>	<b>100.21%</b>	<b>1,516,936</b>	<b>14,149,308</b>	<b>40.2%</b>	<b>19,548,327</b>	<b>33,697,635</b>	<b>1,584,520</b>	<b>4.50%</b>
<b>OTHER INCOME</b>									
Interest & Other Income	(75,000)	-0.21%	(7,725)	(42,550)	-0.1%	(42,550)	(85,100)	10,100	0.03%
<b>Total Personal Services &amp; Operating Expenses Net of Other Income (Regular Operations)</b>	<b>35,207,155</b>	<b>100.00%</b>	<b>1,509,211</b>	<b>14,106,758</b>	<b>40.1%</b>	<b>19,505,777</b>	<b>33,612,535</b>	<b>1,594,620</b>	<b>4.53%</b>
<b>RESTRICTED FUNDS</b>									
Family Resource Center Expenses	154,564	100.00%	0	48,551	31.4%	106,013	154,564	0	0.00%
Foster Grandparent/Senior Companion Expenses	1,218,040	100.00%	39,077	327,836	26.9%	890,204	1,218,040	(0)	0.00%
Community Placement Plan Expenses	1,708,988	100.00%	873,948	931,345		777,643	1,708,988	0	
<b>Total Restricted Funds</b>	<b>3,081,592</b>		<b>913,025</b>	<b>1,307,732</b>	<b>99.2%</b>	<b>1,773,860</b>	<b>3,081,592</b>	<b>(0)</b>	
<b>Total Expenses (Including Restricted Funds)</b>	<b>38,288,747</b>		<b>2,422,236</b>	<b>15,414,490</b>	<b>40.3%</b>	<b>21,279,637</b>	<b>36,694,127</b>	<b>1,594,620</b>	<b>4.35%</b>
<b>Total Allocation Balance (Deficit)</b>								<b>1,594,620</b>	

**SAN GABRIEL/POMONA REGIONAL CENTER**

**OPS and POS Allocation Summary**

FISCAL YEAR 2021-22

<b>OPERATIONS</b> CONTRACT ALLOCATIONS	Regular	CPP/CRDP DC Ongoing	FRCN	FGP/SC	Total
Preliminary Allocation	\$ 27,967,990				\$ 27,967,990
C-1 amendment	\$ 6,756,979		\$ 154,564	\$ 1,218,040	\$ 8,129,583
C-2 amendment	\$ 482,186	\$ 1,708,988			\$ 2,191,174
C-3 amendment					\$ -
<b>Total Operations</b>	<b>\$ 35,207,155</b>	<b>\$ 1,708,988</b>	<b>\$ 154,564</b>	<b>\$ 1,218,040</b>	<b>\$ 38,288,747</b>

<b>PURCHASE OF SERVICES</b> CONTRACT ALLOCATIONS	Regular	CPP/CRDP DC Ongoing	HCBS		Total
Preliminary Allocation	\$ 250,025,837				\$ 250,025,837
C-1 amendment	\$ 68,006,808	\$ 100,000			\$ 68,106,808
C-2 amendment		\$ 220,868			\$ 220,868
C-3 amendment					\$ -
<b>Total Purchase of Services</b>	<b>\$ 318,032,645</b>	<b>\$ 320,868</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 318,353,513</b>

<b>Total OPS and POS Contract</b>					<b>\$ 356,642,260</b>
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**SAN GABRIEL/POMONA VALLEYS  
DEVELOPMENTAL SERVICES, INC.**

**COMMUNITY RELATIONS/ LEGISLATIVE COMMITTEE**

**MINUTES FROM THE MEETING OF JANUARY 19, 2022**

The following committee members were present at said meeting:

**PRESENT**

Joseph Huang  
Rachel McGrath  
Natalie Webber  
Ardena Bartlett  
Julie Lopez

**STAFF:**

Anthony Hill, Executive Director  
Salvador Gonzalez, Director of Community Outreach  
& Compliance  
Yvonne Gratianne, Manager of Communications &  
Public Relations  
Xochitl Gonzalez, Community Outreach Specialist  
Amos Byun, Community Outreach Specialist  
Willanette Satchell, Executive Assistant  
Erika Gomez, Executive Assistant - BOD

**GUESTS**

**ABSENT:**

Penelope Fode  
Georgina Molina

**RECOMMENDED BOARD ACTIONS**

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

None

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**CALL TO ORDER**

Julie Lopez called the meeting to order on behalf of Penelope Fode who was not present at this time of the meeting. 6:06 pm.

The minutes from November 17, 2021, were reviewed and approved.

**M/S/C (Huang & McGrath) The committee approved the minutes.**

## **PUBLIC INPUT**

Ms. Ardena Bartlett shared information on upcoming workshops that will be held for the community, including service coordination staff, vendors and parents. There is a series of three (3) workshops that will be held. Information on these workshops is included in the Community Outreach Report.

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

Xochitl Gonzalez and Amos Byun, Community Outreach Specialists, and Nora Perez-Givens presented the monthly Outreach Report for November/December 2021.

Also joining was Jessica Wilson, Deaf and Hard of Hearing Specialist. She is brand new to this position although she was formerly a Service Coordinator. She shared that her role will be to support our individuals that are deaf and hard of hearing and also shared some background on her experience and history with SG/PRC. She also shared some of the resources that are and will become available.

Sal Gonzalez, Director of Community Outreach & Compliance shared that a connection was made with the Credit Union of Southern California, located in the city of Pomona. This entity made a generous donation of \$7,500.00 to the Richard D. Davis Foundation.

Mr. Byun shared information about the Lunar calendar and upcoming projects he is working on. He proceeded to share the opportunities that were made available to Korean families. He also shared some projects that were specifically made available to the Vietnamese families served by SG/PRC. He also shared information about some collaboration to do more outreach to Chinese families coming in the next few months. This is great news for the Asian communities served by SG/PRC.

The Community Outreach Specialists have focused on the following projects:

- Parent Mentor Initiative Project
- Equity Projects Funded by Service Access & Equity Grant
- Projects previously funded through Service Access & Equity Grant
- Other Equity-Related Activities not supported Service Access & Equity Grant
- Family Support/ Training
- Outreach/Event Participation
- Activities of the Compliance and Outreach Department

(The report is attached to these minutes)



## **LEGISLATIVE ISSUES & OTHER INFORMATION**

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

- Legislation Binder – Each member of this committee will receive an information binder with the upcoming bills and proposals that could impact the individuals served by the regional centers. coming at the February meeting.
- Governor’s Proposed Budget Overview and Public Policy
- Enhanced Service Coordination Model
- Core Staffing Formula
- COVID 19 Update - Omicron Variant
  - Staffing registry to address challenges in serving our individuals
  - Governor Newsom mandate for all health care workers to be vaccinated by February 1, 2022.
  - Vaccine Booster Clinic at SG/PRC – January 27, 2022
  - Covid Testing Clinic at SG/PRC – higher demand
- Website re-design with Strata Marketing
- Virtual Dance Party – “Dance your Hearts Off” January 27, 2022

## **ADJOURNMENT:**

The next meeting is on February 16, 2022.

**SAN GABRIEL/POMONA REGIONAL CENTER  
DEVELOPMENTAL SERVICES, INC.**

**Minutes of the Meeting of the**

**Advisory Committee for Individuals Served and Their Families**

**January 26, 2022**

A regular meeting of the Advisory Committee for Individuals Served and Their Families was held on Wednesday, January 26, 2022. The following committee members were present at said meeting:

**PRESENT**

Shannon Hines  
Pretti Subramaniam  
Herminio Escalante  
Michelle Nelson  
Mary Soldato

**STAFF:**

Anthony Hill  
Lucina Galarza  
Daniela Santana  
Daniel Ibarra  
Willanette Satchell  
Erika Gomez

**GUESTS:**

Sam Yi  
Tracy Evanson  
Sofia Benitez  
Albert Feliciano

**ABSENT:**

Sheila James  
Rebecca Wilkins  
Victor Guzman  
Daniel Clancy  
Ning Yang  
Louis Jones  
David Grisey (LOA)  
John Randall (LOA)

**ITEMS DISCUSSED**

**CALL TO ORDER**

Shannon Hines called the meeting to order at 6:02 pm  
A quorum was not established.

The committee tabled the minutes.

**PUBLIC COMMENT** – Albert Feliciano, SCDD, gave a brief introduction of the State Council of Developmental Disabilities. He also provided information on upcoming events for the Chairs/Co-Chairs of Self Advocacy Boards of Los Angeles County.

## **CLIENT ADVOCATE UPDATE**

Eliza Herzog is back and shared she has new tasks. She will be a part of the planning committee organizing the upcoming virtual friendship dance. She is also getting certification to be an Access Specialist and ADA Coordinator. She will provide more updates next month.

## **SPECIAL PRESENTATION – FORENSIC SERVICES FOR INDIVIDUALS SERVED IN THE LEGAL JUSTICE SYSTEM**

Patricia Rambo, Forensic Specialist, spoke about the following:

- The role of the Forensic Specialist
- Court hearings (criminal/mental health courts)
- Follow up after hearings
- Procedures for Forensic Consultation
- Training education for law enforcement and other agencies
- Regional center diversion

## **FUTURE TRAINING TOPICS:**

February 23, 2022 – Public Policy Positions intros

March 23, 2022 – Social Rec Policy

April 27, 2022 – After Hours Response System

## **SELF DETERMINATION ADVISORY COMMITTEE MEETINGS AND UPDATES:**

- At the meeting next month, the team will be presented.
- There are currently two candidates for the two position posted and already have two Participant Analysts who will be the central point of Self Determination.
- Staff continue to do clinics (trainings).
- There will be a greet and meet in March that will be hosted by independent facilitators.
- All the activities are posted on the SG/PRC website, [www.sgprc.org](http://www.sgprc.org)

## **COVID 19 UPDATE:**

- There is currently an Omicron variant surge. There are steep positivity rates for staff, individuals served and vendors.

- Critical functions are at optimal level, with most staff working remotely but critical function staff are in the office 3-5 days a week.
- ARCA's policy position allows for flexibility with in person meetings if the positivity rate is 5% or higher.
- Quality Assurance has modified their monitoring for January and probably February.
- Governor Newsom mandated that Healthcare workers be boosted by March 1, 2022.
- SG/PRC will host a vaccine booster clinic tomorrow.
- SG/PRC continues to serve as testing site, averaging 150 people testing a day. Staff must test once a week.
- CCL has testing kits for licensed settings. Staff will work to help coordinate the distribution.
- There are a lot of hotspots at the moment but SG/PRC has been able to meet staffing needs because of the registry.
- Staff provided the weekly COVID 19 data report.

### **ADJOURN**

Chairperson Shannon Hines adjourned the meeting.

The next Advisory Committee for Individuals Served and Their Families meeting is scheduled for Wednesday, February 23, 2022 via videoconference.

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

**February 3, 2022**

The following committee members were in attendance at said meeting:

**PRESENT:**

Valerie Donelson  
Grace Kano  
Olaf Luevano  
Brenda Baldeon  
Jeanette Cabrera  
Charmayne Ross  
Jose Mendoza  
Nicole Mirikitani  
Nancy Bunker

**STAFF:**

Anthony Hill, Executive Director  
Lucina Galarza, Director of Community Services  
Daniela Santana, Director of Client Services  
Rosa Chavez, Associate Director, Family & Transition Services  
Dara Mikesell, Associate Director of Community Services  
Lupe Magallanes, Associate Director, Early Start and Intake Services  
Jaime Anabalon, Manager of Quality Assurance  
Yvonne Gratianne, Manager of Communications and Public Relations  
Willanette Satchell, Executive Assistant – Management  
Erika Gomez, Executive Assistant – Board of Directors

**MEMBERS ABSENT:**

Susan Stroebel, Chairperson  
Baldo Paseta  
Vanessa Besack

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**RECOMMENDED ACTIONS**

**THE VENDOR ADVISORY COMMITTEE RECOMMENDATION:**

None

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**A. CALL TO ORDER**

Grace Kano called the meeting to order at 10:04 a.m. A quorum was established a

few minutes after roll call.  
The agenda was reviewed.

The minutes from the January 6, 2022, meeting were approved once a quorum was established.

**M/S/C (Bunker & Donelson) The committee approved the minutes.**

## **B. VAC VACANCIES**

There are vacancies in the following categories:

- Residential (Specialized)
- CCF
- Adult Day Program

Anyone interested can email [egomez@sgprc.org](mailto:egomez@sgprc.org) for an application.

## **C. IMPACT OF COVID 19 – AREAS OF CONCERN**

There was a consensus that the biggest issue for providers right now continues to be staffing shortages.

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

Anthony Hill, Executive Director, and staff provided the following updates:

- ARCA will write letters to local lawmakers to target subcommittees.
- Daniela Santana, Director of Client Services, will create a chart to capture vacancies. In January, there were 202.
- SG/PRC might provide rapid tests to vendors, staff will confirm when this is available.
- CCL will provide tests to certain providers to be used by visitors
- Rosa Chavez, Associate Director, Family & Transition Services, spoke about the Virtual Upcoming Transition fair on March 16, 2022.

## **E. VENDOR CATEGORY REPORTS**

### **Adult Programs**

*Vocational* – Olaf Luevano shared that they will plan a subcommittee meeting for February 22, 2022.

*Adult Day* – Jose Mendoza reported that his program is returning to alternative services. He will organize a subcommittee meeting for the end of the month.

### **Infant & Children Services**

*Infant Development Program* – Charmayne Ross shared that the attendees at the last LICA meeting discussed AB136, which allows vendors to continue to provide

remote services through telehealth. The option of alternative locations for Early Intervention was also extended to February 6, 2022. The vaccine booster mandate was extended to March 1, 2022.

### **Transportation**

Baldo Pasetta was not present.

### **Independent Living Services**

*ILS Services* – Nicole Mirikitani had nothing to report.

*SLS Services* – Nancy Bunker expressed that it is challenging retaining applicants.

### **Residential Services**

*Specialized* – **One vacancy in this category**

*CCF* – Valerie Donelson (**one vacancy in this category**). Mrs. Donelson had nothing to report.

*ICF*- Grace Kano shared that she will plan a subcommittee meeting.

**Other Vended Services**- Jeanette Cabrera reported that individuals served are transitioning back to campuses as they reopen.

**At Large**- Brenda Baldeon and Susan Stroebel encouraged their colleagues to reach out to legislators and do advocacy. Legislative updates are in the meeting materials folder.

### **SPECIAL PRESENTATION – Gathering Data on DSP Workforce**

Leslie Morrison, DDS, spoke about the following information:

- Who Direct Support Professionals (DSPs) are
- The reason to collect data on DSP workforce stability
- Survey Instrument
- Topic areas covered
- Sample questions
- How the survey is conducted
- How to use the data
- What the next steps are

### **PUBLIC COMMENTS**

The following topics were discussed briefly by members of the public/committee:

- When DDS conducts surveys, it is important that they consider that this is a different job market as many jobs can be done remotely/online.
- COVID 19 paid sick leave
- The impact of the cost of Liability Insurance and other requirements that Speech Language Pathologists are facing. Mr. Hill will meet with this group.

**MEETING ADJOURNED**

The next regular meeting will be held on March 3, 2022, at 10:00 a.m.



**SAN GABRIEL/POMONA VALLEYS  
DEVELOPMENTAL SERVICES, INC.  
STRATEGIC DEVELOPMENT COMMITTEE MINUTES  
February 9, 2022 @ 6:00 p.m.**

PRESENT: Giselle Ragusa, Shannon Hines, Bill Stewart, Julie Chetney

STAFF: Anthony Hill, Willanette Steward/Satchell, Lucina Galarza

ABSENT: Bruce Cruickshank

.....

- 1) MEETING CALLED TO ORDER: Time 6:05 p.m. ~ Quorum was established.
  
- 2) REVIEW OF AGENDA: Approved with the following changes:
  - a. For Item “Strategic Planning”, under February, currently says “Choose who will be in each group”, but this will not be focus groups, only a survey.
    - i. SG/PRC will be a part of the process to pick who will participate in the surveys, will not go to everyone, however. It will possibly be limited to the Leadership Team Strengths, Weaknesses, Opportunity, Threats (SWOT)
  
- 3) APPROVE MINUTES FROM 1/12/2022 MEETING: Adjustments were made as follows:
  - a. Under the area “Strategic Timeline” (under SWOT Analysis Steps), delete the 2<sup>nd</sup> and 3<sup>rd</sup> bullets, as there will not be any focus groups.
  - b. Under same area, make changes to read as follows:
    - i. The following is the timeline discussed:
      1. February ~ Draft Survey
      2. March ~ Approve survey; send out
      3. April ~ Gather and review findings
      4. May ~ Develop Goals and Objectives
      5. June ~ Draft Strategic Plan for the Board
  - c. (Chetney/Stewart) ~ Motion carried with amendments.
  
- 4) PUBLIC INPUT: ~ NONE

5) STRATEGIC PLANNING:

- a. Was discussed above during review of agenda, so was not discussed again here.

6) BOARD COMPOSITION:

- a. Board Interest - M. Nelson ~ She is interested in joining, will discuss our feelings on interviewing or not. When we have interview, it will be a closed channel.

7) BOARD INTERVIEW:

- a. E. Hernandez

***Meeting adjourned: 6:30p, as staff exited and did not participate in the interview process.***

# SAN GABRIEL/POMONA REGIONAL CENTER

February 16, 2022

TO: Penelope Fode, 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

## Embracing Our Shared Gift of Cultural Diversity

### *Black History Month*

San Gabriel/Pomona Regional Center (SG/PRC) welcomes February as Black History Month creating awareness for African Americans' achievements and contributions to U.S. history. Black History Month was created in 1926, by Carter G. Woodson (Harvard PhD.) and February was chosen to coincide with the birthdays of Frederick Douglass and Abraham Lincoln.

Among the prominent figures are Madam C.J. Walker, who was the first U.S. female to become a self-made millionaire; George Washington Carver, who derived nearly 300 products from the peanut; and Rosa Parks, who sparked the Montgomery Bus Boycott and galvanized the civil rights movement.

Shirley Chisholm, who was the first African American female elected to the U.S. House of Representatives. Dr. Martin Luther King Jr., the leader of the U.S. Civil Rights Movement. President Barack Obama, the first non-white U.S. President of African and Caucasian heritage. Vice President Kamala Harris, the first female Vice President representing African and (Asian) cultures.

### *Lunar New Year*

SG/PRC welcomes Lunar New Year on February 1, 2022. The Lunar Year is 354 days, 8 hours, 48 minutes and 34 seconds and is based on monthly cycles of the moon. A big family reunion dinner is held on Lunar New Year's Eve, which was January 31st, 2022. Lunar New Year 2022 is the Year of the "Water Tiger." The Tiger ...Yin is paired with the heavenly Stem "Ren"...water.

The 12-year Chinese zodiac calendar is represented by 12 different animals, 10 heavenly stems, and 12 earthly branches. The Chinese New Year is celebrated in other Asian Countries, including Vietnam and South Korea. In ancient Chinese Society it was the only day girls could go out to meet boys. Lunar Year festivities can continue up to 15 days.

### SG/PRC's Critical Business Functions

Effective December 29, 2021 our remote workforce, nearly all SG/PRC staff are working flexible remote schedules of 1 day working in the office. The exception are staff within our critical workforce, including our fiscal, human resources, intake/eligibility, administrative and information technology teams working at least 3 days in the office.

All staff continue to test weekly in the SG/PRC COVID-19 testing clinic receiving both the rapid BinaxNow antigen test, and PCR test consecutively. Unvaccinated staff, are required to test more frequently. As many of you are aware, during August 2021, all SG/PRC staff are required to disclose their vaccination status when engaged in business activities, upon entering homes of individuals served, residential facilities, skill nursing facilities, supported living arrangements, day programs, schools, jails, and homeless shelters through relying on our electronic confirmation system, verified through our Human Resources team.

The SG/PRC office has remained open throughout the COVID-19 pandemic. Visitors and staff are required to wear a surgical grade face mask and pass a contactless temperature screening device. Our Porter cleans and sanitizes our business office daily, supported by other internal health and safety protocols. We are very proud of our distinction of being the **only regional center throughout the pandemic** that has continued to provide in-person intake/eligibility assessments and early intervention clinics.

With regard to Individual Program Plan and Individual Family Service Plan meetings, SG/PRC Service Coordinators are conducting these meetings in-person at the discretion of the individual served, legal guardian or conservator, while practicing health care guidance in wearing surgical grade masks, and staying within prescribed boundaries for physical distancing.

Every business day we see children and their parents or guardians spending time with us, waiting in our lobby, and thereafter receiving diagnostic counselling, assessments, and intake services. These images illustrate the mission of SG/PRC actively meeting the needs of its community.

We are getting closer to opening the SG/PRC redesigned lobby as a welcoming environment for individuals served and their families. Our shared vision is that every person that enters the SG/PRC lobby experiences a sense of comfort conveying that SG/PRC is here to serve and take care of their needs.

### Intake/Eligibility Data Ending December 31, 2021

#### Early Intervention/Intake

1216 New Referrals  
1239 Eligibility Reviews  
1167 Children Found Eligible  
37 Reactivations  
7 Transfer in

#### Lanterman/Intake

254 New Referrals  
314 Eligibility Reviews  
208 Found Eligible  
419 Exiting EI (Eligibility Reviews)  
214 Eligible (/EI transitions)  
45 Provisional Eligible  
96 Reactivations  
40 Transfer in

(See Attachment A)

### SG/PRC COVID-19 Data

Los Angeles County COVID-19 positivity rate 7-day average reported as of my last report was 19.2% percent, and now the positivity rate is 5.5% on February 11, 2022, according to Los Angeles County Department of Public Health. A decline of nearly 75%. This report is encouraging. However, we need to continue to follow public health authority guidance. Our shared efforts created the remarkable downward trend (See Attachment B).

### COVID-19 Vaccine Data

As required by the Department of Developmental Services (DDS) Directive, SG/PRC is collecting COVID-19 vaccine data for individuals served. We are collecting the vaccine brand, whether the individual served is fully vaccinated, and whether the individual served demonstrated their choice to decline COVID-19 vaccines. SG/PRC's vaccine data collection efforts remain at **the top of the list** of regional centers according to DDS Data at [www.dds.ca.gov](http://www.dds.ca.gov) under [COVID-19 data](#) updated on February 4, 2022.

### Healthcare Worker Booster Vaccine Mandate

On January 25, 2022, the California Department of Public Health extended the deadline for Healthcare workers to receive a COVID-19 vaccine booster. The prior deadline was February 1, 2022. The new deadline is March 1, 2022. All SG/PRC employees are designated as Healthcare workers. Approximately 84% percent of SG/PRC employees have received a COVID-19 vaccine booster (See Attachment C).

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

Our SG/PRC testing Clinic is open Monday, Tuesday, Wednesday, and Thursdays for individuals served and their families, service provider staff and their families, and SG/PRC staff and their families. The clinic is held at the SG/PRC office from 9 a.m. to 11:30 a.m. Effective November 29, 2021, we have begun offering BinaxNow Covid-19 Antigen test, a rapid testing option as an additional layer of protection against the spread of COVID-19 and its known variants including Omicron. The accuracy rate for BinaxNow Covid-19 Antigen test for known positive cases is 84.6% and an average of 98.5% for known negative samples. The rapid test is now available for individuals served, their families members and service provider staff (See Attachment D).

### **Federal Government COVID-19 Test Kits**

Beginning January 15, 2022 every home in the United States is eligible to receive (4) COVID-19 test kits at no cost. You can order your free test kits at [COVIDtests.gov](https://www.covidtests.gov)-Free at-home COVID-19 tests.

### **Personal Protective Equipment**

SG/PRC has sufficient supplies of Personal Protective Equipment (PPE) for our service providers and individuals served and their families. SG/PRC has partnered with Parents' Place to distribute PPE. You can reach Parents' Place at (626) 919-1091. Jaime Anabalon, Quality Assurance Manager coordinates PPE distributions for service providers and can be reached at [PPE@sgprc.org](mailto:PPE@sgprc.org).

### **Spring Safari Virtual Dance Party**

SG/PRC is hosting a Spring Safari virtual dance party for individuals served at least 18 years in age. The dance party will be held on March 4, 2022 between 5:00 p.m. -7:00 p.m. SG/PRC has hosted a yearly internship program with Azusa Pacific University for over a decade. An annual dance party is a featured event of the internship program. Andria Stichter, intern with the support of SG/PRC's Client Advocate, Elisa Herzog and others are planning a fantastic event, including prizes for safari theme costumes, virtual backgrounds and trivia games (See Attachment E).

### **Collaborative Virtual Transition Fair**

On March 16, 2022, SG/PRC in partnership with local WorkAbility Programs are jointly hosting a transition service fair featuring live presentations from 10 a.m. until 12 p.m. and 1 p.m. until 3 p.m. We hear through the grapevine that this fair was a phenomenal success during the past year.

The transition services fair offers a unique opportunity to explore and learn about employment options, day programs, and educational options and other supports for young adults. If you are interested, please register for this event. We look forward to spending time with you while supporting your needs (See Attachment F).

### **Affordable Connectivity Program**

The Federal Communication Commission (FCC) has officially launched the Affordable Connectivity Program. Enrollment is now open for households with a least one qualifying household member under a list of criteria, including income at or below 200% of the federal poverty level, individuals approved to receive benefits under the free or reduced price lunch program, individuals that receive Pell Grant funding during the current year, individuals that participates in SNAP, Medicaid, Federal Public Housing Assistance, SSI, WIC, Lifeline or tribal specific programs. Benefits include a discount up to \$30 dollars a month for internet, and up to \$75 dollars monthly for internet for households within qualifying tribal lands. Also, eligible households can receive a one-time discount of up to \$100 dollars for the purchase of a laptop. Individuals can enroll at [www.acpbenefit.org](http://www.acpbenefit.org).

### **Social Security Offices are Reopening**

The nationwide network of Social Security Administration offices are on track to reopen 1,200 offices on March 30, 2022. The network of Social Security offices were closed for nearly two years extending back to the start of the pandemic.

### **National Council on Disability (NCD) Seeks Equitable Healthcare for People with Disabilities**

The National Council on Disability is an independent, nonpartisan federal agency charged with providing advice to the President, Congress and federal agencies on matters affecting the lives of people with disabilities. NCD has a statutory mandate to review and evaluate on a continuing basis policies, programs, practices and procedures concerning individuals with disabilities assisted from federal departments and agencies... including access to healthcare.

The NCD has authored a letter sent to the National Institute on Minority Health and Health Disparities and the Director of the Agency for Healthcare Research and Quality (AHRQ), seeking the designation of people with disabilities as a "health disparity population."

The NCD in its letter dated December 7, 2021 cited a mountain of empirical evidence demonstrating struggles that persons with disabilities face in front of access to basic healthcare. The intent of the designation is to include the population of people with disabilities within federally funded research designed to identify factors preventing access to equitable healthcare for underserved and marginalized groups (See Attachment G).

### **State Associations Oppose Electronic Visit Verification Proposed Legislation**

Electronic Visit Verification (EVV) is a program intended to ensure that home based services are delivered. In California, the EVV program was launched on January 1, 2022.

Service Providers can purchase and use their own system as long as it is conforming to program requirements or they can register to use the State of California's EVV system. Service Codes for purchase of services included in the EVV program are: Participant Directed Respite Services, In-Home Respite Services Agency, In-Home Respite Workers, Supported Living Services, Homemaker, Homemaker Services, and Personal Assistance. Proposed language in the 21<sup>st</sup> Century Cures 2.0 Act, defines EVV as a system where services are electronically verified "without the use of geographic tracking or biometrics."

The National Association for Medicaid Directors, ADvancing States, and The National Association of State Directors of Developmental Disabilities Services has joined in a letter to Representative Diana DeGette (D-CO) and Fred Upton (R-MI) opposing the definition of EVV restricting the use of GPS technology tracking features and biometrics. They are citing inefficiencies, due to the cost to modify current systems (disable GPS tracking) or abandon current systems to comply, while incurring statutory penalties and the challenge with meeting program requirements without the use of GPS technology (See Attachment H).

#### **Credit Union of Southern California Donation**

During January 2022, the Credit Union of Southern California donated \$7,500 in trust of the Richard D. Davis Foundation to purchase goods and services for individuals served and their families that cannot be funded through the regional center system. The Credit Union of Southern California's mission is "Building Better Lives", and ethos "People Helping People", is demonstrated through its generous gift. We admire the Credit Union of Southern California, and its investments intended to build better lives throughout communities that are served from SG/PRC (See Attachment I).

#### **SG/PRC's Budget Expenditures FY 21/22**

SG/PRC's Operations (OPS) allocation is \$35,207,155. An OPS allocation reserve is projected. SG/PRC's Purchase of Service (POS) allocation is \$318,032,645, with year-end expenditures and late billings projecting a POS allocation reserve.

#### **Department of Developmental Services (DDS) Policy, Guidance, Directives**

##### *Extension of Waivers, Modifications and Directives Due to COVID-19*

On January 21, 2022, DDS issued a Directive, with amendments and extensions to several COVID-19 Directives. Including: Health and Safety Wavier Exemptions, Day Program Attendance, In-Home Respite Worker/ First Aid and CPR training requirements, Residential Facility Payments-COVID-19 related absences, Extension of Early Start Services, Waiver of Half Day Billing, Waiver of Self-Determination Budgets Restrictions and Financial Management Services.



Also, DDS extended flexibility in the provision of services and supports delivered by service providers, (alternative locations) for service codes within the March 18, 2020 Directive (See Attachment J).

#### *Electronic Visit Verification / Live-In Caregiver Attestation*

On January 28, 2022 DDS issued a Directive informing us that Electronic Visit Verification does not apply to services delivered by live-in staff. The Directive defines a live-in paid staff as an individual who regularly remains in the home of the individual served at least 24 hours at a time. Service Providers that employ live-in staff are required to complete an attestation statement and retain the attestation document as a business record (See Attachment K).

#### **Electronic Visit Verification; Personal Care Service Provider Self-Registration**

On February 3, 2022 DDS issued a Directive informing service providers of their requirement to register and implement Electronic Visit Verification (EVV) beginning January 1, 2022. DDS is reminding service providers of their requirement to implement EVV, and that they are required to register before March 1, 2022. Service Providers with Personal Care Service Codes are required to participate in EVV. Those services include Participant-Directed Respite Agency-Family Member, In-Home Respite Service-Agency, In-Home Respite Worker, Supported Living Services, Homemaker, Homemaker Service, and Personal Assistance (See Attachment L).

#### **COVID-19 Update Regarding Masks and Visitation Policies**

On February 8, 2022, DDS issued guidance anchored with the State Public Health Officer's Order regarding the implementation of new guidance related to mask wearing and visitation policies. Beginning February 16, 2022, masks are required for unvaccinated persons in indoor public settings and businesses.

Masks are required for everyone (limited exceptions) when using public transportation, in school or childcare, emergency shelters and cooling and heating centers, specified healthcare settings, state and local correctional facilities, homeless shelters, long-term care facilities, and adult and senior care facilities. Visitors of general acute care hospitals, skilled nursing facilities, intermediate care facilities, and adult and senior care facilities licensed by the California Department of Social Services must verify vaccination status. For the purposes of this Directive, fully vaccinated is two weeks after receiving the second vaccine dose or after receiving one dose of the Johnson & Johnson vaccine (See Attachment M).

### **SG/PRC Receives DDS Approval for Staffing Shortage Registry**

On February 10, 2022, DDS approved SG/PRC's request to waive existing laws to provide supervision and direct care for individuals served, when staffing shortages exist in residential and independent living settings.

The Directive provides details regarding rate negotiation, administrative expenses, and offsets in ordinary labor cost at the minimum wage funded within the existing rate model. We are very pleased that we have this service delivery option to protect the health and safety of individuals served when staffing shortages occur (See Attachment N).

### **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 400,000 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.

### **California Bills with Operational Impacts 2021**

ARCA conducted an analysis of Bills passed during the 2021 Legislative session and created an outline of Bills that regional centers should have on their radar screen that might have operational impacts. The most noteworthy, is effective January 1, 2022, the minimum wage in California shall increase to \$15 hourly for employers with 26 or more employees and \$14 hourly for employers with 25 or fewer employees

There is new law that cuts off the reach of non-disclosure agreements created during employment as a device to settle or litigate cases involving harassment, discrimination or related retaliation. Also, another important new law, allows businesses to exclude from their state taxable revenue any grants issued related to Coronavirus Aid, Relief, and Economic Security Act (CARES Act), or the Consolidated Appropriations Act of 2021 (See Attachment O).

### **ARCA's Comments/Proposals in Response to the Governor's 2022-23 Proposed Budget**

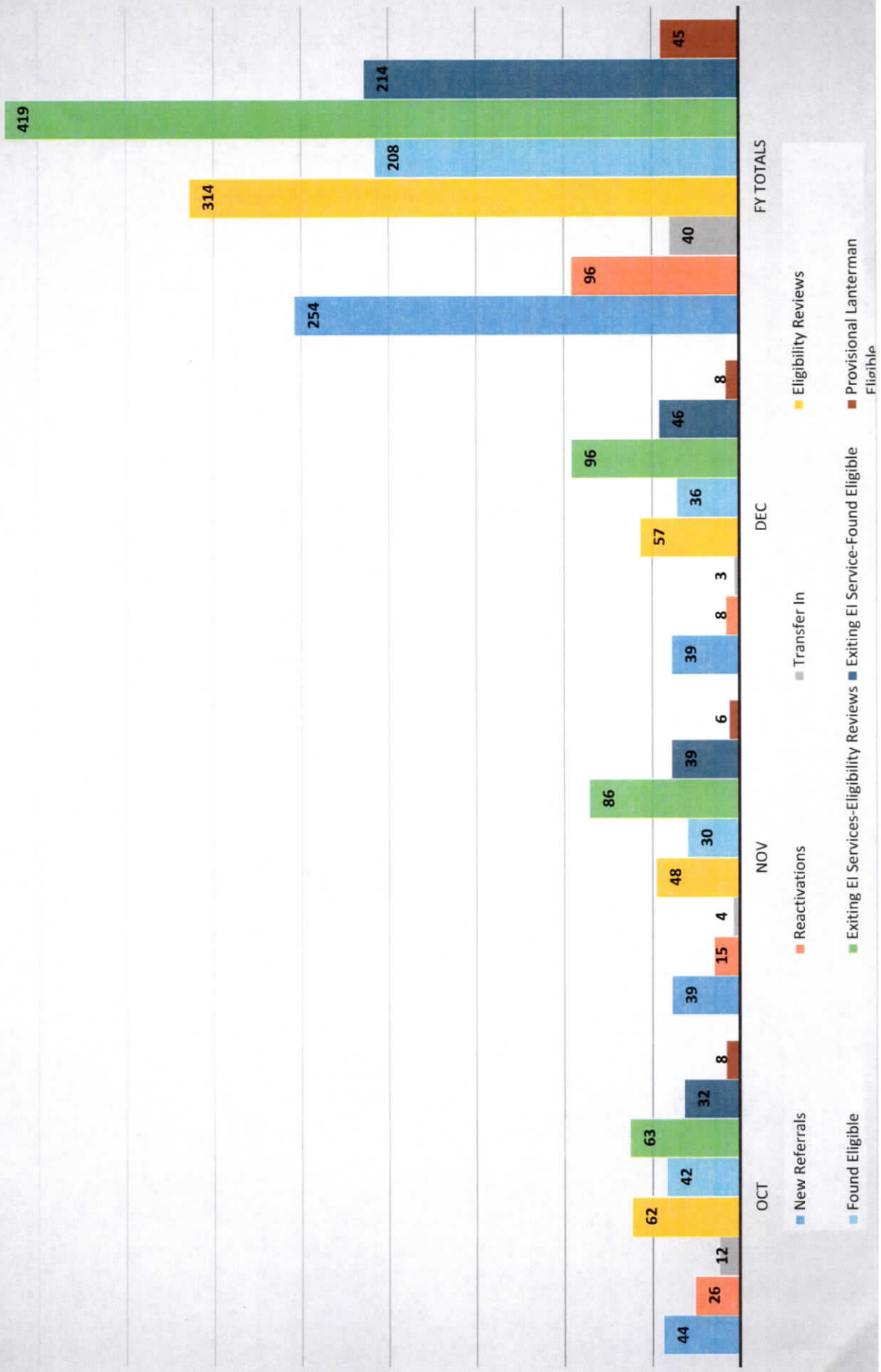
On February 1, 2022, ARCA issued a written response to Governor Newsom's proposed budget for Fiscal Year 2022-23. ARCA complimented the Governor's budget proposal recognizing Service Coordination as a critical direct service through funding for lower caseload ratios; 1 Service Coordinator for every 40 individuals served with no or low purchase of services, and for children ages zero to five. Further, ARCA supports investments of \$87.5M with a priority to reduce caseload ratios within regional centers.

ARCA comments that if the Governor's budget proposal remains unmodified, erosion of recent investments in caseload ratio funding will occur. It will be usurped through an outdated "Core Staffing Formula" that substantially underfunds regional center operations.

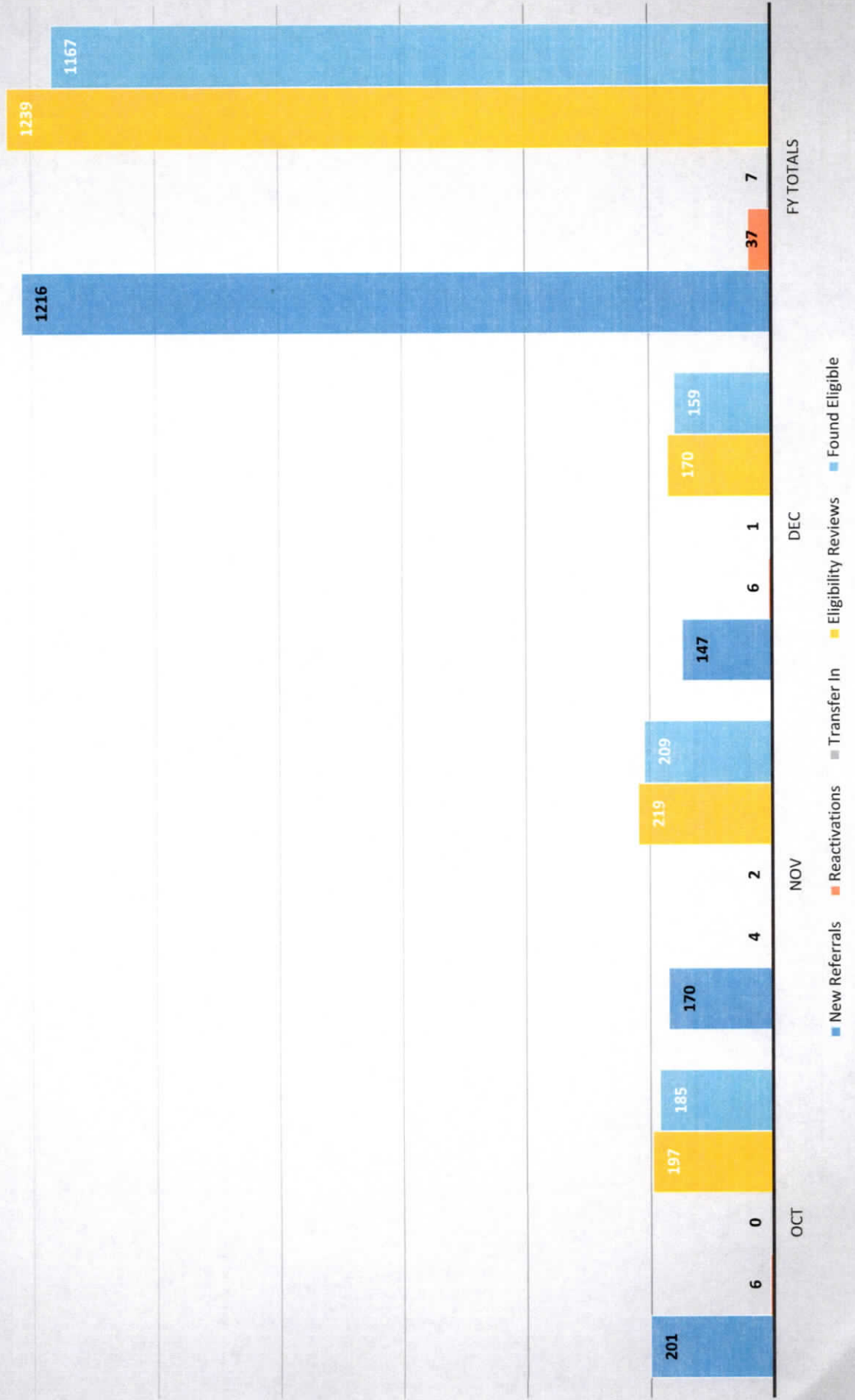
ARCA informs lawmakers that the Core Staffing Formula has underfunded regional centers for decades and if it remains unchanged, instability of regional centers' workforce will block the path in front of meeting the needs of over 400,000 people with developmental disabilities served. Fully funding regional center operations will avoid disruptions and delays in the provision of critical services that ameliorate developmental delays and developmental disabilities of individuals served.

Likewise, ARCA joins the Lanterman Coalition's request that the Governor's proposed budget, includes accelerated implementation of the service provider rate model protecting workforce stability within the community based service delivery infrastructure, and increasing access to services through expanding capacity to meet the needs of individuals currently receiving regional center services, and those individuals that will enter the regional center system of care in the future. Also, if the current timing for rate reform remains unchanged, the impact of COVID-19 on the lives of individuals with developmental disabilities will be intensified (See Attachment P).

## Lanterman Intake Referrals & Eligibility Reviews Second Quarter-FY 2021-2022



## Early Start Referrals & Eligibility Reviews Second Quarter-FY 2021-2022

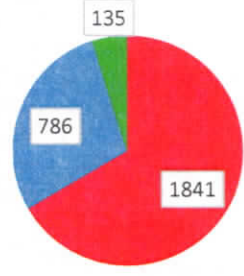


**San Gabriel Pomona Regional Center COVID-19 Report Week of 2/14/2022**

**California COVID-19 Data** Total Cases: 8,204,171 Positivity: 8.3% (Was 12.7%) Hospitalizations: 8,388 Deaths: 81,437

**SGPRC Total Covid-19 Cases 2020/2022**

**Living Situation**  
 Family: 771  
 Res. Facility: 485  
 ICF: 312  
 SNF: 42  
 ILS/SLS: 100  
 Other: 29

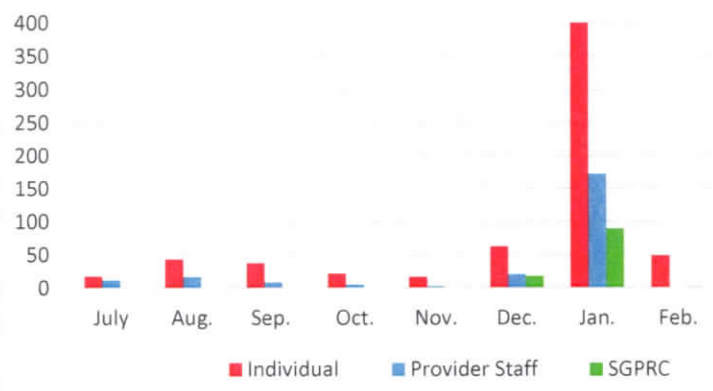


**Age Range**  
 0-17: 327  
 18-40: 601  
 41-64: 516  
 65+: 273

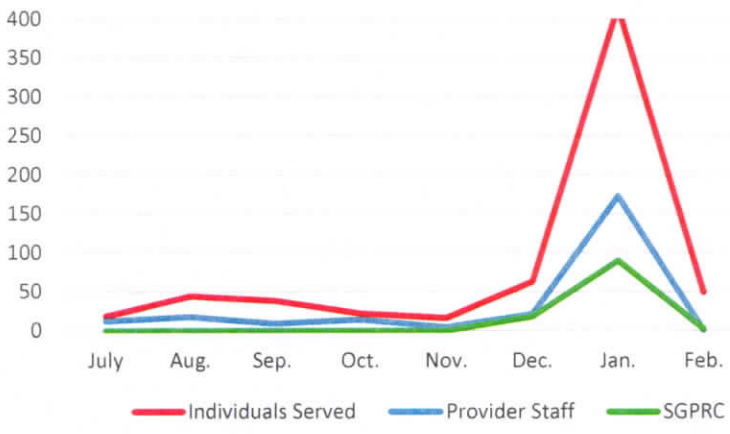
■ Individuals Served ■ Provider Staff ■ SGPRC

**2 Week Total: 49**

**SGPRC Positive Covid-19 Cases 2021/2022**



**SGPRC Positive Covid-19 Cases 2021/2022**



**Covid-19 Deaths of Individuals Served 2022**

January	2
February	2
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
January	
<b>TOTAL</b>	<b>75</b>

**LA County Public Health Data**

Total Positive Cases	2,761,870 (5,028 daily) (was 11,308)
Current Hospitalizations	2,086 (Was 2,841)
Total Deaths	29,902
Positivity Rate	3.9% (Was 6.5%)
Testing	163,466 Daily (was 184 K+)
<b>SG/PRC SERVICE AREA HOTSPOTS / TOTAL CASES</b>	
Pomona	50,131
El Monte	32,086
West Covina	28,513
Baldwin Park	22,407

**Covid-19 Vaccine Data**

<b>LOS ANGELES COUNTY</b>	
Doses Administered	17,570,176
Fully Vaccinated (Ages 12+)	78%
Fully Vaccinated (Ages 5-11)	25%
Seniors (65+) Fully Vaccinated	90%
Booster	33%
<b>CALIFORNIA</b>	
Doses Administered	70,537,667
Fully Vaccinated (Ages 5+)	73.7%
Partially Vaccinated	8.8%
Booster (11.6 million Doses)	55.4%



State of California—Health and Human  
Services Agency  
**California Department of  
Public Health**



January 25, 2022

**TO:** All Californians

**SUBJECT:** Health Care Worker Vaccine Requirement

**Related Materials:** Health Care Worker Vaccine Requirement Q&A | All Facilities Letter 21-30.1 | All Facilities Letter 21-29.1 | All Facilities Letter 21-34.1 | All Facilities Letter 21-27 | All Facilities Letter 21-28

**Updates as of January 25, 2022:**

- Extended the deadline for healthcare workers to acquire their booster dose from February 1, 2022, to March 1, 2022.

**State Public Health Officer Order of December 22, 2021**

Since Thanksgiving, the statewide seven-day average case rate has increased by 34% and hospitalizations have increased by 17%. In addition, the recent emergence of the Omicron variant (it is estimated that approximately 70% of cases sequenced, nationally, are Omicron and rapid increases are occurring globally) further emphasizes the importance of vaccination, boosters, and prevention efforts, including testing, are needed to continue protecting against COVID-19.

Early data also suggest the increased transmissibility of the Omicron variant is two to four times as infectious as the Delta variant, and there is evidence of immune evasion. Recent evidence also shows that among healthcare workers, vaccine effectiveness against COVID-19 infection is also decreasing over time without boosters. Consequently, current vaccine requirements of staff in health care settings are not proving sufficient to prevent transmission of the more transmissible Omicron variant. Boosters have been available in California since September 2021.

Although COVID-19 vaccination remains effective in preventing severe disease, recent data suggest vaccination becomes less effective over time at preventing infection or milder illness with symptoms, especially in people aged 65 years and older.

Based on the emergence of Omicron, additional statewide facility-directed measures are necessary to ensure we maintain adequate staffing levels within our healthcare delivery system. Additionally, given the current hospital census, even a moderate surge in cases and hospitalizations could materially impact California's health care

delivery system within certain regions of the state. Accordingly, amendments to the original State Public Health Officer Order of August 5, 2021, to make boosters mandatory and to require additional testing of workers eligible for boosters who are not yet boosted, are necessary at this critical time.

## **Introduction from Original State Public Health Officer Order of August 5, 2021**

The COVID-19 pandemic remains a significant challenge in California. COVID-19 vaccines are effective in reducing infection and serious disease. At present, 63% of Californians 12 years of age and older are fully vaccinated with an additional 10% partially vaccinated. California is currently experiencing the fastest increase in COVID-19 cases during the entire pandemic with 18.3 new cases per 100,000 people per day, with case rates increasing ninefold within two months. The Delta variant is highly transmissible and may cause more severe illness. In fact, recent data suggests that viral load is roughly 1,000 times higher in people infected with the Delta variant than those infected with the original coronavirus strain, according to a recent study. The Delta variant is currently the most common variant causing new infections in California.

Unvaccinated persons are more likely to get infected and spread the virus, which is transmitted through the air. Most current hospitalizations and deaths are among unvaccinated persons. Thanks to vaccinations and to measures taken since March 2020, California's health care system is currently able to address the increase in cases and hospitalizations. However, additional statewide facility-directed measures are necessary to protect particularly vulnerable populations, and ensure a sufficient, consistent supply of workers in high-risk health care settings.

Hospitals, skilled nursing facilities (SNFs), and the other health care facility types identified in this order are particularly high-risk settings where COVID-19 outbreaks can have severe consequences for vulnerable populations including hospitalization, severe illness, and death. Further, the settings in this order share several features. There is frequent exposure to staff and highly vulnerable patients, including elderly, chronically ill, critically ill, medically fragile, and disabled patients. In many of these settings, the patients are at high risk of severe COVID-19 disease due to underlying health conditions, advanced age, or both.

Vaccinations have been available in California from December 2020 to the present, and from January 1, 2021, to July 12, 2021, a total of 9,371 confirmed COVID-19 outbreaks and 113,196 outbreak-related cases were reported to CDPH. Increasing numbers of health care workers are among the new positive cases, despite vaccinations being prioritized for this group when vaccines initially became available. Recent outbreaks in health care settings have frequently been traced to unvaccinated staff members.

Vaccination against COVID-19 is the most effective means of preventing infection with the COVID-19 virus, and subsequent transmission and outbreaks. As we respond to the dramatic increase in cases, all health care workers must be vaccinated to reduce the chance of transmission to vulnerable populations.

For these reasons, COVID-19 remains a concern to public health and, in order to prevent its further spread in hospitals, SNFs, and other health care settings, new public health requirements are necessary at this time.

### **NOW, THEREFORE, I, as State Public Health Officer of the State of California, order:**

1. All workers who provide services or work in facilities described in subdivision (a) have their first dose of a one-dose regimen or their second dose of a two-dose regimen by September 30, 2021:

a. Health Care Facilities:



- i. General Acute Care Hospitals
- ii. Skilled Nursing Facilities (including Subacute Facilities)
- iii. Intermediate Care Facilities
- iv. Acute Psychiatric Hospitals
- v. Adult Day Health Care Centers
- vi. Program of All-Inclusive Care for the Elderly (PACE) and PACE Centers
- vii. Ambulatory Surgery Centers
- viii. Chemical Dependency Recovery Hospitals
- ix. Clinics & Doctor Offices (including behavioral health, surgical)
- x. Congregate Living Health Facilities
- xi. Dialysis Centers
- xii. Hospice Facilities
- xiii. Pediatric Day Health and Respite Care Facilities
- xiv. Residential Substance Use Treatment and Mental Health Treatment Facilities

b. Two-dose vaccines include: Pfizer-BioNTech or Moderna or vaccines authorized by the World Health Organization. The one-dose vaccine is: Johnson and Johnson [J&J]/Janssen. All COVID-19 vaccines that are currently authorized for emergency use can be found at the following links:

- i. By the US Food and Drug Administration (FDA), are listed at the FDA COVID-19 Vaccines webpage.
- ii. By the World Health Organization (WHO), are listed at the WHO COVID-19 Vaccines webpage.

c. "Worker" refers to all paid and unpaid individuals who work in indoor settings where (1) care is provided to patients, or (2) patients have access for any purpose. This includes workers serving in health care or other health care settings who have the potential for direct or indirect exposure to patients or SARS-CoV-2 airborne aerosols. Workers include, but are not limited to, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the health care facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the health care setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).

2. All workers currently eligible for boosters, who provide services or work in facilities described in subdivision 1(a) must be "fully vaccinated and boosted" for COVID-19 receiving all recommended doses of the primary series of vaccines and a vaccine booster dose pursuant to Table A below.

**Table A:**

**California Immunization Requirements for Covered Workers**

--

COVID-19 Vaccine	Primary vaccination series	When to get the vaccine booster dose	Which vaccine booster dose to receive
Moderna or Pfizer-BioNTech	1st and 2nd doses	Booster dose 6 mos after 2nd dose	Any of the COVID-19 vaccines authorized in the United States may be used for the booster dose, but either Moderna or Pfizer-BioNTech are preferred.
Johnson and Johnson [J&J]/Janssen	1st dose	Booster dose 2 mos after 1st dose	Any of the COVID-19 vaccines authorized in the United States may be used for the booster dose, but either Moderna or Pfizer-BioNTech are preferred.
World Health Organization (WHO) emergency use listing COVID-19 vaccine	All recommended doses	Booster dose 6 mos after getting all recommended doses	Single booster dose of Pfizer-BioNTech COVID-19 vaccine
A mix and match series composed of any combination of FDA-approved, FDA-authorized, or WHO-EUL COVID-19 vaccines	All recommended doses	Booster dose 6 mos after getting all recommended doses	Single booster dose of Pfizer-BioNTech COVID-19 vaccine

a. Those workers currently eligible for booster doses per the Table above must receive their booster dose by no later than March 1, 2022 [1]. Workers not yet eligible for boosters must be in compliance no later than 15 days after the recommended timeframe above for receiving the booster dose.

3. Workers may be exempt from the vaccination requirements under sections (1) and (2) only upon providing the operator of the facility a declination form, signed by the individual, stating either of the following: (1) the worker is declining vaccination based on Religious Beliefs, or (2) the worker is excused from receiving any COVID-19 vaccine due to Qualifying Medical Reasons.

a. To be eligible for a Qualified Medical Reasons exemption the worker must also provide to their employer a written statement signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician stating that the individual qualifies for the exemption (but the statement should not describe the underlying medical condition or disability) and indicating the probable duration of the worker's inability to receive the vaccine (or if the duration is unknown or permanent, so indicate).

4. If an operator of a facility listed above under section (1) deems a worker to have met the requirements of an exemption pursuant to section (3) OR deems a booster-eligible worker to have not yet received their booster dose pursuant to section (2), the worker must meet the following requirements when entering or working in such facility:

- a. Test for COVID-19 with either PCR or antigen test that either has Emergency Use Authorization by the U.S. Food and Drug Administration or be operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services. Testing must occur at least twice weekly for unvaccinated exempt workers and booster-eligible workers who have not yet received their booster in acute health care and long-term care settings, and at least once weekly for such workers in other health care settings. Facilities must begin testing of all booster-eligible workers who have not yet received their booster by December 27, 2021. CDPH strongly recommends that all workers in Skilled Nursing Facilities (including those that are fully vaccinated and boosted) undergo at least twice weekly screening testing.
  - b. Wear a surgical mask or higher-level respirator approved by the National Institute of Occupational Safety and Health (NIOSH), such as an N95 filtering facepiece respirator, at all times while in the facility.
5. Consistent with applicable privacy laws and regulations, the operator of the facility must maintain records of workers' vaccination or exemption status. If the worker is exempt pursuant to section (3), the operator of the facility then also must maintain records of the worker's testing results pursuant to section (4).
- a. The facility must provide such records to the local or state Public Health Officer or their designee promptly upon request, and in any event no later than the next business day after receiving the request.
  - b. Operators of the facilities subject to the requirement under section (1) must maintain records pursuant to the CDPH Guidance for Vaccine Records Guidelines & Standards with the following information: (1) full name and date of birth; (2) vaccine manufacturer; and (3) date of vaccine administration (for first dose and, if applicable, second dose).
  - c. For unvaccinated workers: signed declination forms with written health care provider's statement where applicable, as described in section (2) above.
  - d. Testing records pursuant to section (4) must be maintained.
6. Nothing in this Order limits otherwise applicable requirements related to Personal Protective Equipment, personnel training, and infection control policies and practices.
7. Facilities covered by this Order are encouraged to provide onsite vaccinations, easy access to nearby vaccinations, use of work time to get vaccinated, and education and outreach on vaccinations, including:
- a. access to epidemiologists, physicians, and other counselors who can answer questions or concerns related to vaccinations and provide culturally sensitive advice; and
  - b. access to online resources providing up to date information on COVID-19 science and research.
8. The July 26 Public Health Order will continue to apply.
9. This Order shall take effect on December 22, 2021, and facilities must be in compliance with the Order by February 1, 2022, with the exception of the deadlines set forth in section 2.a, which facilities must comply with as written.

10. The terms of this Order supersede the August 5, 2021 State Health Officer Health Care Worker Vaccine Requirement Order.

11. This Order is issued pursuant to Health and Safety Code sections 120125, 120140, 120175, 120195 and 131080 and other applicable law.

Tomás J. Aragón, MD, DrPH

Director and State Public Health Officer

California Department of Public Health

[1] On January 25, 2022, this deadline for booster doses was updated from February 1, 2022, to March 1, 2022. This change was necessary because of challenges caused by the Omicron surge that made it difficult for some to obtain their booster doses by the initial deadline. For instance, impacted persons were unable to get boosted while ill. Further, there are critical staffing shortages in some areas and additional flexibility is needed due to the fact that boosting can cause missed time from work due to side effects related to receiving booster doses.

California Department of Public Health  
PO Box, 997377, MS 0500, Sacramento, CA 95899-7377  
Department Website (cdph.ca.gov)





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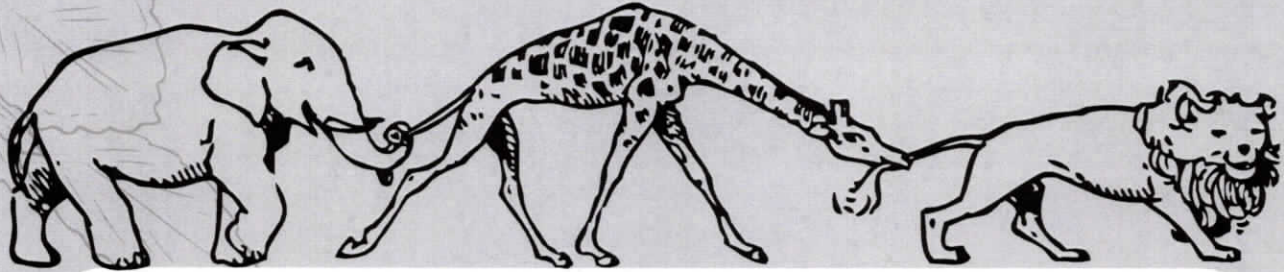
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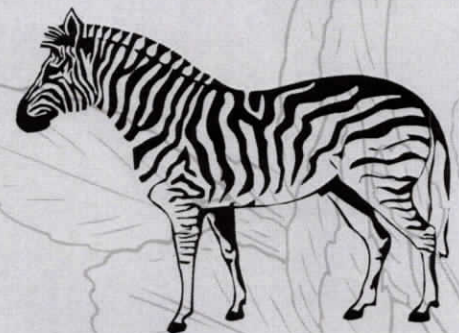
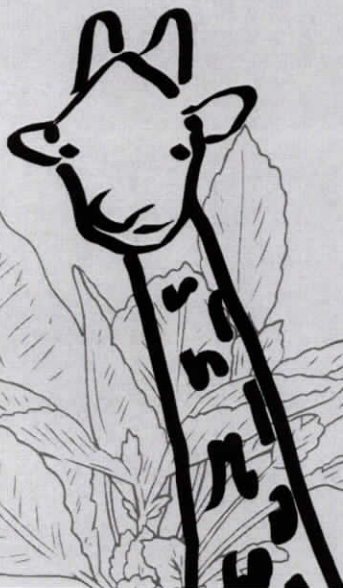
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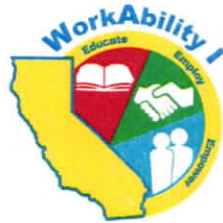
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# National Council on Disability

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## NCD Letter to NIMHD, AHRQ regarding health disparity population designation for people with disabilities

December 7, 2021

Eliseo J. Pérez-Stable, M.D., Director  
 National Institute on Minority Health and Health Disparities  
 National Institutes of Health  
 6707 Democracy Boulevard, Suite 800  
 Bethesda, MD 20892-5465

David Meyers, M.D., Director  
 Agency for Healthcare Research and Quality  
 5600 Fishers Lane  
 Rockville, MD 20857

RE: Meeting Request - Designation of People with Disabilities as a Health Disparity Population

Dear Dr. Perez-Stable and Dr. Meyers :

The National Council on Disability (NCD) is an independent, nonpartisan federal agency charged with providing advice to the President, Congress and federal agencies on matters affecting the lives of people with disabilities. As part of our statutory mandate, NCD is required to “review and evaluate on a continuing basis - policies, programs, practices, and procedures concerning individuals with disabilities conducted or assisted by Federal departments and agencies...in order to assess the effectiveness of such policies, programs, practices, procedures...in meeting the needs of individuals with disabilities.”<sup>[1]</sup> More specifically, NCD must “review and evaluate on a continuing basis new and emerging disability policy issues affecting individuals with disabilities at the Federal, State, and local levels,...including access to health care.”<sup>[2]</sup>

I write on behalf of NCD to provide you with information in support of the designation of people with disabilities as a “health disparity population” as the National Institute on Minority Health and Health Disparities (the Institute) is authorized to do under 42 U.S.C. Section 285t(d)(1), which provides:

A population is a health disparity population if, as determined by the Director of the Institute after consultation with the Director of the Agency for Healthcare Research and Quality, there is a significant disparity in the

overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates in the population as compared to the health status of the general population.

While the Institute is required to give “priority consideration to determining whether minority groups qualify as health disparity populations,”<sup>[3]</sup> the designation is available to any population determined to have significant health disparities.<sup>[4]</sup>

This designation is necessary and appropriate to improve both research and equitable healthcare for people with disabilities. It would also further the goal of Executive Order 13985, which requires the Federal government to address barriers to equity for underserved and marginalized groups, including people with disabilities.<sup>[5]</sup>

### Background and Supporting Information

For a number of years, NCD has embarked on an appraisal of healthcare access, treatment, and outcomes for patients with disabilities. In 2009, NCD’s comprehensive report, *The Current State of Health Care for People with Disabilities*, concluded that the then 54 million people in the U.S. with disabilities experienced both health disparities and specific problems in gaining access to appropriate healthcare.<sup>[6]</sup> NCD found that people with disabilities tended to be in poorer health and used health care at a significantly higher rate than people who did not have disabilities. They also experienced a higher prevalence of secondary conditions and used preventive health services, such as disease screenings, at a lower rate than their non-disabled peers. They were also affected disproportionately by barriers to receiving appropriate healthcare. These barriers included healthcare provider stereotypes about disability, lack of appropriate provider training, lack of accessible medical facilities and accessible examination equipment, such as exam tables and weight scales, and a lack of sign language interpreters and individualized accommodations.

NCD also found that:

- Dissonance was evident in the research goals and objectives of key agencies of the Department of Health and Human Services (HHS) and the National Institutes of Health (NIH) between the longstanding public health goal of eliminating disability and disease and the emerging view fostered by the U.S. Surgeon General's report "Call to Action To Improve the Health and Wellness of Persons with Disabilities" and Focus Area 6 in "Healthy People 2010," which for the first time in public health parlance, defined disability as a demographic characteristic.
- Much of the Federal research effort remained focused on disability and disease prevention rather than on improving access to, and quality of, health care for people with disabilities, reducing their incidence of secondary health problems, and promoting healthy living.
- People with disabilities experienced significant health disparities compared with people who did not have disabilities, yet they were not included in major Federal health disparities research, as mandated by the Minority Health and Health Disparities Research and Education Act of 2000 and undertaken by the National Center on Minority Health and Health Disparities (now the Institute) and other centers and institutes of NIH.

Unlike the limited literature available documenting the health disparities affecting persons with disabilities when NCD published this report in 2009, there is now a well-developed body of studies and reports that document the continuing prevalence of health disparities between the now over 64 million people with disabilities and their nondisabled counterparts. For example:

- A November 2020 paper published in the *Journal of General Internal Medicine*, *Perspectives of Patients with Pre-existing Mobility Disability and the Process of Diagnosing Their Cancer*, highlighted that cancer prevalence is higher among people with mobility disabilities – the most common disability among adult Americans – compared with the general population, and examined the role of inaccessible medical diagnostic equipment, attitudes of clinical staff about accommodating disability, providers’ dismissal of signs and symptoms as emotional responses to chronic health conditions, and misattribution of cancer signs and symptoms to underlying disability as significant contributors to the lower cancer screening rates among people with mobility disabilities.<sup>[7]</sup>

- A 2019 report published in *Inclusion*, a peer-reviewed journal of the American Association on Intellectual and Developmental Disabilities, finding that people with disabilities were more likely than their nondisabled counterparts to have diabetes (16.3% versus 7.2%); heart disease (11.5% versus 3.8%); and to be obese (30.2% versus 26.2%). It also found that as between persons with intellectual and developmental disabilities (IDD), including persons with autism spectrum disorder (ASD), and their counterparts with other disabilities, persons with persons with IDD and ASD were significantly more likely to report having additional co-occurring disabilities including mental illness (30.1% of those with IDD and or ASD); chronic illness (30%); neurological condition (22%); physical disability (11.9%); and sensory disability (5.9%).<sup>[8]</sup>
- A 2019 paper published in the American Journal of Public Health explored the effect of the Affordable Care Act (ACA) on disparities in access to health care based on disability status, as well as age, income, race, and ethnicity found that over the period when the ACA was implemented concluded that the ACA improved overall access to health care and reduced some disparities, but substantial disparities persist. Disability status remains associated with much greater risk of delayed or forgone care, and mental health disability is associated with greater likelihood of uninsurance.<sup>[9]</sup>
- An April 2018 paper published by the National Academies of Sciences, Engineering, Medicine, *Compounded Disparities: Health Equity at the Intersection of Disability, Race, and Ethnicity*, highlights that people with disabilities have much poorer preventable health outcomes. Specifically, obesity rates are 58% and 38% higher among adults and youth with disabilities than their nondisabled peers; the annual number of new cases of diabetes is almost three times as high among adults with disabilities relative to adults without disabilities (19.1 per 1,000 vs 6.8 per 1,000); disability status is a high risk factor for early onset cardiovascular disease (rates of 12% vs 3.4% among 18 to 44 year olds with and without disabilities); adults with disabilities are much more likely to experience cardiovascular disease during young adulthood as well as older years.<sup>[10]</sup>
- A 2017 study published in the Disability and Health Journal explored the disparity in maternity care access and quality experienced by women with disabilities from the healthcare practitioners' perspective.<sup>[11]</sup> The findings identified, clinical-practice limitations, like the absence of accessible office equipment, e.g., examination tables, among the barriers contributing to maternity care disparity.
- A 2017 study published in the Disability and Health Journal described healthcare utilization among wheelchair users and characterized barriers encountered when attempting to obtain access to health care.<sup>[12]</sup> 432 wheelchair users responded to the survey. Nearly all respondents (97.2%) had a primary care appointment within the past year and most encountered physical barriers when accessing care (73.8% primary, 68.5% specialty). Most participants remained clothed for their primary care evaluation (76.1%) and were examined seated in their wheelchair (69.7%).
- A 2015 study published in the Disability and Health Journal concluded that individuals with physical disabilities have 75%, 57%, and 85% higher odds of having unmet medical, dental, and prescription medication needs, respectively.<sup>[13]</sup> That study examined the effect of physical disability on access to care in a nationally representative sample of working-age adults with and without physical disabilities in the United States over a period of ten years (2002 - 2011). In all three areas, adults with physical disabilities were significantly more likely to report unmet access to care.
- A 2015 study published in the Disability and Health Journal concluded that significant disparities in health were found for adults with disabilities relative to adults without disabilities. Adults with disabilities are 12.7 times more likely to report poor overall health status compared to adults without disabilities.<sup>[14]</sup>
- In *Healthy People 2020*, which set decennial national health priorities for 2010 to 2020, the U.S. Department of Health and Human Services (HHS), Office of Disease Prevention and Health Promotion, documented that people with disabilities were more likely than those without disabilities to experience difficulties or delays in getting healthcare they needed, had not had a mammogram in the past 2 years, had not had a Pap test within the past 3 years, had not had an annual dental visit, had not engaged in fitness activities, used tobacco, were overweight or obese, had high blood pressure, and experienced symptoms of psychological distress.<sup>[15]</sup>
- According to the Centers for Disease Control and Prevention 2015 Key Findings, among other disparities in health risks and behaviors, adults with disabilities are 9.4% more likely to experience cardiovascular

- disease, are 10.4% more likely to be obese, and significantly more likely to smoke (10.8%) or have a sedentary lifestyle (22%) than adults without disabilities.[16]
- A 2014 study published in the *Disability and Health Journal*, revealed that pregnant women with chronic physical disabilities are 2.9 times more likely than other women to have hypertension; 6.6 times more likely to have coronary heart disease; 6.5 times more likely to have kidney and liver conditions; 5.1 times more likely to have chronic obstructive pulmonary disease; and 3.6 times more likely to have diabetes; among other higher health condition ratios.[17]
  - According to the *2013 National Healthcare Disparities Report* from the Agency for Healthcare Research and Quality, while more than 60% of quality indicators, such as measures of patient-centered care and access to care, had improved for people without any activity limitations (one measure of disability), only 20 to 35% had improved for people with such limitations.[18]
  - A September 2012 study in the *Global Journal of Health Science* that compared utilization of preventive services, chronic disease rates, and engagement in health risk behaviors of participants with differing severities of disabilities to those without disabilities, found that participants with disabilities had significantly higher odds ratios for all chronic diseases, for physical inactivity, obesity, and smoking. While they were significantly more likely to participate in some preventive services (flu/pneumonia vaccination, HIV test), they were significantly less likely to participate in other preventive services (mammogram, Pap test).[19]
  - An October 2011 study in the *Disability and Health Journal* comparing health disparities between persons in the U.S. with no disabilities and those with cognitive limitations and physical disabilities, revealed that individuals with physical disabilities or cognitive limitations had higher prevalence rates for 7 chronic diseases than those with no disability when adjusted for age. [20] Compared to adults without disability, those with physical disabilities and those with cognitive limitations experienced more cardiac disease, diabetes, stroke, arthritis and asthma, as well as higher blood pressure and cholesterol levels. The study also noted that persons with disabilities are far less likely to receive preventive screenings. [21]
  - A 2011 report by the Center for Disease Control and Prevention, finding that for U.S. adults with disabilities, smoking rates are 47% higher,[22] the prevalence of hypertension is 13% higher ]than for non-disabled adults, and people with disabilities of all ages have more than twice the incidence of diabetes. In addition, rates of cardiovascular disease - the leading cause of death in the U.S. - are three times higher among adults with disabilities.[23]
  - The Agency for Healthcare Research and Quality's 2009 & 2010 *National Healthcare Disparities Report* [24](which examined disparities in health and dental care for persons with disabilities, among other populations that experience disabilities).
  - A growing number of research publications (19 in total) documenting physical access barriers involving MDE, including reports concerning: individual patients; findings from focus groups, in-depth individual interviews, or surveys of relatively small numbers of patients or practitioners; and several larger studies. [25]

The mountain of empirical evidence gives voice to the continuous struggles that persons with disabilities are experiencing in receiving even basic healthcare and shows the significant health disparities between persons with disabilities and those without. It is a fact that if you are a person with a disability, and a person with a physical disability, you will likely not receive the same level of care as someone who is not disabled.

Finally, framed in the context of reducing healthcare disparities and achieving health equity for patients with disabilities, NCD's 2021 report, *Enforceable Accessible Medical Equipment Standards: A Necessary Means to Address the Health Care Needs of People with Mobility Disabilities*, [26] again reviews literature that acknowledges and confirms the statistically significant sub-optimal treatment of people with disabilities in the receipt of healthcare, and their poorer health outcomes from sources including the U.S. Surgeon General, the Center for Disease Control and Prevention, the National Institutes of Health, the National Academies of Science, Engineering and Medicine, and leading healthcare institutions and researchers, including AHRQ.

The report focuses on the widespread lack of accessible medical diagnostic equipment (accessible MDE) in healthcare settings that creates a physical access barrier to the receipt of healthcare for over 20 million

individuals with mobility limitations in the U.S. This number is expected to grow given population health trends, such as increasing rates of chronic medical conditions, obesity, and the aging population.

Among the findings highlighted in the report:

- Adults with mobility impairments are at higher risk of foregoing or delaying necessary healthcare and having unmet medical, dental, and prescription needs compared to adults without disabilities.
- Lack of timely access to primary and preventive care can result in the development of chronic and secondary conditions as well as the exacerbation of the original disabling condition itself, resulting in poorer health outcomes.
- The lack of accessible MDE remains widespread despite federal laws which require healthcare providers to ensure full and equal access to their healthcare services and facilities.
- Inaccessible MDE is a major barrier to receiving necessary healthcare, compromises quality of care, and has resulted in delayed care, incomplete care, and missed diagnoses, and perpetuates the significant health disparities of people with mobility impairments.
- Without widespread availability of height adjustable examination tables, accessible mammography equipment, accessible weight scales and lift equipment to facilitate transfers, among other accessible medical and diagnostic equipment, people with mobility impairments will remain less likely to receive recommended preventive healthcare services—like cervical cancer screening; colorectal cancer screening; obesity screening; and breast cancer screening.

Bolstering the research in this report is a recently released national survey that explores the extent to which physicians nationwide use accessible weight scales and exam tables when caring for patients with significant mobility limitations.<sup>[27]</sup> A survey was developed and administered to 714 physicians in family medicine, general internal medicine, rheumatology, neurology, ophthalmology, orthopedic surgery, and obstetrics-gynecology. The survey revealed that only 22.6% used accessible weight scales, and only 40.3% used accessible exam tables/chairs.<sup>[28]</sup>

Finally, NCD is currently finalizing a health equity framework developed with the assistance of a group of nationally recognized experts in disability and healthcare. Its four core tenets are: (1) the adoption and implementation of disability cultural competency curricula in all medical schools; (2) the adoption of the US Access Board's 2017 accessible medical diagnostic equipment standards into binding regulations; (3) enhanced and deliberate data collection regarding healthcare encounters by people with disabilities; and (4) the designation of all people with disabilities as a special medically underserved population. The Institute's designation of people with disabilities as a health disparities population will fulfill the fourth tenet.

Based on the overwhelming and compelling vast amount of research described above, it is both necessary and appropriate for the Institute to make this designation in order to improve research and equitable healthcare for people with disabilities. Furthermore, we reiterate that this would further the goal of Executive Order 13985, by addressing barriers to equity for underserved and marginalized groups, including people with disabilities.<sup>[29]</sup>

I would appreciate a meeting with you in the immediate future to discuss this letter. Ana Torres-Davis, NCD Senior Attorney Advisor, is available to assist your staff in arranging a meeting. Ms. Torres-Davis can be reached at [atorresdavis@ncd.gov](mailto:atorresdavis@ncd.gov).

Respectfully,

Andrés J. Gallegos  
Chairman

[1] 29 U.S.C. § 781(a)(5), (a)(6).

[2] 29 U.S.C. § 781(a)(10).

[3] 42 U.S.C. 285t(d)(2).

[4] There is no other limitation on the Institute's designation of a health disparities population in the statute. Indeed, Congress made clear that the purpose of the Institute "is the conduct and support of research, training, dissemination of information, and other programs with respect to minority health conditions and *other populations with health disparities*. (emphasis added). 42 U.S.C. 285t(a),

[5] Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government. January 20, 2021. <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/>

[6] <https://ncd.gov/publications/2009/Sept302009#Health%20and%20Health%20Disparities%20Research>

[7] Agaronnik, N.D., El-Jawahri, A. & Iezzoni, L.I. Perspectives of Patients with Pre-existing Mobility Disability on the Process of Diagnosing Their Cancer. *J GEN INTERN MED* 36, 1250–1257 (2021). <https://doi.org/10.1007/s11606-020-06327-7>

[8] Jean P. Hall, Noelle K. Kurth; A Comparison of Health Disparities Among Americans With Intellectual Disability and/or Autism Spectrum Disorder and Americans With Other Disabilities. *Inclusion* 1 September 2019; 7 (3): 160–168. doi: <https://doi.org/10.1352/2326-6988-7.3.160>

[9] H. Stephen Kaye, 2019: Disability-Related Disparities in Access to Health Care Before (2008–2010) and After (2015–2017) the Affordable Care Act. *American Journal of Public Health* 109, 1015 – 1021, <https://doi.org/10.2105/AJPH.2019.305056>

[10] Yee, Breslin, et al., *Compounded Disparities: Health Equity at the Intersection of Disability, Race, and Ethnicity*, National Academies of Sciences, Engineering, Medicine, published April 13, 2018. <http://nationalacademies.org/hmd/Activities/SelectPops/HealthDisparities/Commissioned-Papers/Compounded-Disparities.aspx>. Citing Centers for Disease Control and Prevention. *Disability and Obesity*. <http://www.cdc.gov/ncbddd/disabilityandhealth/obesity.html>. Accessed August 17, 2016; Krahn GL., et al., *Persons with disabilities as an unrecognized health disparity population*. *Am J Public Health*. 2015; 105:S198-206. doi:10.2105/AJPH.2014.302182.

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[15] Healthy People 2020: disability and health. Washington, DC: Office of Disease Prevention and Health Promotion (<http://www.healthypeople.gov/2020/topics-objectives/topic/disability-and-health>). It's important to note HHS has been attempting to address this identical problem for decades. In 2000 when it released its Healthy People 2010 from the U.S. Department of Health and Human Services, cautioned that "as a potentially underserved group, people with disabilities would be expected to experience disadvantages in health and well-

being compared with the general population." See HHS U.S. Healthy People 2010. Second Edition, Understanding and Improving Health and Objectives for Improving Health. Second Edition ed. Washington, D.C.: U.S. Government Printing Office; 2000.

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*physical disabilities: A qualitative inquiry.* Health Soc Care Community. 2006;14(4):284-293; Lishner DM, et al., *Access to primary health care among persons with disabilities in rural areas: A summary of the literature.* J Rural Health. 1996;12(1):45-5; Mele N, et al., *Access to breast cancer screening services for women with disabilities.* J Obstet Gynecol Neonatal Nurs. 2005;34(4):453-464; Morrison EH, et al., *Primary care for adults with physical disabilities: Perceptions from consumer and provider focus groups.* Fam Med. 2008;40(9):645-651; Scheer JM, et al., *Access barriers for persons with disabilities: The consumer's perspective.* J Disabil Policy Stud. 2003;14(4):221-230; Smeltzer SC, et al., *Perspectives of women with disabilities on reaching those who are hard to reach.* J Neurosci Nurs. 2007;39(3):163-171; Story MF, et al., *Perspectives of patients with disabilities on the accessibility of medical equipment: Examination tables, imaging equipment, medical chairs, and weight scales.* Disabil Health J. 2009;2(4):169-179.e1.; Bachman SS, et al., *Provider perceptions of their capacity to offer accessible health care for people with disabilities.* J Disabil Policy Stud. 2006;17(3):130-136; Centers for Disease Control and Prevention. *Environmental barriers to health care among persons with disabilities, Los Angeles county, California, 2002-2003.* Morbidity and Mortality Weekly Report. 2006;55(48):1300-1303; Mudrick N, et al., *Physical accessibility in primary health care settings: Results from California on-site reviews.* Disabil Health J. 2012;5(3):159-167; Lagu T, et al., *Access to subspecialty care for patients with mobility impairment: A survey.* Ann Intern Med. 2013;158(6):441-446; Iezzoni LI, Ngo LH, Li D, Roetzheim RG, Drews RE, McCarthy EP. *Early stage breast cancer treatments for younger Medicare beneficiaries with different disabilities.* Health Serv Res. 2008 Oct;43(5 Pt 1):1752-67. doi: 10.1111/j.1475-6773.2008.00853.x. Epub 2008 May 12. PMID: 18479411; PMCID: PMC2653883.

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[28] Id.

[29] Id. at footnote 5.

## NCD Policy Areas

CRPD

Civil Rights

Cultural Diversity

Education

Emergency Management

Employment

Financial Assistance & Incentives

Health Care

Housing



December 31, 2021

Representative Diana DeGette  
2111 Rayburn House Office Building  
Washington, DC 20515

Representative Fred Upton  
2183 Rayburn House Office Building  
Washington, DC 20515

Dear Representatives DeGette and Upton:

On behalf of the National Association of Medicaid Directors, the National Association of State Directors of Developmental Disabilities Services, and ADvancing States, we are writing you in response to the legislative text of the 21<sup>st</sup> Century Cures 2.0 Act. Our associations collectively represent the government agencies responsible for administering the publicly funded health care and long-term services and supports (LTSS) for older adults and people with disabilities in every state and territory.

Specifically, I am writing to express our concerns about the proposed electronic visit verification (EVV) policy contained within the language. This proposed legislation includes a provision in Sec. 409 that, "prohibits the use of geographic tracking features and biometrics within EVV systems." We discussed this provision with DeGette's office and confirmed that the bill intends to ban using global positioning services (GPS) functions within EVV systems. We strongly oppose this proposed modification and request that Congress instead rescind the EVV mandate entirely and leave the decision regarding implementation and system specifications to state agencies.

The legislative language would define EVV as a system where services are, "electronically verified (without the use of geographic tracking or biometrics)." As of December 2021, 40 states were in compliance with the original Cures Act's mandate to implement EVV. We asked states for feedback and were unable to identify a system that did not utilize GPS (in at least some form) to meet the statutory requirement that the systems electronically verify the location of the Medicaid service. In fact, guidance from the Centers for Medicare and Medicaid Services (CMS) has denied alternative approaches to GPS because the approaches cannot electronically verify the data elements.<sup>1</sup>

If GPS is banned, it would require states to significantly alter their existing systems at great cost in terms of staff time and contracting fees. The policy also does not alter the funding penalties for noncompliant systems, so any state utilizing GPS technology would need to disable their system and be subject to the statutory funding penalties. This would therefore result in further costs to states due to reduced Federal matching funds. The enactment of this policy with no time for transition is simply untenable.

Additionally, given the requirement to electronically verify the place of service, it is extremely hard to understand how a system would allow free movement around the community without GPS. ADvancing States received Federal guidance that voice verification could only be used to verify location if it is done from a fixed landline and/or in conjunction with a fixed-location device that can verify the location from which the provider is checking-in. We recognize that there are concerns with privacy related to GPS information, but we are extremely concerned that removing the ability to use GPS would ultimately limit

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<sup>1</sup> <https://www.medicaid.gov/federal-policy-guidance/downloads/cib080819-2.pdf>

the ability of individuals to leave their homes and prevent free movement in the community. In sum, CMS' guidance dictates that, without GPS, the only option to verify location in an EVV system is by using fixed-location devices that require a participant and their provider to remain in the same location for check-in and check-out. Such an outcome is undesirable and contrary to the Supreme Court's landmark Olmstead decision.<sup>2</sup> It would also violate the requirements of 42 CFR 441.301(c)(4)(i) which mandate that services are, "integrated in and [support] full access of individuals receiving Medicaid HCBS to the greater community."

We are unclear about a logical path forward in a system that requires states to verify location but that removes the tool CMS has generally pushed states towards with their guidance and implementation approach. We also note that repealing GPS would significantly increase the costs of implementing EVV. The changes proposed would further increase overall costs to the state and federal governments. States using certain biometric features, such as fingerprint or voice verification, would need to disable and rebuild their existing systems. States using GPS would need to create brand new EVV systems with an alternative approach to verify location, although it is unclear which allowable approaches would not prevent access to the community.

The EVV provision was originally projected to reduce costs due to a reduction in spending on personal care and home healthcare services.<sup>3</sup> However, we believe that the cost of developing and implementing the systems has already greatly exceeded the projected savings. Due to all of the challenges discussed above, we believe that there would be positive policy outcomes as well as savings associated with completely repealing EVV instead of moving forward with these proposed changes.

If you have any questions regarding this letter, please feel free to contact Damon Terzaghi at [dterzaghi@advancingstates.org](mailto:dterzaghi@advancingstates.org), Jack Rollins at [jack.rollins@medicaiddirectors.org](mailto:jack.rollins@medicaiddirectors.org), or Dan Berland at [dberland@nasddds.org](mailto:dberland@nasddds.org).

Sincerely,



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<sup>2</sup> Olmstead v. L.C., 527 U.S. 581

<sup>3</sup> <https://www.cbo.gov/sites/default/files/114th-congress-2015-2016/costestimate/hr34amendment5.pdf>



January 20, 2022

San Gabriel Pomona Valley Developmental Services, Inc.  
Sal Gonzalez  
75 Rancho Camino Drive  
Pomona, CA 91766

To Whom It May Concern:

Credit Union of Southern California (CU SoCal) is committed to making a positive difference for others and is proud to be a strong supporter of our local communities. That's why we're pleased to support your organization with an \$7,500 donation intended to be used for individuals you serve under the authority of the Richard D. Davis Foundation.

CU SoCal is steadfast in its mission to Build Better Lives and the credit union movement's "People Helping People" ethos. You are to be commended for the positive impact you and your organization are making in our community. We applaud your dedication and are happy to collaborate with you to help Build Better Lives.

Best regards,

Melissa Manning  
VP, Business and Talent Development

**SAN GABRIEL/POMONA**  
REGIONAL CENTER

January 24, 2022

Credit Union of Southern California  
Ms. Melissa Manning, Vice President  
P.O. Box 200  
Whittier, CA 90608

Re: Monetary Donation (\$7,500.00)/Richard D. Davis Foundation

Dear Ms. Manning,

We are very thankful. The community that we mutually serve are encouraged through your thoughtfulness, kindness, and goodwill. They are further supported with securing necessaries of life provided through the Richard D. Davis Foundation an important San Gabriel/Pomona Regional Center partner.

Your mission is vibrantly demonstrated, because your goodwill builds stronger families, and builds better lives for those within our community and beyond. San Gabriel/Pomona Regional Center is equally committed to doing everything that we can possibly do to meet the needs of our community. Actions and values that we share with Credit Union of Southern California and the Richard D. Davis Foundation.

These times are challenging, and are equally rewarding in observing our unity, togetherness, and simply helping each other... demonstrating our shared purpose of life. We are honored to have Credit Union of Southern California as our partner. We look forward to future endeavors and opportunities to expand our reach.

Kindness is a gift that comes from the heart that we share with others without limitations. Your thoughtfulness encourages our shared mission of service for our community. We wish you the very best, always.

Warmest regards,



Anthony Hill, M.A. J.D. Attorney at Law  
Executive Director  
Federal Tax ID number is 95-4059206

cc: Richard D. Davis Foundation  
Erika Gomez, Executive Assistant /Foundation Board

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

1215 O Street, MS 9-90  
 Sacramento, CA 95814  
 TTY: 711  
 (833) 421-0061



January 21, 2022

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: DEPARTMENT DIRECTIVE 01-012122: EXTENSION OF WAIVERS,  
 MODIFICATIONS AND DIRECTIVES DUE TO COVID-19

Pursuant to Governor Gavin Newsom's Proclamation of a State of Emergency dated March 4, 2020, and Governor Newsom's Executive Order N-25-20 issued on March 12, 2020, the Director of the Department of Developmental Services (Department) issued numerous Directives to regional centers waiving or modifying certain requirements of the Lanterman Developmental Disabilities Services Act, the California Early Intervention Services Act, and/or certain provisions of Title 17, Division 2 of the California Code of Regulations. Additionally, the Director of the Department issued several Directives pursuant to Welfare and Institutions (W&I) Code section 4639.6 to protect consumer rights, health, safety, or welfare, or in accordance with W&I Code section 4434.

Any waivers, modifications or directives contained in the following Directives are extended an additional 30 days from the current date of expiration, and specified sections within certain Directives are amended, as follows:

Date Issued	Directive Subject	Current Expiration Date	New Expiration Date
3/12/2020	<p><u>Department Directive on Requirements Waived due to COVID-19</u>  <u>Amendments to Directive (in order by most recent amendment)</u></p> <ul style="list-style-type: none"> <li>• Section "Health and Safety Waiver Exemptions" will be deleted from the Directive, effective January 2, 2022, rescinding the delegation provided to regional center Executive Directors. Beginning January 2, 2022, any requests for rate adjustments for residential services and/or supplemental services in residential settings must be submitted to the Department through the standard health and safety waiver exemption process. (Amendment effective 1/2/2022)</li> <li>• The following paragraph under section "Health and Safety Waiver Exemptions" is hereby amended to read: "The Director of the Department delegates to regional center Executive Directors the authority to grant rate adjustments for residential services and/or supplemental services in residential settings, consistent with Welfare and Institutions Code sections 4681.6, 4689.8 and 4691.9, to protect a consumer's health or safety as a result of the outbreak of COVID-19. <u>Effective November 3, 2021, this delegation excludes rate adjustments for supplemental staffing in residential settings under Service Code 109. Regional centers must request the Department's approval for</u></li> </ul>	1/31/2022	3/2/2022

**"Building Partnerships, Supporting Choices"**

Regional Center Executive Directors  
 January 21, 2022  
 Page two

Date Issued	Directive Subject	Current Expiration Date	New Expiration Date
	<p><u>new and ongoing rate adjustments granted under this delegation for Service Code 109, as described in the Department's August 27, 2021 correspondence, "Health and Safety Waivers due to COVID-19 State of Emergency."</u> The waiver will require supplemental reporting to the Department. Instructions on the required supplemental reporting will be provided in a future directive. This delegation is necessary because the Department finds that high risk health conditions and fear of exposure to COVID-19 may cause consumers to forego activities away from their home resulting in a need for additional residential staffing or supplemental services. (Amendment effective 11/3/2021)</p> <ul style="list-style-type: none"> <li>• For section "Early Start In-Person Meetings", the waiver of in-person service coordination meeting requirements is hereby rescinded. <u>Trailer Bill AB 136</u>, effective July 16, 2021, amended Government Code section 95020(c)(1), allowing, until June 30, 2022, individualized family service plan meetings to be held by remote electronic communications when requested by the parent or legal guardian. The waiver of in-person eligibility determination meeting requirements, as provided in this section is extended and remains effective until rescinded. (Amendment effective 7/29/2021)</li> <li>• Effective immediately, section "Early Start Remote Services" is hereby deleted from this Directive. Trailer Bill AB 136 amended Government Code section 95020(d)(5)(A), specifying that early intervention services may be delivered by remote electronic communications. (Amendment effective 7/29/2021)</li> <li>• Effective immediately, section "Lanterman Act In-Person Meetings" is hereby deleted from this Directive. Trailer Bill AB 136 amended Welfare and Institutions Code section 4646(f), allowing, until June 30, 2022, services and supports meetings, including individual program plan meetings, to be held by remote electronic communications when requested by the consumer or, if appropriate, the consumer's parents, legal guardian, conservator, or authorized representative. (Amendment effective 7/29/2021)</li> </ul>		
3/18/2020	<p><u>Department Directive on Requirements Waived due to COVID-19 and Additional Guidance</u></p> <p><u>Amendments to Directive (in order by most recent amendment)</u></p> <ul style="list-style-type: none"> <li>• The following sentence under section "Day Program Services" is hereby amended to read: <del>"To protect public health and slow the rate of transmission of COVID-19, services must be provided in alignment with the guidance issued by CDPH on March 16, 2020.</del> <u>Day program</u></li> </ul>	2/6/2022	3/8/2022

Regional Center Executive Directors  
 January 21, 2022  
 Page three

Date Issued	Directive Subject	Current Expiration Date	New Expiration Date
	<p><u>services must be provided in accordance with local county public health orders and relevant guidelines issued by the California Department of Social Services and/or California Department of Public Health.</u> (Amendment effective 5/5/2021)</p> <ul style="list-style-type: none"> <li>• The following paragraph under section "Day Program Services" is hereby amended to read: "The Department reiterates the March 12, 2020, directive to regional centers, "State of Emergency Statewide," authorizing regional centers to pay vendors for absences that are a direct result of the COVID-19 outbreak, pursuant to Title 17 section 54326(a)(11). <u>As indicated in the Department's July 17, 2020, directive, "Providing and Claiming for Nonresidential Services During the State of Emergency," retention payments to nonresidential providers for consumer absences are authorized through August 31, 2020. The Department will issue a directive outlining the structure for subsequent reimbursement of claims for providing nonresidential services using alternative service delivery approaches during the State of Emergency.</u>" (Amendment effective 8/10/2020)</li> <li>• Effective immediately, section "WIC §4731 Consumers' Rights Complaints" is hereby deleted from this Directive. The 20-working day requirement for investigating and providing a written proposed resolution to a complainant pursuant to W&amp;I Code section 4731(b) is reinstated. (Amendment effective 7/15/2020)</li> <li>• The following sentence under section "Home and Community-Based Services (HCBS) Self Assessments" is hereby amended to read: "The requested completion date for provider HCBS self-assessment has been extended to <del>June 30, 2020</del> <u>August 31, 2020.</u>" (Amendment effective 6/8/2020)</li> </ul>		
3/25/2020	<p><u>Department Directive 02-032520: Requirements Waived due to COVID-19 Amendments to Directive (in order by most recent amendment)</u></p> <ul style="list-style-type: none"> <li>• Section "In-Home Respite Workers" will be deleted from this Directive, effective May 31, 2021. (Amendment effective 5/31/2021)</li> <li>• The following paragraph under section "In-Home Respite Workers" is hereby amended to read: "To increase available workforce and support consumers and families at home, the Department waives Title 17 section 56792(e)(3)(A) requirements for in-home respite workers to possess first aid and cardiopulmonary resuscitation training prior to employment when the consumer receiving services does not have chronic or presenting health concerns. <u>Training must be obtained within 30 days of starting work.</u>" (Amendment effective 7/15/2020)</li> </ul>	2/13/2022	3/15/2022

Regional Center Executive Directors  
 January 21, 2022  
 Page four

Date Issued	Directive Subject	Current Expiration Date	New Expiration Date
3/30/2020	<u>Department Directive 01-033020: Additional Participant-Directed Services</u>	2/18/2022	3/20/2022
4/15/2020	<p><u>Department Directive 01-041520: Requirements Waived due to COVID-19</u>  <u>Amendments to Directive (in order by most recent amendment)</u></p> <ul style="list-style-type: none"> <li>• Section "Residential Facility Payments" will be deleted from this Directive, effective May 1, 2021. (Amendment effective 5/1/2021)</li> <li>• Section "EBSH/CCH Registered Behavior Technician Certification" will be deleted from this Directive, effective January 10, 2021. (Amendment effective 1/10/2021)</li> <li>• The following paragraph under section "Residential Facility Payments" is hereby amended to read: "The Department hereby modifies any requirements of the Lanterman Act or Title 17 regarding payments to a residential facility when a consumer is temporarily absent. If the temporary absence from the facility is for the purpose of preventing or minimizing the risk of exposure to COVID-19 and the regional center is in agreement that the absence is related to this purpose, the regional center shall continue to pay the established rate as long as no other consumer occupies the vacancy or until it is determined the consumer will not return to the facility and the facility retains and continues to pay staff during this time. Any claims made for these absences are subject to audit and review. <u>Regional centers shall report to the Department by December 15, 2020, all current approved payments for temporary absences in accordance with this section. The Department will issue a subsequent communication regarding the process and format for reporting.</u>" (Amendment effective 12/1/2020)</li> <li>• The following paragraph under section "Vendor Fiscal Audits" is hereby amended to read: "The requirements of Article III, Section 9, paragraph (c) of the Department's regional center contract are waived <u>for Fiscal Year 2019-20. To the extent feasible, regional centers shall continue to conduct fiscal audits in accordance with this paragraph.</u>" (Amendment effective 7/15/2020)</li> <li>• The following sentence under section "Home and Community-Based Services (HCBS) Final Rule Compliance Information" is hereby amended to read: "Regional centers shall post this information on their websites by <del>July 1, 2020</del> <u>August 31, 2020.</u>" (Amendment effective 6/8/2020)</li> </ul>	2/4/2022	3/6/2022



Regional Center Executive Directors  
 January 21, 2022  
 Page five

Date Issued	Directive Subject	Current Expiration Date	New Expiration Date
6/15/2020	<u>Department Directive 01-061520: Extension of Early Start Services</u>	2/5/2022	3/7/2022
10/2/2020	<u>Department Directive 01-100220: Waiver of Half-Day Billing Requirements for Day Services</u>	1/25/2022	2/24/2022
11/19/2020	<u>Department Directive 01-111920: Waiver of Self-Determination Program Budget Restrictions for Financial Management Services</u>	2/12/2022	3/14/2022

The extension of time for these Directives continues to be necessary to protect public health or safety and to ensure delivery of services.

All COVID-19 related directives and guidance issued by the Department can be found at: [www.dds.ca.gov/corona-virus-information-and-resources](http://www.dds.ca.gov/corona-virus-information-and-resources).

If you have questions regarding this Directive, please email [DDSC19Directives@dds.ca.gov](mailto:DDSC19Directives@dds.ca.gov).

Sincerely,

*Original Signed by:*

NANCY BARGMANN  
 Director

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 (916) 654-2054 (For the Hearing Impaired)  
(916) 654-1897



March 18, 2020

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: DEPARTMENT DIRECTIVE ON REQUIREMENTS WAIVED DUE TO  
COVID-19 AND ADDITIONAL GUIDANCE

**This supersedes the March 18, 2020, correspondence on this subject.**

Pursuant to Governor Gavin Newsom's Proclamation of a State of Emergency dated March 4, 2020, and Governor Newsom's Executive Order N-25-20 issued on March 12, 2020, the Director of the Department of Developmental Services (Department) issues this Directive to regional centers waiving certain requirements of the Lanterman Developmental Disabilities Services Act (Lanterman Act) and/or certain provisions of Title 17, Division 2 of the California Code of Regulations (Title 17). The Department recognizes that to ensure the health, welfare and safety of regional center consumers and the general population, there may be instances where consumers, regional centers, and service providers will need flexibility to receive and provide services and supports.

The intent of this Directive is to provide regional centers and service providers the greatest flexibility to support consumers and their families. Services to individuals are a priority and regional centers and service providers are working with their consumers and community to identify alternative approaches to support those in greatest need during this unprecedented time.

**Flexibility in Provision of Services and Supports for Consumers and Providers**

**Lanterman Act Remote Services or Alternate Locations**

Any requirements of the Lanterman Act, Title 17, or an Individual Program Plan (IPP) requiring delivery of the services in a specific location or in-person are hereby waived when, due to concern related to exposure to COVID-19, a consumer, parent, guardian, or other authorized legal representative of the consumer requests that one or more of the services listed on the Enclosure be provided in an alternate location or through remote electronic communications, including Skype, Facetime, video conference, or telephone conference.

Prior to, or no later than seven days after, the delivery of a service in an alternate location or by remote electronic communications, the service provider must notify the regional center that the individual requested and/or agrees to either receive services in an alternate location or through remote electronic communication in lieu of in-person services. The regional center shall send a follow-up letter to the individual, in their preferred language, confirming that at their request, services will be provided in an alternate location or through remote electronic communication. The letter shall include contact information for the consumer's service coordinator and their supervisor.

**“Building Partnerships, Supporting Choices”**

Regional Center Executive Directors  
March 18, 2020  
Page two

The agreement to provide services in an alternate location or through remote electronic communication shall not change the frequency or duration of any IPP service absent the agreement of the consumer's IPP team.

This waiver is necessary to limit the risk of exposure to COVID-19 and provide individuals with access to services and supports. Providing services and supports in alternate locations or through remote electronic communications enables services and supports necessary for the health, welfare and safety to be delivered.

#### Supplemental Staffing for Residential Providers

Recognizing that residential providers in all licensing categories, including community care facilities, may need supplemental staffing to support consumers remaining at home to mitigate the spread of COVID-19, the Department reiterates the March 12, 2020, delegation to regional center Executive Directors to grant rate adjustments for residential services and/or supplemental services in residential settings, consistent with Welfare and Institutions Code (WIC) sections 4681.6, 4689.8 and 4691.9, to protect a consumer's health or safety as a result of the outbreak of COVID-19. Further, intermediate care facilities, licensed by the California Department of Public Health (CDPH), may be vendored to provide residential supplemental services, as noted above and to the extent that funding for supplemental staffing is not available through the Medi-Cal program.

Regional centers are directed to work with affected providers to expedite vendorization for the new or additional supplemental services (e.g. Supplemental Residential Program Support) appropriate to provide supplemental staffing required as a result of COVID-19.

#### Day Program Services

To protect public health and slow the rate of transmission of COVID-19, services must be provided in alignment with the [guidance issued by CDPH on March 16, 2020](#).

To the extent possible, services may be provided in an alternate location or through remote electronic communications, including Skype, Facetime, video conference, or telephone conference.

The Department reiterates the March 12, 2020, directive to regional centers, "State of Emergency Statewide," authorizing regional centers to pay vendors for absences that are a direct result of the COVID-19 outbreak, pursuant to Title 17 section 54326(a)(11).

Regional Center Executive Directors  
March 18, 2020  
Page three

## **Administrative Flexibility for Regional Centers**

### Public Meetings

Any requirements of the Lanterman Act, the Department's regional center contract or other requirements to hold in-person public meetings are hereby waived, with the exception of regional center board meetings held pursuant to WIC section 4660, which shall continue to occur in-person or through use of remote electronic communications.

To the extent feasible, attempts should be made to conduct meetings using remote electronic communications, including Skype, Facetime, video conference, or telephone conference options. If remote electronic communications are not feasible, the meeting should be delayed so the public can participate.

The requirement of WIC section 4519.5(e) that regional centers hold public meetings within three months of compiling purchase of service disparities data with the Department, and the requirements of WIC section 4519.5(f) and the Department's contracts with regional centers requiring submission of a report to the Department regarding the meetings and recommendations by May 31, 2020, are waived. Regional centers shall hold their public meetings by August 31, 2020, and submit associated reports to the Department by December 31, 2020.

This waiver is necessary because the Department finds that gatherings may contribute to the spread of COVID-19. However, limiting gatherings may result in less attendance at public meetings. Regional center public meetings should be in alignment with CDPH's March 16, 2020, guidance on gatherings as referenced on page two, "Day Program Services."

### WIC §4731 Consumers' Rights Complaints

The 20-working day requirement for investigating and providing a written proposed resolution to a complainant pursuant to WIC section 4731(b) is waived. The regional center director shall investigate and send a written proposed resolution to a complainant and service provider, if applicable, as soon as possible within 40 working days of receiving the complaint.

This waiver is necessary to allow regional centers flexibility to prioritize work associated with COVID-19 response.

Regional Center Executive Directors  
March 18, 2020  
Page four

### **Additional Areas of Relief**

#### Departmental Audits and Programmatic Monitoring Reviews

Any on-site Departmental fiscal audits or programmatic monitoring reviews not directly related to the oversight of health, welfare and safety of consumers, and scheduled within forty-five days of the date of this letter are postponed. The Department will determine the feasibility of using remote electronic communications to complete some monitoring activities on a case-by-case basis.

#### Home and Community-Based Services (HCBS) Self Assessments

The requested completion date for provider HCBS self-assessment has been extended to June 30, 2020.

#### Direct Support Professional Training

The Department is temporarily placing the Direct Support Professional Training (DSPT) on hold until June 30, 2020. DSPT is required by WIC section 4695.2(a). Direct support professionals are encouraged to use online resources posted on the Department's website at <https://www.dds.ca.gov/services/dspt>, to keep abreast with current practices and procedures to provide the best care to consumers.

#### Frequently Asked Questions (FAQs)

The Department will post answers to frequently asked questions related to COVID-19 directives online at <https://www.dds.ca.gov/corona-virus-information-and-resources>.

This Directive remains in effect for 30 days unless extended by the Director of the Department. Consumers, family members or providers should contact their local regional center with any questions regarding this Directive. Questions from regional centers should be directed to Brian Winfield at (916) 654-1569 or [brian.winfield@dds.ca.gov](mailto:brian.winfield@dds.ca.gov).

Sincerely,

*Original Signed by:*

NANCY BARGMANN  
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

### Services Eligible for Alternate Location or Remote Access

Service Code	Description
017	Crisis Team
028	Socialization Training Program
048	Client/Parent Support Behavior Intervention Training
055	Community Integration Training Program
062	Personal Assistance
063	Community Activities Support Service
091	In-Home Day Program
094	Creative Arts Program
102	Individual or Family Training Services
106	Specialized Recreational Therapy
108	Parenting Support Services
110	Supplemental Day Program Support
115	Specialized Therapeutic Services (Age 3-20)
116	Early Start Specialized Therapeutic Services
117	Specialized Therapeutic Services (Age 21+)
505	Activity Center
510	Adult Development Center
515	Behavior Management Program
520	Independent Living Program
525	Social Recreation Program
605	Adaptive Skills Trainer
612	Behavior Analyst
613	Associate Behavior Analyst
615	Behavior Management Assistant
616	Behavior Management Technician
620	Behavior Management Consultant
625	Counseling Services
635	Independent Living Specialist
691	Art Therapist
692	Dance Therapist
693	Music Therapist
694	Recreational Therapist
707	Speech Pathology
772	Physical Therapy
773	Occupational Therapy
780	Psychiatrist
896	Supported Living Service

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

1215 O Street, MS 7-40  
Sacramento, CA 95814  
TTY: 711  
(833) 421-0061



January 28, 2022

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: ELECTRONIC VISIT VERIFICATION (EVV); LIVE-IN CAREGIVER EXEMPTION AND ATTESTATION

In accordance with [Section 12006\(a\) of the 21st Century Cures Act](#) (the Cures Act), states are required to implement EVV for personal care services and home health care services that require an in-home visit by a provider. EVV implementation for regional center personal care services began this month, January 2022. EVV implementation for regional center home health care services is anticipated to begin January 2023. This letter addresses an EVV exemption and the process for documenting this exemption.

EVV does not apply to services provided by a live-in staff. A live-in paid staff is an individual who regularly remains in the consumer's home for more than 24 hours at a time. Regional center providers of services subject to EVV who employ a live-in paid staff are required to maintain the attached attestation as a record of this EVV exemption.

Regional centers are requested to send the attached attestation form to vendored providers of services subject to EVV.

The Department of Developmental Services has identified the regional center personal care services and service codes subject to EVV as:

- 465 Participant-Directed Respite Service, Family Member;
- 862 In-Home Respite Services, Agency;
- 864 In-Home Respite Worker;
- 896 Supported Living Services;
- 858 Homemaker;
- 860 Homemaker Service; and,
- 062 Personal Assistance.

If you have any questions regarding this correspondence, please contact [EVV@dds.ca.gov](mailto:EVV@dds.ca.gov).

Sincerely,

*Original signed by:*

MARICRIS ACON  
Deputy Director  
Federal Programs

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

**“Building Partnerships, Supporting Choices”**

DEPARTMENT OF DEVELOPMENTAL SERVICES  
**ELECTRONIC VISIT VERIFICATION (EVV) EXEMPTION**  
**VENDOR ATTESTATION FOR LIVE-IN STAFF**

Instructions:

**Vendor Name:** Enter the name of the vendored provider to which this attestation applies.

**Vendor Number(s):** Enter the vendor number(s) to which this attestation applies.

**Service Code(s):** Enter the authorized service code(s) to which this attestation applies. Service codes currently identified as needing to comply EVV requirements are Respite Services (465, 862, 864), Supported Living Services (896), Personal Assistance Services (062) or Home Maker Services (858, 860). If you are a vendored provider who does not provide these services, EVV requirements and this form do not apply to you.

**Regional Center(s):** Enter the regional center(s) to which the vendor numbers you identified above apply.

**Consumer UCI(s):** Enter the unique client identifier (UCI) number(s) for those consumers that this attestation applies to. If this attestation applies to multiple consumers, you may attach a listing of consumers in lieu of listing all consumers in this space. You must assure that the attached listing of UCIs is dated (even if the date is written in) to match the date this attestation is signed.

**Staff Name(s), if applicable:** Enter the staff name(s) if this attestation is only for specific staff who are eligible for the exemption reasons.

**Attestation:** A person who is authorized to attest to the exemption at the vendored provider must complete this section attesting to the document being true and correct.

\*This attestation must be updated when the information on it changes. An example includes when a staff person is no longer considered a live-in caregiver for the consumer.



DEPARTMENT OF DEVELOPMENTAL SERVICES  
**ELECTRONIC VISIT VERIFICATION (EVV) EXEMPTION**  
**VENDOR ATTESTATION FOR LIVE-IN STAFF**

VENDOR NAME: \_\_\_\_\_  
VENDOR  
NUMBER(S): \_\_\_\_\_  
RC SERVICE: \_\_\_\_\_  
REGIONAL  
CENTER(S): \_\_\_\_\_  
CONSUMER UCI(S): \_\_\_\_\_  
LIVE-IN STAFF  
NAME(S) \_\_\_\_\_

A live-in paid staff is an individual who regularly remains in the consumer's home for more than 24 hours at a time. EVV does not apply to services provided by a live-in staff.

**ATTESTATION**

I confirm the staff named above are live-in staff and the hours of service they provide are not subject to EVV, and that I have the authority to provide this attestation on behalf of the vendored agency listed at the top of this form.

SIGNED BY: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_

This form will be retained as a part of the records of services provided to consumers referenced in Title 17, California Code of Regulations, Division 2, §54326(3) and must be updated by the vendor as needed\*.

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

1215 O Street, MS 7-40  
Sacramento, CA 95814  
TTY: 711  
(833) 421-0061



DATE: FEBRUARY 3, 2022

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: ELECTRONIC VISIT VERIFICATION (EVV): PERSONAL CARE SERVICE PROVIDER SELF-REGISTRATION

In accordance with [Section 12006\(a\) of the 21st Century Cures Act](#) (the Cures Act), states are required to implement EVV for personal care services and home health care services that require an in-home visit by a provider. EVV implementation for regional center personal care services began January 2022. EVV implementation for regional center home health care services is anticipated to begin January 2023.

By March 1, 2022, regional center providers of personal care services subject to EVV are required to register in the state's EVV system. The link for provider self-registration and additional tools can be found on the Department's [EVV webpage at this link](#), under the "Providers" tab.

As a reminder, regional center personal care services and service codes subject to EVV are:

- 465 Participant-Directed Respite Service, Family Member;
- 862 In-Home Respite Services, Agency;
- 864 In-Home Respite Worker;
- 896 Supported Living Services;
- 858 Homemaker;
- 860 Homemaker Service; and,
- 062 Personal Assistance.

Information about exemptions from EVV for live-in caregivers can be found on the Department's [EVV webpage at this link](#), under the "Guidance/Notifications" tab.

Technical questions from providers can be directed to [CACustomerCare@Sandata.com](mailto:CACustomerCare@Sandata.com) or by phone at (855) 943-6070.

If you have any questions regarding this correspondence, please contact [EVV@dds.ca.gov](mailto:EVV@dds.ca.gov).

Sincerely,

*Original signed by:*

MARICRIS ACON  
Deputy Director  
Federal Programs Division

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

**"Building Partnerships, Supporting Choices"**

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

1215 O Street, MS 9-60  
Sacramento, CA 95814  
TTY: 711  
(833) 421-0061



February 8, 2022

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: COVID-19 UPDATE REGARDING MASKS AND VISITATION POLICIES

On February 7, 2022, the State's Public Health Officer revised California's masking guidance, found here: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx>. This change takes effect February 16, 2022, after the current guidance expires as planned pursuant to its own sunset provision.

The State's Public Health Officer also issued several revised public health orders, found here: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx>. One of these orders changes visitation policies for specified facilities licensed by the California Department of Public Health (CDPH) or California Department of Social Services (CDSS).

Although summarized below, there is significant detail included within the revised guidance and public health orders, so please consider reading them carefully.

**Summary of the revised guidance regarding mask requirements**

Starting February 16, masks will be *required*:

- For unvaccinated or incompletely vaccinated people, in indoor public settings and businesses; and
- For everyone while in or using public transportation, school or child care, emergency shelters and cooling and heating centers, specified healthcare settings, state and local correctional facilities, homeless shelters, long-term care facilities, and adult and senior care facilities.

Masks remain *recommended* for all people. CalOSHA [emergency temporary standards](#) (aka, ETS) or [aerosol transmissible diseases](#) (ATD) standards for the workplace continue to apply, as well.

**Summary of the [revised public health order regarding visitation](#)**

General acute care hospitals, skilled nursing facilities, intermediate care facilities, and adult and senior care facilities licensed by the California Department of Social Services must verify vaccination status. The order defines fully vaccinated as two weeks after receiving the second shot of a two-shot original vaccination or the one-shot Johnson & Johnson original vaccination. This definition does not include booster shots. The order further specifies how proof of vaccination status may be demonstrated.

**“Building Partnerships, Supporting Choices”**

Regional Center Executive Directors  
February 8, 2022  
Page two

- For unvaccinated or incompletely vaccinated persons, these facilities must verify documentation of a negative COVID-19 test:
  - Within one day of a visit for antigen tests
  - Within two days of a visit for PCR tests
  - Or, documentation of recovery from COVID-19 within the past 90 days
- For consecutive-day visitation, proof of a negative test is required every third day.

Exemptions from the vaccination and testing requirements of the order are available:

- When death is imminent;
- In emergent situations;
- For parent or guardian visitation of a minor;
- For support assistants; and
- For others specified in the order.

Specific updated visitation policy information from the State's licensing departments can be found at these links: [CDPH All Facilities Letter](#) and [CDSS Provider Information Notice](#).

We continue to encourage signing up to directly receive California Department of Public Health all-facility letters and California Department of Social Services program instruction notices, respectively, by emailing [LNCPolicy@cdph.ca.gov](mailto:LNCPolicy@cdph.ca.gov) and/or visiting <https://www.cdss.ca.gov/inforesources/community-care-licensing/subscribe>.

### **Other Information**

As noted in prior letters, personal protective equipment (PPE) remains available from this department. If PPE cannot be obtained through local efforts and resources, then requests from regional centers for PPE in specific quantities may be made to the Emergency Officer, Tamara Rodriguez, at [tamara.rodriquez@dds.ca.gov](mailto:tamara.rodriquez@dds.ca.gov). The Department may be able to provide masks, gloves, gowns, face shields and/or hand sanitizer in such situations, if available.

The Department continues to seek COVID-19 tests for regional centers and service providers through the State's supplies. Supplies of these tests unfortunately remains severely limited. We appreciate the assistance of regional centers that directly handled and/or supported the distribution of available tests to adult and senior care facilities. If any additional tests become available, we will let you know.

Regional Center Executive Directors  
February 8, 2022  
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We will continue to keep you updated as additional information becomes available about COVID-19, vaccines, booster shots, and other public health and workplace guidance. California's main COVID-19 website is [covid19.ca.gov](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19.aspx). It covers a wide range of topics, and can be checked frequently for the latest updates, as well.

Sincerely,

*Original signed by:*

PETE CERVINKA  
Chief, Data Analytics and Strategy

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**

1215 O Street, MS 8-20  
Sacramento, CA 95814  
TTY: 711  
(833) 421-0061



February 10, 2022

Anthony L. Hill, Executive Director  
San Gabriel/Pomona Regional Center  
75 Rancho Camino Drive  
Pomona, CA 91766

Dear Mr. Hill:

The Department of Developmental Services (Department) has reviewed your proposal submitted on November 10, 2021, pursuant to Welfare & Institutions (W&I) Code section 4669.2, *Regional Center Alternatives for Service Delivery*. The proposal was to develop a staff registry to address potential staff shortages in residential and independent living settings. Your proposal has been approved.

**Regulatory and/or Statutory Provisions Waived:**

[W&I Code 4691.9 \(a\) \(1\)](#) 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.

[W&I Code 4691.9 \(a\) \(2\)](#) 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. The unit of service designation shall conform with an existing regional center designation or, if none exists, a designation used to calculate the statewide median rate for the same service. The regional center shall annually certify to the State Department of Developmental Services its median rate for each negotiated rate service code, by designated unit of service. This certification shall be subject to verification through the department's biennial fiscal audit of the regional center.

**Applicable Areas of W&I Code:**

[W&I Code 4629.7](#). Regional Center Contracts.

**“Building Partnerships, Supporting Choices”**

Anthony L. Hill, Executive Director  
February 10, 2022  
Page two

Title 22, Section [80065](#) & [80066](#) – Residential requirements for training and record-keeping

**Effective Date of Waiver:** January 15, 2022

**Regional Center Implementation and Approval:**

The regional center shall implement the proposal subject to the following:

- SG/PRC may negotiate a rate up to **\$43.33 per hour** under service code 062 for any vendor who is able to provide staffing due to an emergency need, including providing staffing to support consumers with a positive COVID diagnosis.
- Administrative expenses paid to the vendor that is providing staff shall not exceed fifteen percent and shall conform to the requirements of [W&I Code 4629.7](#).
- The agency receiving assistance shall use the staffing registry for no more than 14 days.
- When the vendor receiving support from the registry is funded on a monthly or daily basis, an amount equivalent to the current minimum wage, for the area where the service is being provided, will be deducted from current Purchase of Service (POS) authorizations up to the current authorized amount of the consumer's placement.
- Agencies that are paid an hourly service rate shall not bill for service hours provided by the registry.
- Supported Living Service and Independent Living Service providers shall provide training to staff before they are left alone with a consumer requiring services from registry staff.
- Registry staff shall not be left alone with any resident in a Community Care Facility or Intermediate Care Facility.

If you have any questions, or if we can be of assistance, please contact Aaron Christian, Manager, Office of Community Operations, at (916) 879-6960, or by email, at [aaron.christian@dds.ca.gov](mailto:aaron.christian@dds.ca.gov).

Sincerely,

*Original signed by:*

ERNIE CRUZ  
Assistant Deputy Director  
Office of Community Operations

cc: See next page

Anthony L. Hill, Executive Director  
February 10, 2022  
Page three

cc: Lucina Galarza, San Gabriel/Pomona Regional Center  
Dara Mikesell, San Gabriel/Pomona Regional Center  
Brian Winfield, Department of Developmental Services  
Rapone Anderson, Department of Developmental Services  
Aaron Christian, Department of Developmental Services  
Yasir Ali, Department of Developmental Services



## Bills With Operational Impacts – 2021

All listed bills took effect January 1, 2022, unless otherwise noted

Every year, ARCA compiles a list of bills signed into law that may affect the work of regional centers and service providers as businesses operating in California. This list is not exhaustive, and is meant to provide a basic sense of the potential impacts, not a thorough legal analysis.

---

[Minimum wage increase](#) (Dept. of Industrial Relations) – Starting January 1, 2022, the minimum wage in California shall increase to \$15/h for employers with 26 or more employees, and \$14 for employers with 25 or fewer employees. This does not supersede any higher local minimum wage.

### **Human Resources/Business Operations**

[SB 331](#) (Leyva) – Non-disclosure agreements and settlements – The use of non-disclosure agreements is now limited, such that it will be illegal for employers and employees to use such agreements when settling cases related to unlawful harassment, discrimination, or related retaliation.

[AB 80](#) (Burke) – Tax exclusion for CARES Act grants – Aligning with federal law, this allows a business to exclude from their state-taxable revenue any grants issued pursuant to the federal Coronavirus Aid, Relief, and Economic Security Act (CARES Act), or the Consolidated Appropriations Act of 2021.

[AB 237](#) (Gray) – Health coverage during strikes – This prevents employers from halting payments for health care or other medical coverage of employees during an authorized strike (of unionized employees). It applies mostly to government employees, but also includes counties, [defined as](#) employers of in-home supportive services providers.

[AB 845](#) (Rodriguez) – COVID-19 workers' compensation claims – Creates a presumption that, when an *employee who is in a public retirement system* retires due (in part or in whole) to COVID-related disability, that such disability was job-related. This applies mostly to a range of first-responders, but also includes employees at skilled nursing facilities, ICF/DD-CNs, home health agencies (per [HSC §1727](#)), and in-home supportive services workers. But it also applies to any such employee (in a public retirement system) whose job classification is functionally the same as any of those listed, or even if they aren't but they tested positive for COVID during an outbreak at their place of work (outbreak is defined in [LAB §312.88\(m\)](#)).

[AB 1003](#) (Gonzalez) – Wage theft – This defines the intentional theft of wages, when greater than \$950 for one employee or \$2,350 for two or more and occurring within a 12-month period, as grand theft.

### **Housing**

[AB 721](#) (Bloom) – Affordable housing development – This would prohibit, during the sale or transfer of property, a prohibition on how many units can be built if the new owner is pursuing affordable housing development and is already approved for such work.

[AB 1043](#) (Bryan) – Affordable rent definition – The definition of “affordable rent,” for families currently defined as “acutely low income,” is set at 30% multiplied by 15% of the median area income. This defines an “acutely low income household” as have income no more than 15% of the area median income.



## Bills With Operational Impacts – 2021

*All listed bills took effect January 1, 2022, unless otherwise noted*

[AB 1304](#) (Santiago) – Affirmative fair housing – Existing law makes certain public agencies affirmatively further the goal of fair housing, but did not make it a mandatory duty. This makes such work mandatory.

[SB 9](#) (Atkins) – Ministerial approval of duplexes – This mandates that the consideration of certain types of one- or two-unit developments in a single-family residential zone be done “ministerially,” meaning without a discretionary review or hearing.

[SB 10](#) (Wiener) – Potential for upzoning – Local governments will be permitted to create an ordinance allowing upzoning of a parcel for up to 10 units of residential housing in transit-rich or infill locations. Down-zoning ordinances are also prohibited.



February 1, 2022

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) – Governor’s 2022-23 Proposed Budget**

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 nearly 400,000 Californian children and adults with developmental disabilities. We thank you for this opportunity to comment on the Governor’s proposed Budget for FY 2022-23 for the Department of Developmental Services (DDS).

**Progress During the Pandemic**

The last two years has been a frightening and trying time for people with developmental disabilities, many of whom are at higher risk of medical complications from COVID-19, and their families. The pandemic has disrupted daily life and previously consistent routines and support options. The strength and resilience this community has demonstrated during this time cannot be overstated.

Better than anticipated state finances ahead of finalization of the FY 2021-22 Budget, in combination with short-term federal investments in response to the pandemic, provided a much-needed infusion of resources into California’s developmental services system. These funds were wisely invested in advancing several critical initiatives to improve services to young children, expand service options and flexibilities, enhance services to diverse communities, support the expansion of the Self-Determination Program, and incentivize good individual and systemic outcomes. Implementation of these critical policies has begun and will yield benefits for many years to come.

**Supporting Specialty Populations**

One of the hallmarks of California’s developmental services system is the recognition that individual service options need to be tailored to meet the unique needs of each person served by a regional center. When there are gaps identified in the service models available to meet the needs of specific populations, targeted investments are needed to ensure members of those groups are not inadvertently left behind.

**Employees with Developmental Disabilities**

In September 2021 Governor Newsom signed SB 639 (Durazo), which will phase out subminimum wage employment in California for individuals with disabilities. This includes thousands of people served by

regional centers. Regional centers are committed to supporting those individuals in transitioning to other employment options ahead of the deadline. ARCA supports the proposed \$8.2M (TF) included in the Governor's Budget for new employment service models to support those moving from Work Activity Programs and exiting secondary education. Employment is a source of pride and identity for many. Supporting individual employment journeys during this period of transition is the right thing to do.

#### Deaf or Hard of Hearing

It is estimated approximately 14,300 individuals supported by regional centers have a developmental disability and are also either deaf or hard of hearing. Connectedness with others is a core feature of the human experience and is the foundational driver behind efforts to enhance opportunities for integration and inclusion for individuals with developmental disabilities. Effective communication is a key element that makes connection to others possible. ARCA supports the proposed \$14.3M (TF) in the Governor's Budget to fund communication assessments for those served by regional centers who are deaf or hard of hearing as well as the one-time investment of \$700k (TF) to secure a consultant skilled in this area to inform this work.

#### Young Children

Needed services for most infants and toddlers under the age of three who have identified delays or risk factors for developmental disabilities are provided through California's Early Start system and implemented by the regional centers. On the child's third birthday, responsibility for many therapies and interventions shifts to the school system. This transition has always been challenging for young children and their families, but has grown even more so during the pandemic. There are approximately 3,000 children over the age of three who have not yet been successfully moved to needed special education services. ARCA supports the proposed \$13.2M (TF) included in the Governor's Budget to support Early Start-to-school transitions through regional center special education specialist positions and to develop more inclusive preschool options.

#### Investing in Service Stability

A significant driver of service outcomes is the stability of the relationship between the individual being supported and the service they receive. The longer an individual person can be supported by the same Direct Support Professional (DSP), the greater the benefit achieved. Additional investments included in the Governor's Budget will help support these improved outcomes with further benefit possible with targeted additional investments.

#### Direct Support Professional Training

One of the outcomes of the FY 2021-22 Budget was implementation of the recommendation to better compensate DSPs who complete additional training and certification. This has the dual effect of providing people with developmental disabilities with more highly trained staff, as well as creating a clear career path for DSPs, which encourages longevity. ARCA supports the inclusion of \$11.9M (TF) in increased costs for DSP training wage augmentations in the Governor's FY 2022-23 Budget due to the anticipation that by the end of that fiscal year, approximately 10,000 DSPs will complete at least the first level of certification. This investment in a stable, quality workforce will yield long-term benefits and improved outcomes.

#### Rate Model Implementation

In early 2019 a rate study released by DDS quantified the need for additional investment in service provider rates to promote their long-term sustainability and encourage sufficient service capacity. The

FY 2021-22 Budget included an agreement on a four-year phased-in implementation of the recommended changes, with the first investment anticipated for April 2022. ARCA supports the \$427.1M (TF) funding for full-year implementation of the April 2022 service provider rate increases included in the Governor's Proposed Fiscal Year 2022-23 Budget.

ARCA additionally supports the request of Lanterman Coalition. The Coalition is composed of many of the leading statewide developmental services organizations in California. We join them in seeking to accelerate the rate model implementation, including modification of the date of the second phase of anticipated rate increases from July 1, 2023, to July 1, 2022. This investment will both enhance the stability of the DSP workforce and support staff recruitment necessary to achieve a return to greater in-person service delivery options as some pandemic-era flexibilities fade.

#### **Advancing Service Coordination as a Direct Service**

Every person with a developmental disability served by a regional center has an assigned service coordinator. This professional supports the individual and their family as they navigate various service systems, engage in person-centered planning, and secure needed resources to strive to achieve their unique goals. The effectiveness of this critical direct service is significantly impacted by the number of people each service coordinator is working to support. Due in large part to chronic underfunding of positions needed to support growing populations, caseload ratios have grown to unsustainable levels in recent years, resulting in service coordinators spending much of their available time on compliance activities. ARCA is heartened to see the recognition of the value of high-quality service coordination reflected in the Governor's Budget for FY 2022-23, but also recognizes this year as an opportunity to correct long-term funding formulas that erode critical investments in this area.

#### **Regional Center Performance Incentive Program**

The Governor's Budget includes a proposal for \$87.5M (TF) to support the Regional Center Performance Incentive Program, with a priority for the funds to reduce caseload ratios within the regional centers. ARCA supports this proposal, which reflects a deal made between the Legislature and the Administration during FY 2021-22 Budget negotiations. This promises to be transformative and provide those served by regional centers with the service coordination support they have been assured and need to thrive.

#### **Reduced Caseload Ratio for Young Children**

ARCA also supports the inclusion of \$51.1M (TF) included in the Governor's Budget for FY 2022-23 to provide the youngest children supported by regional centers with reduced caseload ratios. For families new to disabilities services, this targeted investment will provide more frequent scheduled and on-demand contact. This support wrap will provide them the support they need to learn about a variety of services available to them, enhance their service navigation skills, and cement the relationship with their regional center early in their child's life.

#### **Stabilizing Funding for Regional Center Operations**

Anticipated and proposed investments in regional center operations in FY 2022-23 will correct funding gaps that have widened significantly over time. As a result, this year presents a unique opportunity to also correct the structural problems in the annual budgeting formula (known as the "Core Staffing Formula") that underfunds growth and erodes sustainability, in large part because its underlying fiscal assumptions have not been updated in decades.

In FY 2022-23, the cost of updating the formula would be approximately \$21.6M GF (\$32.2MTF), equal to approximately 2.6% of the total anticipated regional center operations budget. Like implementation

of the rate models for service provider rates, this update would promote stability for those served by regional centers and encourage longevity of staff in critical service coordination positions, which would enhance trust and promote better outcomes.

**Other Investments**

ARCA supports and appreciates additional investments proposed in the Governor's Budget for FY 2022-23 that will better support people with developmental disabilities and their families. Two notable additional investments in the DDS portion of the Budget include recognition of the salary needs of regional center Emergency Coordinators, reflective of their independent decision-making authority, and the inclusion of needed supervision positions to support Enhanced Service Coordination. In other areas of the Budget, ARCA appreciates and supports investment in addressing the pandemic's strains on our health care system, as well as work to improve the state's disaster-readiness and disaster resilience, as these cross-cutting issues also impact the lives of people with developmental disabilities.

ARCA will continue to build on our long-standing collaborative relationships to partner with those served, their family members, the Legislature, the Administration, and community organizations. We are deeply committed to meeting today's needs with an eye towards the future. This is possible only by hearing and respecting the diverse perspectives of our system's stakeholders. By doing so, we will be able to keep the promise of the Lanterman Act for hundreds of thousands of Californians who rely on it.

Sincerely,

/s/

Amy Westling

Executive Director

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