ATTACHMENT A

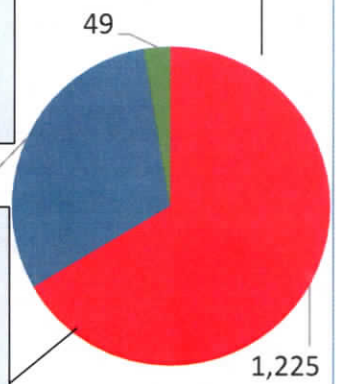
California COVID-19 Data
Total Cases: **3,748,365**
Hospitalizations: **2,164**
Deaths: **63,598**

San Gabriel Pomona Regional Center COVID-19 Report Week of 7/19/21

SG/PRC TOTAL COVID-19 CASES 2020/2021

Living Situation
Family: **517**
Res. Facility: **367**
ICF: **227**
SNF: **39**
ILS/SLS: **63**
Other: **19**

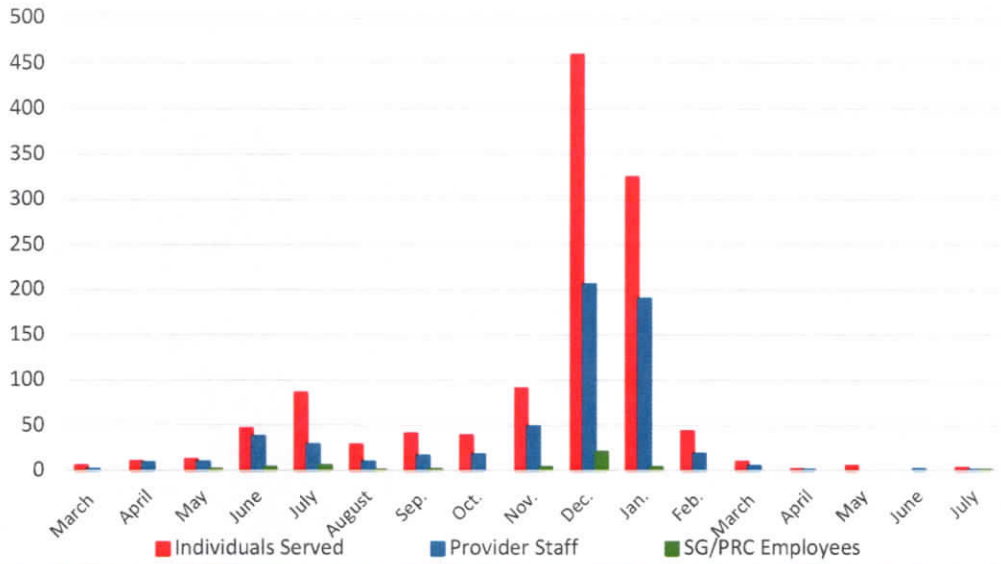
Age Range
0-17 ➡**200**
18-40 ➡**444**
41-64 ➡**379**
65+ ➡**205**



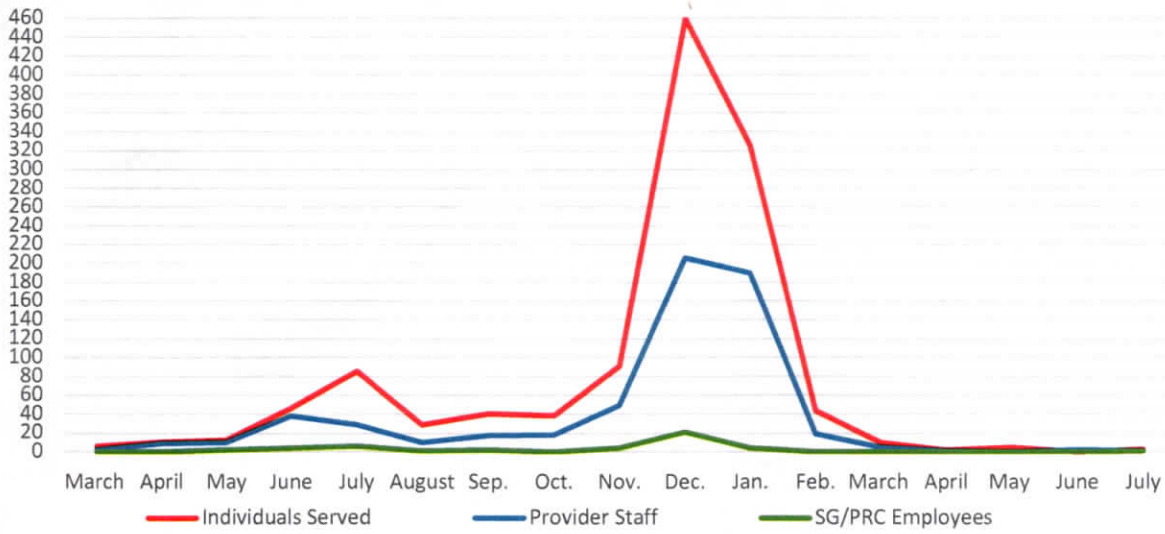
***2 Week Total: 2 New cases**

Individuals Served | Provider Staff | SG/PRC Staff

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



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



COVID-19 Deaths of Individuals Served

***2020 Total Deaths	28
2021	
January	19
February	10
March	1
April	0
May	1
June	0
July	0
2020/2021 TOTAL	59

Los Angeles County Public Health Data

Total Cases	1,260,000
Current Hospitalizations	**452**
Total Deaths	24,568
7 Day Daily Testing Average	34,668
Positivity Rate	2.8%
SG/PRC SERVICE AREA HOTSPOTS / TOTAL CASES	
Pomona	24,705
El Monte	17,363
Baldwin Park	13,247
West Covina	13,083

Covid-19 Vaccine Data

LOS ANGELES COUNTY	
Doses Administered	10,700,000
Fully Vaccinated	61%
Received 1 Dose	69%
Seniors (65+) Fully Vaccinated	78%
CALIFORNIA	
Doses Administered	42,800,000
Fully Vaccinated	61.1%
Partially Vaccinated	9.2%

ATTACHMENT B

SAN GABRIEL/POMONA
REGIONAL CENTER

COVID-19 TESTING

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

Testing available on Tuesday, Wednesday & Thursdays 9 a.m. to 11:30 a.m.

Registration is Highly Encouraged

Testing Site:

San Gabriel/Pomona Regional Center
75 Rancho Camino Drive

TO REGISTER, PLEASE CLICK HERE

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

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

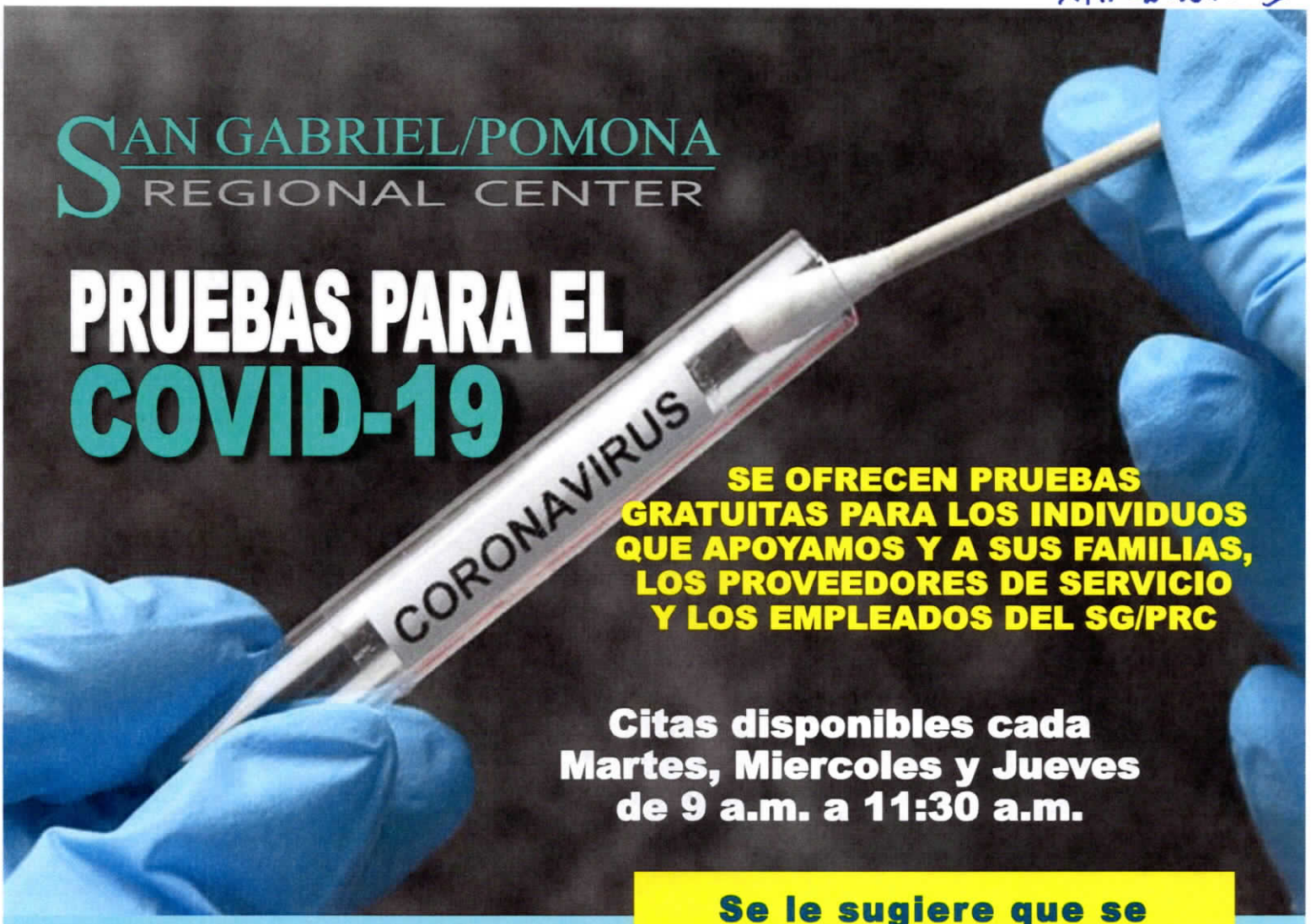
CDPH California Department of PublicHealth
Valencia Branch Laboratory
color
aveanna healthcare

For questions, email us at covidtesting@sgprc.org

ATTACHMENT B

SAN GABRIEL/POMONA REGIONAL CENTER

PRUEBAS PARA EL COVID-19



SE OFRECEN PRUEBAS GRATUITAS PARA LOS INDIVIDUOS QUE APOYAMOS Y A SUS FAMILIAS, LOS PROVEEDORES DE SERVICIO Y LOS EMPLEADOS DEL SG/PRC

Citas disponibles cada Martes, Miercoles y Jueves de 9 a.m. a 11:30 a.m.

Se le sugiere que se registren con anticipación

Sitio:

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

Regístrese aquí

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

Este servicio es posible por medio de SG/PRC y los siguientes colaboradores

CDPH California Department of PublicHealth

Valencia Branch Laboratory

aveanna healthcare

color

Para preguntas, puede mandarnos un correo electrónico a covidtesting@sgprc.org

ATTACHMENT C

SAN GABRIEL/POMONA REGIONAL CENTER

June 30, 2021

Brian Winfield, Chief Deputy Director
Department of Developmental Services
1600 Ninth Street
Sacramento, CA 95814

Re: Vendor Independent Reviews & Audit Compliance

Dear Mr. Winfield,

Exceedingly, we value our partnership with the Department of Developmental Services (DDS).

As a response to achieve compliance with Welfare & Institutions Code (WIC) Section 4652.5 et al, San Gabriel/Pomona Regional Center has reviewed and modified its existing internal policies and re-established its monthly audit review committee meetings. Our committee includes representatives from our fiscal, community, and client services teams.

To support these functions, we revised our internal tracking systems, notification procedures and criteria for administrative actions. Additionally, we have assigned our Manager of Audits, Systems and Procedures to monitor compliance daily and to assure implementation of our revised procedures.

During weekly Zoom meetings with our service provider community, we reviewed your letter dated May 26, 2021, and held formative conversations to bridge shared understanding. Encouraged from these strategies, we believe that SG/PRC through our partnership with our service provider community will achieve outcomes intended and expressed within WIC Section 4652.5 et al.

Warmest regards,

Anthony Hill, M.A. Esq.
Executive Director
San Gabriel Pomona Regional Center
ahill@sgprc.org

Enclosure: SG/PRC Internal – Vendor Independent Reviews and Audit Compliance Procedure

ATTACHMENT D

STATE OF CALIFORNIA--HEALTH AND HUMAN SERVICES AGENCY GAVIN NEWSOM, Governor

DEPARTMENT OF DEVELOPMENTAL SERVICES
1215 O Street, MS 8-20
Sacramento, CA 95814
TTY: 711
(916) 651-6309

July 2, 2021

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

Dear Mr. Hill:

Thank you for your service coordinator caseload survey emailed to the Department of Developmental Services (Department) on March 10, 2021. The data provided indicates that, as of March 1, 2021, San Gabriel/Pomona Regional Center (SG/PRC) did not meet all the required caseload ratios mandated by Welfare & Institutions (W&I) Code §4640.6(c). Specifically, SG/PRC did not meet required caseload ratios for the highlighted categories. Of the highlighted categories, SG/PRC caseload ratios for individuals enrolled in the Home and Community-Based Services Waiver program and over three years old, non-waiver, non-mover individuals have been out of compliance for two consecutive reporting periods.

Regional Center	On Waiver*	Under 3 Years	Movers Over 24 Months	Movers Between 12 and 24 Months	Movers Within Last 12 Months	Over 3 Years, Non-Waiver, Non-Mover*	Complex Needs
W&I Code Required Ratios	1:62	1:62	1:62	1:45	1:45	1:66	1:25
SG/PRC Number of Individuals Served	4,642	1,630	112	0	0	7,340	94
SG/PRC Ratios	**1:66**	**1:48**	**1:54**	**N/A**	**N/A**	**1:70**	**1:21**
CA Average	1:77	1:58	1:59	1:38	1:29	1:81	1:25

*Out of compliance for two consecutive reporting periods

This letter is to notify you that, as specified by W&I Code §4640.6(f), SG/PRC is required to submit a plan of correction for the caseload ratio categories that were not met for two consecutive reporting periods.

ATTACHMENT D

The plan of correction must be developed with input from the State Council on Developmental Disabilities, local organizations representing the individuals you serve, their family members, regional center employees, including recognized labor organizations, service providers, and other interested parties.
Please include in your plan of correction how you incorporated feedback from all required stakeholders.

We encourage you to review your process for determining service coordinator caseload assignments to assist in meeting the required caseload ratios and in developing your plan of correction.

Please email your plan of correction within 60 days from the date of this letter to:

Email: OCO@dds.ca.gov

The Department is available to provide technical assistance with the development of your plan of correction. If you have questions, please contact Danielle Hurley, Research Data Specialist I, Office of Community Operations, at (916) 654-3228, or by email, at danielle.hurley@dds.ca.gov.

Sincerely,

Original signed by:

ERNIE CRUZ
Assistant Deputy Director
Office of Community Operations

cc: Penne Fode, San Gabriel/Pomona Valleys Developmental Services, Inc.
Brian Winfield, Department of Developmental Services
Erica Reimer Snell, Department of Developmental Services
LeeAnn Christian, Department of Developmental Services
Aaron Christian, Department of Developmental Services
Uvence Martinez, Department of Developmental Services
Danielle Hurley, Department of Developmental Services

ATTACHMENT E

SAN GABRIEL/POMONA REGIONAL CENTER

June 29, 2021

RE: Self-Determination Program

Dear San Gabriel/Pomona Regional Center (SG/PRC) Community:

We are pleased to inform you, effective July 1, 2021....the Self-Determination Program (SDP) is available for all individuals served except for children under the age of 3 that do not have a developmental disability, and individuals served that live in intermediate care facilities.

Self- Determination Program (SDP) is a service delivery option that gives the individual served or their legal representative a choice regarding the selection of the person or entity that will deliver services stated in their Individual Program Plan (IPP) and flexibility to secure services based on their needs, without the requirement to use a regional center service provider. However, SDP participants at their choice can use regional center service providers and other individuals or entities co-currently.

Participants in the SDP are allocated a budget to purchase services identified as needs within their IPP incorporating Person-Centered Planning. SDP participants use a spending plan to purchase services within the amount of their allocated budget. The SDP orientation is the first step in the enrollment process. SDP participants will keep their Service Coordinator.

SG/PRC has a Local Advisory Committee, consisting of parents, individuals served, and a representative with Disability Rights of California. The Local Advisory Committee as a partner in collaboration with SG/PRC staff has a shared goal to improve access, develop training materials and educational supports for expansion of the SDP within SG/PRC's service area.

If you are interested in learning more about SDP, please contact your Service Coordinator. When visiting the SG/PRC website at www.SGPRC.org you will find information regarding SDP, and SDP activities including the agenda and meeting materials for the Local Advisory Committee meetings held every 2nd Tuesday of the month through Zoom at 6 p.m.

As always, SG/PRC is exceedingly committed to meeting your needs. We cherish all of you! Please stay safe and remain well.

Warmest regards,

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

75 Rancho Camino Drive, Pomona, California 91766
(909) 620-7722 www.sgprc.org

ATTACHMENT E

SAN GABRIEL/POMONA
REGIONAL CENTER

29 de junio del 2021

RE: Programa de Autodeterminación

Estimada comunidad del Centro Regional de San Gabriel/Pomona (SG/PRC):

Estamos contentos de informarles que desde el 1ro de Julio del 2021.... autodeterminación (SDP por sus siglas en inglés) estará disponible para todos los individuos a quienes servimos excepto a aquellos niños menores de 3 años que no tienen una disabilidad del desarrollo, ni a individuos que son atendidos y viven en instalaciones de cuidado intermediario.

El programa de autodeterminación (SDP por sus siglas en inglés) es una opción de prestación de servicio, el cual da al individuo atendido o su represéntate legal ha tener elección en la selección de persona o entidad que prestarán servicios identificados en su Plan de Programa Individual (IPP por sus siglas en inglés) y la flexibilidad de asegurar servicios basados en sus necesidades, sin el requerimiento de usar a un proveedor del Centro Regional. Sin embargo, los participantes de SDP pueden a su elección usar proveedores del centro regional y otros individuos o entidades al mismo tiempo.

A los participantes del SDP se les asigna un presupuesto para comprar servicios que han sido identificados como necesarios dentro de su IPP, incorporando el plan centrado en la persona. Los participantes de SDP usan un plan de gastos para comprar servicios dentro del monto que ha sido asignado en el presupuesto. El primer paso del proceso para inscribirse en el programa de SDP es tomar el taller de orientación. Los participantes de SDP mantendrán sus coordinadores de servicio.

El Centro Regional de San Gabriel/Pomona tiene un comité asesorador local, constituidos por padres, por individuos a quienes servimos, y de un represéntate de 'Disability Rights of California'. El comité asesorador local en colaboración con el personal de SG/PRC y como socio han compartido metas para mejorar el acceso, desarrollar materiales de entrenamiento y apoyos educacionales para la expansión de SDP dentro del área de servicio de SG/PRC.

Si usted esta interesado en aprender más acerca de SDP; por favor llame a su coordinador de servicio. Al visitar el sitio web del Centro Regional de San Gabriel/Pomona al www. SGPRC.org usted encontrará información acerca de SDP y las actividades de SDP incluyendo la agenda y materiales de previas juntas del comité asesor local que se reúne cada 2do martes de cada mes por medio de Zoom a las 6 p.m.

Como siempre, SG/PRC esta extremadamente comprometido a llenar sus necesidades. ¡Los apreciamos a todos ustedes! Por favor manténganse seguros y saludables.

Con el más cálido saludo,

Anthony Hill, M.A.J.D. Abogado
Director Ejecutivo
Centro Regional de San Gabriel/Pomona

75 Rancho Camino Drive, Pomona, California 91766
(909) 620-7722 www.sgprc.org

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

ATTACHMENT E

SAN GABRIEL/POMONA REGIONAL CENTER

2021 年 6 月 29 日

關於：自我決定計劃

親愛的聖普區域中心(SG/PRC)社區：

我們很高興地通知您，自 2021 年 7 月 1 日起，自我決定計劃（SDP）將適用於所有接受服務的個人，但 3 歲以下沒有發育障礙的兒童以及居住在中級護理機構的個人除外。

自我決定計劃(SDP）是一種服務交付選項，它讓接受服務的個人或其法律代表可以選擇其個人服務計劃（IPP）中規定的服務提供者或實體，並根據他們的需求靈活地確保服務，無需使用區域中心服務提供商。但是，SDP 參與者可以同時自行選擇使用區域中心服務提供商和其他個人或實體。

SDP 的參與者被分配預算以購買在其結合以人為本規劃的 IPP 中確定為需求的服務。 SDP 參與者使用在其分配預算範圍內的支出計劃購買服務。SDP 介紹會是註冊過程的第一步。 SDP 參與者將保留他們的服務協調員。

SG/PRC 有一個地方諮詢委員會，包括父母、被服務的個人和加州殘疾人權利代表。作為與 SG/PRC 工作人員的合作夥伴，地方諮詢委員會的共同目標是改善服務的可及性、開發培訓材料和教育支持，以在 SG/PRC 的服務區域內擴展 SDP。

如果您有興趣瞭解有關 SDP 的更多內容，請聯絡您的服務協調員。當你訪問 SG/PRC 網站時 www.SGPRC.org 您會找到有關 SDP 的資訊，和 SDP 活動，包括地方諮詢委員會會議的議程和會議材料，會議每個月的第二個星期二下午 6 點通過 Zoom 舉辦。

一如既往，SG/PRC 致力於滿足您的需求。我們珍惜你們所有人！ 請保持安全並保持健康。

Warmest regards,

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

75 Rancho Camino Drive, Pomona, California 91766
(909) 620-7722 www.sgprc.org

ATTACHMENT E

SAN GABRIEL/POMONA REGIONAL CENTER

2021 년 6 월 29 일

제목: 당사자 결정 프로그램 (Self-Determination Program)

샌 가브리엘/포모나 리져널 센터 (SG/PRC) 가족 여러분께 알려드립니다:

2021 년 7 월 1 일부터, 3 세 미만의 발달장애진단이 없는 아기들과, 중급 관리 시설 (ICF)에 살고있는 분들을 제외한 리져널센터를 사용하는 발달장애인들이 당사자 결정 프로그램 (SDP)을 선택할 수 있게 된 것을 알려드릴 수 있어서 기쁩니다.

당사자 결정 프로그램(SDP)은 서비스를 받고 있는 발달장애인과 법적 대리인에게 개별화 프로그램 계획(IPP)에 나타나 있는 서비스를 제공할 사람이나 기관을 결정할 수 있는 선택권과 리져널센터 서비스 제공자 이외의 사람이나 기관도 사용할 수 있는 유연성을 제공하는 새로운 서비스 제공 옵션입니다. 그런데, SDP 참여자는 필요할 경우 리져널센터 서비스 제공자와 다른 사람이나 기관을 함께 사용할 수도 있습니다.

SDP 참여자에게는 사람중심 계획(PCP)을 포함하는 IPP 에 필요한 사항으로 표현된 서비스를 구매할 수 있는 예산이 배정됩니다. SDP 참여자는 배정된 예산 한도 안에서 지출 계획을 사용해 필요한 서비스를 구매합니다. SDP 에 참여하기 위해서는 먼저 SDP 오리엔테이션을 들으셔야 합니다. SDP 참여자는 기존의 서비스 코디네이터를 계속 유지합니다.

SG/PRC 에는 부모, 서비스를 받는 분들, 캘리포니아 장애 권리 협회 (DRC) 관계자 등으로 이뤄진 지역 자문위원회(LAC)가 있습니다. 지역 자문위원회는 SG/PRC 직원과 함께 협력하여 SG/PRC 서비스 지역 안에서 당사자 결정 프로그램 (SDP)에 대한 접근성, 교육자료 개발 및 SDP 확대를 위해 필요한 내용을 개발하고 있습니다.

당사자 결정 프로그램(SDP)에 대해 더 알기 원하시면 여러분의 서비스 코디네이터에게 연락하시기 바랍니다. 저희 리져널센터 홈페이지 www.sgprc.org 를 방문하시면 SDP 에 관한 정보를 찾으실 수 있습니다. 그리고 매달 두번째 화요일 저녁 6 시에 줌으로 참여할 수 있는 지역 자문 위원회(LAC) 의제와 자료들도 홈페이지를 통해 찾아보실 수 있습니다.

항상 그랬듯이 저희 SG/PRC 는 여러분의 필요를 채우기 위해 최선을 다하고 있습니다. 저희들은 여러분 모두를 소중히 여기고 있습니다. 늘 건강히 잘 지내시길 바랍니다.

Anthony Hill, M.A. J.D. Attorney
Executive Director
San Gabriel/Pomona Regional Center
75 Rancho Camino Drive, Pomona, California 91766
(909) 620-7722 www.sgprc.org

ATTACHMENT E

STATE OF CALIFORNIA--HEALTH AND HUMAN SERVICES AGENCY GAVIN NEWSOM, Governor

DEPARTMENT OF DEVELOPMENTAL SERVICES
1215 O Street, MS 7-40
Sacramento, CA 95814
TTY: 711
(916) 654-1954

July 15, 2021

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: SELF-DETERMINATION PROGRAM: CONSUMER SUPPORTS FOR TRANSITIONING INTO THE PROGRAM

With the statewide rollout of the Self Determination Program (SDP), the Department of Developmental Services (DDS) is providing regional centers with this guidance regarding initial person-centered planning and supports for individuals interested in enrolling or transitioning in SDP.

Until further notice, DDS directives on supports for enrolling into SDP issued on February 13, 2019, September 3, 2019, and October 30, 2020 are still in effect. In addition to supports laid out in these directives, transition supports are also available in the following ways:

- Regional center service coordinators assisting individuals and families with the transition.
- Regional centers working with their Self-Determination Local Volunteer Advisory Committee to arrange for entities to assist with person-centered planning or transition.
- Beginning in fiscal year 2021-22, funding is available for regional centers to employ Participant Choice Specialists to assist with individuals pursuing self-direction through the Self-Determination Program or through use of participant-directed services. More details on these resources are forthcoming.

Additional information on enrolling in SDP and person-centered planning are posted in the DDS webpage https://www.dds.ca.gov/initiatives/sdp/frequently-asked-questions/

Consumers, family members, or providers should contact their local regional center with questions regarding this program directive. If you have any questions regarding this correspondence, please contact sdp@dds.ca.gov.

Sincerely,

Original signed by:

MARICRIS ACON
Deputy Director

cc: Nancy Bargmann, DDS
Brian Winfield, DDS
Erica Reimer Snell, DDS
Tim Travis, DDS
Regional Center Board Presidents
Regional Center Administrators
Regional Center Directors of Consumer Services
Regional Center Community Services Directors
Association of Regional Center Agencies

ATTACHMENT B

STATE OF CALIFORNIA--HEALTH AND HUMAN SERVICES AGENCY GAVIN NEWSOM, Governor

DEPARTMENT OF DEVELOPMENTAL SERVICES
1215 O Street, MS 7-40
Sacramento, CA 95814
TTY: 711
(916) 654-1954

July 7, 2021

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: SELF-DETERMINATION PROGRAM STATEWIDE AVAILABILITY

In accordance with Welfare and Institutions (W&I) Code section 4685.8(a), the Self Determination Program (SDP) is available statewide as of July 1, 2021, on a voluntary basis to all eligible regional center consumers. While the Department of Developmental Services prepares statewide SDP orientations, regional centers should not delay providing orientations to consumers interested in enrolling in the program.

Additional information on previous train-the-trainer orientation sessions and related materials are posted in the DDS webpage https://www.dds.ca.gov/initiatives/sdp/training-and-other-materials/.

Consumers, family members, or providers should contact their local regional center with questions regarding this program directive. If you have any questions regarding this correspondence, please contact sdp@dds.ca.gov.

Sincerely,

Original signed by:

MARICRIS ACON
Deputy Director
Federal Programs Division

cc: Nancy Bargmann, DDS
Brian Winfield, DDS
Erica Reimer Snell, DDS
Tim Travis, DDS
Regional Center Board Presidents
Regional Center Administrators
Regional Center Directors of Consumer Services
Regional Center Community Services Directors
Association of Regional Center Agencies

ATTACHMENT F

STATE OF CALIFORNIA--HEALTH AND HUMAN SERVICES AGENCY GAVIN NEWSOM, Governor

DEPARTMENT OF DEVELOPMENTAL SERVICES
1215 O Street, MS 9-90
Sacramento, CA 95814
TTY: 711
(916) 654-1897

July 14, 2021

TO: REGIONAL CENTER EXECUTIVE DIRECTORS AND BOARD PRESIDENTS

SUBJECT: MEDI-CAL PROVIDER ONGOING ENROLLMENT REQUIREMENTS

In December 2019, the Department of Developmental Services (Department) notified regional centers of the requirement to enroll as Medicaid (Medi-Cal) providers (Enclosure A). All regional centers successfully completed enrollment as of May 2020. This correspondence provides information on the process to meet ongoing Medi-Cal provider enrollment requirements.

The Department, per agreement with the Department of Health Care Services (DHCS), will oversee ongoing Medi-Cal provider enrollment compliance. Regional centers must complete the DHCS 6209 Medi-Cal Supplemental Changes form (Enclosure B) to report changes to specific information reported in their initial enrollment package to the Department. The FAQ document (Enclosure C) provides information on these requirements and instructions on completing the DHCS 6209 form.

A notable requirement is for regional centers to report any changes of "an officer or director of a disclosing entity that is organized as a corporation" which includes the regional center executive director and board members. Consistent with regional centers' disclosure of executive director and board members during initial Medi-Cal provider enrollment, reporting of changes in these positions includes providing names, birthdates, addresses, and social security numbers. DHCS will perform the screening function for newly reported regional center executive directors and board members. The Department will ensure all confidential information is protected and handled securely.

While DHCS 6209 instructions indicate forms should be submitted to DHCS, please disregard and submit hard copies with wet signatures of the completed DHCS 6209 form to report changes to:

Department of Developmental Services
1215 O Street, MS 7-40
Sacramento, CA 95814
Attn: Erik Anderson
Confidential-to be opened by Erik Anderson only

"Building Partnerships, Supporting Choices"

ATTACHMENT F

Lastly, ongoing Medi-Cal provider enrollment includes a requirement to revalidate enrollment by completion of a new package as submitted during initial enrollment (referenced in Enclosure A). Revalidation is required every five years or at any time when there is a cumulative 50% change in disclosing entities since the last complete application was submitted. More information on revalidation requirements is included in the enclosed FAQs.

Thank you for your cooperation. If you have any questions regarding this correspondence, please contact Erik Anderson at erik.anderson@dds.ca.gov.

Sincerely,

Original Signed by:

BRIAN WINFIELD
Chief Deputy Director

Enclosures

cc: Regional Center Board Members via Board Presidents
Regional Center Administrators
Regional Center Directors of Consumer Services
Regional Center Community Services Directors
Association of Regional Center Agencies
Nancy Bargmann, Department of Developmental Services
Jim Knight, Department of Developmental Services
Erica Reimer Snell, Department of Developmental Services
Maricris Acon, Department of Developmental Services
LeeAnn Christian, Department of Developmental Services

ATTACHMENT G

STATE OF CALIFORNIA--HEALTH AND HUMAN SERVICES AGENCY GAVIN NEWSOM, Governor

DEPARTMENT OF DEVELOPMENTAL SERVICES
1215 O Street, MS 9-90
Sacramento, CA 95814
TTY: 711
(916) 654-1897

June 29, 2021

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: DEPARTMENT DIRECTIVE 01-062921: 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	Department Directive on Requirements Waived due to COVID-19	7/5/2021	8/4/2021
3/18/2020	Department Directive on Requirements Waived due to COVID-19 and Additional Guidance *Amendments to Directive (in order by most recent amendment)* • *The following sentence under section "Day Program Services" is hereby amended to read: "~~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.~~Day program 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." (Amendment effective 5/5/2021)*	7/11/2021	8/10/2021

ATTACHMENT G

Date Issued	Directive Subject	Current Expiration Date	New Expiration Date
	• *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). 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." (Amendment effective 8/10/2020)* • *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&I Code section 4731(b) is reinstated. (Amendment effective 7/15/2020)* • *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 ~~June 30, 2020~~ August 31, 2020." (Amendment effective 6/8/2020)*		
3/25/2020	Department Directive 02-032520: Requirements Waived due to COVID-19 *Amendments to Directive (in order by most recent amendment)* • *Section "In-Home Respite Workers" will be deleted from this Directive, effective May 31, 2021. (Amendment effective 5/31/2021)* • *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. Training must be obtained within 30 days of starting work." (Amendment effective 7/15/2020)*	7/18/2021	8/17/2021

ATTACHMENT G

Date Issued	Directive Subject	Current Expiration Date	New Expiration Date
3/30/2020	Department Directive 01-033020: Additional Participant-Directed Services	7/23/2021	8/22/2021
4/15/2020	Department Directive 01-041520: Requirements Waived due to COVID-19 *Amendments to Directive (in order by most recent amendment)* • *Section "Residential Facility Payments" will be deleted from this Directive, effective May 1, 2021. (Amendment effective 5/1/2021)* • *Section "EBSH/CCH Registered Behavior Technician Certification" will be deleted from this Directive, effective January 10, 2021. (Amendment effective 1/10/2021)* • *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. 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." (Amendment effective 12/1/2020)* • *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 for Fiscal Year 2019-20. ~~To the extent feasible, regional centers shall continue to conduct fiscal audits in accordance with this paragraph.~~" (Amendment effective 7/15/2020)* • *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 ~~July 1, 2020~~ August 31, 2020." (Amendment effective 6/8/2020)*	7/9/2021	8/8/2021

ATTACHMENT G

Date Issued	Directive Subject	Current Expiration Date	New Expiration Date
6/15/2020	Department Directive 01-061520: Extension of Early Start Services	7/10/2021	8/9/2021
10/2/2020	Department Directive 01-100220: Waiver of Half-Day Billing Requirements for Day Services	6/29/2021	7/29/2021
11/19/2020	Department Directive 01-111920: Waiver of Self-Determination Program Budget Restrictions for Financial Management Services	7/17/2021	8/16/2021

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.

If you have questions regarding this Directive, please email 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

ATTACHMENT 4

State of California

Department of Health Care Services

American Rescue Plan Act

Increased Federal Medical Assistance Percentage (FMAP) for Home- and Community-Based Services (HCBS)

Initial HCBS Spending Narrative

July 12, 2021

Introduction

As directed in State Medicaid Director letter #21-003, this document provides information on the state's required activities under Section 9817 of the American Rescue Plan Act of 2021 (ARPA). Along with this document, the Department is providing a spending plan projection that provides quantitative information about estimated total funds attributable to the increase in federal medical assistance percentage (FMAP) that the state anticipates claiming, as well as a summary of estimated expenditures on items described in this document.

California's proposed spending plan builds on the bold health and human services proposals included in California's Comeback Plan by expanding on or complementing the proposals to further achieve improved outcomes for individuals served by the programs. These proposals independently provide historic one-time investments to build capacity and transform critical safety net programs to support and empower Californians. Taken together, these investments advance the health and well-being of our entire state, promoting economic mobility and overall social stability.

Home and Community-Based Services (HCBS) are types of person-centered care delivered in the home and community. A variety of health and human services can be provided in this way. HCBS programs address the needs of people with functional limitations who need assistance with everyday activities. This includes individuals who may have a disability, including a serious behavioral health condition, and seniors.

These programs and services further California's commitment to community living for all, rooted in both the Olmstead Supreme Court decision of 1999 and in California's values of inclusion, access, and equity. This spending plan alongside the 2021 state budget lays the foundation to make this commitment a reality, changing the life trajectory of children so they grow up to be healthier—both physically and mentally—and better educated with higher paying jobs and lower rates of justice involvement. It empowers older adults and people with disabilities to thrive in homes and communities of choice, and it includes proposals that lift homeless and formerly-incarcerated Californians to build back stronger and more resilient.

Enhanced Federal Funding Authorized by the ARPA

On March 11, 2021, President Biden signed ARPA (Pub. L. 117-2). Section 9817 of the ARPA provides qualifying states with a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for HCBS programs from April 1, 2021 through March 31, 2022. States must use the federal funds attributable to the increased FMAP to supplement, not supplant, existing state funds expended for Medicaid HCBS in effect as of April 1, 2021. In addition, states must use state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program.

ATTACHMENT 1A

A state may claim the increased FMAP for the following expenditures:

- Home Health and Private Duty Nursing
- Personal Care
- Case Management
- Certain School-Based Services
- Behavioral Health Rehabilitative Services
- 1915c Waiver Services
- 1915(i) State Plan Services
- Program of All-inclusive Care for the Elderly (PACE)
- Managed Long-Term Services and Supports (MLTSS)

States will be permitted to use the equivalent to the amount of federal funds attributable to the increased FMAP through March 31, 2024, on activities aligned with the goals of section 9817 of the ARPA and as listed in CMS's guidance. Under ARPA, states can implement a variety of activities, including enhancements to HCBS services, eligibility, infrastructure, and reimbursement methodologies, to enhance, expand, or strengthen Medicaid HCBS.

The time period allowed to expend funds attributable to the increased FMAP will provide states with sufficient time to design and implement short-term activities to strengthen the HCBS system in response to the COVID-19 Public Health Emergency (PHE), as well as longer term strategies to enhance and expand the HCBS system and to sustain promising and effective programs and services.

Examples of activities that states can initiate as part of this opportunity include, but are not limited to:

- New and/or additional HCBS
- Payment Rates
- HCBS workforce recruitment or training, expanding provider capacity
- Assistive technology, including access to additional equipment or devices
- Community transition and coordination costs
- Expanding HCBS capacity
- Support for individuals with HCBS needs and their caregivers
- Building No Wrong Door systems
- Quality Improvement activities
- Reducing or eliminating HCBS waitlists
- Institutional diversion
- Addressing social determinants of health (SDOH) and health disparities
- Enhancing care coordination
- Creating incentives for managed care plans or providers to develop partnerships with social service agencies, counties, housing agencies, public health agencies, and/or community-based organizations
- Testing alternative payment methodologies or the delivery of new services that are designed to address SDOH that may include housing-related supports such as

one-time transition costs, employment supports, and community integration, among others

CMS indicates that states are not limited to using state funds equivalent to the amount of the increased FMAP for services that are otherwise covered in Medicaid; however, Federal Financial Participation (FFP) is only available for covered services.

To demonstrate compliance with the prohibition on supplanting existing state funds expended for Medicaid HCBS, states must:

- Not impose stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021
- Preserve covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021
- Maintain HCBS provider payment at a rate no less than those in place as of April 1, 2021

CMS requires participating states to submit both an initial and quarterly HCBS spending plan and narrative to CMS on the activities that the state has implemented and/or intends to implement to enhance, expand, or strengthen HCBS under the Medicaid program to demonstrate that the state is supplementing, but not supplanting, existing state funds expended for Medicaid. States must submit the initial HCBS spending plan and narrative by June 12, 2021, or receive a 30 day extension, to July 12, 2021. CMS will review and approve the initial state spending plan and narrative within 30 days of a state's submission.

Home and Community-Based Services Spending Plan

The enhanced federal funding provides California with an opportunity to make substantial investments in the programs that serve our most vulnerable Californians, including populations that are aging, disabled, homeless, and those with severe behavioral health needs.

These investments further bolster the investments made in health and human services programs as part of the 2021 state budget which are designed to begin addressing the health, economic, and racial inequities that were exacerbated by the pandemic. Collectively, these investments chart a path to a system where social services—such as housing supports, food and childcare—are linked to the health and behavioral health services. Furthermore, these services are person-centered and address the social, cultural and linguistic needs of the individuals they serve. Finally, these proposals independently help bolster critical safety net programs that support and empower Californians. Taken together, these investments advance the health and wellbeing of all Californians, as well as their social and economic mobility. Furthermore, the investments made using these funds will help revamp and reimagine stale programming and administrative practices, helping shuttle California into a more modern and forward leaning set of practices focused on outcomes and value.

This document serves as a multi-department proposed HCBS Spending Plan, including 30 initiatives, totaling approximately $3B in enhanced federal funding for the following categories of services:

- Workforce: Retaining and Building Network of HCBS Direct Care Workers
- HCBS Navigation
- HCBS Transitions
- Services: Enhancing HCBS Capacity and Models of Care
- HCBS Infrastructure and Support

This HCBS Spending Plan will invest in a number of initiatives, across a range of state HCBS programs to build a modern, inclusive HCBS system that provides robust health and human services to California's most vulnerable residents, in their communities, in ways that ensure that California's HCBS workforce has the training and support necessary to provide the highest level of service to those in their care. This spending plan reflects stakeholder feedback, incorporating a number of suggestions from advocates, providers, consumers, caregivers, community-based organizations, managed care plans, and foundations, provided from March through June 2021. The state's spending plan also reflects priorities from the state Legislature. Further, the initiatives included in this plan will be sustained through many ongoing investments, reflecting the collective vision of the state and its stakeholders.

Workforce: Retaining and Building Network of Home and Community-Based Direct Care Workers

Critical to all endeavors to expand home- and community-based services is a robust direct care workforce. The state recognizes this workforce's cultural and linguistic strengths as valuable and finds it serves as a model as the state develops this network. Without an investment in the state's workforce the HCBS initiatives and services discussed later in this document are not viable.

In addition, turnover among the workforce who are directly involved with consumers prevents the development of trusting relationships and causes instability in services for the consumer. Targeted investments are needed to recruit, train, and retain a network of high-skilled workers to improve consumer experience and outcomes.

These proposals work to expand workforce supply and HCBS provider types, including homeless service workers; Intellectual and Developmental Disabilities (IDD) providers; providers of HCBS wrap services to keep people in their homes and community; home-based clinical direct care. In addition, these proposals will increase training, ensuring a skilled and linguistically and culturally responsive workforce, while supporting a career ladder that allows HCBS workers to develop their skills and training.

Initiatives include:

- In Home Supportive Services (IHSS) Career Pathways
- Direct Care (Non-IHSS) Workforce - Training and Stipends
- IHSS HCBS Care Economy Payments
- Non-IHSS HCBS Care Economy Payments
- Increasing Home and Community-Based Clinical Workforce
- Providing Access and Transforming Health (PATH) funds for Homeless and HCBS Direct Care Providers
- Traumatic Brain Injury (TBI) Program

IHSS Career Pathways
Funding: $295.1M enhanced federal funding ($295.1M TF) One-time
Lead Department(s): DSS, with DHCS

In consultation with stakeholders, the State will expand upon existing training and identify additional opportunities to support the specialized training of IHSS providers to further support consumers with complex care needs and to be utilized, when possible, in the proposed Community Based Residential Continuum Pilots for vulnerable, aging and disabled populations. More specifically:

- Building on the state budget investments to transform California's behavioral health system and to address the housing needs of those that are currently unsheltered, IHSS providers will gain additional competencies in meeting the behavioral health needs of those they support through this effort.
- Pilot projects will also build capacity for IHSS providers to serve recipients with Alzheimer's or related dementia. The Master Plan for Aging indicates that by 2025,

the number of Californians living with Alzheimer's disease will increase 25% from 670,000 today to 840,000 in 2025. Most persons with Alzheimer's or related dementia live at home, in the community, relying on a network of family caregivers and home care providers.

- Finally, pilot projects will focus on meeting the needs of IHSS recipients who are severely impaired.

This furthers the $200 million included in the state budget to incentivize, support and fund career pathways for IHSS providers, allowing these workers to build their skills to better serve IHSS recipients and/or obtain a higher-level job in the home care and/or health care industry.

The training opportunities will be voluntary and include, but not be limited to, learning pathways in the areas of general health and safety, caring for recipients with dementia, caring for recipients with behavioral health needs, and caring for recipients who are severely impaired. The objectives of the learning pathways include: promotion of self-determination principals and the dignity of the recipient and the provider; the advancement of health equity and reduced health disparities for IHSS recipients; assisting in the development of a culturally and linguistically competent workforce to meet the growing racial and ethnic diversity of an aging population; increasing IHSS provider retention to maintain a stable workforce; the improvement of the health and well-being of IHSS recipients, including quality of care, quality of life, and care outcomes, and to ensure meaningful collaboration between an IHSS recipient and provider regarding care and training.

CDSS will provide one-time incentive payments to providers for completion of training and/or to incentivize providers working for IHSS recipients with complex care needs in the areas of their training.

The State will determine the process by which any required contracting and payment to identified training programs occurs. Efforts will also be made to ensure that specialized training is linked to existing career pathways, licensing, and certification to further expand IHSS providers' opportunities for career advancement.

This proposal includes funding to support county IHSS programs and/or IHSS Public Authorities, which will provide outreach to providers regarding training opportunities, assist interested providers to connect with training, track completion of training, and issue stipend payments, as well as any other identified administrative activities. Additionally, Public Authority registries should be enhanced to capture completed training pathways for registry providers.

Finally, this proposal includes automation and state operations costs to support CDSS' implementation of the efforts described above, as well as the costs for a contractor to evaluate the effectiveness of the efforts (e.g. in terms of provider retention and recipient satisfaction).

Direct Care Workforce (non-IHSS) Training and Stipends
Funding: $150M enhanced federal funding ($150M TF) One-time
Lead Department(s): CDA, with DHCS, DSS, OSHPD

Direct care jobs are central to the economy: they are the largest (696,000) and fastest growing occupation in the State. Direct care is also essential to aging and disabled adults maintaining health and well-being while living at home – especially during the pandemic, direct care workers have provided critical care for adults staying home and staying safe from COVID-19. However, these care economy jobs often have limited training, compensation, and career paths and, as a result, inequitably burden the women, immigrants, and people of color who largely perform this work. These sector challenges also can lead to HCBS program providers and care recipients experiencing high turnover and staffing shortages. A new statewide Direct Care Workforce Training and Stipends Program – leveraging on-line learning innovations, rooted in adult learner principles, and delivered in multiple languages with cultural competency - will be provided to direct care workers caring for adults in HCBS (non-IHSS) programs. A statewide Training and Stipend program provides the foundation for and drives many positive outcomes in HCBS. For the care worker, these benefits include increased skills, satisfaction, and retention, as well as opportunities to advance on career and wage ladders. For the older and/or disabled adult, including adults with severe and persistent behavioral health conditions, the benefits include increased health and well-being from high-quality care and the prevention of unnecessary institutionalization. This also furthers the state budget priority to incentivize, support, and fund career pathways for non-IHSS direct care HCBS providers, to build on their experience to obtain a higher-level job in the home care and/or health care industry.

IHSS HCBS Care Economy Payments
Funding: $137M enhanced federal funding ($275M TF) One-time
Lead Department(s): DSS

This funding would provide a one-time incentive payment of $500 to each current IHSS provider that provided IHSS to program recipient(s) during a minimum of two months between March 2020 and March 2021 of the pandemic. The payment would be issued through the IHSS automated system (CMIPS) and would focus on payment for retention, recognition, and workforce development.

Non-IHSS HCBS Care Economy Payments
Funding: $6.25M enhanced federal funding ($12.5M TF) One-time
Lead Department(s): DHCS, with CDA

This funding would provide a one-time incentive payment of $500 to each current direct care, non-IHSS provider of Medi-Cal home and community-based services during a minimum of two months between March 2020 and March 2021. This amount would cover 25,000 direct care HCBS providers in MSSP, CBAS, HCBA, ALW, HIV/AIDS Waiver, PACE, and CCT and would focus on payment for retention, recognition, and workforce development.

Increasing Home and Community Based Clinical Workforce
Funding: $75M enhanced federal funding ($75M TF) One-time
Lead Department(s): OSHPD, with DHCS, CDPH, CDA

This proposal would increase the home and community-based clinical care workforce, including, but not limited to, the home health aide, certified nurse assistant, licensed vocation nurse, and registered nurse workforce in Medi-Cal. The proposal focuses on increasing the number of providers and expanding training for home- based clinical care providers for children with complex medical conditions, individuals with disabilities, and geriatric care for aging adults. Grants would be provided to clinics, physician offices, hospitals, private duty nursing providers, home health providers, or other clinical providers. To be eligible for funds, the provider would need to demonstrate significant Medi-Cal patient caseload. Grants can pay for loan repayment, sign-on bonuses, training and certification costs, etc.

Providing Access and Transforming Health (PATH) funds for Homeless and HCBS Direct Care Providers
Funding: $50M enhanced federal funding ($100M TF) One-time
Lead Department(s): DHCS, with DSS and OSHPD

PATH funds will support a multi-year effort to shift delivery systems and advance the coordination and delivery of quality care and services authorized under DHCS' Section 1115 and 1915(b) waivers. This complements the $200 million ($100 million General Fund) proposal in the state budget to build capacity for effective pre-release care for justice-involved populations to enable coordination with justice agencies and Medi-Cal coverage of services 30 days prior to release.

California is proposing a significant expansion of the homeless system of care that will create over 2,000 direct service jobs for those providing services to homeless and formerly homeless individuals through investments in California Department of Social Services programs. Additionally, Medi-Cal is planning to expand Enhanced Care Management (ECM) and long-term services and supports statewide through CalAIM In Lieu of Services (ILOS). To successfully implement these new investments, local governments and community based organizations will need to recruit, onboard, and train a new workforce. In particular, there is a need for a workforce with experience/expertise in working with the disabled and aging populations. Funding will support outreach efforts to publicize job opportunities, workforce development strategies to train staff in evidenced based practices, implement information technology for data sharing, and support training stipends. Funds will also support ECM and ILOS provider capacity building (e.g., workflow development, operational requirements and oversight) and delivery system infrastructure investments (e.g., certified EHR technology, care management document systems, closed-loop referral, billing systems/services, and onboarding / enhancements to health information exchange capabilities).

ATTACHMENT H

Traumatic Brain Injury (TBI) Program
Funding: $5M enhanced federal funding ($5M TF) One-time
Lead Department(s): DOR

The Department of Rehabilitation's (DOR) Traumatic Brain Injury (TBI) Program provides five core services designed to increase independent living skills to maximize the ability of individuals with TBI to live independently in a community of their choice. These core services are also preventative as many TBI survivors who do not have access to a network of services and supports are at a higher risk of chronic homelessness, institutionalization, imprisonment, and placement in skilled nursing facilities due to an inability to perform activities of daily living and impaired emotional regulation. State law requires that 51% of the individuals served in the TBI program must be Medical recipients.

The Home and Community-Based Services (HCBS) Expanding TBI Provider Capacity Proposal will expand the capacity of existing TBI sites and stand up new TBI sites in alignment with HCBS surrounding transition and diversion through community reintegration, personal care services through supported living services, and other supportive services to improve functional capabilities of individuals with TBI.

The proposal includes funding to expand capacity of six existing TBI sites and to award up to six additional TBI sites in unserved/underserved areas.

Home and Community Based Services Navigation

To improve access to HCBS, these HCBS Navigation initiatives work to development a variety of statewide HCBS navigation systems, including screening and assessment tools, referral and navigation systems, coordination of services, and outreach campaigns.

HCBS Navigation Initiatives include:

- No Wrong Door System/Aging and Disability Resource Connections (ADRCs)
- Dementia Aware and Geriatric/Dementia Continuing Education
- Language Access and Cultural Competency Orientations and Translations
- CalBridge Behavioral Health Pilot Program

No Wrong Door/Aging and Disability Resource Connections (ADRCs)
Funding: $5M enhanced federal funding ($5M TF) One-time
Lead Department(s): CDA, with DHCS, DOR

California is establishing a state-wide "No Wrong Door" system (or Aging and Disability Resource Connections), so the public can easily find information, person-centered planning, and care management for older adults and adults with disabilities across the range of home and community services provided by health plans (i.e., CalAIM "In Lieu of Services") community-based organizations (CBOs), homeless Continuums of Care, and counties. This investment supports the interoperability between the proposed ADRC technology and data systems with CBOs, health plans, and counties in line with the CalAIM goals for statewide Managed Long-Term Services and Supports for all Californians participating in Medi-Cal and with the new Office of Medicare Innovation and Integration. This will further the various aging proposals included in the state budget and help to deliver on the vision of the Master Plan for Aging, which calls for California communities to build a California for All Ages where people of all ages and abilities are engaged, valued and afforded equitable opportunities to thrive as we age.

Dementia Aware and Geriatric/Dementia Continuing Education
Funding: $25M enhanced federal funding ($25M TF) One-time
Lead Department(s): DHCS, with OSHPD, CDPH

The state budget addresses the recommendations put forward by the Governor's Task Force on Alzheimer's Prevention and Preparedness. This spending plan makes additional investments to further this work by screening older adults for Alzheimer's and related dementias to ensure early detection and timely diagnosis, while also connecting individuals and families to community resources.

Dementia Aware: Develop an annual cognitive health assessment that identifies signs of Alzheimer's disease or other dementias in Medi-Cal beneficiaries. Develop provider training in culturally competent dementia care. Develop a referral protocol on cognitive health and dementia for Medi-Cal beneficiaries, consistent with the standards for detecting cognitive impairment under the federal Medicare Program and the recommendations by the American Academy of Neurology, the California Department of

Public Health's Alzheimer's Disease Program, and its ten California Alzheimer's Disease Centers.

Geriatric/Dementia Continuing Education, for all Licensed Health/Primary Care Providers: Make continuing education in geriatrics/dementia available to all licensed health/primary care providers, in partnership with Department of Consumer Affairs and OSHPD, by 2024. This education of current providers complements the Administration's geriatric pipeline proposals for future providers; it is needed to close the gap between current health professionals with any geriatric-training and the rapidly growing and diversifying 60-plus population.

Language Access and Cultural Competency Orientations and Translations
Funding: $27.5M enhanced federal funding ($45.8M TF), $10M GF ongoing
Lead Department(s): DDS

COVID-19 highlighted the continued need to assist families of children who are regional center consumers from underserved communities to navigate systems – to improve service access and equity and meet basic needs. The Budget includes funding for language access and cultural competency orientations and translations for regional center consumers and their families. This additional investment may be used for identification of vital documents for translation, regular and periodic language needs assessments to determine threshold languages, coordination and streamlining of interpretation and translation services, and implementation of quality control measures to ensure the availability, accuracy, readability, and cultural appropriateness of translations.

CalBridge Behavioral Health Pilot Program
Funding: $40M enhanced federal funding ($40M TF) One-time
Lead Department(s): DHCS

The CalBridge Behavioral Health Navigator Pilot Program provides grants to acute care hospitals to support hiring trained behavioral health navigators in emergency departments to screen patients and, if appropriate, offer intervention and referral to mental health or substance use disorder programs. Applicants will include general acute care hospitals or health systems, hospital foundations, or physician groups. The funding would also support technical assistance and training for participating emergency departments and support for DHCS to administer the program.

Home and Community-Based Services Transitions

The HCBS Transition initiatives expand and enhance community transition programs to additional populations or settings and facilitate individuals transitioning from an institutional or another provider-operated congregate living arrangement (such as a homeless shelter) to a variety of community-based, independent, living arrangements. The proposals include transitions from skilled nursing facilities to home or assisted living environments, preventing long-term care placements, long-term housing placements for IDD consumers, transitions from homeless to housed, transitions from incarceration to home or residential programs, and diversion for those at risk of incarceration as a result of their health care (primarily behavioral health) needs.

These HCBS initiatives invest in reducing health disparities among older adults, people with disabilities, and homeless individuals. They include initiatives to test alternative payment methodologies or the delivery of new services that are designed to address social determinants of health and inequities. These new services may include housing-related supports, such as one-time transition costs, employment supports, and community integration as well as providing more intensive care coordination for individuals with significant socioeconomic needs.

HCBS Transition Initiatives include:

- Community Based Residential Continuum Pilots for Vulnerable, Aging and Disabled Populations
- Eliminating the Assisted Living Waiver Waitlist
- Housing and Homelessness Incentive Program
- Community Care Expansion Program

Community Based Residential Continuum Pilots for Vulnerable, Aging, and Disabled Populations
Funding: $110M enhanced federal funding ($298M TF) One-time
Lead Department(s): DHCS, with DSS

The Community Based Residential Continuum Pilots would provide medical and supportive services in the home, independent living settings including permanent supportive housing, and community care settings (home, ARFs, RCFEs, affordable housing) in order to avoid unnecessary healthcare costs, including emergency services and future long-term care placement in a nursing home. This program would ensure individuals are able to live in the least restrictive setting possible by ensuring access to home-based health and other personal care services for vulnerable populations, including seniors and people with disabilities.

This further supports the investments made in the budget for community care expansion for the construction, acquisition and/or rehabilitation to further stabilize these facilities with physical upgrades and capital improvements.

Focus populations include individuals with serious mental illness; homeless individuals; individuals needing additional housing and supportive services but not meeting an institutional level of care; individuals in an institution who could be served at home or in a community care setting; individuals with disabilities; and individuals being diverted or released from prisons, jail, state hospitals, or juvenile justice systems. Additional focus populations may be considered based on stakeholder input.

These services would be provided to individuals who do and do not meet institutional level of care, and who require medical and/or behavioral health and supportive services to live successfully in the community. DHCS would determine the eligibility criteria for these pilots and managed care organizations would make individual eligibility determinations.

Pilot funding would be provided to managed care plans to provide these benefits to members and coordinate with county partners. Managed care plans would contract with licensed providers to provide needed medical and/or behavioral health services to beneficiaries in their own home, in coordination with any authorized IHSS services or personal care/homemaker services. For individuals residing in or needing the support of a community care setting, managed care plans would contract either directly with the licensed community care setting to provide these services or with a licensed provider who would deliver services onsite.

This proposal creates new models of care for those who need personal care, medical, and/or behavioral health supports to live either in their own home or a community care setting. The proposal is well aligned with CalAIM and other DHCS, DDS, and DSS efforts to support individuals living in the least restrictive setting possible and maximizing their dignity, privacy, and independence. DHCS will work with stakeholders to further develop details and guidance and ensure alignment with existing efforts.

For the Prison, Jail, and Juvenile Justice Re-entry and Diversion Populations, this proposal will establish interim housing or board and care settings where medical, behavioral and social services are available or on-site, as re-entry hubs for this population. Placement and supportive services will be coordinated with state and local justice partners. Services provided will include peer supports, job-training preparation, employment services, and education linkage (trade schools or GED programs as examples). Funding may also support housing interventions to ensure placements into permanent housing upon exit. These interventions may include connection to affordable housing, rapid rehousing, permanent supportive housing as well as homeownership support as appropriate. Participants may also receive an economic stimulus payment alongside employment services to support the transition after reentry into the community. The efforts described here build off the Administration' Returning Home Well Initiative, a COVID-19 response effort to support the increased number of individuals who were released from state prison during the pandemic. The initiative provided treatment, shelter, safe transportation, direct assistance, and connection to on-going employment and health services.

ATTACHMENT H

Eliminating Assisted Living Waiver Waitlist
Funding: $85M enhanced federal funding ($255M TF), $38M ongoing
Lead Department(s): DHCS

Add 7,000 slots to the Assisted Living Waiver in an effort to eliminate the current Assisted Living Waiver waitlist while furthering the vision of the Master Plan for Aging. The current Assisted Living Waiver capacity is 5,744 slots; of which 5,620 are filled as of May 1, 2021. There are approximately 4,900 beneficiaries on the waitlist as of May 1, 2021, and an additional 1,300 beneficiaries approved for enrollment in the Assisted Living Waiver but waiting for an available assisted living facility placement to complete enrollment. The proposed addition of 7,000 slots will enable DHCS to provide sufficient Assisted Living Waiver capacity to enroll all waitlisted beneficiaries and to clear pending enrollments while still providing a cushion for continued growth. The proposed commitment to Assisted Living Waiver growth will also likely encourage participation of residential care facility for the elderly (RCFE) and adult residential facility (ARF) providers in the Assisted Living Waiver program, as the waitlist has been previously cited as a barrier to provider participation. DHCS will work with stakeholders to ensure care coordination and transition as beneficiaries are enrolled in ALW.

Housing and Homelessness Incentive Program
Funding: $650M enhanced federal funding ($1.3B TF) One-time
Lead Department(s): DHCS

Medi-Cal managed care plans would be able to earn incentive funds for making investments and progress in addressing homelessness and keeping people housed. There would be a requirement that 85% of the funds go to beneficiaries, providers, local homeless Continuum of Care, and/or counties. Funds would be allocated by Point in Time counts of homeless individuals and other housing related metrics determined by DHCS. Managed care plans would have to meet specified metrics to draw down available funds.

The target populations for this program would be aging adults; individuals with disabilities; individuals with serious mental illness and/or SUD needs at risk for, or transitioning from incarceration, hospitalization, or institutionalization; families; individuals reentering from incarceration; homeless adults; chronically homeless individuals; persons who have/had been deemed (felony) incompetent to stand trial; Lanterman-Petris Short Act designated individuals; and, veterans. This furthers the proposals included in the state budget relating to housing and homelessness.

Managed care plans and the local homeless Continuum of Care, in partnership with local public health jurisdictions, county behavioral health, Public Hospitals, county social services, and local housing departments must submit a Homelessness Plan to DHCS. The homelessness plan must outline how Housing and Homelessness Incentive Program services and supports would be integrated into the homeless system. This would include a housing and services gaps/needs assessment and how these funds would prioritize aging and disabled homeless Californians (including those with a behavioral health disability). Plans should build off of existing local HUD or other homeless plans and be designed to address unmet need. In counties with more than one managed care plan, plans would need to work together to submit one plan per county.

The Homelessness Plans must include mapping the continuum of services with focus on homelessness prevention, interim housing, (particularly for the aging and/or disabled population), rapid re-housing (families and youth), and permanent supportive housing

The Homelessness Plans must identify what services will be offered, how referrals will be made, how other local, state, and federal funding streams will be leveraged, and how progress will be tracked towards goals, including numbers served and other incentive performance measures. The Plans should build on existing homelessness plans and articulate how CalAIM services are integrated into homeless system of care and how they will address equity in service delivery.

Community Care Expansion Program
Funding: $348.3M enhanced federal funding ($348.3M TF) One-time
Lead Department(s): CDSS

The Community Care Expansion (CCE) Program provides $805M over a three-year period to counties and tribes for the acquisition, or rehabilitation, or construction of Adult and Senior Care Residential Facilities (ARF), Residential Care Facilities for the Elderly (RCFEs) and Residential Care Facilities for the Chronically Ill (RCFCIs). These facilities provide a structured home-like environment for people who might otherwise require institutional care.

ARFs, RCFEs and RCFCIs are part of a continuum of long-term care supports providing non-medical care and supervision to adults who may have a mental, physical or developmental disability and to those age sixty and over who require additional supports. Many of the residents in these settings are age 65 or older, are blind and/or have disabilities, and may receive Supplemental Security Income/State Supplementary Payment (SSI/SSP). California has a shortage of ARFs, RCFEs and RCFCIs that accept SSI/SSP recipients and has experienced a decline in the number of SSI/SSP recipients that reside in adult and senior care facilities. The goal of the CCE program is to expand and preserve Adult and Senior Care facilities that can serve people experiencing homelessness as well as stabilize existing settings that serve people at risk of homelessness or unnecessary institutionalization in skilled nursing facilities.

Funds will be prioritized for the creation of new and expanded settings but may also be used to fund capital investment and rehabilitation costs for existing settings at risk of closure. Applicants will be required to demonstrate commitments to supportive services to assist with the stability of those placed in assisted living settings. Facilities that receive acquisition funding may be purchased and owned by the grantee or may be transferred to a new owner/operator and facilities that receive rehabilitation funding may continue to be owned by an existing owner/ operator. Facilities will maintain covenants to certify their intended use/resident population and the length of the covenants associated with the facilities will be tiered based on the level of funding awarded.

ATTACHMENT 4

Services: Enhancing Home and Community-Based Services Capacity and Models of Care

By innovating and improving HCBS models of care to meet the needs of the individuals it serves, the state can increase capacity in the HCBS system, allowing more individuals, particularly those in the aging and disabled communities, to access services. In addition, some of these initiatives will allow existing HCBS programs to serve existing clients better as well as expand to serve more individuals who meet eligibility criteria.

Initiatives include:

- Nursing Home Recovery & Innovation
- Alzheimer's Day Care and Resource Centers
- Older Adult Resiliency and Recovery
- Adult Family Homes for Older Adults
- Coordinated Family Support Service
- Enhanced Community Integration for Children and Adolescents
- Social Recreation and Camp Services for Regional Center Consumers
- Developmental Services Rate Model Implementation
- Contingency Management

Nursing Home Recovery & Innovation
Funding: $2M enhanced federal funding ($2M TF) One-time
Lead Department(s): CDPH, with OSHPD, DHCS, and CDA

The critical lessons and losses from COVID for skilled nursing home residents, families, and staff must accelerate innovations for nursing home facilities that drive quality care for residents. California's priorities include revisiting and expanding the pilot for Small Home facilities, for both quality of care and quality of jobs; facilitating in-room broadband access for residents; and disaster readiness improvements for facilities and systems, to respond to wildfires, earthquakes, and other emergencies where residents are especially vulnerable, among other innovations.

Alzheimer's Day Care and Resource Centers
Funding: $5M enhanced federal funding ($5M TF) One-time
Lead Department(s): CDA, with DSS, CDPH, DHCS

The COVID-19 pandemic has masked and accelerated cognitive decline in older adults and increased the isolation and stress of older adults and caregivers living with dementia. More than 690,000 older adults and 1.62 million family caregivers in California are living with dementia, with women and people of color disproportionately susceptible to the disease and overwhelmingly providing the care. Dementia-capable services at licensed Adult Day and Adult Day Health centers provide services in the community vital to the health and well-being of diverse older adults and families, prevent institutionalization, and advance health equity. This furthers the recommendations of the Governor's Task Force on Alzheimer's Prevention and Preparedness.

ATTACHMENT H

Older Adult Resiliency and Recovery
Funding: $106M enhanced federal funding ($106M TF) One-time
Lead Department(s): CDA

California's older adult population was the first demographic to be asked to stay-at-home, due to their high-risk of death from COVID-19. Since that population has been home for over a year, the need for services that are specific to isolation, health, and well-being at home have increased. The one-time augmentation of $106 million, to be spent over three years (2021-22, 2022-23 and 2023-24), strengthen older adults' recovery and resilience from the severe isolation and health impacts from staying at home for over a year due to the Coronavirus pandemic. Funding allocations are proposed as follows: Senior Nutrition - $20.7 million; Senior legal Services $20 million; Fall Prevention and Home Modification $10 million; Digital Connections $17 million; Senior Employment Opportunities $17 million; Aging and Disability Resource Connections $9.4 million; Behavioral Health Line $2.1 million; Family Caregiving Support $2.8 million; Elder Abuse Prevention Council $1 million; and State Operation Resources $6.0 million.

Adult Family Homes for Older Adults
Funding: $9M enhanced federal funding ($9M TF), $2.6M Ongoing
Lead Department(s): CDA, with DDS

Adult Family Homes offer the opportunity for up to two adult individuals to reside with a family and share in the interaction and responsibilities of being part of a family unit, while the family receives a stipend and support from a local Family Home Agency (FHA) for caregiving for the adult individual(s). California will pilot Adult Family Homes for older adults in one county, with the Department of Developmental Services (DDS) assisting the Department of Aging (CDA) in developing and operating the program. This pilot is based on the successful program serving adults with developmental disabilities currently run by the DDS. Interested family homes are assessed and receive background clearances from a non-profit FHA under contract with a Regional Center. DDS performs oversight over the Regional Center and the FHA. CDA will mirror this model with Area Agencies on Aging and the existing non-profit FHAs. Moreover, this furthers the vision and recommendations of the Master Plan for Aging.

Coordinated Family Support Service
Funding: $25M enhanced federal funding ($42M TF); One-time, $25M GF ongoing
Lead Department(s): DDS

Currently, adults living outside the family home have more coordinated supports than individuals living with their family. DDS data shows a significantly higher percentage of adults who identify as non-white (75%) live with their family as compared to adults who are white (52%). To improve service equity for adults who live with their family, and improve individual supports at home, this proposal would pilot a new service for families similar to supported living services provided outside the family home. The pilot would assist families in coordinating the receipt/delivery of multiple services.

Enhanced Community Integration for Children and Adolescents
Funding: $12.5M enhanced federal funding ($12.5M TF) One-time
Lead Department(s): DDS

Children with IDD are frequently left out from participation in community programs, but both the child with IDD and children without IDD greatly benefit from opportunities to develop friendships. This proposal would support community social recreational connections for children through a multi-year grant program. The grant program will be for regional centers to work with CBOs and local park and recreation departments to leverage existing resources and develop integrated and collaborative social recreational activities.

Social Recreation and Camp Services for Regional Center Consumers
Funding: $78.2M enhanced federal funding ($121.1M TF) Ongoing
Lead Department(s): DDS

This proposal would support expanded options for individuals who have a developmental disability to include camping services, social recreation activities, educational therapies for children ages 3-17, and nonmedical therapies such as social recreation, art, dance, and music. Additionally, the proposal provides increased options for underserved communities.

Developmental Services Rate Model Implementation
Funding: $650M enhanced federal funding ($965M TF); $1.2B ongoing
Lead Department(s): DDS

This investment will improve and stabilize the services directly impacting consumers, build the infrastructure to support consumers and their families through person-centered practices and supports. Additionally, a prevailing need and challenge within the developmental service system is moving from a compliance-based system to an outcome-based system. To accomplish this conversion, DDS will need to build infrastructure and modernize methods for collecting and analyzing information about consumer services and outcomes. This proposal implements rate models recommended by the 2019 Rate Study completed by DDS, with the help of a consultant. The rate models would allow for regular updates based on specified variables, address regional variations for cost of living and doing business, enhance rates for services delivered in other languages, and reduce complexity by consolidating certain serviced codes. To improve consumer outcomes and experiences and measure overall system performance, the rate reform reflects the following goals:

- Consumer experience.
- Equity.
- Quality and outcomes.
- System efficiencies.

The department will implement a quality incentive program to improve consumer outcomes, service provider performance, and the quality of services with input from stakeholders.

Contingency Management
Funding: $31.7M enhanced federal funding ($58.5M TF) One-time
Lead Department(s): DHCS

Unlike alcohol and opioid addiction, there are no medications that work for stimulant use disorder. Overdose deaths from stimulants equal deaths from fentanyl in California, and rates continue to rise, causing high social costs (in terms of criminal justice involvement and foster care placement) and high medical costs (stimulant use disorder leads to high ED and hospital costs for infections, lung and heart disease). The lack of effective community-based treatments for stimulant use results in increased utilization of residential treatment services, particularly in the Medi-Cal program.

DHCS proposes to offer contingency management via a pilot, as it is the only behavioral therapy repeatedly shown in studies to work for stimulant use disorder. Contingency management uses small motivational incentives combined with behavioral treatment as an effective treatment for stimulant use disorder. The Department proposes to implement the motivational incentives through a mobile application that will be accessible to patients through smart phones, tablets or computers.

The Department proposes to start the pilot in January 2022 and continue the pilot through March 2024. DHCS would conduct a robust evaluation and, if the program is demonstrated to be effective, submit a proposal through the budget process to allow contingency management to be an ongoing Medi-Cal benefit, as part of the Drug Medi-Cal Organized Delivery System.

By increasing the availability of community-based treatment, this proposal will reduce demand for residential treatment services, reducing costs and allowing individuals with substance use disorders to recover in the community and further builds on the behavioral health delivery system reforms in California Advancing and Innovating Medi-Cal (CalAIM).

ATTACHMENT H

Home and Community-Based Services Infrastructure and Support

The following infrastructure investments will support the growth of HCBS services, to allow existing HCBS programs to serve existing clients better as well as expand to serve more individuals who meet eligibility criteria.

Initiatives include:

- Long-Term Services and Supports Data Transparency
- Modernize Developmental Services Information Technology Systems
- Access to Technology for Seniors and Persons with Disabilities
- Senior Nutrition Infrastructure

Long-Term Services and Supports Data Transparency
Funding: $2M enhanced federal funding ($2M TF) One-time
Lead Department(s): DHCS, with CDPH, DSS, CDA, OSHPD

This is a multi-department initiative to improve long-term services and supports (LTSS) data transparency, including utilization, quality, and cost data. This will be accomplished by creating a LTSS Dashboard linked with statewide nursing home, long-term care, and HCBS utilization and cost data, CDPH licensing data, LTC Ombudsman data, and other quality and demographic data. The goal of increased transparency is to make it possible for regulators, policymakers, and the public to be informed while we continue to expand, enhance and improve the quality of long-term care in all home, community, and congregate settings.

Modernize Developmental Services Information Technology Systems
Funding: $6M enhanced federal funding ($7.5M TF) One-time
Lead Department(s): DDS

The one-time investment supports the initial planning process to update the regional center fiscal system and implement a statewide Consumer Electronic Records Management System.

a. Uniform Fiscal System – The current information technology systems for billing and case management are disjointed and unable to quickly adapt to changing needs given the age of the systems and lack of standardization. Changes require DDS and regional centers to create and apply patches independently to each individual regional center system. The process for reporting data from the regional centers to the department is delayed, resulting in significant data lags which can delay identification of problems and hinder decision-making given outdated information. The existing fiscal system was implemented in 1984. Replacement of the RC fiscal system, which processes provider payments, will improve efficiencies as the system is modernized and provide more detailed expenditure data consistent with CMS payment system expectations.

b. Consumer Electronic Records Management System – The regional centers do not have a statewide standardized client case management system. Securing timely and accurate data is extremely challenging due to system differences. Additionally, there is not an outward facing option for self-advocates and families to access their information such as, IPPs, current authorizations, appointments, outcomes data, etc.; instead, that information is delivered by mail or email. This proposal will increase the availability and standardization of information to include, measures/outcomes, demographics, service needs, special incident reports, etc. Lastly, the system will allow consumers, via the web or app, to access their records. This investment will also support the efforts to develop an outcomes-based system for purchase of services.

Access to Technology for Seniors and Persons with Disabilities
Funding: $50M enhanced federal funding ($50M TF) One-time
Lead Department(s): CDA

This initiative includes $50 million to fund the Access to Technology Program for Older Adults and Adults with Disabilities pilot program. The purpose of this program is to provide grants directly to county human services agencies, that opt in to participate in the pilot program, to increase access to technology for older adults and adults with disability to help reduce isolation, increase connections, and enhance self-confidence.

Senior Nutrition Infrastructure
Funding: $40M enhanced federal funding ($40M TF) One-time
Lead Department(s): CDA

This initiative includes $40 million to fund capacity and infrastructure improvement grants for senior nutrition programs under the Mello-Granlund Older Californians Act. The grants shall prioritize purchasing, upgrading, or refurbishing infrastructure for the production and distribution of congregate or home-delivered meals, including, but not limited to, any of the following: Production-scale commercial kitchens; warming, refrigeration, or freezer capacity and equipment; food delivery vehicles; improvements and equipment to expand capacity for providers of meals; and technological or data system infrastructure for monitoring client health outcomes. Grants are intended to be awarded through Area Agencies on Aging (AAAs). All contracted meal-providers and AAAs are directed to work collaboratively to develop a coordinated and consolidated request for proposal on behalf of each Planning and Service Area to obtain funding through this grant program. CDA may make additional grants, to CBOs or local governments, if needed to ensure equitable access to funds.

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ATTACHMENT I

Developmental Services Trailer Bill (TBL)

SB 136 (Committee on Budget)

Senate Bill 136 (SB 136) is this year's developmental services "Trailer Bill." A summary of this year's TBL is provided here, with reference to the sections of law being changed. All changes will go into effect immediately upon signing by Gov. Newsom.

1. Early Intervention Services Act (GOV §95020) – Early Intervention Services Act– IFSP to be conducted upon request via video remote until June 30, 2022.
2. DDS/DSS licensed program (HSC §1502)– Authorizes the expansion of the Adult Residential Facilities for Persons with Special Health Care Needs (ARFPSHNs) model to children, which would be licensed as Group Homes for Children with Special Health Care Needs (GHCSHNs).
3. GHCSHNs (HSC §1524) – Requires GHCSHNs to be licensed through Community Care licensing.
4. GHCSHNs (HSC §1534) – Requires GHCSHNs to be vendored by regional centers.
5. Remote services (WIC §4646)- Authorizes the continuance of remote service delivery until June 30, 2022. Implicit Bias (WIC §4511.1) –Mandates implicit bias training for regional center personnel. However, training shall be prioritized for regional center personnel and contractors involved in eligibility determinations or directly assisting individuals and their families during the intake processes, service coordination, and those overseeing purchase of service policies.
6. Social Rec/Camp for children (WIC §4648.5)– This bill ends the suspension of social recreation and camp, nonmedical therapies, and education services for children 3-17 years of age.
7. Regional center reporting requirements (WIC §4640.6)– This bill would require public meeting and other reporting requirements on behalf of the regional center when additional funding has been received to support increased service coordination and caseload ratios.
8. GHCSHNs Requirement (WIC §4684.5)– Authorizes a health care plan before individuals can be placed in homes.
9. *Rate Increase* (WIC §4519.1) – Requires DDS to implement rate increases from April 1, 2022 through July 1, 2025 for service providers. TBL also requires quality measures and an incentive program for regional centers and service providers to be developed by DDS with input from stakeholders.
10. GHCSHNs (WIC §4474.14)– Requires DDS to report to legislature on a quarterly basis the status of development for GHCSHNs.
11. Out of State Services (WIC §4519)– This bill will allow for longer DDS approvals for those living out of state.
12. Equity Independent Contractor (WIC §4519.5)– Allows DDS to contract with entity to perform a study related to equity and disparity projects.
13. DSP Training (WIC §4511.5)– Requires training on person centered, cultural and linguistic competency for Direct Support Professionals (DSPs) in exchange for pay differentials.
14. Provisional Eligibility (3-4 year old)(WIC §4512)– Allows for regional center services on a provisional basis for children ages 3-4 without a formal diagnosis of a developmental disability.
15. Standard performance indicators (WIC §4620.5)– Requires the Department to meet with stakeholders to develop indicators for an incentive program for regional centers.

ATTACHMENT 5

Developmental Services Trailer Bill (TBL)

SB 136 (Committee on Budget)

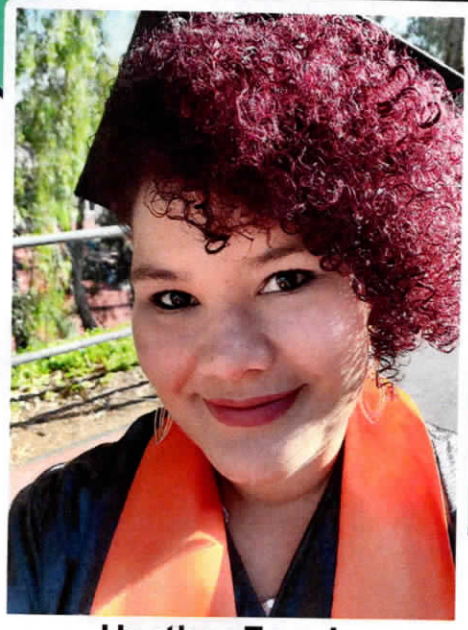
16. Bilingual Differential (WIC §4641.1) – Differential pay for DSPs providing services in other languages.
17. Self Determination Program (WIC §4685.9) – Requires DDS to offer the Self-Determination Program to all regional center service recipients as of July 1, 2021. Requires the establishment of an Ombudsperson by DDS for the program.
18. Rate suspensions lifted (WIC §4691.12)– Rate suspension lifted for supported employment services, vouchered community-based services, independent living programs, infant development programs, and early start specialized therapeutic services.
19. Prohibition Holiday Services (WIC §4692) – Allows for regional centers to provide service delivery funding on holidays for certain vendors.
20. Competitive Integrated Employment (WIC §4870)– Authorizes additional funding for service providers establishing paid internship program placements and also requires the establishment of community integrated employment incentive payments for service providers.
21. Acute Crisis Homes (WIC §4418.7) – Modifies the definition of acute crisis homes operated by DDS to indicate that these are real properties used to provide Stabilization, Training, Assistance and Reintegration (STAR) services.
22. Acute Crisis Commitments (WIC §6502)– Authorizes the petition for commitment of person with a developmental disability to be filed with the Superior Court.
23. Canyon Springs Community Facility (WIC §7500)– Allows for placements in the Canyon Springs Community Facility through June 30, 2022.
24. DDS exempt from DGS Approval (WIC §4418.7)– Authorizes DDS to engage in lease activity for STAR homes without receiving the approval of the Department of General Services.
25. Uniform Fiscal System (WIC §19726) – Authorizes $6,000,000 for planning for the replacement of the Uniform Fiscal System and a consumer management system.
26. State Reimbursement (WIC §19726)– Indicates no reimbursement from state to local agencies and school districts for certain mandates.
27. This bill would declare that it is to take effect immediately as a bill providing for appropriations related to the Budget Bill (WIC §19726).

ATTACHMENT 5

FREE WEBINAR

for our SG/PRC vendors

A Glimpse into the Deaf and Hard of Hearing Community



Heather Zappia

Day 1 July 26, 2021 9AM-1PM
Day 2 July 28, 2021 9AM-1PM
Day 3 July 30, 2021 9AM-1PM

A S L

Day 1 Workshop Topics

Mod 1&3: Zoom Link Day 1

- and rules for asking questions
- Group activity: speaking with your face practice

Day 2 Workshop Topics

Mod 2&4: Zoom Link Day 2

- Cultural etiquette, and supporting individual rights.
- Group activity- practice introductions, and role play
- Signs for daily phrases, sentences structure, health, and emergencies.
- Group activity- communication practice

Day 3 Workshop Topics

Mod 3&6: Zoom Link Day 3

- Assistive technologies and supporting communication in the home and in the community.
- Group activity- practice utilizing assistive technology
- Using specialized phrases, Day 1 & 2 reviews, signing practice,
- Q & A

Click Zoom Link to Register or
E-mail: Hculler@scrs-ilc.org

SCRS-IL | Southern California Resource Services for Independent Living

SAN GABRIEL/POMONA REGIONAL CENTER

ATTACHMENT IC

California Department of Developmental Services

Electronic Visit Verification (EVV) Provider Webinars

The California Department of Developmental Services (DDS) is hosting two webinars for service providers of respite, personal assistance, home-maker and supported living services to learn more about electronic visit verification (EVV) and its requirements.

EVV is a federal requirement from the 21st Century CURES Act requiring that states set up a system to verify that services for all Medicaid-funded personal care and home health care services occurred. The requirements for EVV will not change where and how services are delivered.

Tuesday, July 27, 2021

2:00 PM - 3:00 PM

Follow this link to register for the webinar at the specified date and time above:

https://cal-dds.zoom.us/webinar/register/WN_1RenVIeGRKKYw0F6dYEMrg

Thursday, July 29, 2021

5:30 PM - 6:30 PM

Follow this link to register for the webinar at the specified date and time above:

https://cal-dds.zoom.us/webinar/register/WN_kZKQEIVTSF6xXfqg3QTnPg

Anyone interested is welcome to register and attend the webinar at no cost. Both webinars will cover the same information, so participants should only register for one session to preserve seats for others. Your registration is not complete until you receive a confirmation email.

The webinar materials will be posted to the DDS website if you are unable to attend.

DDS will provide American Sign Language (ASL) and Spanish interpretation during the webinar. When registering, please provide any other needed accommodations.

For questions about this webinar or EVV, please contact your regional center.
For registration assistance please contact EVV@dds.ca.gov.

ATTACHMENT L.

SAVE THE DATE!

SAN GABRIEL/POMONA REGIONAL CENTER

in collaboration with

Children's Hospital LOS ANGELES

USC UNIVERSITY CENTER FOR EXCELLENCE IN DEVELOPMENTAL DISABILITIES

USC University of Southern California

Breaking Barriers, Developing Possibilities:

Lessons Learned from COVID-19

Family Day

Featuring:

- Presentations on telehealth, COVID-19 update, selfcare & more!
  - Chris Littlefield
  - Dr. Alicia Bazzano
- Exhibitor Resource Fair

Saturday, October 9, 2021

FREE for family members & adult individuals (18+) served by SG/PRC

Live Streaming Conference

Registration will open in August 2021.

Language translation services to be *coordinated* based on need and availability

For questions about this conference or to be added to the mailing list, please contact Crystal Ashe at []@chla.usc.edu

ATTACHMENT 4

SAVE THE DATE!

SAN GABRIEL/POMONA REGIONAL CENTER

in collaboration with

Children's Hospital LOS ANGELES
USC UNIVERSITY CENTER FOR EXCELLENCE IN DEVELOPMENTAL DISABILITIES

USC University of Southern California

Breaking Barriers, Developing Possibilities:

Lessons Learned from COVID-19

Professional Day

- **Keynote by Andy Imperato**
- **Telehealth Panel**
- **COVID 19 Updates**
- **Chris Littlefield**
- **CE units are being applied for in the following areas:**
  - *Clinical (PhD, LMFT, LCSW)*
  - *Dental (DDS, RDHAP)*
  - *Nursing (RN)*
  - *Medical (MD)*

Friday, October 8, 2021

No Charge for Conference Registration
CEUs/CMEs- $50.00

Live Streaming Conference

Registration will open in August 2021

For questions about the conference or to get on the mailing list, please email Crystal Ashe at [redacted]**@chla.usc.edu**

ATTACHMENT D

SG/PRC DENTAL CLINIC

BEST IN THE WEST DENTAL CLINIC PROGRAM

Currently, SGPRC is the only regional center offering this type of dental clinic for individuals with developmental disabilities.

Please contact Service Coordinator for referrals to Dental Coordinator to schedule an appointment.

- Held monthly prior to the pandemic ….but during pandemic, clinic is held every other month outdoors observing safety protocols
- Dental Clinic runs with two Dentists and other dental volunteers to help throughout the day with dental screenings, comprehensive examinations, x-rays, oral hygiene instructions and appropriate referrals.
- Dental Clinic is non threatening, "event like" and very educational & fun.
- Board Certified Behavior Analysts assess for dental desensitization and provide information on how to address challenges in the home with better dental care (collaborating with individual's in-home ABA program, if any).
- Modalities for care and treatment options are discussed.

Are you a service provider that needs to do a staff training on Oral Health Care? Email Christina Macasaet, Dental Health Coordinator at cmacasaet@sgprc.org for more information.

Next Clinic is scheduled to take place on Saturday, July 31, 2021

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