



# **Board of Trustees Meeting**

Wednesday, March 9, 2022

6:30 p.m.

*Via Zoom Technology*

NLACRC Board of Trustees Calendar  
Fiscal Year 2021-22

~ March 2022 ~						
◀ February						April ▶
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		<b>1</b>	<b>2</b> Ash Wednesday <u>11:00am-1:00 pm</u> Consumer Advisory Committee Meeting  5:30 PM Nominating Committee	<b>3</b> <u>9:30 am</u> Vendor Advisory Committee (full meeting)	<b>4</b>	<b>5</b>
<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b> <u>5:30 pm</u> Board Packet Review  <u>6:30 pm</u> Board Meeting <b>Presentation of Audited Financial Statement</b>	<b>10</b>	<b>11</b> <u>6:00pm</u> Strategic Planning Retreat – day 1	<b>12</b> <u>9:00am</u> Strategic Planning Retreat – day 2
<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b> Purim (begins at sundown) <u>6:00 pm</u> Consumer Services Committee Meeting  <u>7:00 pm</u> Government/Community Relations Committee Meeting	<b>17</b> Purim (no work)	<b>18</b>	<b>19</b>
<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>
<b>27</b>	<b>28</b> <u>6:00 pm</u> Strategic Planning Committee Meeting	<b>29</b>	<b>30</b> <u>6:00 pm</u> Audits, Financial Statements, Tax Returns & Financial Focus Training  <u>6:00 pm</u> Administrative Affairs Committee Meeting  <u>7:30 pm</u> Executive Committee Meeting	<b>31</b>		

**Please note that all meetings will be held via Zoom until further notice.**

NLACRC Board of Trustees Calendar  
Fiscal Year 2021-22

~ April 2022 ~						
◀ March			May ▶			
Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6 11:00 am-1:00 pm Consumer Advisory Committee Meeting  5:30 PM Nominating Committee	7 9:30 am Vendor Advisory Committee Meeting (break-out groups)	8	9
10	11	12	13 4:00 pm Board Packet Review (Chatsworth Office) 6:00 pm Board Dinner (Antelope Valley Office or Zoom TBD) 6:30 pm Board Meeting (Antelope Valley Office or Zoom TBD) <b>Presentation on Form 990 Tax Return</b>	14 Holy Thursday	15 Good Friday  Passover (begins at sundown)	16 Passover
17 Passover  Easter Sunday	18 Passover (no work)	19 Passover (no work)	20 Passover (no work) 6:00 pm Consumer Services  7:00 pm Government/Community Relations	21 Passover (no work)	22 Passover (no work)	23
24	25	26 6:00 pm Implicit Bias Training (via Zoom)	27 <b>Administrative Professionals Day</b>  5:30 pm Post-Retirement Medical Trust 6:15 pm Administrative Affairs 7:30 pm Executive Committee	28	29	30

Please note that all meetings will be held via Zoom until further notice.

North Los Angeles County Regional Center

**Board of Trustees Meeting - *Via Zoom***

Wednesday, March 9, 2022

**6:30 p.m.**

~ **AGENDA** ~

1. **Call to Order & Welcome** – Lety Garcia, Board President
2. **Housekeeping**
  - A. Spanish Interpretation Available
  - B. Public Attendance (please note name in Chat)
  - C. Monthly Submission for Childcare/Attendant Care Billing
3. **Board Member Attendance** – Lillian Martinez, Board Secretary
4. **Introductions**
  - A. Alma Rodriguez, Board Member
  - B. Gabriela Eshrati, Consumer Services Director
5. **Public Input & Comments** (3 minutes)
6. **Consent Items**
  - A. Approval of Revised Agenda (*Page 4*)
  - B. Approval of February 9<sup>th</sup> Board Meeting Minutes (*Page 8*)
7. **Committee Action Items**
  - A. Administrative Affairs Committee – Ana Quiles
    1. Approval of Contracts
      - a. Beyond Expectations LLC (HL0985, HL0986, HL0987) (*Page 24*)
      - b. Integrated Resources Institute (HL0982) (*Page 29*)
      - c. Skills LLC (PL2086) (*Page 34*)
    2. Monthly Human Resources
      - a. Approval of the Organizational Restructure Proposal (*Page 39*)
      - b. Approval of the Employee Referral Bonus Policy (*Page 40*)
    3. Proposal for new CPA Firm  
Appointment of new CPA Firm Lindquist von Husen & Joyce LLP (*Page 44*)

- 4. Board Support Policy Revision – Ruth Janka *(Page 126)*
- B. Consumer Services Committee – Gabriela Herrera
  - 1. Approval of the Revised Case Finding and Public Information Service Standard *(Page 130)*
- C. Executive Committee – Lety Garcia
  - 1. Approval of Executive Director Evaluation Process
    - a. Executive Director Performance Evaluation Timeline *(Page 136)*
    - b. Executive Director Evaluation Policy Revision *(Page 139)*
    - c. Executive Director Performance Evaluation Form revision *(Page 142)*
  - 2. Approval of the Policy Development Process *(Page 151)*
  - 3. Approval of the Board Leadership Book Club (Budget Item) *(No Report)*
- D. Nominating Committee – Angeline Martinez
  - 1. Approval for Redacted Minutes to be Posted on Website *(No Report)*
- 8. Additional Action Items**
  - A. Administrative Affairs Committee
    - 1. Approval of Contracts
      - a. Elwyn (Wyse) (TBD-900, 901) *(Page 154)*
      - b. Brilliant Corners (PL1864-999) *(Page 158)*
- 9. Association of Regional Center Agencies – Angelina Martinez**
  - A. Report on ARCA Meetings
- 10. Executive Director’s Report – Ruth Janka *(Page 172)***
- 11. Self-Determination Program (SDP) Report – Jesse Weller *(Page 183)***
- 12. Administrative Affairs Committee – Ana Quiles**
  - A. Minutes of the February 23<sup>rd</sup> Meeting - *Deferred*
  - B. FY2021-22 Financial Report *(Page 186)*
  - C. Monthly Human Resources Report *(Page 210)*
- 13. Consumer Advisory Committee – Caroline Mitchell**
  - A. Minutes of the March 2<sup>nd</sup> Meeting - *Deferred*
- 14. Consumer Services Committee – Gabriela Herrera**

- A. Minutes of the February 16th Meeting
- 15. **Executive Committee** – Lety Garcia
  - A. Minutes of the February 23<sup>rd</sup> Meeting - *Deferred*
  - B. Diversity, Equity, Inclusion, and Belonging Equity Report & Executive Summary –Jesse Weller (*No Report*)
- 16. **Government & Community Relations Committee** – Jeremy Sunderland
  - A. Minutes of the February 16<sup>th</sup> Meeting - *Deferred*
- 17. **Nominating Committee** – Angelina Martinez
  - A. Minutes of the March 2<sup>nd</sup> Meeting - *Deferred*
  - B. Resignation of Trustees Jennifer Siguenza and DeShawn Turner
  - C. Resignation of VAC Member Olga Reyes
  - D. Status of Board & VAC Member Recruitment
- 18. **Post-Retirement Medical Trust Committee** – Lety Garcia
  - A. Next Meeting April 27<sup>th</sup> at 5:30pm
- 19. **Strategic Planning Committee** – Marianne Davis
  - A. Minutes of the February 28<sup>th</sup> Meeting - *Deferred*
  - B. 2<sup>nd</sup> Quarter Report on CIE/PIP Activities (*Page 212*)
  - C. 2<sup>nd</sup> Quarter Report on Program Closures (*Page 213*)
  - D. 2<sup>nd</sup> Quarter Report on New Vendorizations (*Page 214*)
  - E. Strategic Planning Retreat Logistics Update
    - a. Friday, March 11<sup>th</sup> 6pm-9pm and Saturday, March 12<sup>th</sup> 9am-6pm
- 20. **Vendor Advisory Committee** - Sharoll Jackson
  - A. Minutes of the February 3<sup>rd</sup> Meeting (*Page 215*)
  - B. Minutes of the March 3<sup>rd</sup> Meeting – *Deferred*
- 21. **Old Business/New Business**
  - A. Board and Committee Meeting Attendance Sheets (*Page 225*)
  - B. Board and Committee Meetings Time Report (*Page 229*)
  - C. Updated Acronyms Listing (*Page 232*)
  - D. Meeting Evaluation (*Page 238*)
- 22. **Announcements/Information/Public Input**
  - A. **Town Hall: Thursday, March 17th at 1:30 pm. Topic: TBA**

- B. **Cafecito Entre Nos: – March 10<sup>th</sup> at 11:00a.m.**
- C. **Purchase of Service Data Public Meeting: Thursday, March 10<sup>th</sup> at 12:00 pm**
- D. **Purchase of Service Data Public Meeting: Tuesday, March 15<sup>th</sup> at 7:00 pm**
- E. **Family Focus Resource Center: Generic Services Workshop on CalABLE  
March 16, 10 a.m.**
- F. **Board Meeting: Wednesday, April 13<sup>th</sup> at 6:30 p.m. via Zoom.**

**23. Adjournment**



**Minutes of Regular Meeting  
of  
North Los Angeles County Regional Center  
Board of Trustees**

The Board of Trustees of North Los Angeles County Regional Center, Inc., a nonprofit corporation, held their regular board meeting via Zoom on February 9, 2022.

**Trustees Present**

Nicholas Abrahms  
Marianne Davis  
Leticia Garcia  
Gabriela Herrera  
Sharoll Jackson  
Sylvia Brooks Griffin  
Jennifer Koster  
Angelina Martinez  
Lillian Martinez  
Ana Laura Quiles  
Jeremy Sunderland  
Curtis Wang  
Caroline Mitchell  
Jennifer Siguenza  
Cathy Blin  
David Coe  
Rocio Sigala  
Alma Rodriguez

**Trustees Absent**

DeShawn Turner

**Guests Present**

Daniel Garcia  
Jordan  
Karina Andrade  
Lia Cervantes Lerma, SCDD  
Lisa Casey  
Marisa  
Sharmila Brunjes  
Uvence Martinez, DDS  
Omotola Olatunji –  
Minute Solutions  
Lucy Paz –  
Spanish Interpreter  
Shelley Hash –  
Spanish Interpreter  
Alexander Farkas  
Wilda Tillman  
Amparo Dallas  
Kimberly Bermudez  
Anna Hamilton  
Daniel Garcia

**Staff Present**

Dr. Jesse Weller  
Ruth Janka  
Michele Marra  
Alan Darby  
Jennifer Williamson  
Liliana Windover  
Lizeth Chavez  
Evelyn McOmie  
Jazmin Zinnerman  
Gabriela Eshrati  
Sheila King  
Silvia Renteria-Haro  
Stephanie Margaret  
Tiffani Jones-Newman  
Donna Rentsch  
Kimberly McNeill  
Marlene Vargas  
Venus Rodriguez

1. **Call to Order & Welcome** – Jeremy Sunderland, Vice Chair, called the meeting to order at 6:31 p.m.
  
2. **Housekeeping**
  - A. **Spanish Interpretation Available**  
Michele Marra provided instructions for translation in English. Lizeth Chavez provided instructions for translation in Spanish.
  
  - B. **Public Attendance**  
Jeremy Sunderland requested that any public attendees provide their name in the chat.
  
  - C. **Monthly Submission for Respite Billing**  
  
Ruth Janka reminded members to submit billing for respite on a monthly basis. Respite forms with appropriate documentation received within 60 days were tax exempt. Per IRS, 1099's would be required beyond the 60-day timeframes.



3. **Board Member Attendance** – Lizeth Chavez, Executive Administrative Assistant  
Lizeth took the attendance of board members.

4. **Introductions**  
David Coe, member of the Board of Trustees  
Evelyn McOmie, Community Services Director  
Marlene Vargas, Aging Adult Specialist

5. **Public Input & Comments** (3 minutes)  
Leticia Garcia, the President of the Board of Trustees, thanked Jeremy Sunderland and the executive team for their support and assistance regarding a recent health issue. She stated that as the third year of the COVID-19 pandemic emerges, it is important to consider the following: NLA should reflect on the stressful activities that were endured in providing services to 30,000 consumers in NLA County, Santa Clarita, and Antelope Valley. NLA staff have been working tirelessly to navigate the challenges of in-person care and providing assistance to families, including vaccinations, mental health services, working with service providers, and providing safety measures as staff were working remotely and dealing with their own life concerns all while abiding by the additional reporting required from the Department of Developmental Services (DDS). The Board has a responsibility to not only provide oversight, accountability, and transparency to the regional center, but to also lead with compassion, understanding, and patience. The dedicated NLA staff should be valued for their commitment to excellence.

Jennifer Williamson introduced herself as the Organizational Development Director at NLA. She announced that the consumer and family guide has been finalized and published, and a communication will be sent out to the community on February 14, 2022. She thanked everyone, especially those that assisted in reviewing the guide.

Lia Cervantes Lerma is an advocate who works with the State Council on Developmental Disability. She announced that a self-determination advocacy group is recruiting, and a meeting of the group is being held on February 14, 2022, between 3:00 p.m. to 4:30 p.m., and provided the meeting zoom link in the chat.

6. **Consent Items**
- A. Approval of Revised Agenda – February 9, 2022  
**M/S/C** (M.Davis/C.Wang) To approve the Revised Agenda as presented.
  - B. Approval of January 12<sup>th</sup> Board Meeting Minutes  
**M/S/C** (C.Mitchell/A.Martinez) To approve the Minutes as presented.

7. **Board Training – Vendorization, Quality Assurance, and Resource Development** – Evelyn McOmie

Evelyn McOmie presented the Board training contained on Page 19 to 40 of Packet 1 of the meeting package. She stated that the purpose and intent of the training is to enlighten the Board on the process for resource development, vendorization, and quality assurance. Evelyn McOmie highlighted the following rationale for developing the NLACRC system: The System: The Regional Center system was designed to provide the services and supports necessary to serve individuals with developmental disabilities in the community. The Need: As an entitlement program the system has been driven by the needs, trends, and outcomes of those it was created for and their advocates.

The Providers: A pivotal component of the system is service delivery.

There were three primary units within the community services that make service delivery possible, which are the resource development unit, the contracts and compliance unit, and the quality assurance unit. Evelyn McOmie reported that each unit consists of selected experts ranging from specialists, vendor coordinators, resource developers, and residential quality assurance experts.

**A. Resource Development**

Evelyn McOmie summarized the process of seeking and acquiring service providers under resource development. She referred to the stages involving the request for proposals (RFP), requesting for vendorization (RFV), and creating an open proposal period (OPP).

The slide on Page 23 of Packet 1 showed the process for identifying the need for the development of services including SANDIS data, case management survey, trends, and legislation. The total proposal submissions in 2021 were 86 submissions received and 74 submissions approved.

The vendorization process was summarized to show the vendor approval process including the process of identifying needs, the RFP/RFV/OPP process, pre-requirements, development, and regulatory documents.

**b. Contracts and Compliance**

Evelyn McOmie referred to the Contracts and Compliance section slide on Page 26 of Packet 1 and highlighted that the contracts process includes drafting the contract, calculating the fiscal impact of the contract, obtaining the Board approval for excessive amounts and the resubmission of the DS 1891 fraud disclosure form upon issuance of a vendor number.

Evelyn McOmie reported that the yearly contractual business chart showed 388 contracts between 2018 and 2019, compared to 383 between 2016 and 2017, and 295 between 2020 and 2021.

Evelyn McOmie highlighted the necessity of effective communication, networking, partnerships, a person-centered focus, and quality services for successful vendorization; as they help in building a strong foundation.

**c. NLACRC Growth**

Evelyn McOmie presented the yearly vendor figures on Page 31 of Packet 1. NLACRC has the third largest regional center catchment area within California. The following yearly vendor figures were highlighted to show the vendor growth:

2010: 646 NLACRC vendors

2015: 946 NLACRC vendors

2020: 1,539 NLACRC vendors

2021: 1,633 NLACRC vendors

It was noted that there was a 138.2% increase in vendorization in 10 years, and a 152.79% increase between the 2010 and 2021 vendor figures.

**d. Quality Assurance**

Evelyn McOmie explained that quality assurance involves monitoring facilities or day programs, evaluating and investigating complaints related to care and the delivery of services per individual program plan (IPP), and compliance under Title 17 and Title 22 of the California Code of Regulations.

Examples were highlighted of substantial inadequacies that fall under the compliance investigations of Title 17, including violation of rights, threat to health or safety, and failure to implement consumer's IPP.

Corrective action plans (CAP) are developed when a substantial inadequacy is identified, including unannounced visits by the compliance officer, annual performance reviews, and the review of special incident reports. Timelines, usually 10 days, exist for the compliance team to develop the CAP, and send a notice to the service provider to rectify the complaints. The provider also has the option of appeal if they do not agree with the CAP. Evelyn identified additional responsibilities within the community services including vendor fairs, life after high school fair, establishing and monitoring statewide committees and regional and internal agencies, partnering with oversight entities, and staff training. Current special projects and initiatives for NLACRC were also highlighted, including the following: Rate Reform, Housing, Early Start, Community Crisis Home, HCBS – Home and Community Based Services, SDP – Self-Determination Program, CIE and PIP – Competitive Integrated Employment and Paid Internship Program, NLACRC was looking towards the future with the following initiatives:

**The System:** Continued partnership with oversight agencies and the service provider community to stay informed of systemic trends as well as key changes in legislation and regulation.

**The Need:** Strengthening tracking of service utilization through SANDIS and the creation of a survey that gathers information from all interested stakeholders throughout the year.

**The Providers:** Ongoing focused development to address identified needs. Evelyn McOmie concluded the training presentation with the community services mission: “To ensure the individuals we serve and support are safe and have choices in progressive, quality services”. The mission is built on four pillars: Safety, Choice, Quality and Progress.

**d. Questions/Feedback**

Ana Quiles expressed appreciation for the training presentation and requested clarification on the discrepancy between the figure of 30,111 NLACRC consumers on Page 41 in Packet 2 since December 2021, compared to the figures of 28,442 shown on Page 103, and 24,755 on Page 107 of Packet 2 and also for an explanation behind the decrease shown, on Page 29 in Packet 1, of 93 contracts shown in the 295 figure in 2020 to 2021 from the 388 contracts in 2018 to 2019? Evelyn referred to the chart on Page 29 in Packet 1 and explained that the yellow lines show the amendments to current providers and are contracts that are already executed. The numbers of the chart are not categorized as a decline in vendorization for many reasons. There are also cases where the services rendered are taking longer to develop rather than being seen as vendoring less. Evelyn added that there were higher numbers in some years due to renewal of contracts in those years, since contract renewals are sometimes in a cycle of between three to five years. Evelyn stated she will create a breakdown of the figures year by year in the contractual business slide to present at the next meeting. Anna Quiles appreciated the staff size of the NLACRC team. She noted, however, that there were open positions in NLACRC and inquired as to how often new team members are hired, considering the inflow of contracts and the ongoing need for quality assurance. Evelyn responded that NLACRC is always actively recruiting and hiring new team members. There is a newly hired contracting compliance specialist joining the center on February 14, 2022. Evelyn McOmie emphasized that the majority of the team members are specialists alongside vendor coordinators. Every year, HR approves the NLACRC hiring plan and additional positions are allotted, with some of the positions being funded by DDS. Rosie Sigala reflected upon the high

demand and need for the social recreation program. She asked if the NLACRC team is working on a network or outreach action plan to increase the amount of service providers for social work. Rosie Sigala also expressed that the social recreation camp is a long-awaited service and wondered if the team had any plans towards expediting the vendorization process. Evelyn responded that the requests for proposals (RFP) were already in place and the social recreation campaign was ready to become operational once the DDS approves the service delivery standards. There was also an outreach plan where the resource developers will be tasked on reaching out to entities within and possibly outside the NLACRC catchment area for vendorization.

**8. Adult Residential Facility for Persons with Special Healthcare Needs – AB637 Presentation – Evelyn McOmie**

Evelyn briefly explained the rate model of the AB 637 Concept for Adult Residential Facilities for Persons with Special Healthcare Needs (ARFPSHN). The explanation was based on the following topics expanded in the ARFPSHN document in the meeting package:

- The ARFPSHN model
- The History of ARFPSHN
- Qualifying Personal Care Needs
- Special Health Care Needs
- Service Provider Selection

Evelyn noted that ARFPSHN residents include individuals with certain medical needs such as persons who are ventilator or respirator dependent, or that require the usage of catheters, tracheostomy/gastrostomy, ileostomy, and suctioning. The ARFPSHN Services are needed for reasons including that highly trained professionals at all organizational levels address the goals of the IPP and Comprehensive Care Plan as developed by the resident, circle of support, regional center and provider clinical and program staff. ARFPSHN requirements do not allow for a reduction in staffing based on occupancy, due to mandated minimum staffing requirements. Evelyn McOmie noted that some challenges faced in the ARFPSHN services include that the ARFPSHN rate is capped at the median monthly rate for Specialized Residential Facility services. Service providers, therefore, cannot bill the center for a vacancy. Proposed solutions to the challenges faced in the ARFPSHN services were listed, while the primary solution highlighted was that the statute should provide a DDS-approval process to address this inadequacy. Evelyn McOmie explained that the next step in the ARFPSHN project will be to submit the AB 637 proposal to DDS in February 2022, for review and consideration.

**M/S/C** (M.Davis/A.Martinez) Evelyn to submit AB637 proposal to DDS in February for review and consideration.

**9. Committee Action Items**

A. Administrative Affairs Committee – Ana Quiles

1. Approval of Contracts

- a. Master Board Resolution: Nine (9) Supported Living Service (SLS) Providers Conversion from Monthly to Hourly Rates

**M/S/C** (D.Coe/C.Blin) To approve the Master Board Resolution as presented.

B. Consumer Services Committee – Gabriela Herrera

1. Appointment of R.Sigala as new Self Determination Program Liaison

**M/S/C** (D.Coe/C.Blin) To approve Rocio Sigala as the new Board Liaison for the Self Determination Local Volunteer Advisory Committee

C. Government & Community Relations Committee – Jennifer Williamson

1. Approval of Photo/Video Release
2. Approval of Name/Voice/Image Consent
3. Approval of Personal Health Information Release Consent

**M/S/C** (D.Coe/M.Davis) To approve the documents as presented

**10. Association of Regional Center Agencies** – Angelina Martinez

A. Report on ARCA Meetings

No ARCA meeting in February 2022. Stated she will share the invitation list for the next ARCA webinar/training scheduled for March 8, 2022, from 6:00 p.m. to 7:30 p.m. The topic of the training will be “Your role in our legislative advocacy”. The webinar is open to regional center Board members only. Angelina stated that at the last ARCA Academy the members discussed adults and the possibility of live-in options and discussed job opportunities for people with disabilities.

**11. Executive Director’s Report** – Ruth Janka

Ruth provided brief updates on the following Legislation Bills and Policies:

- Senate Bill 882 (SB882) by Eggman: Advisory Board under Dept of Justice to evaluate and provide existing training for peace officers specific to interactions

between law enforcement and individuals intellectual developmental disabilities and individuals with mental health conditions.

- Assembly Bill 58 (AB58) by Salas: To update the policy on student suicide prevention and create a mandated program for schools to provide training on suicide awareness and prevention to students and teachers at the beginning of each school year.
- Assembly Bill 682 (AB682) by Bloom: Would provide a density bonus to housing developers who agree to construct a specified percentage of units for moderate income, lower income, and very low-income households. It would also prohibit a city or county from requiring a minimum unit sizes.
- Assembly Bill 741 (AB741), by Bennett: This would require a local government to recommend a local plan to the Board of Supervisors for the implementation of discharge plans for individuals with mental illness exiting county jail.
- Governor's January Budget Proposal, DDS is projecting California will serve 407,634 individuals with developmental disabilities in Fiscal Year 2022-23. The proposed Service System budget specifically for Regional Centers and service providers is \$11.9 Billion. There is significant funding for rate increases, and service access and equity for case load reductions, creation of smaller caseloads (1:40 ratio) for children 0-5yrs of age, and support for transitioning children from Early Start to Part B services (specialized education services) including creating an IDEA specialist position.
- DDS rate increase for fiscal year 21-22 for Community based service providers is scheduled for April 1, 2022 of 25% increase from the cost of their current rate to the established by the Burns Rate Study.
- DDS is proposing an amendment of Title 17 to align with IDEA, federal law, and federal regulations to add assisted technology to the definition of early intervention services and further define "healthcare services" to include consultation concerning special healthcare needs of infants and toddlers.
- DDS Quality Incentives work group is working to establish performance measures in Early Intervention, Workforce Capacity, Employment, Prevention, Compliance with HCBS, Service Access and Equity, Choice and Satisfaction, and Person Center Planning. Group met on February 1<sup>st</sup> to get recommendations on each area listed. Next monthly meeting is on March 1<sup>st</sup>.
- Regional Center (RC) Performance Measures Workgroup met January 20<sup>th</sup> to discuss performance benchmarks and meaningful comparisons for regional center performance. Benchmarks include data levels or results that indicate common performance. Meaningful comparison is a way to analyze results addressing the same types of factors that influence the work or the service delivered. Variation will also be taken into consideration as factors outside the control of an organization can influence performance. This group meets again on February 17<sup>th</sup>.
- ARCA established budget priorities for fiscal year 22-23 which includes a revision of the Core Staffing Formula, which is how DDS funds Regional centers for positions, however it needs to be updated based on the cost of doing

business today. Another priority is the elimination of the Annual Family Program Fee and Family Cost Participation Program, both of which have been barriers for families to access Regional Center services. Another prior is to advocate for the acceleration of the second 25% rate increase to occur July 1, 2022 rather than July 1, 2023.

- Senate Bill 639 is ending subminimum wage programs by January 1, 2025 or until State Council develops a plan to transition individuals into competitive employment. State Council is seeking self-advocates who have been employed in 14C subminimum wage settings to participate in stakeholder group in creating a pilot program. Applications are due February 16<sup>th</sup> and are available on the State Council website; there is a \$200 stipend for those selected to participate.
- National Core Indicator Surveys are being mailed for the Adult Family Survey, Family Guardian Survey and Children Family Survey. NCI are collaboration of National Association Directors of Developmental Disabilities Service Systems and the Human Services Research Institute focused on measuring performance.
- COVID 19 Statistics in LA County indicates an 8.39% positivity rate. Hospitalization have dropped further to under 2,000. LA County will continue the indoor masking requirement despite the CDPH who is going to end indoor mask mandate as of February 16<sup>th</sup> with the exception of certain indoor settings like healthcare locations, schools, and public transportation regardless of vaccination status. LA County will lift mandates when there are 2 consecutive weeks of low or moderate transmission of COVID as defined by the CDC or until vaccines have been available for children under the age of 5 for 8 weeks and no reports of circulating new barriers of concerns. Masking requirement continues for unvaccinated to wear masks in indoor public settings and businesses. Booster vaccine mandate timeline extension for employees and service providers is March 1, 2022. NLA received a shipment of PPE from DDS and has begun distributing it across all community care facilities and day programs and have applied for additional 30day supply. DDS extended January directive to continue to extend former directives which allow for alternative non-residential services and additional participant directed service types, as well as other provisions.
- Strategic Thinking Survey closed on February 5, 2022. Per the consultant sufficient responses to the survey were received and enables proper strategic planning. The Retreat is scheduled for March 11<sup>th</sup> and 12<sup>th</sup>.
- Staffing: NLACRC has 670 authorized positions and 607 filled as of January 31, 2022. There are presently 26 vacant consumer service coordinator positions and 47 non-case management positions available. NLACRC onboarded 19 new staff in January 2022 with a projection to hire more staff, including six Consumer Services Coordinators and one Office Assistant II, in February 2022. Michele will extend her stay until May 1<sup>st</sup> for recruitment of a Chief Human Resources Officer.
- Performance Contract: This contract was approved by DDS for the year 2022. The contract may be amended when the regional center performance standards



are established

- **Community Engagement:** Town hall is scheduled for February 17, 2022, at 1:30 p.m. by Dr. Reina Factor, from the Geffen School of Medicine, UCLA will present a session focused on social emotional development in children with Autism Spectrum Disorder. Group was asked to reference the report for upcoming support and consumer advocacy groups.
- **Special Incident Reports:** NLACRC received 77 special incident reports in January 2022. Some of the incidents occurred in 2021, but none of the death incidents were reported as COVID-19 related.
- **Quality Assurance:** In January 2022, the Community Services conducted 11 unannounced visits to various facilities, 10 annual reviews and four other in-person and virtual meetings. No corrective action plans were issued in January 2022
- **Consumer Statistics:** As of January 31, 2022, NLA served 30,216 consumers and applicants, including 4,420 in Early Start and 24,464 in the Lanterman program. The SF office serves 18,964 consumers, AV office serves 7,278 consumers, and the SC office serves 3,442 consumers.

**12. Self Determination Program Report – Jesse Weller**

Jesse presented total number of certified budgets, ongoing budgets, completed orientations, approved and ongoing spending plans, as well as enrollments and transitioning into SDP.

- NLACRC received funding for two positions, and they will be allocated to Antelope Valley and San Fernando Valley
- The orientation and information meetings continue monthly
- NLACRC has some allocations to support the implementation of SDP, including the new allocation for year 2021 to 2022: \$149,331
- The above allocation will be used for identified priorities including the recruitment and training of independent facilitators
- Self-determination group meets every first Wednesday of each month, and is facilitated by Claudia Wenger, contractor with NLACRC to support the implementation of SDP.
- The SDP Local Volunteer Advisory Committee and Disability Voices United are developing a committee center plan and will be having a public meeting on February 10, 2022, at 6:30 p.m.
- The SDP Local Volunteer Advisory Committee will be holding a meeting on February 17, 2022.

**13. Administrative Affairs Committee – Ana Quiles**

**A. Draft Minutes of the January 26<sup>th</sup> Meeting**

These minutes were included in the packet for Board information.

**B. FY 2020-21 Financial Report – Alan Darby**

NLACRC monthly expenses in December 2021 was \$54,238,302, with a total purchase of services (POS) of \$49,699,908 and total operations figure of \$4,538,393. The year-to-date expenditures from July 1, 2021, to December 31, 2021, were \$308,414,269 with a total purchase of services of \$279,817,177 and total operations (OPS) figure of \$28,484,557.

- **Projected Annual Expenses (thru December 2021)**
  - Total = 726,939,169
  - POS = \$620,438,508
  - OPS = \$66,965,599
- **As of December 31, 2021 - there is a projected annual surplus**
  - Total \$40,299,545
  - POS = \$39,841,895
  - OPS = \$457,650
  - \*The surplus is mostly POS expenditures, not OPS
  - As of December 31, 2021, NLA is projecting a year-end annual expenditure surplus of \$40,299,545. The surplus consists of \$39,841,895 in POS expenditures and \$457,650 in OPS expenditures. One contributing factor causing the forecasted surplus is DDS' generosity in regular POS allocation due to COVID related expenditures.

As NLA receives the updated vendor rate increases from DDS, which will be effective 4.1.2022, the center will be able to better project the impact of those increases as they relate to the center's year-end POS expenditure totals and any subsequent surplus.

NLA does expect the forecasted surplus to recede over the next few months.

- **The Administrative vs. Direct Allocation percentage = 14.3%**
  - As a reminder this percentage needs to 15% or less on an annual basis.
- **Approval of Contracts**
  - Master Board Resolution – Amendment - for Contractors who provide 'SLS' (Supported Living Services)
  - The purpose of this Resolution is to convert the current SLS MONTHLY rates to an hourly rate in order to avoid

- supplanting in-home supportive services funded separately by LA County.
  - Currently contract with 36 SLS providers
  - These are the last 9
  - Began this process in 2008
  - There is no fiscal impact
  - NLA Admin Affairs Committee reviewed & discussed this resolution – for each of the service providers listed on the summary report
  - Is recommending an action of the Board to APPROVE the Contract
- Provider Relief Funds Financial Report  
Total **CARES Act** Funding = \$991M  
Remaining Balance = \$0  
\*All spent by December 31, 2021
- Executed Contracts
  - POS for Min Wage Increase due to CA's Min Wage Increase Board Approved Sept 9, 2015
  - Renewal of Contracts – Board Approved June 13, 2018  
6 in total
  - Approved Health & Safety Waiver Exemption – Board Approved October 10, 2018
  - Adding CIE / PIP Services – Board Resolution Approved Sept 9, 2021
  - New Contract – that Board Approved January 12, 2022
- PRMT & UAL
  - Quarterly PRMT Fees Report for period ending 12/31/2021  
Market Value as of December 31, 2021 = \$33,801,827
  - Quarterly CalPERS UAL fees Report for period ending 12/31/2021  
Market Value as of December 31, 2021 = \$10,294,936
- Contributions made
  - \$252,368 contribution to UAL to replace the disbursement NLACRC made from our UAL for the FY2021-2022 annual lump sum payment paid to CalPERS, pursuant to the authorization provided by our Board of Trustees on June 14, 2021.
  - \$3M partial contribution from FY2019-2020 - Board Approved in June 2021.

- \$2.5M contribution from FY2021 available funds – Board approved in May 2021.
- \$3,204.92 contribution to replace the FY2020-2021 fees charged by US Bank for the UAL

C. Human Resources Report

The report was included in the packet for Board information.

14. **Consumer Advisory Committee** – Caroline Mitchell

A. Minutes of the February 2<sup>nd</sup> Meeting

These minutes were included in the packet for Board information.

15. **Consumer Services Committee** – Gabriela Herrera

A. Minutes of the January 19<sup>th</sup> Meeting

These minutes were included in the packet for Board information.

B. 2<sup>nd</sup> Quarter Reports – Jesse Weller

Jesse relayed the exceptions reports were included in the packet for Board information. Status updates will be done at the next Committee meeting.

16. **Executive Committee** – Lety Garcia

A. Minutes of the January 26<sup>th</sup> Meeting

These minutes were included in the packet for Board information.

B. Executive Director's Evaluation – Michele Marra

The Executive Director's Evaluation is conducted by the Board of Trustees, to participate in the evaluation process a board member must have at least three months' time served on the Board.

All eligible Trustees are expected to participate in the evaluation, and the failure of a Trustee to submit a signed evaluation to the Board president or designated

person by the scheduled date may constitute a resignation unless with prior approval or agreement with the Board president  
Board members that need assistance with the evaluation content can contact Leticia Garcia, Board president.

Completed Evaluation forms can be emailed, mailed, or faxed to Lawya Rangel, Legal Counsel with Clouse Spaniac Attorneys directly.

C. FY20, FY21, FY22 Salary Schedule – Michele Mara

The Executive Committee approved the revised salary schedules for years 2020 to 2022 respectively. The approval was to fulfil an urgent situation regarding a retiree, without which the retiree's retirement and health insurance may be impacted. Only specific dates were amended in the revision; no salary ranges were changed.

D. Recruitment and Selection Policy – Michele Marra

Michele explained the policy identifies the purpose, scope, responsibilities, and the definition of procedures, as it relates to the NLACRC's Human Resource's recruitment and selection process. Michele requested a motion to approve the policy.

**M/S/C** (M.Davis/C.Mitchell) To approve the Recruitment and Selection Policy as presented

17. **Government & Community Relations Committee – Jeremy Sunderland**

A. Minutes of the November 17<sup>th</sup> and Draft Minutes of the January 19<sup>th</sup> Meeting

These minutes were included in the packet for Board information.

18. **Nominating Committee – Angelina Martinez**

A. Status of Board & VAC Member Recruitment

Angelina reported that the Committee had its first phase of interviews the first week of February. She stated that there were many talented candidate applications reviewed and interviewed.

**19. Post-Retirement Medical Trust Committee – Lety Garcia**

A. Minutes of January 26<sup>th</sup> Meeting

These minutes were included in the packet for Board information.

B. PRMT Board Report – Alan Darby

Alan Darby noted that as of December 31, 2021, the market value for the PRMT was \$33,801,827.15 while the statement of current CalPERS UAL Trust Value, showed a market value of \$10,294,936.

**20. Strategic Planning Committee – Marianne Davis**

A. Draft Minutes of the January 3<sup>rd</sup> Meeting

These minutes were included in the packet for Board information.

**21. Vendor Advisory Committee - Sharoll Jackson**

A. Minutes of the January 6<sup>th</sup> and February 3<sup>rd</sup> Meetings

These minutes were included in the packet for Board information. Minutes for the February 3<sup>rd</sup> Meeting were deferred.

**22. Old Business/New Business**

A. Board and Committee Meeting Attendance Sheets

Updated attendance sheets are always included in the meeting packet. Board members cannot miss 5 meetings in a 1-year period or 3 meetings in a row, by meeting type. Jeremy encouraged Trustees to review to ensure accuracy.

B. Board and Committee Meetings Time Report

An updated list of board and committee meeting times and meeting length is always included in the meeting packet.

C. Updated Acronyms Listing

An updated list of acronyms is always included in the board meeting packet.

D. Meeting Evaluation

Please email any comments or questions about tonight's meeting to Lety Garcia or Yesenia Martinez.

23. **Announcements/Information/Public Input**

- A. Town Hall: "Social Emotional Development in Children with ASD" Thursday, February 17<sup>th</sup>, at 1:30 p.m., via Zoom
- B. Cafecito Entre Nos: Thursday, February 10<sup>th</sup> at 11:00 a.m., via Zoom
- C. Aprendiendo Entre Nos: Thursday, February 17<sup>th</sup> at 10:00 a.m., via Zoom
- D. Family Focus Resource Center: Generic Services Workshop on CalABLE March 16<sup>th</sup> at 10 a.m. to 12 p.m.
- E. Family Focus Resource Center: Generic Services Workshop on In-Home Supportive Services Part 1 – April 6<sup>th</sup>, 10 a.m. to 12 p.m.
- F. Meeting: Wednesday, March 9<sup>th</sup> at 6:30 p.m. via Zoom.

24. **Adjournment**

Jeremy Sunderland adjourned the meeting at 9:07 p.m.

Submitted by:

*(\*) Lizeth Chavez*

Executive Administrative Assistant

(\*) The majority of these minutes are taken from the Minutes Service submission and reviewed/edited as presented herein by NLACRC staff.



**Other Vendorizations with Vendor’s Tax Identification Number (TIN):**

Vendor #	Service Code	Service Code Description
PL1823	605	Adaptive Skills Training

**Vendor Name:** Beyond Expectations

**Vendor Number(s):** HL0985 (1:1), HL0986 (1:2), HL0987 (1:3)

**Service Code:** 520

**Service Code Description:** Independent Living Skills (ILS) Program

**Office Address:** 1008 W. Ave M-14, Palmdale, CA 93551

**Service Area:** Antelope Valley

**Service Description:**

Beyond Expectations will be providing direct 1:1 Independent Living Services that is designed to meet consumers IPP goals and objectives using different philosophical, theoretical, and technological approaches. Our philosophy at Beyond Expectations (BE) is “united we can unlock the barriers to success and independence”. We utilize 6 core principles to guide our purpose: Self-Determination, Independence, Integration, Collaboration and Empowerment. BE employs the most appropriate Evidence-Based Interventions (EBIs) in crafting personalized programs that address the various needs of the consumers. The instructional strategies, techniques and intervention methods are directly rooted in various EBIs and are empirically validated in the literature. BE educators are encouraged to utilize positive reinforcement, encouragement, and modeling throughout sessions to best support consumers and families. Beyond Expectations supports diversity and equity in all its various manifestations. We recognize the marginalization of underserved populations and seek to bridge the gap to success for all individuals regardless of race, status, gender, gender identity, mental and/or physical disability, sexual orientation, or religion. We are committed to creating safe spaces for consumers and families to authentically be themselves. We pride ourselves on being inclusive of all and ensuring that ourselves and staff provide culturally diverse services to meet the needs of our consumers and families. Part of this entails us advocating for our consumer’s needs and ensuring that they are being cared for in a fair and empowering manner by BE staff and others within the community. This program will improve the quality of life for individuals with intellectual disabilities by supporting them to reach their full potential through

**Staffing:**

Staff Job duties and description. Director shall meet the following requirements: (A) Possess a Master’s Degree on one of the following: education, psychology, counseling, nursing, social work, applied behavior analysis, behavioral medicine, speech and language, or rehabilitation; and (B) Have at least one year of experience working with developmentally disabled population in the design and implementation of Independent Living Services plans.

Job Title: **Director and Independent Living Trainer.** All staff working directly with consumers are employees of the agency, and not contracted or sub-contacted. All services will be delivered face to face and not through any electronic means.

**Director** must possess a master’s degree in one of the following: education, psychology, counseling, nursing, social work, applied behavior analysis, behavioral medicine, speech and language, or rehabilitation, have at least one year of experience in the design and implementation of Independent Living Services plans and 2 or more years providing services to individuals with developmental disabilities.



The Director's functions will be to develop and execute the business plan for BE, provide administrative and financial management, hire, train and supervise educators, supervise monthly staff meetings, provide ongoing training to educators and oversee record keeping for accuracy.

**Independent Living Trainer** must possess a High School Diploma and have at least one year of experience in the design and implementation of Independent Living Services plans and 1 or more years providing services to individuals with developmental disabilities. Independent Living Trainer function is to provide direct sessions to developmentally disabled clientele on Independent Living Services. The Independent Living Trainer will be assigned a workload that may consist of 1-4 clients each requiring various hours of servicing per month (8-30+ hours). The Independent Living Trainer will be required to set daily/weekly meeting times and ensure Independent Living Services be delivered based on program goals and objectives. Independent Living Trainer are required to fill out daily activity logs, data sheets, sign in sheets, and compile monthly goal percentages to establish program effectiveness. In addition, the Independent Living Trainer is required to travel to a client's home, work on independent goals, and assist with socialization skills, self-care, daily living skills, financial independence, vocational exploration, and social/leisure activities. The Independent Living Trainer will be required to provide feedback to parents, collaborate with team members, parents, and ILS providers, write notes and reports, review notes and reports and attend staff and mentor meetings. Beyond Expectations engages in daily management oversight to ensure progress towards targeted objectives. Beyond Expectations contingency plan is to plan accordingly to ensure 1:1 direct services are not impacted. If 1:1 direct services are jeopardized upper management will be required to perform direct services until a new staff is secured. Additional Requirements: Reliable transportation is a must. Valid California Driver's License, Automotive Insurance, and CPR/ 1<sup>st</sup> Aid are required. An extensive background clearance is required, including a 3-year Motor Vehicle Report. BE will locate and hire staff from received applications from agency websites, recruitment websites, and referrals from colleagues. BE policies ensure our services are always aligned with our purpose, mission and values. BE will utilize Regional Center, community engagement and walk-in for the referral process. BE provides competitive wages to employees that are similar to other providers providing the same service in the catchment area.

## Contract Summary and Board Resolution

No.	Description	Contract Summary
1.	<b>Contract Overview: (New or Amendment) (POS or OPS)</b>	New Agreement for Independent Living Program Services, Purchase of Services (POS)
2.	<b>The Name of Vendor or Service Provider</b>	<b>Beyond Expectations LLC</b> Vendor Number: HL0985, Service Code: 520 (1:1) Vendor Number: HL0986, Service Code: 520 (1:2) Vendor Number: HL0987, Service Code: 520 (1:3)
3.	<b>The Purpose of the Contract</b>	The service provider will provide Independent Living Services (ILS) services pursuant to Title 17, Section 54302(a)(35). ILS services are a community-based day program that provides to adult Consumers, age 18 years and older, the functional skills training necessary to secure a self-sustaining, independent living situation in the community and/or may provide the support necessary to maintain those skills. Independent Living Program Services focus on functional skills training for adult Consumers who generally have acquired basic self-help skills and who, because of their physical disabilities, do not possess basic self-help skills, but who employ and supervise aides to assist Consumers in meeting their personal needs.
4.	<b>The Contract Term</b>	Five (5) year contract effective March 1, 2022 through February 28, 2027.
5.	<b>The Total Amount of the Contract</b>	Projected annual cost is \$103,750.19 per year, or \$518,750.93 over the entire five (5) year term of the contract based on similar service code 520 vendorizations vendored within the last 5 years.
6.	<b>The Total Proposed Number of Consumers Served</b>	Projected 11 consumers per month.
7.	<b>The Rate of Payment or Payment Amount</b>	Payment will be reimbursed to service provider based on 1) the actual services authorized; 2) the actual services provided; and 3) the authorized DDS-set rate.
8.	<b>Method or Process Utilized to Award the Contract.</b>	Based on vendorization requirements under statute and regulation for ILS services.

9.	<b>Method or Process Utilized to Establish the Rate or the Payment Amount</b>	Rate established by DDS based on the current temporary payment rate for service code 520, includes AB 79 8.2% increase: - 1:1: \$38.77/hour - 1:2: \$25.33/hour - 1:3: \$17.55/hour
10.	<b>Exceptional Conditions or Terms: Yes/No If Yes, provide explanation</b>	NLACRC requested the rate from DDS on February 3, 2022 with an effective date of March 1, 2022. Once NLACRC receives the DDS rate letter, contract term will be retro-active to the vendorization and rate approval date of March 1, 2022.

The North Los Angeles County Regional Center’s (“NLACRC”) Administrative Affairs Committee reviewed and discussed the above three Agreements for Independent Living Program Services (“Contracts”) and is recommending an action of the Board of Trustees to **Approve** the Contracts.

\_\_\_\_\_  
Ana Quiles, Board Treasurer

February 23, 2022  
\_\_\_\_\_  
Date

## Contract Summary and Board Resolution

The North Los Angeles County Regional Center's ("NLACRC") Board of Trustees reviewed and discussed the three Agreements for Independent Living Program Services ("Agreements", or "Contracts") for **Beyond Expectations LLC** and passed the following resolution:

**RESOLVED THAT** in compliance with NLACRC's Board of Trustees Contract Policy, the Contracts between NLACRC and **Beyond Expectations LLC** were reviewed and approved by NLACRC's Board of Trustees on **March 9, 2022**.

NLACRC's Board of Trustees hereby authorizes and designates any officer of NLACRC to finalize, execute and deliver the Contracts on behalf of NLACRC, in such form as NLACRC's legal counsel may advise, and on such further terms and conditions as such Officer may approve. The final terms of the Contracts shall be conclusively evidenced by the execution of the Contracts by such Officer. For purposes of this authorization, an "Officer" means NLACRC's Executive Director, Chief of Program Services, Chief Financial Officer, or Chief Organizational Development Officer, and no one else.

**Certification by Secretary:** I certify that: (1) I am the Secretary of the NLACRC; (2) the foregoing Resolution is a complete and accurate copy of the Resolution duly adopted by NLACRC's Board of Trustees; (3) the Resolution is in full force and has not been revoked or changed in any way.

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Lillian Martinez, Board Secretary

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March 9, 2022

Date

**Other Vendorizations with Vendor’s Tax Identification Number (TIN):**

Vendor #	Service Code	Service Code Description
N/A	N/A	N/A

**Vendor Name:** SKILLS Inc.

**Vendor Number:** PL2086

**Service Code:** 028

**Service Code Description:** Social Skills Training

**Service Address:** 15235 Burbank Blvd, Ste A1, Sherman Oaks, CA 91403

**Service Area:** San Fernando Valley

**Service Description:**

Effective 03/01/2022, this vendor added to the list of approved providers for social skills group training for ages 3 - 18 years; Early Care (3-6 yrs), Kids (7-12 yrs), Teens (13-18 yrs), & Parent Education/Training. Assessment (ASMT) is up to 6 hours at \$27.57 per hour. Each session is 1 hour, 45 minutes in duration once per week. Series is 20 weeks in duration & can be repeated 2 times.

**Staffing:**

The SKILLS team is made up of 6 qualified team members when at full capacity (1 Clinical/Educational Director and 5 Training Facilitators)—all of which have the experience to facilitate the social skills program. Described below are the staff qualifications and their duties for each SKILLS position:

**Clinical/Educational Director** – Oversees the entire SKILLS company, business, programs and services; recruits, hires, and trains facilitators; develops/implements clinical and educational curriculum; evaluates the business, programs, staff, and curriculum; assesses consumers and produces reports. Must possess a Doctoral Degree in one of the following: education, psychology, counseling, nursing, social work, applied behavior analysis, behavioral medicine, speech and language, or rehabilitation; and have at least two years of experience in the design and implementation of adaptive skills, supported living, independent living, social skills, and parent education training. Must have experience facilitating social skills program.

**Adaptive Functioning Skills Facilitator** – Facilitates Adaptive Functioning Skills Training. Must possess a Master’s Degree in one of the following: education, psychology, counseling, nursing, social work, applied behavior analysis, behavioral medicine, speech and language, or rehabilitation; and have at least one year of experience in the design and implementation of adaptive skills training. Must have experience facilitating social skills program.

**Supported Living Skills Facilitator** – Facilitates Supported Living Skills Training. Must possess a Master’s Degree in one of the following: education, psychology, counseling, nursing, social work, applied behavior analysis, behavioral medicine, speech and language, or rehabilitation; and have at least one year of experience in the design and implementation of supported living skills training. Must have experience facilitating social skills program.

**Independent Living Skills Facilitator** – Facilitates Independent Living Skills Training. Must possess a Master’s Degree in one of the following: education, psychology, counseling, nursing, social work, applied behavior analysis, behavioral medicine, speech and language, or rehabilitation; and have at least one year of experience in the design and implementation of independent skills training. Must have experience facilitating social skills program.

**Social Skills Facilitator** – Facilitates Social Skills Training. Must possess a Master’s Degree in one of the following: education, psychology, counseling, nursing, social work, applied behavior analysis, behavioral medicine, speech and language, or rehabilitation; and have at least one year of experience in the design and implementation of social skills training. Must have experience facilitating social skills program.

**Parent Education/Training Facilitator** – Facilitates Parent Education Training. Must possess a Master’s Degree in one of the following: education, psychology, counseling, nursing, social work, applied behavior analysis, behavioral medicine, speech and language, or rehabilitation; and have at least one year of experience in the design and implementation of adaptive skills, supported living, independent living, social skills, and parent education training. Must have experience facilitating social skills program.

## Contract Summary and Board Resolution

No.	Description	Contract Summary
1.	<b>Contract Overview: (New or Amendment) (POS or OPS)</b>	New, Nonresidential Negotiated Rate Agreement Purchase of Services (POS)
2.	<b>The Name of Vendor or Service Provider</b>	<b>Skills LLC</b> Vendor Number PL2086, Service Code 028
3.	<b>The Purpose of the Contract</b>	<p>The service provider will provide Socialization Training Program services pursuant to Title 17, Section 54356 and the DDS published guidelines regarding Miscellaneous Services revised 05/10/2010. The service provider will provide socialization training for school age consumers ages 3 – 18 years old in a group setting. Each assessment is up to six (6) hours in duration. Each session of direct services is one (1) hour, forty-five (45) minutes in duration, once (1x) per week. A series of sessions is twenty (20) weeks in duration and can be repeated two (2) times.</p> <p>At a minimum the following should be provided:</p> <ol style="list-style-type: none"> <li>1. Adaptive recreation/socialization programs</li> <li>2. Integration opportunities through the program’s independent living skills activities</li> <li>3. Access to public recreation and leisure facilities</li> <li>4. Activities that will enhance and develop meaningful interpersonal relationships.</li> </ol>
4.	<b>The Contract Term</b>	Five (5) year contract effective March 1, 2022 through February 28, 2027.
5.	<b>The Total Amount of the Contract</b>	Projected annual cost is \$70,876.08 per year, or \$354,380.40 over the entire five (5) year term of the contract based on cost statement.
6.	<b>The Total Proposed Number of Consumers Served</b>	Projected 33 consumers per month.
7.	<b>The Rate of Payment or Payment Amount</b>	Payment will be reimbursed to service provider based on 1) the actual services authorized; 2) the actual services provided; and 3) the authorized hourly rate of \$29.83.
8.	<b>Method or Process Utilized to Award the Contract.</b>	Based on vendorization requirements under statute and regulation for Socialization Training Program services.

9.	<b>Method or Process Utilized to Establish the Rate or the Payment Amount</b>	Negotiated hourly rate of \$29.83 is based on a cost statement and includes the SB 81 8.2% increase. The rate negotiated complies with WIC, Section 4691.9 (b) which states that effective July 1, 2008 “no Regional Center may negotiate a rate with a new service provider, for services where rates are determined through a negotiation between the Regional Center and the provider, that is higher than the Regional Center’s median rate for the same service code and unit of service, or the statewide median rate for the same service code and unit of service, whichever is lower.” The provider’s stated cost is equal to the statewide median rate of \$29.83 per hour, which includes the SB 81 Supplemental Rate increase of 8.2%.
10.	<b>Exceptional Conditions or Terms: Yes/No If Yes, provide explanation</b>	None

The North Los Angeles County Regional Center’s (“**NLACRC**”) Administrative Affairs Committee reviewed and discussed the above Nonresidential Negotiated Rate Agreement (“**Contract**”) and is recommending an action of the Board of Trustees to **Approve** the Contract.

Ana Quiles, Board Treasurer	February 23, 2022 Date
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## **Contract Summary and Board Resolution**

The North Los Angeles County Regional Center’s (“NLACRC”) Board of Trustees reviewed and discussed the Nonresidential Negotiated Rate Agreement (“**Agreement**”, or “**Contract**”) for **Skills LLC**, and passed the following resolution:

**RESOLVED THAT** in compliance with NLACRC’s Board of Trustees Contract Policy, the Contract between NLACRC and **Skills LLC**, was reviewed and approved by NLACRC’s Board of Trustees on **March 9, 2022**.

NLACRC’s Board of Trustees hereby authorizes and designates any officer of NLACRC to finalize, execute and deliver the Contract on behalf of NLACRC, in such form as NLACRC’s legal counsel may advise, and on such further terms and conditions as such Officer may approve. The final terms of the Contract shall be conclusively evidenced by the execution of the Contract by such Officer. For purposes of this authorization, an “Officer” means NLACRC’s Executive Director, Chief of Program Services, Chief Financial Officer, or Chief Organizational Development Officer, and no one else.

**Certification by Secretary:** I certify that: (1) I am the Secretary of the NLACRC; (2) the foregoing Resolution is a complete and accurate copy of the Resolution duly adopted by NLACRC’s Board of Trustees; (3) the Resolution is in full force and has not been revoked or changed in any way.

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Lillian Martinez, Board Secretary

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March 9, 2022  
Date

**Other Vendorizations with Vendor’s Tax Identification Number (TIN):**

<b>Vendor #</b>	<b>Service Code</b>	<b>Service Code Description</b>
PL1752	055	Community Integration Training Program

**Vendor Name:** Integrated Resources Institute

**Vendor Number(s):** HL0982 (1:1)

**Service Code:** 520

**Service Code Description:** Independent Living Skills (ILS) Program

**Office Address:** 12087 Lopez Canyon Road, #13, Sylmar, CA 91342

**Service Area:** San Fernando Valley

**Service Description:**

Integrated Resources Institute will be providing Empowered Living Independent Living Skills Services provided will be based upon the Individual’s Service Plan (ISP) (Attachment A) objectives developed for each individual participant upon their needs and preferences. Goals will be measured on a daily basis using our note taking software and reviewed at least quarterly.

The Mission of Integrated Resources Institute (IRI) Empowered Living Independent Living Skills Program is to enable and support individuals with developmental disabilities to live and participate with full integration into all aspects of their community based upon their preferences and choice. The IRI Empowered Living Independent Living Skills Program will enable its participants to have the knowledge and learn the skills and possess the tools needed to live independently based on supports customized to their individual needs.

The intent of ISP’s objectives developed is to enhance independence and competency in the following areas: 1) domestic personal assistance, 2) community skills, and/or 3) self-advocacy skills.

In addition to provide services to the individual in the above highlighted areas, ILS will also support people to maintain a self-sustaining, independent living situation in the community. IRI will do so in the least intrusive, person centered way. The goal is not only to “learn” the above-mentioned skills but to be able to apply what has been learned or being learned so that the individual can live as safely as possible in their community. This goal will be achieved by providing the most appropriate and meaningful support that is customized to the individual’s needs.

**Staffing:**

IRI’s Empowered Living ILS service is provided only at a 1:1 ratio. IRI firmly believes that person centered services, such as ILS, cannot be meaningfully provided at a group ratio.

Staff Job duties and description.

ILS instructors are responsible for:

- Providing the services and supports in their specific job description that is developed with the person served, their circle and their manager.
- Providing information and input for changes that may be needed in a person’s support plan.
- Completing tasks assigned by their ILS Program Manager or the IRI Director.
- Making sure people have the support they need to maintain their health and safety to the greatest degree possible.

- 
- Participating as an active member of the person’s circle of support.
  - Completing in a timely and accurate manner all reports and record keeping required for the people served, as assigned to them by the coordinator.
  - Maintaining good communication with all parties involved (as determined by the wishes of the person served and the coordinator.)
  - Completing all responsibilities related to reporting special incidents, allegations of abuse, neglect, exploitation or other potentially harmful occurrences with the people they serve.
  - Safeguarding the rights of all people served, including adhering to all personnel guidelines regarding the financial, sexual or physical abuse or exploitation of people with disabilities. This includes Special Incident Reporting to NLACRC and Reporting to Adult Protective Services (APS) and/or Child Protective Services (CPS).

## Contract Summary and Board Resolution

No.	Description	Contract Summary
1.	<b>Contract Overview: (New or Amendment) (POS or OPS)</b>	New Agreement for Independent Living Program Services, Purchase of Services (POS)
2.	<b>The Name of Vendor or Service Provider</b>	<b>Integrated Resources Institute</b> Vendor Number: HL0982, Service Code: 520 (1:1)
3.	<b>The Purpose of the Contract</b>	The service provider will provide Independent Living Services (ILS) services pursuant to Title 17, Section 54302(a)(35). ILS services are a community-based day program that provides to adult Consumers, age 18 years and older, the functional skills training necessary to secure a self-sustaining, independent living situation in the community and/or may provide the support necessary to maintain those skills. Independent Living Program Services focus on functional skills training for adult Consumers who generally have acquired basic self-help skills and who, because of their physical disabilities, do not possess basic self-help skills, but who employ and supervise aides to assist Consumers in meeting their personal needs.
4.	<b>The Contract Term</b>	Five (5) year contract effective March 1, 2022 through February 28, 2027.
5.	<b>The Total Amount of the Contract</b>	Projected annual cost is \$103,750.19 per year, or \$518,750.93 over the entire five (5) year term of the contract based on similar service code 520 vendorizations vendored within the last 5 years.
6.	<b>The Total Proposed Number of Consumers Served</b>	Projected 11 consumers per month.
7.	<b>The Rate of Payment or Payment Amount</b>	Payment will be reimbursed to service provider based on 1) the actual services authorized; 2) the actual services provided; and 3) the authorized DDS-set rate.
8.	<b>Method or Process Utilized to Award the Contract.</b>	Based on vendorization requirements under statute and regulation for ILS services.

9.	<b>Method or Process Utilized to Establish the Rate or the Payment Amount</b>	Rate established by DDS based on the current temporary payment rate for service code 520, includes AB 79 8.2% increase: \$38.77/hour.
10.	<b>Exceptional Conditions or Terms: Yes/No If Yes, provide explanation</b>	NLACRC requested the rate from DDS on February 16, 2022 with an effective date of March 1, 2022. Once NLACRC receives the DDS rate letter, contract term will be retro-active to the vendorization and rate approval date of March 1, 2022.

The North Los Angeles County Regional Center’s (“NLACRC”) Administrative Affairs Committee reviewed and discussed the above Agreement for Independent Living Program Services (“**Contract**”) and is recommending an action of the Board of Trustees to **Approve** the Contract.

\_\_\_\_\_  
Ana Quiles, Board Treasurer

February 23, 2022  
\_\_\_\_\_  
Date

## Contract Summary and Board Resolution

The North Los Angeles County Regional Center's ("NLACRC") Board of Trustees reviewed and discussed the Agreement for Independent Living Program Services ("**Agreement**", or "**Contract**") for **Integrated Resources Institute** and passed the following resolution:

**RESOLVED THAT** in compliance with NLACRC's Board of Trustees Contract Policy, the Contract between NLACRC and **Integrated Resources Institute** were reviewed and approved by NLACRC's Board of Trustees on **March 9, 2022**.

NLACRC's Board of Trustees hereby authorizes and designates any officer of NLACRC to finalize, execute and deliver the Contract on behalf of NLACRC, in such form as NLACRC's legal counsel may advise, and on such further terms and conditions as such Officer may approve. The final terms of the Contract shall be conclusively evidenced by the execution of the Contract by such Officer. For purposes of this authorization, an "Officer" means NLACRC's Executive Director, Chief of Program Services, Chief Financial Officer, or Chief Organizational Development Officer, and no one else.

**Certification by Secretary:** I certify that: (1) I am the Secretary of the NLACRC; (2) the foregoing Resolution is a complete and accurate copy of the Resolution duly adopted by NLACRC's Board of Trustees; (3) the Resolution is in full force and has not been revoked or changed in any way.

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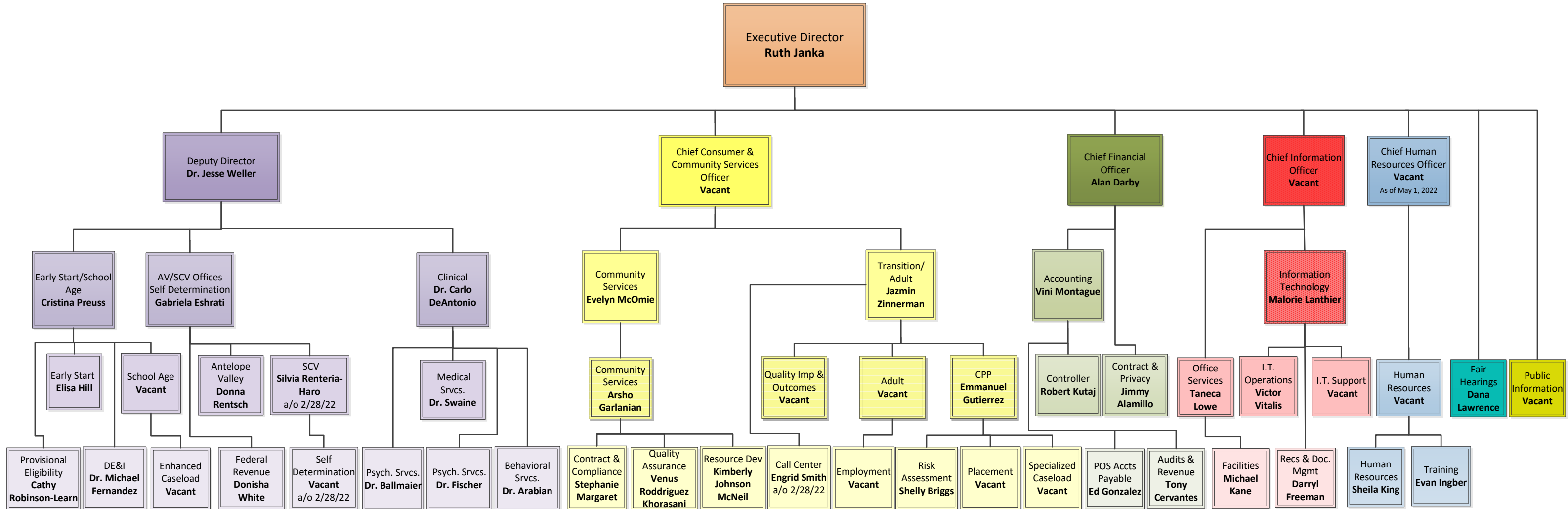
Lillian Martinez, Board Secretary


---

March 9, 2022

Date

# North Los Angeles County Regional Center Organizational Overview



	<b>EMPLOYEE REFERRAL BONUS PROGRAM</b>		
	<b>POLICY &amp; PROCEDURE</b>		
Category:	Effective Date:	Version No.:	Revision Date:

### 1. PURPOSE

The purpose of the Employee Referral Bonus Program is to provide a referral bonus to current employees who bring new talent to the agency by referring applicants who are selected for employment. In order to earn the referral bonus, the referring employee and the referred employment candidate must meet all of the criteria set forth in this policy.

### 2. SCOPE

2.1 This policy and procedure applies to Applicants candidates or persons not currently or formerly employed with NLACRC. All employees are eligible to receive a referral bonus **with the exception** of the following:

2.2 NLACRC Officers and /Directors/Managers and Supervisors; Managers and Supervisors may participate in the Employee Referral Bonus Program if the applicant candidate referred is not assigned to their unit, department or within their chain of command.

2.3 Employees whose regular, recurring, jobs include the recruitment of employees, selecting manager/supervisor or other persons associated with the selection of the candidate; and

2.4 All Human Resources (HR) Department employees.

### 3. DEFINITIONS

3.1 Employee Referral Bonus - A sum of money offered to current NLACRC employees who refer candidatespeople to become employees of the organization.

3.2 Candidate – An applicant who is applying and selected for employment with the Agency. This is not inclusive of temporary employees and the applicant must meet the requirements of this policy and procedure.

3.3 Referring Employee – A current NLACRC employee who has referred a candidate for an open position within the Agency and complied with the requirements of this policy and procedure.



<b>EMPLOYEE REFERRAL BONUS PROGRAM (cont'd)</b>	Version No.	Effective/Revision Date:
Category:		

#### 4. POLICY

4.1 **A referring employee's eligibility to earn is conditioned on the following:** Candidates with an active resume/profile already on file does not qualify the referring employee for a referral bonus;

4.2 Candidate must be submitted for a specific, existing job opening and hired within 12 months of submission;

4.3 The referral request must be made at the time the candidate is submitted for consideration by the referring employee;

4.4 ~~NLACRC~~-HR will provide a form which must be completed and submitted by either the applicant or the referring employee with the applicant's-candidate's application indicating that the referring employee has made the referral;

4.5 Current ~~Employees selected for eligible positions~~ must be employed by the agency -and have satisfactory performance for six-180 days~~months~~ before they are eligible to participate in the Employee Referral Bonus Program~~-referring employee may be eligible to earn a referral bonus~~;

4.6 Referred candidates cannot be current or former employees of NLACRC in any capacity, to include temporary, temporary grant, research grant, time-limited project, volunteer, or contract employees. Both the referring employee and the referred candidate~~candidate~~ must be employed by the agency when any referral bonus is to be paid, for the referring employee to earn -the referral bonus.

4.7 **Employee Referral Bonus Amount:** The Employee Referral Bonus Program is operated under the authority of Human Resources and Payroll.

4.7.1 The Executive Director/Designee will determine the total amount of bonus allocations

4.7.2 Referral bonus payments will be paid in periodic payments as defined below. ~~Payments cannot be made until the referred candidate has been employed for a minimum of six months.~~

4.7.3 A total of \$500 (net amount received by the referring employee) may be awarded as follows:

4.7.3.1 Upon the candidate's date of hire, a \$100.00 (net amount received by referring employee) referral bonus will be awarded during the next pay period after the date of hire.

<b>EMPLOYEE REFERRAL BONUS PROGRAM (cont'd)</b>	Version No.	Effective/Revision Date:
Category:		

4.7.3.2 Upon the candidate's successful completion of 90 days of employment, a \$200.00 (net amount received by referring employee) referral bonus will be awarded during the next pay period after 90 days of employment.

4.7.3.1 Upon successful completion of the initial probationary period of 180 days, a final \$200.00 (net amount received by referring employee) referral bonus will be awarded during the next pay period after the date of the initial probationary period of 180 days. ~~Upon the candidate's successful completion of six months, a \$250 (net amount received by referring employee) referral bonus will be awarded;~~

~~4.7.3.2 Upon successful completion of one year, a final \$250 (net amount received by referring employee) referral bonus will be awarded.~~

## 5 RESPONSIBILITY

5.1 Any disputes arising from the application of this program will be the responsibility of Human Resources and/or Payroll department(s) to resolve and may not be grieved under the CBASEIU 721 Collective Bargaining Agreement. Any employee referral bonus is not included in the regular rate of pay for purposes of overtime calculations for non-exempt employees.

## 6 REFERENCES/FORMS

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

(This is the employee who has made the candidate referral.)

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Candidate Referred: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Referred for: \_\_\_\_\_

Department: \_\_\_\_\_

Relationship to NLACRC Employee (friend, family member, referred by 3<sup>rd</sup> party, or other):

<b>EMPLOYEE REFERRAL BONUS PROGRAM (cont'd)</b>	Version No.	Effective/Revision Date:
Category:		

I have read and understand NLACRC's Employee Referral Bonus Policy. I understand that if the candidate I referred is hired as a result of my referral, I will receive a referral bonus as follows:

- Upon the candidate's date of hire, a \$100.00 (net amount received by referring employee) referral bonus will be awarded during the next pay period after the date of hire.
- Upon the candidate's successful completion of ~~the initial probationary period 90 days of employment of 180 days~~, a ~~\$250~~ \$200.00 (net amount received by referring employee) referral bonus will be awarded during the next pay period after ~~the date of the initial probationary period of 180 days~~ 90 days of employment.
- Upon successful completion of ~~one (1) year~~ the initial probationary period of 180 days, a final ~~\$200.00~~ \$50 (net amount received by referring employee) referral bonus will be awarded during the next pay period after the date of the initial probationary period of 180 days. ~~one (1) year anniversary.~~

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 7 ENFORCEMENT

7.1 Human Resources and Payroll will ensure that the policy and procedure is complied with.

## 8 DISCLAIMERS

8.1 The procedures stated above are intended for use under normal operating circumstances. Other circumstances may arise in which the Executive Administration finds it necessary to use other procedures not specifically designated here. NLACRC reserves the right to do so at the Executive Administration's discretion and will notify NLACRC staff of any such change.



# North Los Angeles County Regional Center

Main 818-778-1900 • Fax 818-756-6140 | 9200 Oakdale Avenue #100, Chatsworth, CA 91311 | www.nlacrc.org

## ATTACHMENT B

### Proposal Title Page

TO: SELECTION COMMITTEE  
Cheryl Blizin, Executive Administrative Assistant  
North Los Angeles County Regional Center  
9200 Oakdale Avenue, Suite 100  
Chatsworth, CA 91311-6500  
Email: cblizin@nlacrc.org

RE: Submission of Proposal in Response to RFP for a CPA Firm

Lindquist von Husen & Joyce LLP

NAME OF APPLICANT or ENTITY/ORGANIZATION SUBMITTING PROPOSAL *(please print)*

301 Howard St, Suite 850

ADDRESS

San Francisco

CA

94105

CITY  
CODE

STATE

ZIP

415-905-5408

415-957-1629

TELEPHONE NUMBER

FAX NUMBER

sseamands@lvhj.com

www.lvhj.com

Email address

Website address

Scott Seamands

CONTACT PERSON FOR PROPOSAL *(please print)*

I affirm that the information presented in this application and proposal is true and that this proposal was developed and authored by authorized individuals of the CPA firm. I understand that any falsification of information; or failure to disclose any information regarding complaints leveled by the State Board of Accountancy or other regulatory authority; or failure to report a Conflict of Interest, will be cause for immediate disqualification. I also understand that failure to meet minimum qualifications as stated in the RFP, late proposal submissions, and incomplete proposals will also be cause for immediate disqualification. I further understand that, in the event that this proposal is selected by NLACRC, the proposal itself is not approved conclusively.

December 29, 2021

Applicant Signature

Date

S. Scott Seamands

Printed Name of Applicant

# NORTH LOS ANGELES COUNTY REGIONAL CENTER (NLACRC)

PROPOSAL FOR AUDIT AND TAX SERVICES

L I N D Q U I S T

V O N H U S E N

& J O Y C E L L P

Certified Public Accountants

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# NORTH LOS ANGELES COUNTY REGIONAL CENTER (NLACRC)

## PROPOSAL FOR AUDIT AND TAX SERVICES

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## EXECUTIVE SUMMARY

Lindquist, von Husen & Joyce LLP is responding to the request from North Los Angeles County Regional Center (NLACRC) Board of Trustees as they are seeking a professional services firm to provide audit and tax services as well as provide management consulting services for a five-year period beginning with fiscal year ending 2021-2022 through fiscal year ending 2025-2026.

We understand that NLACRC's CFO is changing in 2022, and the chosen audit firm will support the new CFO in addressing key audit responsibilities and consulting matters. We have already met both the incoming and outgoing CFOs and will be able to provide support as needed to assist NLACRC in the transition.

NLACRC is a private, nonprofit corporation, which contracts with the State of California's Department of Developmental Services ("DDS"), to provide services and supports to persons with developmental disabilities and their families in the San Fernando, Santa Clarita, and Antelope Valleys. The Internal Revenue Services (IRS) has classified NLACRC as a 501(c)(3) corporation. NLACRC serves developmentally disabled consumers from infants to adults. Currently, NLACRC serves over 29,400 consumers in its catchment area.

We propose the following services for the fiscal year ending 2021-2022, through the fiscal year ending 2025-2026.

## AUDIT AND FINANCIAL REPORTING REQUIREMENTS

We will audit the financial statements of NLACRC for the fiscal year ending June 30, 2022 and for up to five fiscal years through June 30, 2026 (2025-2026). Our audit will be conducted in accordance with auditing standards generally accepted in the United States of America, the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States, and Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance).

The objective of our audit under the Uniform Guidance (previously referred to as OMB Circular A-133) is to express an opinion on NLACRC's compliance with the federal compliance requirements that would have a direct and material impact on NLACRC's major program. To achieve this objective, we will identify the major program or programs to be tested and select a sample of transactions that were funded by that federal program to form an opinion on NLACRC's compliance as well as to test NLACRC's controls over compliance with those requirements.

## TAX RETURN REQUIREMENTS

We will prepare required federal and state information returns of NLACRC for the year ending June 30, 2022 (2021-2022) and for up to five fiscal years through June 30, 2026 (2025-2026).

*Their attention to detail is really phenomenal. When Lindquist did our audit; they turned in the package and answered questions to make sure we were totally comfortable with everything before it was published. You knew when you got that report that you could rely on it and that it is very well done.*

**- Marc Garcia,**  
CFO, Alta Housing

# NORTH LOS ANGELES COUNTY REGIONAL CENTER (NLACRC)

## PROPOSAL FOR AUDIT AND TAX SERVICES

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### ADDITIONAL MANAGEMENT CONSULTING

As part of LvHJ's ongoing relationship with NLACRC, our team will provide consulting guidance as needed on issues that arise during the year. In the past, we understand that typical questions arose concerning tax consultations for remote employee payroll or board member expense reporting. Most questions such as these can be answered quickly at no charge. If an issue requires additional research, we will alert management to estimated costs prior to our consulting.

### TRAINING AND PRESENTATION

We will meet with management and the Board of Trustees on a mutually agreed-upon date for an annual training session on how to read financial statements to support clarity prior to our audit presentation. This training will be conducted at no additional charge.

### PROMISED DELIVERABLES

- ▶ Independent auditors' report
- ▶ Financial statements and footnotes
- ▶ Schedule of expenditures and federal awards
- ▶ Independent auditors' report on internal control over financial reporting and on compliance and other matters based on an audit of financial statements performed in accordance with Government Auditing Standards
- ▶ Independent auditors' report on compliance with requirements that could have a direct and material effect on each major program and on internal control over compliance in accordance with the Uniform Guidance
- ▶ Schedule of findings and questioned costs
- ▶ Schedule of prior year recommendations
- ▶ Internal Revenue Service Form 990 and related schedules
- ▶ California Exempt Organization Annual Information Return, Form 199
- ▶ California Registry of Charitable Trusts Form RRF-1

*They go above and beyond by working with us on management practices and providing recommendations for improvements on program oversight. It's evident that they care about our organization by the level of thought they provide and how well they understand our work.*

**- Linda Mandolini,  
President, Eden Housing, Inc.**

## NORTH LOS ANGELES COUNTY REGIONAL CENTER (NLACRC)

PROPOSAL FOR AUDIT AND TAX SERVICES

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## EXPERIENCE & QUALIFICATIONS IN WORKING WITH NONPROFIT ORGANIZATIONS

### OVERVIEW OF BUSINESS

Lindquist, von Husen & Joyce LLP (LvHJ) was established more than 85 years ago in San Francisco. LvHJ is a preferred firm for non-profits throughout California and beyond. Our willingness to go the extra mile is not limited by geography, as we've proven time and again with our field audits and client training. LvHJ's technology is also designed for efficient remote communication and project management as well as data security.

Our firm reflects the diversity of the San Francisco Bay Area. We are minority owned and an equal opportunity employer that strives to foster a culture of diversity and inclusion. Three of our firm's seven partners are women, and all three women partners have become our executive leadership team for firm management since 2014. Approximately 90% of our entire firm's personnel are minorities.

LvHJ is an independent member of BKR International, a leading global association of independent accounting and business advisory firms representing the expertise of more than 150 member firms with 500 offices in over 80 countries.

Our team of professionals also provides an innovative approach to client service. We are known for:

- ▶ Timely delivery of audited financial statements and tax returns;
- ▶ Designing effective and efficient audit procedures to minimize distraction to our clients;
- ▶ Technical excellence based on decades of experience with non-profit organizations;
- ▶ An approachable team who cares about the success of your organization.

Our senior management team is flexible since we provide services to many organizations with similar missions and operating methods. This gives us agility and consistency among our team members, bringing knowledge from previous regional center audit engagements to your organization.

### SIZE AND ORGANIZATIONAL STRUCTURE

When not working remotely or at a client site, work is performed at 301 Howard Street, Suite 850, in San Francisco, California. Our business hours are standard Monday through Friday Pacific Time, and we will provide direct contact information to your audit and tax team for efficient and responsive communication.

Our team currently consists of seven partners and 43 professional staff. Composition of the professional staff includes two former partners/consultants, two principals, nine managers, 11 supervisors, nine seniors and 10 associates.

Lindquist provides high quality services at a competitive price. They have high standards for their work and pay proper attention to all of the detail of their projects; nothing is simply glanced over.

**- C. Lea Salem,**  
CPA, Director of Finance &  
Administration  
Northern California  
Community Loan Fund



# NORTH LOS ANGELES COUNTY REGIONAL CENTER (NLACRC)

## PROPOSAL FOR AUDIT AND TAX SERVICES

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## MISSION STATEMENT

### Our Promise To Our Clients & Team

We provide high quality assurance, tax and business advisory services that exceed our clients' expectations, thereby leading to firm growth and the enhancement of our personal lives and careers.

## OUR NON-PROFIT PRACTICE

LvHJ provides a wide range of audit, accounting, tax and consulting services to the non-profit community. We follow current and trending audit, accounting and tax pronouncements and regulations through a combination of internal and external continuing education programs and via attendance at various trade and association conferences.

This is further supported by our decades of interaction with our non-profit clients and by providing them with solutions.

- ▶ **200+ organizations** among our clients are non-profits
- ▶ We perform **100+ annual audits** that are subject to the compliance and reporting requirements of **Government Auditing Standards** and the **Uniform Guidance** each year
- ▶ We prepare **300+ federal and state information returns annually**
- ▶ We provide **cost-effective and competitive rates** for non-profit clients

## EXPERIENCE WITH REGIONAL CENTERS

Examples of our services provided specifically to regional centers include:

- ▶ Audited annual financial statements
- ▶ Audited compliance with federal award programs under the Uniform Guidance
- ▶ Prepared federal and state information returns
- ▶ Prepared data collection forms
- ▶ Audit of benefit plans

Over the years, we have built strong relationships with leaders and staff of regional centers. **Our current clients include Tri-Counties Association for the Developmentally Disabled, Inc., Redwood Coast Regional Center and Golden Gate Regional Center.** We have also served Regional Center of the East Bay and San Andreas Regional Center for five years before each rotated the audit firm. These relationships help us understand the unique financial and internal systems at a regional center.

**Each LvHJ team member among our proposed audit and tax professionals for this engagement have served regional centers.**

## FIRM INDEPENDENCE

LvHJ has no known conflicts of interest that would prevent our audit or tax team from performing their duties successfully as independent auditors and tax consultants of NLACRC.

One of the primary characteristics that I would say distinguishes Lindquist is their educational and teaching approach. When we ask questions, they offer a thoughtful response that is very informative for our team.

- **Deborah Beyea,**  
Deputy Director,  
Ecology Center

# NORTH LOS ANGELES COUNTY REGIONAL CENTER (NLACRC)

## PROPOSAL FOR AUDIT AND TAX SERVICES

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## REFERENCES

All references may be contacted by NLACRC for the purpose of this proposal.

### Lorna Owens

#### Chief Financial Officer

Tri-Counties Association for the Developmentally Disabled, Inc.

520 East Montecito Street

Santa Barbara, CA 93103

(805) 884-7275

[lornao@tri-counties.org](mailto:lornao@tri-counties.org)

### Lop Hou

#### Chief Financial Officer

Golden Gate Regional Center

1355 Market Street, Suite 220

San Francisco, CA 94103

(415) 832-5530

[lhoul@ggrc.org](mailto:lhoul@ggrc.org)

### Greg Hoffman

#### Chief Financial Officer

San Andreas Regional Center

6203 San Ignacio Avenue

San Jose, CA 95119

(408) 341-3560

[ghoffman@sarc.org](mailto:ghoffman@sarc.org)

## LOST CLIENTS

Three of our largest clients lost in the past three years include the following:

- ▶ Eden Housing - In 2020, management felt that it was time for a firm rotation after we served this client for over 30 years
- ▶ MidPen Housing – In 2021, management felt that it was time for a firm rotation after we served this client for almost 40 years
- ▶ Habitat for Humanity East Bay/Silicon Valley – During 2020, in a competitive bidding process, management elected for a firm rotation after we served this client for 20 years

# NORTH LOS ANGELES COUNTY REGIONAL CENTER (NLACRC)

## PROPOSAL FOR AUDIT AND TAX SERVICES

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## WHY LINDQUIST, VON HUSEN & JOYCE, LLP?

We can give you a few reasons to choose the team at LvHJ. First and most importantly, we have **experience with regional centers**, as stated in our company overview. We understand the need for efficiency and bringing our knowledge to the audit and tax processes that support NLACRC.

We also offer **accessible partners** assigned to your engagement who take an active role in your audit and tax processes. This accessibility extends throughout the year, not just for high-level audit and tax oversight. We frequently communicate with our assigned team and your management team to deliver context and continuity. In addition, we are available to provide staff or board presentations to update you on the latest audit standards or tax recommendations.

**Access breeds efficiency.** Over three decades, LvHJ's focus on non-profits has given us an edge to develop nationwide standards and practical approaches to share your financial story. We make use of proprietary templates and forms within LvHJ's system to achieve efficiency on multiple audits or tax returns while delivering high-level expertise and oversight. Clients have told us that our audit process is more thorough than they have experienced with other firms, yet does not inhibit their ability to conduct daily operations. We make recommendations to improve your internal controls, processes and systems to support operational efficiency and productivity. With LvHJ, you get a team who understands audit and tax from your point of view.

## BENEFIT FROM ASSOCIATION WITH LVHJ

Our team is always available for consultation and provides the following services and resources:

- ▶ Tax consultation
- ▶ Representation before taxing agencies, when required
- ▶ Board and staff training
- ▶ Complimentary educational training ("Lunch-n-Learns")
- ▶ LvHJ blog; Not-For-Profit Insights newsletter

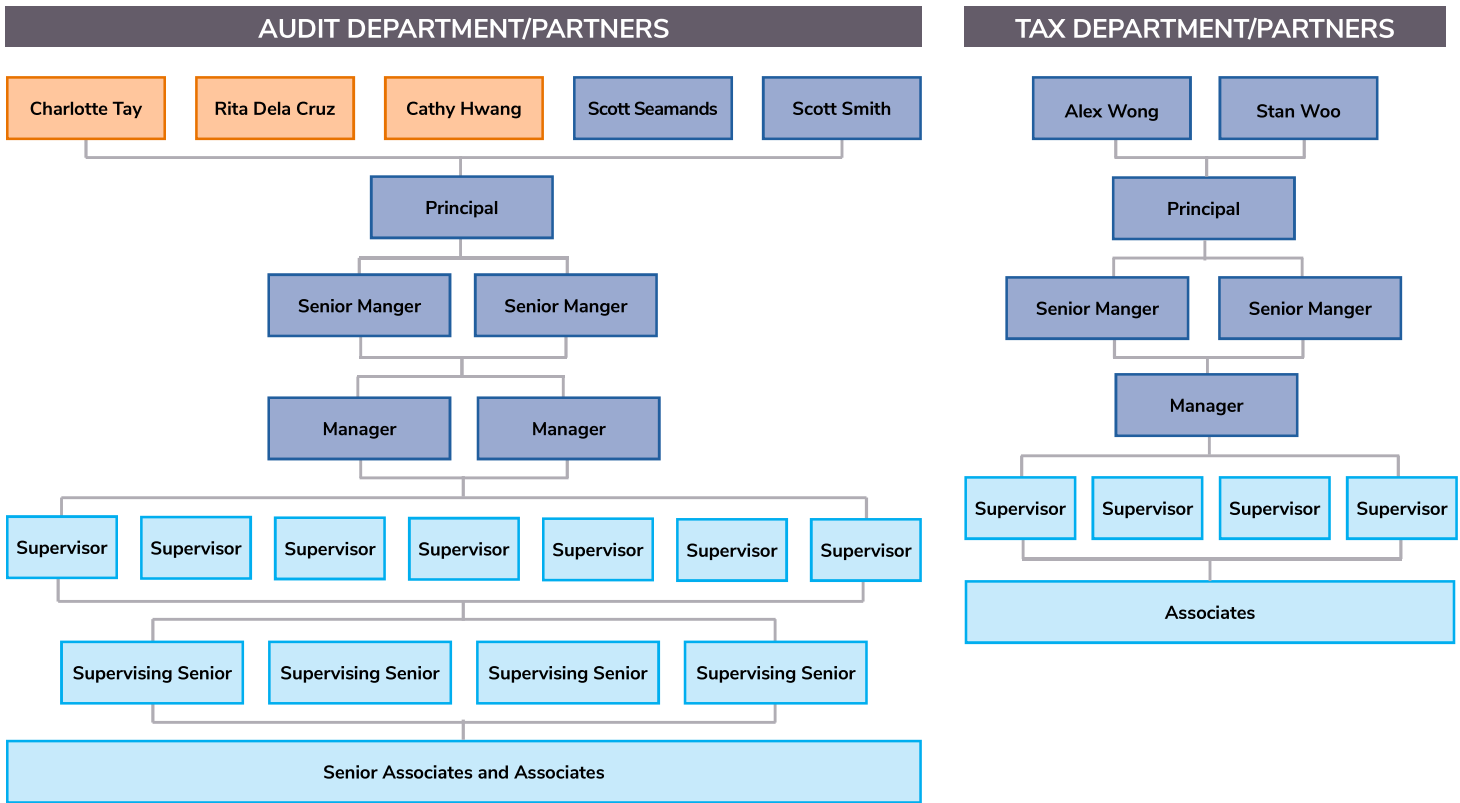
Clients seek our advice for a variety of issues and questions, such as legislative changes for audit, accounting and taxation. The LvHJ team is uniquely talented to help with both [organizational](#) and [personal](#) challenges and able to tailor services for each engagement to support your mission and goals in the future.

We also provide a variety of complimentary resources and tools on our website to answer common questions or to help you ask us the right questions — including best practices, debt strategy and retirement tools, IRS alerts, articles on California tax laws and more.

**With LvHJ you receive an experienced partner, but so much more. We look forward to building our relationship with you.**

# ORGANIZATION AND QUALIFICATIONS AND EXPERIENCE OF TEAM

## ORGANIZATIONAL CHART



Executive Team

### Your Team

The primary partner on your account will be Rita B. Dela Cruz, CPA, CGMA, the audit supervisor will be Thea Edolsa, CPA and the in-charge that will be assigned will be determined and communicated at the start of the engagement. All team members are in good standing and do not have any complaints filed against them.

### Staff

Our team currently consists of seven partners and 43 professional staff. Composition of the professional staff includes two former partners/consultants, two principals, nine managers, 11 supervisors, nine seniors and 10 associates.

# NORTH LOS ANGELES COUNTY REGIONAL CENTER (NLACRC)

## PROPOSAL FOR AUDIT AND TAX SERVICES

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## BIOGRAPHIES

### AUDIT ENGAGEMENT TEAM

#### AUDIT PARTNER/OVERALL RELATIONSHIP ENGAGEMENT MANAGER

**S. Scott Seamands, CPA** has over 40 years of experience in public accounting and will provide oversight on the NLACRC engagement. His core focus for the past 30 years is audits of non-profit organizations and affordable housing entities. His other areas of expertise include real estate development and management, construction contractors, retail, manufacturing and professional services.

Scott is a frequent trainer on non-profit accounting issues at conferences held by StrengthMatters®, NeighborWorks® America and other agencies. He also publishes many papers annually and leads webinars on various accounting issues faced by non-profit organizations. He created the quarterly CFO roundtable meetings that our firm has held for non-profit clients throughout the past 30 years. Scott is an active member and chairs the Audit Committee for the California CPA Society. He recently completed his sixth year as Audit Committee chair by submitting his annual Audit Committee report to the 45,000 members of the Society.



S. Scott Seamands, CPA

#### AUDIT PARTNER/ENGAGEMENT MANAGER

**Rita B. Dela Cruz, CPA, CGMA** has over 20 years of experience in public accounting and will serve as your primary partner on the engagement. She works with non-profit organizations and has an area of specialization in social service providers and 401(k) and 403(b) audits. Prior to joining LvHJ, Rita worked for a national audit firm and held senior management positions in private industries in Manila, Philippines for 14 years.

Rita is a member of LvHJ's Management Committee. She is a frequent speaker at educational workshops for tax-exempt organizations and enjoys interacting with clients and the technical audit work. Rita is a recipient of the Filipina Women's Network 100 Most Influential Filipina Women in the U.S.



Rita B. Dela Cruz, CPA CGMA

#### AUDIT PARTNER/ENGAGEMENT MANAGER

**Charlotte S. Tay, CPA, CGMA** has over 20 years of experience in public accounting and will also be available to you for questions during the engagement. Her areas of expertise include real estate developers, property managers, affordable housing partnerships and corporations, non-profit organizations with an emphasis on social service providers and 401(k) and 403(b) audits. Charlotte is the firm's Management Committee Chair and the head of LvHJ's Audit Department and Quality Control. She is best known for her technical accounting strengths and ability to build trust and long-term relationships through her consistent follow-through and accessibility.

Charlotte provides frequent on-site management and communications regarding phases of the audit and tax processes. She also frequently provides advisory services and educational training in the areas of affordable housing, tax-credit cost certifications and general accounting principles. Prior to joining LvHJ, Charlotte worked for a global corporation and a consulting firm.



Charlotte S. Tay,  
CPA, CGMA

## NORTH LOS ANGELES COUNTY REGIONAL CENTER (NLACRC)

### PROPOSAL FOR AUDIT AND TAX SERVICES

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#### AUDIT SUPERVISOR

**Thea Edolsa, CPA** will coordinate all audit activities and queries on your engagement. With experience in both public and private accounting, she easily adapts to new client environments and their preferences. Thea has worked with non-profits, affordable housing and regional centers.

As an audit supervisor, Thea knows how to maintain open lines of communication inside LvHJ and with clients. She is highly organized and disciplined with her time, resulting in efficient audit processes and high quality audits that she oversees.



Thea Edolsa, CPA

#### TAX ENGAGEMENT TEAM

##### TAX PARTNER/TAX ENGAGEMENT MANAGER

**Alexis Wong, CPA** has nearly 30 years of experience in public accounting and will serve as your primary reviewer of all final tax work. He has extensive knowledge and experience working with tax-exempt organizations and oversees the tax compliance of over 200 non-profit organizations. Alex has also advised high-net-worth individuals, closely held businesses, estates and trusts, retail/wholesale and service enterprises in various industries, including real estate, manufacturing, financial services and transportation.

Alex is in charge of the firm's Small Business Accounting Practice and is also well versed in international taxation. He enjoys applying his knowledge to find ways to benefit his clients in their tax planning and compliance. Alex works diligently to build trust with each of his clients through frequent communication and by providing the best advice possible.

##### TAX MANAGER

**Andy Ou, CPA** has over 12 years of experience in both public and private accounting. His experience includes providing comprehensive accounting and tax services for non-profit organizations, individuals, corporations, trusts and partnerships.”

As a tax manager on the LvHJ tax team, Andy is committed to delivering tax service that meets each client's unique objectives.

##### ADDITIONAL STAFF FOR AUDIT OR TAX ENGAGEMENTS

Staff support will be determined prior to the start of the engagement. Each LvHJ team member assigned to the NLACRC engagement has served regional centers. All staff are employees of LvHJ; we will not use association or affiliate personnel on this engagement.



Alexis Wong, CPA



Andy Ou, CPA

## NORTH LOS ANGELES COUNTY REGIONAL CENTER (NLACRC)

### PROPOSAL FOR AUDIT AND TAX SERVICES

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## HOW LVHJ SCREENS, TRAINS, MONITORS AND RETAINS STAFF

LvHJ completes a thorough review and screening of prospective staff prior to the employment commencement. Resumes are sent through a two-part screening process and are first vetted through the firm's Director of Operations and then forwarded to the hiring and interview committee which includes upper management. The Director of Operations conducts the initial phone screen to assess a candidate's non-technical traits and whether the individual would be a wise fit for the firm. Successful candidates then meet with an interviewing team consisting of manager level staff and above. The final hiring decision is then made between the department head and the Director of Operations.

Prior to employment start, a thorough background check is conducted by a third-party screening company who conducts a global background check of the candidate, including reference checking and criminal history.

In the first week of employment, the new staff member goes through an extensive training with the Director of Operations who discusses relevant human resources policies and standards of conduct. During this week, staff also meet with a department trainer who fully integrates the new staff with the department procedures, software, client documentation and other important matters to ensure a smooth transition to the firm.

Throughout the year, continual training of staff occurs informally through on-the-job instruction.

Staff work is monitored by their supervisors and reviewed by managers and partners prior to issuance of our draft forms or reports. In addition, staff are formally evaluated three times per year - twice per year through a mini-evaluation and once per year via the annual evaluation.

LvHJ is constantly striving to improve and expand our methods of employee retention. We provide our team with the flexibility to set their own schedules and work where they choose to maintain a work/life balance. To encourage professional growth, our staff can take part in our mentoring program where they have the opportunity to meet with a mentor to enrich their abilities in either technical or soft skills. In addition, LvHJ hosts a variety of staff events throughout the year to demonstrate our appreciation and promote our team environment.

## TEAM CONTINUITY

We make every effort to maintain the continuity of engagement team members since doing so benefits our clients as well as our own efficiency. Our staff turnover rate has averaged 10% per year for the past three years, which is typical in the public accounting industry. We do recognize that attrition with staff might occur, and we have a sufficient amount of experienced audit and tax staff to provide reasonable support should unexpected turnover occur. Should a key member of the team leave our firm, we will be able to immediately reassign roles of this key member to another member with equal or more experience and provide you with timely notification and arrange a meeting at your convenience to introduce the new key member to you.

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LvHJ's partners are actively involved in all client engagements. All audit and tax professionals with any supervisory role on your engagement are CPAs or CPA candidates, have a minimum of three years of public accounting experience, devote at least 50% of their time performing audits or preparing tax returns of non-profit organizations, and have significant prior experience in performing audits in accordance with Government Auditing Standards and the Uniform Guidance. All partners and principals maintain active license status with the California Board of Accountancy.

### CONTINUING EDUCATION

Formal training occurs through a combination of internal and external continuing education seminars (CPEs) which total 40 hours per year per staff, at a minimum.

### AICPA AND CALCPA MEMBERSHIPS

Below are the professional accounting associations and organization memberships for your LvHJ engagement team.





## PEER REVIEW REPORT

LvHJ is not registered with the Public Company Accounting Oversight Board (PCAOB). Attached is our most recent peer review report.



### Report on the Firm's System of Quality Control

**Lindquist, von Husen & Joyce LLP**  
San Francisco, California;  
and the Peer Review Committee of the California Society of CPAs

We have reviewed the system of quality control for the accounting and auditing practice of Lindquist, von Husen & Joyce LLP (the firm) in effect for the year ended May 31, 2018. Our peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants (Standards).

A summary of the nature, objectives, scope, limitations of, and the procedures performed in a System Review as described in the Standards may be found at [www.aicpa.org/prsummary](http://www.aicpa.org/prsummary). The summary also includes an explanation of how engagements identified as not performed or reported in conformity with applicable professional standards, if any, are evaluated by a peer reviewer to determine a peer review rating.

#### **Firm's Responsibility**

The firm is responsible for designing a system of quality control and complying with it to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. The firm is also responsible for evaluating actions to promptly remediate engagements deemed as not performed or reported in conformity with professional standards, when appropriate, and for remediating weaknesses in its system of quality control, if any.

#### **Peer Reviewer's Responsibility**

Our responsibility is to express an opinion on the design of the system of quality control and the firm's compliance therewith based on our review.

#### **Required Selections and Considerations**

Engagements selected for review included engagements performed under *Government Auditing Standards*, including compliance audits under the Single Audit Act, and audits of employee benefit plans.

As part of our peer review, we considered reviews by regulatory entities as communicated by the firm, if applicable, in determining the nature and extent of our procedures.

#### **Opinion**

In our opinion, the system of quality control for the accounting and auditing practice of Lindquist, von Husen & Joyce LLP in effect for the year ended May 31, 2018, has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. Firms can receive a rating of *pass*, *pass with deficiency(ies)* or *fail*. Lindquist, von Husen & Joyce LLP has received a peer review rating of *pass*.

*GVL LLP*  
Ontario, California  
January 30, 2019

## AUDIT APPROACH AND PURPOSED TIMELINE

### Phase I



### Phase II



### Phase III



Our firm assumes a “risk based” approach when performing audits, as recommended by professional standards. We perform preliminary planning procedures to determine, on an annual basis, the significant risk areas.

We anticipate the key audit areas to include, but not be limited to, the following:

1. Cash
2. Reimbursement contract receivable/advances and revenue
3. Intermediate Care Facility receivable and revenue
4. Authorized expenditures
5. Medicare Waiver compliance testing
6. Internal control testing

For the first audit, we will perform additional planning procedures, including meeting with the predecessor auditor and reviewing their work, audit documentation, obtaining certain legal documents for our permanent files and documenting our understanding of your organization’s key processes and internal controls.

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Our firm uses a blend of questionnaires, internally generated checklists, industry standard materials and personnel interviews to obtain an understanding and to evaluate systems of the organization's internal accounting and administrative controls. Our staff is trained to be mindful of potential control issues and to develop corrective measures for management's consideration. Depending on the result of our understanding and evaluation of the internal control systems, we may perform additional testing over specific internal controls over financial reporting.

We target to address the above procedures during the interim fieldwork.

At the year-end fieldwork, preliminary risk assessment will be updated — based on the interim fieldwork result and latest information provided by management — to determine the nature, timing and extent of the substantive procedures. Our audit will include obtaining supporting evidence for the assets, liabilities and net assets of your organization, including confirmations with third parties, review of supporting documents and minutes of directors' meetings

### AUDIT AND TAX PROCESSES

At the pre-planning phase of any audit, our complete audit team meets to discuss the audit scope, roles and responsibilities of team members, timing for delivery of draft and final financial statements and related audit matters. Once we receive the final trial balance from the client, the team will meet again to evaluate the data and submit our "Request for Audit Schedules." At this point, the primary supervisory responsibility rests with the audit supervisor, who will keep the engagement partners informed of the audit progress on an ongoing basis. The audit supervisor will supervise other audit team members during a significant portion of the actual fieldwork, and the primary engagement partner will make site visits as appropriate.

Upon readiness of the draft financial statements and completion of the Form 990 questionnaire, the tax team will commence the information return preparation process. After evaluating the data, the tax team, under the supervision of the tax manager, will either submit an open item list requesting additional information or otherwise issue a draft information return. During the information return preparation process, the primary supervisory responsibility rests with the tax manager. The tax partner is available for consultation and will perform the quality review before returns are finalized. The tax partner is also available for consultation during the preparation process as well all other times throughout the year.

### USE OF TECHNOLOGY

At LvHJ, we utilize a fully integrated, cloud-based practice management suite that helps increase efficiency for both our clients and our firm, and streamline processes to achieve timely delivery of our audit, tax services and other deliverables. For example, our clients can easily review, upload and/or download their annual audit reports, tax returns and other documents online or through a mobile application, and even electronically sign and send us documents in a matter of a few clicks. We also use a web conference system to hold client meetings and educational training sessions for our clients' convenience.

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LvHJ has been paperless since 2006, preparing and storing all engagement documentation electronically. We have been using a secure client portal since 2008 to reduce the risk of interception of sensitive client data. Client files are maintained for a period of seven to 10 years, in line with appropriate statutes. After those periods have expired, files are removed from our secure servers.

Many clients use software that allows auditors online access to reports which auditors can download directly from the client's system in order to investigate transactions or balances without the need to request such reports from client staff. Each member of our staff can access all firm files and software programs through a secure, Virtual Private Network either remotely or while at your office via their password-protected laptops.

Other systems we can use to share real-time information with clients and to track progress include shared file solutions of your choice such as Microsoft Office Sharefile or Google docs. Every week, we provide updates on engagement progress and often utilize Excel docs for open item lists.

### COMMUNICATION

We generally will meet with management and then the Administrative Affairs Committee at both the planning and closeout phase of the audit engagement. These meetings provide an excellent forum to review audit issues, management letter points, internal control deficiencies as well as the dissemination of current accounting pronouncements, regulatory changes and related matters. Our involvement with your organization should not culminate with the audit and the issuance of the financial statements and management letter, if any.

We work closely with management throughout the fieldwork phase to track progress made on addressing outstanding requests and to develop feasible solutions to the issues raised during the audit. **Management will be our first point of communication.** All engagement team members are also available throughout the year to consult with you on areas such as maintaining effective internal controls, tax planning questions and other matters.

### RESOLVING AUDIT OR ACCOUNTING MATTERS

Our clients are usually serviced by several partners who function as engagement managers. When unusual issues arise, the engagement managers meet to discuss the audit, accounting and financial reporting implications of such issues.

We resolve audit, accounting and financial reporting issues by gaining a full understanding of the client's point of view. We have always been quite successful at resolving issues in a way that upholds our professional standards while meeting the needs of our clients. Our clients appreciate our ability to respond to immediate inquiries without the need to confer with other offices over these matters.

Resolution begins with management, and we confer on the best solutions. Most matters can be resolved in this fashion. We will notify management if we believe that anything should be brought to the attention of the Administrative Affairs Committee or Board of Trustees.

# NORTH LOS ANGELES COUNTY REGIONAL CENTER (NLACRC)

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### PURPOSED TIMELINE

Timeline	Key Milestones
May-June	Planning meeting with Management and Administrative Affairs Committee
August (two weeks)	Interim fieldwork and compliance testing
August	Year-end audit planning, including sending confirmations
October (one to two weeks)	Year-end fieldwork, including providing Form 990 questionnaire
By mid-December	Completion of Form 990 questionnaire
By Mid-January	Draft financial statements and management letter, if any, due
Last Wednesday in February	Presentation to Management, Administrative Affairs Committee and the Board
Second Wednesday in March	Presentation of final copy of financial statements to the Board of Trustees
By last Wednesday in March	Draft information returns due
Upon Board approval and by March 31	Final financial statements and management letter, if any, due
By mid-December	Completion of Form 990 questionnaire
Second Wednesday in April	Final information returns presented to Board

#### Sample of Audited Financial Reports and Tax Returns

Please see Appendix A.

#### Sample of Audit Protocols

Please see Appendix B.

#### Sample of Audit Schedule

Please see Appendix C.

# NORTH LOS ANGELES COUNTY REGIONAL CENTER (NLACRC)

## PROPOSAL FOR AUDIT AND TAX SERVICES

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## FEES

Based on the scope of work, our estimated fees for both audit and tax services are summarized in the fee table below.

<b>Fiscal Year Ending</b>	<b>Audit Fees</b> (Estimated 2% increase/year)	<b>Tax Fees</b> (Estimated 2% increase/year)	<b>Training Fees</b> (included in audit fee)	<b>Total Fees</b> (Estimated 2% increase/year)
2022	62,550	7,450	0	70,000
2023	63,800	7,600	0	71,400
2024	65,100	7,750	0	72,850
2025	66,450	7,900	0	74,350
2026	67,850	8,050	0	75,900

Our estimated fees listed above are based on anticipated cooperation from your personnel and the assumption that unexpected circumstances or any significant changes in an organization's program activities, internal controls or other issues will not be encountered during the audit. If significant additional time is necessary, we will discuss it with you and arrive at a new fee estimate before we begin work.

For any services provided outside of the scope of work, the estimated billing rates per staff position level, after our 20% non-profit organization discount, follows:

<b>Position Level</b>	<b>Discounted Hourly Rates</b>
<b>Associate – Supervisor</b>	\$125 - \$185
<b>Manager – Senior Manager</b>	\$225 - \$275
<b>Principal – Partner</b>	\$290 - \$320

Our standard hourly rates vary according to the degree of responsibility involved and the experience level of the personnel assigned to your audit. We do not charge for recurring and occasional services, such as routine phone calls and general consultations on technical and related issues, unless there is a need for an extensive research or additional work. Services performed outside the scope of the proposal will be billed on an hourly basis at our discounted non-profit rates. You will also be billed for out-of-pocket messenger and delivery costs, as well as \$5 for each bound copy of the audit report in excess of 10.

# NORTH LOS ANGELES COUNTY REGIONAL CENTER (NLACRC)

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# APPENDIX A

**TRI-COUNTIES ASSOCIATION  
FOR THE DEVELOPMENTALLY  
DISABLED, INC.**

*(A California Nonprofit Public Benefit Corporation)*

**FINANCIAL STATEMENTS**

**AND**

**INDEPENDENT AUDITOR'S REPORT**

**YEARS ENDED JUNE 30, 2020 AND 2019**



# NORTH LOS ANGELES COUNTY REGIONAL CENTER (NLACRC)

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TRI-COUNTIES ASSOCIATION FOR THE DEVELOPMENTALLY DISABLED, INC.

*(A California Nonprofit Public Benefit Corporation)*

FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2020 AND 2019

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# NORTH LOS ANGELES COUNTY REGIONAL CENTER (NLACRC)

## PROPOSAL FOR AUDIT AND TAX SERVICES

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LINDQUIST  
VON HUSEN  
& JOYCE LLP

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Board of Directors  
Tri-Counties Association for the Developmentally Disabled, Inc.  
Santa Barbara, California

JAMES M. KRAFT  
S. SCOTT SEAMANDS  
ALEXIS H. WONG  
CHARLOTTE SIEW-KUN TAY  
CATHY L. HWANG  
RITA B. DELA CRUZ  
STANLEY WOO  
SCOTT K. SMITH  
CRISANTO S. FRANCISCO  
JOE F. HUIE

#### INDEPENDENT AUDITOR'S REPORT

##### Report on the Financial Statements

We have audited the accompanying financial statements of Tri-Counties Association for the Developmentally Disabled, Inc., a California nonprofit public benefit corporation, which comprise the statements of financial position as of June 30, 2020 and 2019, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

##### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

##### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

1

**BKR**  
INTERNATIONAL

CERTIFIED PUBLIC ACCOUNTANTS, 301 Howard Street, Suite 850, San Francisco, California 94105  
Telephone 415 957 9999 Facsimile 415 957 1629 <http://www.lvhj.com>

AN INDEPENDENT MEMBER FIRM OF BKR INTERNATIONAL WITH ASSOCIATES IN PRINCIPAL CITIES WORLDWIDE

# NORTH LOS ANGELES COUNTY REGIONAL CENTER (NLACRC)

## PROPOSAL FOR AUDIT AND TAX SERVICES

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#### Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Tri-Counties Association for the Developmentally Disabled, Inc. as of June 30, 2020 and 2019, and the changes in its net deficit and its cash flows for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

#### Emphasis of Matter

As discussed in Note 2 to the financial statements, Tri-Counties Association for the Developmentally Disabled, Inc. adopted new accounting guidance required by accounting principles generally accepted in the United States of America regarding the contributions received. Our opinion is not modified with respect to this matter.

#### Report on Other Legal and Regulatory Requirements

In accordance with *Government Auditing Standards*, we have also issued a report dated February 5, 2021 on our consideration of Tri-Counties Association for the Developmentally Disabled, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Tri-Counties Association for the Developmentally Disabled, Inc.'s internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Tri-Counties Association for the Developmentally Disabled, Inc.'s internal control over financial reporting and compliance.



February 5, 2021

# NORTH LOS ANGELES COUNTY REGIONAL CENTER (NLACRC)

## PROPOSAL FOR AUDIT AND TAX SERVICES

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#### TRI-COUNTIES ASSOCIATION FOR THE DEVELOPMENTALLY DISABLED, INC.

*(A California Nonprofit Public Benefit Corporation)*

#### STATEMENTS OF FINANCIAL POSITION

JUNE 30, 2020 AND 2019

	2020	2019
<b>ASSETS</b>		
Cash and cash equivalents	\$ 19,798,683	\$ 11,425,842
Contract receivable (Note 3)	17,211,493	17,514,855
Receivable from Intermediate Care Facilities (Note 5)	3,916,339	3,667,621
Other receivables	6,105	5,594
Prepaid expenses	258,349	201,260
Deferred costs for accrued vacation, sick and other employee benefits	5,953,516	4,450,254
Deferred post-retirement health care plan expense (Note 6)	3,672,519	4,861,121
Total assets	<u>\$ 50,817,004</u>	<u>\$ 42,126,547</u>
<b>LIABILITIES AND NET DEFICIT</b>		
Liabilities:		
Accounts payable	\$ 40,012,572	\$ 31,680,004
Accrued payroll	828,311	784,679
Accrued vacation and sick	2,252,031	1,739,636
Post-retirement health care plan obligation (Note 6)	3,701,485	2,710,618
Unfunded defined benefit plan liability (Note 7)	15,847,786	17,714,629
Other liabilities (Note 11)	169,347	174,161
Total liabilities	62,811,532	54,803,727
Net deficit	(11,994,528)	(12,677,180)
Total liabilities and net deficit	<u>\$ 50,817,004</u>	<u>\$ 42,126,547</u>

*The accompanying notes are an integral part of these financial statements.*

# NORTH LOS ANGELES COUNTY REGIONAL CENTER (NLACRC)

## PROPOSAL FOR AUDIT AND TAX SERVICES

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#### TRI-COUNTIES ASSOCIATION FOR THE DEVELOPMENTALLY DISABLED, INC.

*(A California Nonprofit Public Benefit Corporation)*

#### STATEMENTS OF ACTIVITIES

YEARS ENDED JUNE 30, 2020 AND 2019

	2020	2019
Support and revenue:		
Contract income	\$ 343,561,459	\$ 313,670,979
Intermediate Care Facilities (Note 5)	8,834,789	7,817,451
Interest	359,815	262,204
Donations and other income	66,469	147,651
Total support and revenue	<u>352,822,532</u>	<u>321,898,285</u>
Expenses:		
Program services:		
Client services	349,825,010	318,844,777
Supporting services:		
General and administrative	2,993,111	2,995,543
Total expenses	<u>352,818,121</u>	<u>321,840,320</u>
Change in net deficit from operations	4,411	57,965
Change in deferred post-retirement health care plan (Note 6)	(1,188,602)	(739,053)
Change in defined benefit plan liability (Note 7)	1,866,843	(564,366)
Change in net deficit	682,652	(1,245,454)
Net deficit, beginning of year	<u>(12,677,180)</u>	<u>(11,431,726)</u>
Net deficit, end of year	<u>\$ (11,994,528)</u>	<u>\$ (12,677,180)</u>

*The accompanying notes are an integral part of these financial statements.*

# NORTH LOS ANGELES COUNTY REGIONAL CENTER (NLACRC)

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TRI-COUNTIES ASSOCIATION FOR THE DEVELOPMENTALLY DISABLED, INC.  
*(A California Nonprofit Public Benefit Corporation)*  
 STATEMENTS OF FUNCTIONAL EXPENSES  
 YEARS ENDED JUNE 30, 2020 AND 2019

	2020			Percentage of Total Expenses
	Program Services	Supporting Services	Total	
Purchase of services:				
Living out of home	\$ 66,336,539	\$ -	\$ 66,336,539	18.80%
Day program	95,869,848	-	95,869,848	27.17%
Transportation	19,266,156	-	19,266,156	5.46%
Supported living services	74,094,127	-	74,094,127	21.00%
Behavioral services	8,495,577	-	8,495,577	2.41%
Medical services	9,360,739	-	9,360,739	2.65%
Respite services	31,669,467	-	31,669,467	8.98%
Other services	9,975,519	-	9,975,519	2.83%
Total purchase of services	315,067,972	-	315,067,972	89.30%
Operating:				
Salaries	19,673,695	1,668,093	21,341,788	6.05%
Employee benefits	7,154,836	648,368	7,803,204	2.21%
Payroll taxes	275,643	23,686	299,329	0.08%
Facility rent and maintenance	3,540,480	303,689	3,844,169	1.09%
Office relocation	278,464	23,886	302,350	0.09%
Utilities	194,480	16,682	211,162	0.06%
Travel	481,408	37,823	519,231	0.15%
Equipment purchase, rental and maintenance	1,060,402	90,957	1,151,359	0.33%
General office expenses	768,330	65,904	834,234	0.24%
Telephone	411,565	35,303	446,868	0.13%
Postage	109,291	9,375	118,666	0.03%
Accounting fees	70,733	6,067	76,800	0.02%
Legal fees	109,809	9,419	119,228	0.03%
Consultant services	194,345	16,670	211,015	0.06%
Training, development, and conferences	103,114	8,845	111,959	0.03%
Insurance	239,505	20,544	260,049	0.07%
Office supplies	90,938	7,800	98,738	0.03%
Total operating	34,757,038	2,993,111	37,750,149	10.70%
Total expenses	\$ 349,825,010	\$ 2,993,111	\$ 352,818,121	100.00%

*The accompanying notes are an integral part of these financial statements.*

# NORTH LOS ANGELES COUNTY REGIONAL CENTER (NLACRC)

## PROPOSAL FOR AUDIT AND TAX SERVICES

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#### TRI-COUNTIES ASSOCIATION FOR THE DEVELOPMENTALLY DISABLED, INC.

(A California Nonprofit Public Benefit Corporation)

#### STATEMENTS OF FUNCTIONAL EXPENSES

YEARS ENDED JUNE 30, 2020 AND 2019

	2019			Percentage of Total Expenses
	Program Services	Supporting Services	Total	
Purchase of services:				
Living out of home	\$ 55,517,693	\$ -	\$ 55,517,693	17.25%
Day program	91,635,679	-	91,635,679	28.47%
Transportation	18,317,859	-	18,317,859	5.69%
Supported living services	65,719,124	-	65,719,124	20.42%
Behavioral services	8,435,965	-	8,435,965	2.62%
Medical services	8,874,601	-	8,874,601	2.76%
Respite services	27,292,093	-	27,292,093	8.48%
Other services	10,737,479	-	10,737,479	3.34%
Total purchase of services	286,530,493	-	286,530,493	89.03%
Operating:				
Salaries	18,521,327	1,702,940	20,224,267	6.29%
Employee benefits	6,490,444	630,837	7,121,281	2.21%
Payroll taxes	257,638	22,879	280,517	0.09%
Facility rent and maintenance	3,161,052	293,650	3,454,702	1.07%
Office relocation	214,306	19,908	234,214	0.07%
Utilities	173,171	16,087	189,258	0.06%
Travel	677,355	47,369	724,724	0.23%
Equipment purchase, rental and maintenance	651,408	60,513	711,921	0.22%
General office expenses	624,454	58,009	682,463	0.21%
Telephone	371,579	34,518	406,097	0.13%
Postage	46,620	4,331	50,951	0.02%
Accounting fees	71,919	6,681	78,600	0.02%
Legal fees	207,052	19,234	226,286	0.07%
Consultant services	254,821	23,672	278,493	0.09%
Training, development, and conferences	330,229	30,677	360,906	0.11%
Insurance	159,552	14,822	174,374	0.05%
Office supplies	101,357	9,416	110,773	0.03%
Total operating	32,314,284	2,995,543	35,309,827	10.97%
Total expenses	\$ 318,844,777	\$ 2,995,543	\$ 321,840,320	100.00%

The accompanying notes are an integral part of these financial statements.

# NORTH LOS ANGELES COUNTY REGIONAL CENTER (NLACRC)

## PROPOSAL FOR AUDIT AND TAX SERVICES

### APPENDIX A

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Certified Public Accountants

#### TRI-COUNTIES ASSOCIATION FOR THE DEVELOPMENTALLY DISABLED, INC.

*(A California Nonprofit Public Benefit Corporation)*

#### STATEMENTS OF CASH FLOWS

YEARS ENDED JUNE 30, 2020 AND 2019

	2020	2019
Cash flows from operating activities:		
Receipts from contract income	\$ 343,864,821	\$ 317,182,449
Intermediate Care Facilities receipts	8,586,071	8,200,144
Interest receipts	359,815	262,204
Other receipts	65,958	144,497
Total receipts	352,876,665	325,789,294
Purchase of services	(307,482,182)	(285,796,264)
Salaries	(21,104,563)	(19,403,340)
Employee benefits	(7,391,164)	(7,014,506)
Payroll taxes	(296,867)	(280,113)
Facility rent and maintenance	(3,780,337)	(3,603,659)
Office relocation	(376,815)	(159,397)
Utilities	(197,342)	(181,066)
Travel	(595,926)	(715,531)
Equipment purchase, rental and maintenance	(983,587)	(779,996)
General office expenses	(843,447)	(672,717)
Telephone	(446,438)	(408,841)
Postage	(62,776)	(50,404)
Accounting fees	(76,800)	(78,600)
Legal fees	(98,633)	(233,869)
Consultant services	(190,258)	(335,787)
Training, development, and conferences	(130,750)	(514,753)
Insurance	(346,068)	(190,214)
Office supplies	(99,871)	(111,235)
Total disbursements	(344,503,824)	(320,530,292)
Net cash provided by operating activities	8,372,841	5,259,002
Net increase in cash and cash equivalents	8,372,841	5,259,002
Cash and cash equivalents, beginning of year	11,425,842	6,166,840
Cash and cash equivalents, end of year	\$ 19,798,683	\$ 11,425,842

*The accompanying notes are an integral part of these financial statements.*



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#### STATEMENTS OF CASH FLOWS

YEARS ENDED JUNE 30, 2020 AND 2019

	2020	2019
Reconciliation of change in net deficit to cash flows from operating activities:		
Change in net deficit	\$ 682,652	\$ (1,245,454)
Adjustments to reconcile change in net deficit to net cash provided by (used in) operating activities:		
Change in deferred post-retirement health care plan	1,188,602	739,053
Change in defined benefit plan liability	(1,866,843)	564,366
(Increase) decrease in assets:		
Contract receivable	303,362	3,511,470
Receivable from Intermediate Care Facilities	(248,718)	382,693
Other receivables	(511)	(3,154)
Prepaid expenses	(57,089)	(109,355)
Increase (decrease) in liabilities:		
Accounts payable	8,332,568	1,404,466
Accrued payroll	43,632	28,294
Other liabilities	(4,814)	(13,377)
Total adjustments	<u>7,690,189</u>	<u>6,504,456</u>
Net cash provided by operating activities	<u>\$ 8,372,841</u>	<u>\$ 5,259,002</u>

*The accompanying notes are an integral part of these financial statements.*

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NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2020 AND 2019

**NOTE 1 – ORGANIZATION AND NATURE OF ACTIVITIES**

Tri-Counties Association for the Developmentally Disabled, Inc. (the Center), was incorporated on November 29, 1968 as a California nonprofit public benefit corporation under contract with the California Department of Developmental Services (DDS) for the purpose of operating Tri-Counties Regional Center (TCRC) and related activities. The Center was organized in accordance with the provisions of the Lanterman Developmental Disabilities Services Act (the Lanterman Act) of the Welfare and Institutions Code of the State of California. In accordance with the Lanterman Act, the Center administers programs which provide diagnostic evaluations, client program management, and lifelong planning services for persons with developmental disabilities and their families. The Center is one of 21 regional centers within the State of California system and serves the counties of Ventura, Santa Barbara, and San Luis Obispo.

The Lanterman Act includes governance provisions regarding the composition of the Center’s board of directors. The Lanterman Act states that the board shall be comprised of individuals with demonstrated interest in, or knowledge of, developmental disabilities, and other relevant characteristics, and requires that a minimum of 50% of the governing board be persons with developmental disabilities or their parents or legal guardians; and that no less than 25% of the members of the governing board shall be persons with developmental disabilities. In addition, a member of a required advisory committee, composed of persons representing the various categories of providers from which the regional center purchases client services, shall serve as a member of the regional center board. To comply with the Lanterman Act, the Center’s board of directors includes persons with developmental disabilities, or their parents or legal guardians, who receive services from the Center and client service provider of the Center.

The Center’s mission statement is as follows:

TCRC provides person and family-centered supports for individuals with developmental disabilities to maximize opportunities and choices for living, working, learning, and recreating in the community.

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

State of California Contract

The Center operates under an annual cost-reimbursement contract with DDS under the Lanterman Act. The maximum expenditures under the contract are limited to the contract amount plus interest earned. The Center is required to maintain accounting records in accordance with the Regional Center Fiscal Manual, issued by DDS, and is required to have DDS approval for certain expenses. In the event of termination or nonrenewal of the contract, the State of California maintains the right to assume control of the Center’s operation and the obligation of its liabilities.

Under the terms of these contracts, funded expenditures are not to exceed \$365,378,878 and \$318,509,634 for the FY 2019-2020 and FY 2018-2019 contract years, respectively. As of June 30, 2020, actual net expenditures under the FY 2019-2020 and FY 2018-2019 contracts were \$351,422,495 and \$311,821,308, respectively. The unexpended balance of these contracts amounting to \$13,956,383 and \$6,688,326 for the FY 2019-2020 and FY 2018-2019 contract years, represents a conditional contribution that will be used to fund expenditures in the next fiscal years until the contract amount will be fully expended. The Center can bill DDS in the future for expenses relating to previous fiscal years if the expenses billed relate to the previous fiscal year. As a result, the Center internally tracks revenue by current year, previous year and second previous year.

#### TRI-COUNTIES ASSOCIATION FOR THE DEVELOPMENTALLY DISABLED, INC.

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YEARS ENDED JUNE 30, 2020 AND 2019

The net deficit reported as of June 30, 2020 and 2019 on the statements of financial position is primarily the result of the Center's post-retirement health care plan and defined benefit pension plan. As further discussed in Note 6, an accounting standard requires the Center to recognize as a credit or charge to net assets (deficit) the actuarial gains (losses) and prior service cost related to the post-retirement health care plan that had not yet been recognized as components of periodic plan expenses. For purposes of reporting plan expenses, the unrecognized actual gains (losses) and prior service costs will continue to be amortized into plan expenses over future years. Plan expenses under the post-retirement health care plan and defined benefit pension plan are reimbursed under the DDS contract as the Center funds the plan. Although the Center expects that the plan costs will ultimately be funded over future years, plan funding will depend on continued funding by DDS.

#### Accounting Method

The Center uses the accrual method of accounting, which recognizes income in the period earned and expenses when incurred, regardless of the timing of payments.

#### Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expense during the reporting period. Actual results could differ from those estimates.

#### Basis of Presentation

The Center is required to report information regarding its financial position and activities according to two classes of net assets, as applicable: net assets without donor restrictions and net assets with donor restrictions.

- Net assets without donor restrictions include those net assets which represent expendable funds for operations related to the DDS contract which are not subject to donor-imposed restrictions, and those assets over which the Board of Directors has discretionary control in carrying out the operations of the Center. The Center had no board-designated net assets as of June 30, 2020 and 2019.
- Net assets with donor restrictions include those assets subject to donor restrictions and for which the applicable restrictions were not met as of the end of the current reporting period. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. When a donor restriction expires – that is, when a stipulated time restrictions ends or purpose restriction is accomplished – net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as *net assets released from restrictions*. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates the resources be maintained in perpetuity. The Center had no net assets with donor restrictions as of June 30, 2020 and 2019.

#### Revenue Recognition:

#### Contributions

Contributions are recognized as revenue when they are unconditionally communicated. Grants represent contributions if resource providers receive no value in exchange for the assets transferred. Contributions are recognized when the donor makes a promise to give; that is, in substance, an unconditional promise. Conditional promises to give are recognized when the conditions on which they depend are substantially met. Contributions are recorded at their fair value as support without donor restrictions or support with donor restrictions, depending on the absence or existence of donor-imposed restrictions as applicable.

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Government contracts, which are funded on a reimbursement basis, are shown as unrestricted revenue. A portion of the Center's revenue is derived from cost-reimbursable federal and state contracts and grants, which are conditioned upon certain performance requirements and/ or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Center has incurred expenditures in compliance with specific contract or grant provisions. Amounts received prior to incurring qualifying expenditures are reported as refundable advances in the statement of financial position. As of June 30, 2020 and 2019, the Center had no refundable advances since amounts received as advances were less than the reimbursable costs incurred.

The Center has adopted Accounting Standards Update (ASU) No. 2018-08 Not-for-Profit Entities: Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made (Topic 605) as management believes the standard improves the usefulness and understandability of the Center's financial reporting.

In accordance with the ASU, the Center has determined that governmental contract revenue represents unconditional contributions to the extent that reimbursable costs have been incurred. The excess unexpended balance of the governmental contracts represents a conditional contribution. Adoption of the new ASU did not result in a material change in the Center's financial reporting.

#### Federal Grants

##### U.S. Department of Education:

The Center is a sub-recipient to DDS with regard to the Special Education Grants for Infants and Families, which provides funding for early intervention services for infants and toddlers, through age 3, as authorized by Public Law 102-119.

##### The Corporation for National and Community Service:

The Center is a sub-recipient to DDS with regard to the Foster Grandparent grant. The grant is provided to qualified agencies and organizations for the dual purpose of engaging persons 55 or older, with limited income, in volunteer services to meet critical community needs. The program strives to provide a high quality volunteer experience that will enrich the lives of the volunteers. The grant funds are used to support Foster Grandparents in providing supportive, person to person service to children with exceptional or special needs or in circumstances identified as limiting their academic, social, or emotional development.

#### Cash and Cash Equivalents

Cash is defined as cash in demand deposit accounts as well as cash on hand. The Center occasionally maintains cash on deposit at a bank in excess of the Federal Deposit Insurance Corporation coverage limit. The uninsured cash balance, including restricted cash, was approximately \$19,564,000 as of June 30, 2020. The Center has not experienced any losses in such accounts.

Cash equivalents are highly liquid investments that are readily convertible to known amounts of cash. Generally, only investments with original maturities of three months or less qualify as cash equivalents.

#### Contract and Other Receivables

A majority of the Center's receivables represent or relate to the cost-reimbursement contract with DDS. Bad debts are provided on the allowance method based on historical experience and management evaluation of outstanding grants and accounts receivable. It is the Center's policy to charge off uncollectible accounts receivable when management determines that receivables will not be collected. Management has determined that no allowance for uncollectible accounts was deemed necessary as of June 30, 2020 and 2019.

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*Furniture and Equipment*

Furniture and equipment is stated at cost of acquisition. Furniture and equipment belongs to the State of California if purchased with contract funds except for the furniture and equipment for use by a consumer. As such, an offsetting liability is also recorded. The Center is required to track acquisitions of furniture and equipment with an estimated useful life beyond one year.

The Center expends the cost of furniture and equipment upon acquisition purchased with funds from the DDS contract in accordance with the Regional Center Fiscal Manual. This departure from accounting principles generally accepted in the United States of America does not have a material impact on the financial statements. Equipment purchases for the years ended June 30, 2020 and 2019 totaled \$217,935 and \$343,372, respectively. The capitalized furniture and equipment and reciprocating offset account as of June 30, 2020 and 2019 totaled \$4,664,654 and \$4,769,089, respectively.

*Income Taxes*

The Center is exempt from federal income taxes under section 501(c)(3) of the Internal Revenue Code and the related California code sections. Contributions to the Center qualify for the charitable contribution deduction.

The Center believes that it has appropriate support for any tax positions taken, and as such, does not have any uncertain tax positions that are material to the financial statements. The Center's federal and state information returns for the years 2016 through 2019 are subject to examination by regulatory agencies, generally for three years and four years after they were filed for federal and state, respectively.

*Accrued Vacation, Sick and Other Employee Benefits*

The Center has accrued liability for leave benefits earned by employees and for post-retirement health care as discussed in Note 6. However, such benefits are reimbursed under the contract with DDS only when actually paid. The Center has recorded an asset for the accrued benefits to reflect future reimbursement of such benefits.

*Functional Expenses Allocation*

The costs of providing program services and supporting services are summarized on a functional basis in the statements of activities. The statements of functional expenses present the natural classification detail of expenses by function. Directly identifiable expenses, such as purchase of services, salaries, employee benefits, and payroll taxes, are accordingly charged to program services and supporting services. Certain categories of expenses attributed to more than one program or supporting function require consistent allocation on a reasonable basis. Expenses that are allocated include facility rent and maintenance, office relocation, utilities, equipment purchase, rental and maintenance, general office expenses, telephone, postage, accounting fees, legal fees, consultant services, training, development, and conferences, insurance, and office supplies. These expenses have been allocated on the basis of salaries per function over total salaries of all functions.

*Post-Retirement Health Care Plan*

The Center is required to recognize the funded status of a benefit plan, measured as the difference between plan assets at fair value and the benefit obligation, in the statements of financial position. Gains or losses and prior service costs or credits that arise during the period but are not recognized as components of net period benefit cost will be recognized each year as a separate charge or credit to net assets (deficit).

*Fair Value Measurements of Plan Assets*

Under generally accepted accounting principles in the United States of America, fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (exit price) in an orderly transaction between market participants at the measurement date.

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Accounting principles generally accepted in the United States of America establish a fair value hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the most observable inputs be used when available. Observable inputs are those that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Center. Unobservable inputs, if any, reflects the Center's assumption about the inputs market participants would use in pricing the asset or liability developed based on the best information available in the circumstances. The fair value hierarchy is categorized into three levels based on the inputs as follows:

Level 1 – Valuations based on unadjusted quoted prices in active markets for identical assets or liabilities that the Center has the ability to access at measurement date. Valuation adjustments and block discounts are not applied to Level 1 securities. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these securities does not entail a significant degree of judgment.

Level 2 – Valuations based on significant inputs that are observable, either directly or indirectly or quoted prices in markets that are not active, that is, markets in which there are few transactions, the prices are not current or price quotations vary substantially either over time or among market makers.

Level 3 – Valuations based on inputs that are unobservable and significant to the overall fair value measurement.

The availability of valuation techniques and observable inputs can vary from security to security and is affected by a wide variety of factors, including the type of security, whether the security is new and not yet established in the marketplace, and other characteristics particular to the transaction. To the extent that valuation is based on models or inputs that are less observable or unobservable in the market, the determination of fair value requires more judgment. Those estimated values do not necessarily represent the amounts that may be ultimately realized due to the occurrence of future circumstances that cannot be reasonably determined. Because of the inherent uncertainty of valuation, those estimated values may be materially higher or lower than the values that would have been used had a ready market for the securities existed.

Defined Benefit Pension Plan

The Center records unfunded liability of its defined benefit pension plan with California Public Employees' Retirement System (CalPERS) on the statements of financial position and recognizes the changes in the funded status on the statements of activities in the year in which the change occurs. CalPERS has characteristics of a multiemployer plan. The actuarial report used by the Center is one year in arrears. The delay is due to the fact that there is a two-year lag between the Valuation Date and the Contribution Fiscal Year. This lag is necessary due to the amount of time needed to extract and test the membership and financial data, and due to the need to provide public agencies with their employer contribution rates well in advance of the start of the fiscal year. Accordingly, the actual unfunded liability may differ from the recorded amount. As of June 30, 2020, the difference cannot be reasonably determined.

Subsequent Events

Management has evaluated subsequent events through February 5, 2021, the date on which these financial statements were available to be issued.

**NOTE 3 – CONTRACT RECEIVABLE/CONTRACT ADVANCES**

The Center's major source of revenue is from the state. Each fiscal year, the Center enters into a new contract with the state for a specified funding amount subject to budget amendments. Revenue from the state is recognized monthly when a claim for reimbursement of actual expenses is filed with the state.

# NORTH LOS ANGELES COUNTY REGIONAL CENTER (NLACRC)

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Contract advances are made from DDS to the Center at the beginning of each fiscal year to provide interest-free working capital. DDS uses its discretion in determining the balance on a month-to-month basis. DDS made contract advances of \$86,279,864 and \$77,909,199 to the Center as of June 30, 2020 and 2019, respectively. For financial statement presentation, to the extent there are claims receivable, these advances have been offset against the claims receivable from DDS as follows:

Contract receivable/contract advances as of June 30, 2020 and 2019 is summarized as follows:

	2020	2019
Contracts receivable	\$ 103,491,357	\$ 95,424,054
Contracts advances	(86,279,864)	(77,909,199)
Net contracts receivable	<u>\$ 17,211,493</u>	<u>\$ 17,514,855</u>

#### NOTE 4 – FAIR VALUE MEASUREMENTS

The following financial instruments are valued using Level 1 inputs:

	2020		2019	
	<i>Cost</i>	<i>Quoted Prices in Active Markets for Identical Assets (Level 1)</i>	<i>Cost</i>	<i>Quoted Prices in Active Markets for Identical Assets (Level 1)</i>
Money market account <sup>(1)</sup>	\$ 10,133,849	\$ 10,133,849	\$ -	\$ -

<sup>(1)</sup> The amount is included in *cash and cash equivalents* in the statements of financial position. The money market account was opened in July 2019 to earn higher interest.

#### NOTE 5 – INTERMEDIATE CARE FACILITIES – STATE PLAN AMENDMENT

The Centers for Medicare and Medicaid Services (CMS) approved federal financial participation in the funding of day and related transportation services purchased by the Center for consumers who reside in Intermediate Care Facilities (ICF). CMS agreed that the day and related transportation services are part of the ICF service; however, the federal rules allow for only one provider of the ICF service. Accordingly, all the Medicaid funding for the ICF residents must go through the applicable ICF provider. The Center receives a 1.5% administrative fee based on the funds received to cover the additional workload.

DDS directs the Center to prepare billings for these services on behalf of the ICF. The billings include a 5.5% Quality Assurance fee for the State Department of Health Care Services (DHCS), a 1.5% administrative fee for the ICF and a 1.5% administration fee for the Center.

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The Center is directed to pay the ICF directly for their services and to reduce the amount of the Center's regular state claim to DDS by the dollar amount of these services. DDS advances the amounts billed to the ICF. The ICF is directed to remit to the Center, within 30 days of receipt of funds from the State Controller's Office, the amount billed less its administration fee and the Quality Assurance fee, which it must remit to DHCS. The Center records the entire net amounts due from the ICF as receivable from Intermediate Care Facilities with corresponding revenue from Intermediate Care Facilities. The receivable from Intermediate Care Facilities reduces contract receivable from DDS. DDS has instituted protocols should the ICF not remit the net amounts due to the Center.

The *receivable from Intermediate Care Facilities* in the amount of \$3,916,339 and \$3,667,621 as of June 30, 2020 and 2019, respectively, represents the amount DDS paid or will pay to the ICF net of ICF's administrative fee and Quality Assurance fee. *Revenue from Intermediate Care Facilities* was \$8,834,789 and \$7,817,451 for the years ended June 30, 2020 and 2019, respectively.

#### NOTE 6 – POST-RETIREMENT HEALTH CARE PLAN

The Center sponsors a post-retirement health care plan through CalPERS for its employees. The actuarial cost method used for determining the benefit obligations is the projected unit benefit cost method. Under this method, the actuarial present value of projected benefits is the value of benefits expected to be paid for current active employees and retirees. The accumulated post-retirement benefit obligation (APBO) is the actuarial present value of benefits attributed to employee service rendered prior to the valuation date. The APBO equals the present value of projected benefits multiplied by a fraction equal to service to date over service at full eligibility age. The net periodic benefit cost is the cost of a post-retirement benefit plan for a fiscal year.

The following tables provide a reconciliation of the changes in the plan's benefit obligations and funded status as of June 30, 2020 and 2019:

	2020	2019
Change in benefit obligation		
Benefit obligation at beginning of year	\$ 4,245,470	\$ 3,694,648
Service cost	214,494	196,039
Interest cost	156,053	158,512
Assumption change loss	639,234	216,940
Experience loss	154,096	93,713
Benefits paid	(129,600)	(114,382)
Obligation at end of year	<u>5,279,747</u>	<u>4,245,470</u>
Change in plan assets		
Fair value of plan assets at beginning of year	1,534,852	1,474,253
Actual return on plan assets	43,410	60,599
Fair value of plan assets at end of year	<u>1,578,262</u>	<u>1,534,852</u>
Net amount recognized in the statements of financial position	<u>\$ 3,701,485</u>	<u>\$ 2,710,618</u>

The Center has accrued a receivable as of June 30, 2020 and 2019 from DDS totaling \$3,701,485 and \$2,710,618, respectively, representing the portion of the post-retirement health care plan obligation which has been recognized as plan expense. The receivables are included in *deferred costs for accrued vacation, sick leave and other employee benefits* in the statements of financial position.



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The following table provides the components of the net periodic benefit cost for the plan as of June 30, 2020 and 2019:

	2020	2019
Service cost	\$ 214,494	\$ 196,039
Interest cost	156,053	158,512
Return on investments	(43,410)	(60,599)
Net asset (gain)	(56,355)	(35,227)
Amortization of gain from earlier periods	(338,917)	(393,173)
Net periodic benefit income	<u>\$ (68,135)</u>	<u>\$ (134,448)</u>

The plan item not yet recognized as a component of periodic plan expenses, but included as a separate credit or charge to net assets (deficit) as of June 30, 2020 and 2019, is an actuarial gain of \$3,672,519 and \$4,861,121, respectively.

The change in the prior service cost and the actuarial gain for the years ended June 30, 2020 and 2019 was \$1,188,602 and \$739,053, respectively, which was recognized as a charge to net deficit in the statements of activities.

The following weighted-average assumptions are used to determine benefit obligations as of June 30, 2020 and 2019:

	2020	2019
Discount rate	2.80%	3.60%
General inflation	2.75%	2.50%
Long-term rate of return on plan assets	6.50%	6.50%

The following weighted-average assumptions are used to determine net periodic benefit cost as of June 30, 2020 and 2019:

	2020	2019
Discount rate	3.60%	4.20%
General inflation	2.75%	2.50%
Long-term rate of return on plan assets	6.50%	6.50%

Assumed health care cost trends as of June 30, 2020 and 2019 for net periodic benefit cost and accumulated benefit obligation are as follows:

	2020	2019
Medical care component of the Consumer Price Index (CPI)	3.00%	3.00%
Health care cost trend rate assumed for next year	5.50%	6.75%
Rate to which the cost trend is assumed to decline (the ultimate trend rate)	4.25%	4.25%
Year that the rate reaches the ultimate trend rate	2072	2072

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Actual future costs may vary significantly from the estimates used in calculating the APBO for a variety of reasons. Retiree medical costs are especially difficult to estimate due to the uncertainty of future medical costs.

The following table presents information about the fair value hierarchy inputs in determining fair value of the plan's assets as of June 30, 2020 and 2019:

	2020			
	<i>Quoted Prices in Active Markets for Identical Assets (Level 1)</i>	<i>Significant Observable Inputs (Level 2)</i>	<i>Significant Unobservable Inputs (Level 3)</i>	<i>Balance as of June 30, 2020</i>
Asset class:				
Cash and cash equivalents	\$ 110,478	\$ -	\$ -	\$ 110,478
Common stocks	142,044	-	-	142,044
Mutual funds/ETFs – equities	899,609	-	-	899,609
Mutual funds/ETFs – fixed income	426,131	-	-	426,131
<b>Total</b>	<b>\$ 1,578,262</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,578,262</b>

	2019			
	<i>Quoted Prices in Active Markets for Identical Assets (Level 1)</i>	<i>Significant Observable Inputs (Level 2)</i>	<i>Significant Unobservable Inputs (Level 3)</i>	<i>Balance as of June 30, 2019</i>
Asset class:				
Cash and cash equivalents	\$ 30,697	\$ -	\$ -	\$ 30,697
Common stocks	153,485	-	-	153,485
Mutual funds/ETFs – equities	920,911	-	-	920,911
Mutual funds/ETFs – fixed income	429,759	-	-	429,759
<b>Total</b>	<b>\$ 1,534,852</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,534,852</b>

The allocation of plan assets as of June 30, 2020 and 2019 were as follows:

	2020		2019	
	<i>Current Allocation</i>	<i>Target</i>	<i>Current Allocation</i>	<i>Target</i>
Cash equivalents	7.0%	5.0%	2.0%	5.0%
Fixed income	27.0%	20.0%	28.0%	20.0%
Equity	66.0%	75.0%	70.0%	75.0%
	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

TRI-COUNTIES ASSOCIATION FOR THE DEVELOPMENTALLY DISABLED, INC.  
*(A California Nonprofit Public Benefit Corporation)*  
NOTES TO FINANCIAL STATEMENTS  
YEARS ENDED JUNE 30, 2020 AND 2019

Future benefit payments under the plan net of retiree contributions are as follows:

2021	\$	139,678
2022		158,919
2023		157,749
2024		168,220
2025		175,640
Thereafter		1,107,696
	\$	1,907,902

**NOTE 7 – DEFINED BENEFIT PENSION PLAN**

The Center adopted a defined benefit pension plan covering substantially all employees by becoming a member of CalPERS. All employees are, immediately upon hire, enrolled in the pension plan. The Center contributes approximately 16% of the employees’ gross salary to CalPERS and employees contribute 6% or 6.25% of their gross salary to CalPERS depending on which plan they are enrolled in. Total amount paid to CalPERS for the years ended June 30, 2020 and 2019, was \$4,001,104 and \$3,486,478, respectively.

The Public Employees’ Retirement Law (Part 3 of the California Government Code, §20000 et seq.) establishes benefit provisions for CalPERS. CalPERS issues a separate comprehensive annual financial report that includes financial statements and required supplementary information.

Based on the most recent plan information available, the unfunded liability as of June 30, 2019 and 2018 was as follows:

	2019	2018
Present value of projected benefits	\$ 138,728,485	\$ 133,768,702
Less present value of future:		
Employer normal costs	(13,923,457)	(14,341,235)
Employee contributions	(12,198,457)	(11,496,241)
Entry age normal accrued liability	112,606,571	107,931,226
Market value of assets	(96,758,785)	(90,216,597)
Unfunded liability	\$ 15,847,786	\$ 17,714,629

The change in the unfunded liability for the years ended June 30, 2019 and 2018 was a \$1,866,843 reduction and a \$564,366 increase in the unfunded liability, respectively, which was recognized as either a credit or charge to the net deficit in the statements of activities for the years ended June 30, 2020 and 2019, respectively.

# NORTH LOS ANGELES COUNTY REGIONAL CENTER (NLACRC)

## PROPOSAL FOR AUDIT AND TAX SERVICES

### APPENDIX A

L I N D Q U I S T

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Certified Public Accountants

TRI-COUNTIES ASSOCIATION FOR THE DEVELOPMENTALLY DISABLED, INC.  
*(A California Nonprofit Public Benefit Corporation)*  
 NOTES TO FINANCIAL STATEMENTS  
 YEARS ENDED JUNE 30, 2020 AND 2019

The reconciliation of the market value of assets over the prior years was as follows:

	2019	2018
Beginning balance	\$ 90,216,597	\$ 81,089,398
Contributions:		
Employer	3,308,553	4,426,637
Employee	1,388,831	1,388,890
Investment return	5,894,079	6,757,067
Benefit payments to retirees	(3,715,406)	(3,409,190)
Refunds	(245,777)	(44,170)
Administrative expenses	(101,462)	-
Other transfers and miscellaneous adjustments	13,370	7,965
Ending balance	<u>\$ 96,758,785</u>	<u>\$ 90,216,597</u>

The significant actuarial assumptions as of June 30, 2019 and 2018, were as follows:

	2019	2018
Long-term discount rate	7.00%	7.00%
Payroll growth	2.75%	2.75%
Expected long-term rate of return	7.00% <sup>(1)</sup>	7.00%

<sup>(1)</sup> The actual investment return for the year ended June 30, 2020 was 4.7% and the 2.3% shortfall will be amortized over the next 20 years.

The expected payment on the unfunded liability for the years ended June 30, 2019 and 2018 was \$1,187,613 and \$1,030,963, respectively.

The asset allocation as of June 30, 2019 and 2018, was as follows:

	2019	2018
Asset Class:		
Public equity	50.2%	48.8%
Private equity	7.1%	7.7%
Fixed income	28.7%	22.5%
Cash equivalent	1.0%	3.4%
Real assets	11.0%	10.8%
Inflation assets	0.0%	5.9%
Absolute Return Strategy	2.0%	0.9%
	<u>100.0%</u>	<u>100.0%</u>

TRI-COUNTIES ASSOCIATION FOR THE DEVELOPMENTALLY DISABLED, INC.

*(A California Nonprofit Public Benefit Corporation)*

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2020 AND 2019

The starting point and most important element of CalPERS' return on investment is the asset allocation or diversification among stocks, bonds, cash and other investments. Asset allocation is not an asset-only or liability-only decision. All factors, including liabilities, benefit payments, operating expenses, and employer and member contributions are taken into account in determining the appropriate asset allocation mix. The goal is to maximize returns at a prudent level of risk which presents an ever-changing balancing act between market volatility and long-term goals.

CalPERS follows a strategic asset allocation policy that identifies the percentage of funds to be invested in each asset class.

The asset allocation and market value of assets shown above reflect the values of the Public Employees' Retirement Fund (PERF) in its entirety as of June 30, 2020 and 2019. The assets for the Center are part of the PERF and are invested accordingly. The funded status of the Center's retirement plan is 85.9%.

For the years ended June 30, 2020 and 2019, the actuarial computed employer contribution rates were 15.416% and 13.891%, respectively. In addition, the Center contributes 2%, 1%, and 0% of the required employee rate, and the employee contributes 6%, 6%, and 6.25%, to the 3%-at-age-60 plan, the 2%-at-age-60 plan, and the 2%-at-age-62 plan, respectively.

**NOTE 8 – LIQUIDITY AND AVAILABILITY**

The Center regularly monitors liquidity required to meet its operating needs and monthly payments to service providers in order to fund essential services for persons it serves. The Center is funded by the State of California through DDS. Each fiscal year, the Center enters into a new contract with DDS for a specified funding amount subject to budget amendments. Revenue is recognized monthly when a claim for reimbursement of actual expenses is filed with DDS. These claims are reimbursed monthly by DDS.

Contract advances are made from DDS to the Center at the beginning of each fiscal year to provide interest-free working capital for approximately the first three months. In the 4th quarter of the year and into the next fiscal year, the advances are offset against claims for reimbursement. DDS made contract advances of \$86,279,864 and \$77,909,199 to the Center as of June 30, 2020 and 2019, respectively.

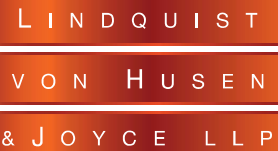
The Center also maintains a revolving \$35,000,000 line of credit to manage cash flow requirements to cover any delays in cash advances and reimbursements. The Center has not used this line of credit.

As summarized in the table below, the Center has \$40,834,334 and \$32,520,039 of financial assets available for general expenditures as of June 30, 2020 and 2019, respectively. Because of the nature of the cost-reimbursement contract with DDS, these financial assets approximate and will be used to pay the amount of accounts payable, accrued payroll, and other disbursements from operating cash flow in the subsequent year.

# NORTH LOS ANGELES COUNTY REGIONAL CENTER (NLACRC)

## PROPOSAL FOR AUDIT AND TAX SERVICES

### APPENDIX A



Certified Public Accountants

TRI-COUNTIES ASSOCIATION FOR THE DEVELOPMENTALLY DISABLED, INC.  
*(A California Nonprofit Public Benefit Corporation)*  
 NOTES TO FINANCIAL STATEMENTS  
 YEARS ENDED JUNE 30, 2020 AND 2019

Financial assets available for general expenditures within one year of the balance sheet date comprise the following:

	2020	2019
Financial assets at the end of the year available within one year:		
Cash	\$ 19,798,683	\$ 11,425,842
Contract receivable	17,211,493	17,514,855
Receivable from Intermediate Care Facilities	3,916,339	3,667,621
Other receivables	6,105	5,594
	40,932,620	32,613,912
Less financial assets not available for general expenditures:		
Donation fund	(44,879)	(39,171)
Client Help fund	(53,407)	(54,702)
	\$ 40,834,334	\$ 32,520,039

#### NOTE 9 – LINE OF CREDIT

The Center holds a revolving \$35,000,000 line of credit with City National Bank, with a drawing period from May 1, 2019 through June 30, 2020. The line of credit is secured by the Center's assets to fund current operating needs. On June 15, 2020, the line of credit with City National Bank increased to \$54,000,000, with a drawing period from July 1, 2020 to June 30, 2021. Interest charged was amended from 2% to 2.25% on the bank's prime rate minus 1% per year and is payable monthly. The principal and any unpaid interest shall be payable in full on June 30, 2021. There was no outstanding balance as of June 30, 2020 and 2019.

#### NOTE 10 – LEASE COMMITMENTS

The Center has entered into various leases for office facilities in counties of Ventura, Santa Barbara, and San Luis Obispo. The lease terms expire at various dates through 2029. The facility leases contain provisions for renewal options and include rent escalation due to increased expenses, taxes, and cost of living. In addition, the Center is required to pay for insurance on certain premises. All leases are classified as operating leases. Rental expense was \$3,588,361 and \$3,222,201 for the years ended June 30, 2020 and 2019, respectively.

Future minimum lease payments are as follows:

<i>For Fiscal Year Ended June 30,</i>	
2021	\$ 3,192,688
2022	2,815,237
2023	2,898,024
2024	2,981,380
2025	1,954,501
Thereafter	5,059,257
	\$ 18,901,087

TRI-COUNTIES ASSOCIATION FOR THE DEVELOPMENTALLY DISABLED, INC.

*(A California Nonprofit Public Benefit Corporation)*

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2020 AND 2019

**NOTE 11 – COMMITMENTS AND CONTINGENCIES**

The majority of the Center’s funding is provided under annual grants and contracts with federal and California agencies. If a significant reduction in the level of funding provided by these governmental agencies were to occur, it may have an effect on the Center’s programs and activities. The Center’s revenue, which is derived from restricted funding provided by government grants and contracts, is subject to audit by the governmental agencies.

The Center’s contract with DDS provides funding for services under the Lanterman Act. In the event that the operations of the Center result in a deficit position at the end of the contract year, DDS may reallocate surplus funds within the State of California system to supplement the Center’s funding. Should a system-wide deficit occur, DDS is required to report to the Governor of California and the appropriate fiscal committee of the State Legislature and recommend actions to secure additional funds or reduce expenditures. DDS recommendations are subsequently reviewed by the Governor and the Legislature and a decision is made with regard to specific actions, including the possible suspension of the entitlement.

Employees subject to a collective bargaining agreement account for 84% of the Center’s employee levels. Renegotiation of such an agreement could expose the Center to an increase in hourly wage and benefit costs. The collective bargaining agreement was renewed in 2019 and is effective through December 31, 2021.

The Center has elected to finance its employment insurance using the prorated cost-of-benefits method. Under this method, the Center is required to reimburse the State of California Employment Development Department for benefits paid to certain former employees. The Center has \$169,347 and \$174,161 in a reserve grantor trust account to pay for any potential unemployment claims as of June 30, 2020 and 2019, respectively.

COVID-19 Pandemic

The emergence and spread of the coronavirus (COVID-19) beginning in the first quarter of 2020 has affected businesses and economic activities in the U.S. and beyond. The extent of the impact of COVID-19 on the Center’s operational and financial performance will depend on certain developments, including the duration and spread of the outbreak, the effects on residents, supply chains, service providers, and business partners, and changes in business practices, all of which are uncertain and cannot be determined at this time. The Center has been able to continue operations in a remote environment; however, at this point, the extent to which COVID-19 will impact the Center’s financial condition or result of operations is uncertain and being evaluated by management and the Board.

**NOTE 12 – LEGAL MATTERS**

The Center is named in various claims and legal actions in the normal course of its activities. Based upon counsel and management’s opinion, the outcomes of such matters are not expected to have a material adverse effect on the financial position or changes in net deficit of the Center.



Certified Public Accountants



Board of Directors
Tri-Counties Association for the Developmentally Disabled, Inc.
Santa Barbara, California

JAMES M. KRAFT
S. SCOTT SEAMANDS
ALEXIS H. WONG
CHARLOTTE SIEW-KUN TAY
CATHY L. HWANG
RITA B. DELA CRUZ
STANLEY WOO
SCOTT K. SMITH
CRISANTO S. FRANCISCO
JOE F. HUIE

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards issued by the Comptroller General of the United States, the financial statements of Tri-Counties Association for the Developmentally Disabled, Inc., which comprise the statement of financial position as of June 30, 2020, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated February 5, 2021.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Tri-Counties Association for the Developmentally Disabled, Inc.'s internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Tri-Counties Association for the Developmentally Disabled, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of Tri-Counties Association for the Developmentally Disabled, Inc.'s internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.



# NORTH LOS ANGELES COUNTY REGIONAL CENTER (NLACRC)

## PROPOSAL FOR AUDIT AND TAX SERVICES

### APPENDIX A

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#### Compliance and Other Matters

As part of obtaining reasonable assurance about whether Tri-Counties Association for the Developmentally Disabled, Inc.'s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under Government Auditing Standards.

#### Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Tri-Counties Association for the Developmentally Disabled, Inc.'s internal control or on compliance. This report is an integral part of an audit performed in accordance with Government Auditing Standards in considering Tri-Counties Association for the Developmentally Disabled, Inc.'s internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



February 5, 2021

# NORTH LOS ANGELES COUNTY REGIONAL CENTER (NLACRC)

## PROPOSAL FOR AUDIT AND TAX SERVICES

### APPENDIX A

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Certified Public Accountants

TRI-COUNTIES ASSOCIATION FOR THE DEVELOPMENTALLY DISABLED, INC.  
*(A California Nonprofit Public Benefit Corporation)*  
SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
YEAR ENDED JUNE 30, 2020

#### Section I – Summary of Auditor’s Results

##### Financial Statements

Type of auditor’s report issued:	Unmodified	
Internal control over financial reporting:		
Material weakness(es) identified?	_____ Yes	<u>  X  </u> No
Significant deficiency(ies) identified that are not considered to be material weakness(es)?	_____ Yes	<u>  X  </u> None reported
Noncompliance material to financial statements noted?	_____ Yes	<u>  X  </u> No

#### Section II – Financial Statement Findings

None noted.

# NORTH LOS ANGELES COUNTY REGIONAL CENTER (NLACRC)

PROPOSAL FOR AUDIT AND TAX SERVICES

L I N D Q U I S T

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## APPENDIX B

**NORTH LOS ANGELES COUNTY REGIONAL CENTER (NLACRC)**

PROPOSAL FOR AUDIT AND TAX SERVICES

**APPENDIX B**

L I N D Q U I S T

V O N H U S E N

& J O Y C E L L P

Certified Public Accountants

**QUALITY CONTROL POLICIES  
AND PROCEDURES**

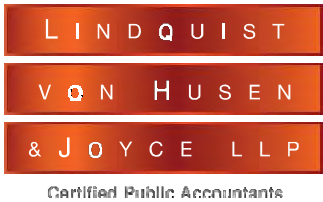
LINDQUIST, VON HUSEN & JOYCE LLP

AS OF JANUARY 2016  
(INTRODUCTION PAGE UPDATED IN SEPTEMBER 2018)

# NORTH LOS ANGELES COUNTY REGIONAL CENTER (NLACRC)

## PROPOSAL FOR AUDIT AND TAX SERVICES

### APPENDIX B

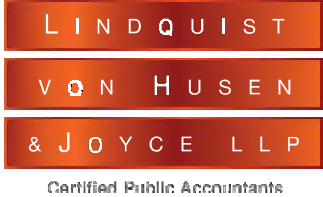


#### QUALITY CONTROL POLICIES AND PROCEDURES LINDQUIST, VON HUSEN & JOYCE LLP

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QUALITY CONTROL POLICIES AND PROCEDURES  
LINDQUIST, VON HUSEN & JOYCE LLP

**INTRODUCTION**

The Firm’s quality control policies and procedures for the six elements of quality control are presented on the following pages. All professional personnel of the Firm are provided copies and are responsible for understanding, implementing, and adhering to these policies and procedures.

Any questions, concerns, or recommendations about our quality control system should be communicated to the management committee or the person in charge of quality control.

*Management Committee:*

Charlotte Tay (Chairperson)  
Cathy Hwang  
Rita B. Delacruz

*Department Head:*

Tara Bannister	Administration
Charlotte Tay	Audit
Charlotte Tay	Tax

*Person in Charge of Quality Control:*

Charlotte Tay

*Person in Charge of Continuing Professional Education:*

Rita B. Delacruz	Audit
Stanley Woo	Tax

*Person in Charge of Scheduling:*

Charlotte Tay

*Person in Charge of Human Resources:*

Tara Bannister

*Industry Pod Leader:*

Crisanto Francisco/John Valte	TCAC
Steven Huang	HUD for-profit
Camille Llaguna	HUD non-profit
Margaret Cruz	Non-profit
Joe Li	Single audit
Cristobal Nava	Review
Jayshree Bhakta	Compilation
Steven Huang	Employee benefit plan
Crisanto Francisco/John Valte	Cost certification
Cris Nava	Agreed-upon procedure

QUALITY CONTROL POLICIES AND PROCEDURES

LINDQUIST, VON HUSEN & JOYCE LLP

**LEADERSHIP RESPONSIBILITIES FOR QUALITY WITHIN THE FIRM (THE “TONE AT THE TOP”)**

Our Firm promotes a quality-oriented internal culture by delivering clear, consistent, and frequent actions and messages from the Firm’s partners. Their actions and messages are communicated by training seminars, meetings, formal or informal communications, or work assignments.

See also HUMAN RESOURCES for operational policies and procedures.

**RELEVANT ETHICAL REQUIREMENTS**

It is the policy of our Firm that all professional personnel be familiar with and adhere to the independence, integrity, and objectivity rules, regulations, interpretations, and rulings of the AICPA, the State of California Board of Accountancy, the State of California CPA Society, state statutes, and other regulatory agencies where applicable.

In this regard, any transaction, event, circumstance, or action that would impair the Firm’s independence or violates its integrity and objectivity policy, on a compilation, review, audit, forecast, projection, or attestation engagement is prohibited. Although not necessarily all-inclusive, the following are considered to be prohibited transactions:

- a. Business relationships with clients or with non-clients that have investor or investee relationships with clients
- b. Direct and material investments in clients
- c. Loans to or from clients
- d. Family members who are employed by clients, or who are in director, officer, manager, or audit sensitive positions with clients
- e. Past due fees for professional services from clients
- f. Accounting or advisory services that have evolved into situations where the service provider has assumed some of the responsibilities of client management
- g. Accepting cash or gifts from a client (with the exception of noncash token Christmas gifts of nominal value)

Notwithstanding the preceding policy and list of prohibited transactions, at the management committee’s discretion, certain prohibitions can be waived if it is deemed to be in the best interest of the Firm. However, in doing so, the engagement service performed for the client must be limited to that allowed by AICPA professional literature.

The procedures listed below are followed to ensure compliance with this policy:

- 1. The management committee is responsible for resolving questions relating to independence, integrity, and objectivity matters and is available to provide guidance. In doing so, the management committee should, when necessary, consult with the AICPA or the California State CPA Society for assistance in interpreting independence, integrity, and objectivity rules. Documentation of the resolution of an independence, integrity, and objectivity matter should be filed in the client’s permanent files. If a resolution cannot be identified to reduce the threats to independence, integrity, and objectivity matters, then the management committee will consider withdrawing from a recurring engagement or not accepting a new engagement.

#### QUALITY CONTROL POLICIES AND PROCEDURES

##### LINDQUIST, VON HUSEN & JOYCE LLP

2. All professional personnel are required to sign a representation letter when hired (and annually thereafter) that acknowledges their familiarity and compliance with the Firm's independence, integrity, and objectivity policy and procedures. The representation letters are maintained in personnel files by the Director of Operations.
3. All professional personnel are required to notify the management committee or the person in charge of quality control of any potential prohibited transaction or violation of an independence, integrity, or objectivity rule as soon as they become aware of such a situation. To acknowledge that responsibility, all professional personnel are required when hired (and annually thereafter) to sign a representation letter and to list situations they know of that could impair our Firm's independence or that violate its integrity and objectivity policy. (The Firm library and online research center contain the authoritative rules on independence, integrity, and objectivity that govern our Firm. That literature and the advice of the management committee should be consulted when an employee is not sure if a transaction, event, circumstance, or action should be reported.)
4. All professional personnel are required to review the Firm's client list and scope of services annually for possible violations. The list of clients is maintained by the Director of Operations and additions to the list are communicated on a quarterly basis by an internal newsletter.
5. If our Firm is engaged as principal auditor and another Firm is engaged to audit a material subsidiary, branch, division, governmental component unit, or to perform procedures on an element or account grouping within a client's financial statement, the engagement team is required to obtain a written representation regarding the other Firm's independence with respect to our client. The standard binders used by the Firm contain examples of representation letters used in such situations. Furthermore, in a review, forecast, projection, or attestation engagement, if another Firm performs work on a segment of the engagement, a representation (either written or oral) regarding the other Firm's independence is required. The engagement programs in the standard binders used by our Firm contain steps to ensure compliance with this procedure.
6. If our Firm is engaged to provide nonattest services to accounting and auditing clients, we establish an understanding with each client the objectives of the engagement, services to be performed, client's acceptance of its responsibilities, our responsibilities, and any limitations of the engagement in the form of an engagement letter.
7. The engagement partner has the primary responsibility for determining if there are unpaid fees on any of his or her clients that would impair the Firm's independence. The engagement work programs and standard forms used by the Firm contain steps to ensure compliance with this procedure. The Firm's client accounts receivable listing and the engagement partner's knowledge of any unbilled fees should be considered in making this determination. In addition, the management committee has the secondary responsibility to review the Firm's accounts receivable listing on a periodic basis to identify potential independence problems.
8. At least annually, the person in charge of scheduling evaluates changes in the nature of engagements, industries, and applicable regulatory requirements in order to determine if there is any required rotation of staff, and if so, assesses staff resources to establish a new team.
9. At least annually, the person in charge of quality control reviews our independence, integrity, and objectivity policy and procedures to determine if they are appropriate and operating effectively. This review is performed and documented by completing the applicable section of an appropriate monitoring questionnaire as part of the annual inspection. Changes, if necessary, to the system are made based on the results of the review.



QUALITY CONTROL POLICIES AND PROCEDURES

LINDQUIST, VON HUSEN & JOYCE LLP

**ACCEPTANCE AND CONTINUANCE OF CLIENTS AND ENGAGEMENTS**

It is the policy of our Firm that, for all compilation, review, audit, forecast, projection, and attestation engagements, the acceptance or continuance of the client and the engagement, be evaluated before the Firm agrees to provide professional services and that the Firm will accept or continue only engagements that it believes can be completed with professional competence. Professional competence includes:

1. Capability to perform the engagement including time, resources, and knowledge of or experience with the relevant industries or the ability to gain the required knowledge.
2. Ability to comply with legal and relevant ethical requirements.
3. Consideration of the integrity of the client and concluding that the firm does not deem the client to lack integrity.

The procedures listed below are followed to ensure compliance with this policy:

1. For each prospective client (or existing tax or consulting client) that requests for the first time a compilation, review, audit, forecast, projection, or attestation service, the partner making initial contact with the client is required to complete a "new client acceptance form". (The "new client acceptance form" is located in the standard binders used by the Firm.)

The "new client acceptance form" documents, among other things, nature of services to be provided; adequacy of the Firm's professional competence and capacity; intended use of the requested reports; the Firm's communication with predecessor auditor if applicable; prospective client's financial reporting system; an assessment of the apparent integrity of management; possible independence issues or conflicts of interest; and consideration of risks associated with the engagement.

2. For existing clients, the management committee annually reviews the Firm's client list and reevaluates the acceptability of each client and engagement. Furthermore, the engagement work programs used by the Firm (as documented in the engagement performance QC element of the Firm's QC document) contain steps requiring the engagement team to consider whether the Firm should discontinue providing services to a client.

Reasons that might surface in either the Firm-wide or individual engagement review that would cause the Firm to consider discontinuing services include:

- a. Significant changes in the client, e.g., senior management, perceived integrity of management, ownership, financial stability, or the risk associated with the particular engagement
- b. Significant changes in the engagement, e.g. nature or scope of the engagement, intended use of the requested reports, or deadlines
- c. Significant changes in the composition of the Firm, e.g., a change in the Firm's professional competence (expertise) or the decision to discontinue client services in a particular industry
- d. Significant unpaid fees that may cause an independence problem or create doubt about the collectability of future fees

The management committee is responsible for deciding whether to discontinue providing services to a client or whether steps can be taken to mitigate the risk of continued services, e.g., requiring a down payment on fees before work commences, pay-as-you-go billing arrangements, alternative engagement procedures, etc.

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3. If situations occur after the commencement of an engagement and while work is in process that indicate the Firm should consider withdrawing from the engagement, the management committee should be notified of the circumstances. Circumstances that may cause the Firm to withdraw would include:
  - a. The client's unwillingness to make a material correction to the financial statements or accept a modified report
  - b. Failure by the client to take remedial action with regard to an illegal act that might be discovered during the engagement
  - c. The discovery of facts after the engagement commences that may have caused the Firm to reject the engagement had those facts been known prior to starting the work, e.g., a significant risk of fraud
4. If, based on the facts and circumstances identified in performing Steps 2 and 3, the management committee concludes that the Firm should discontinue providing all or certain services to a client or withdraw from a current engagement, the management committee and the engagement partner should determine how the client should be informed about that decision. Furthermore, the management committee should consider whether outside legal counsel or regulatory authorities should be consulted in making that decision. The issues, consultations, conclusions, and the basis for the conclusions should be documented. The engagement team will be notified by the management committee of the name of any client to which services are discontinued.
5. The engagement partner is responsible for ensuring that an engagement letter is obtained for each client. The engagement letter should document the Firm's understanding with the client regarding the nature, scope, and limitations of the services to be performed.
6. If our Firm decides to accept or continue an engagement that has identified acceptance or continuance issues, the engagement team will consider whether ethical requirements that exist under the "Conflicts of Interest" interpretation (ET sec.1.110.010) under "Integrity and Objectivity Rule" (ET sec. 1.100.001) apply and document how the issues have been resolved.

When evaluating acceptance or continuance issues, the Conflicts of Interest interpretation requires consideration of the below:

- a. Significance of relevant interests or relationships.
- b. The significance of the threats created by performing the professional service or services. In general, the more direct the connection between the professional service and the matter on which the parties' interests are in conflict, the more significant the threat to compliance with the rule will be.

If the risk of conflict of interest still exists, then safeguards must be implemented to reduce the risk to an acceptable level.

Conflicts of interest must be disclosed to clients and other applicable parties, even if the risk is reduced to an appropriate level.

7. At least annually, the person in charge of quality control reviews our acceptance and continuance policy and procedures to determine if they are appropriate and operating effectively. This review is performed and documented by completing the applicable section of an appropriate monitoring questionnaire as part of the annual inspection. Changes, if necessary, to the system are made based on the results of the review.

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**HUMAN RESOURCES**

Recruitment and Hiring

It is the policy of our Firm that hiring decisions for our professional staff be based on an objective evaluation of our professional personnel needs, that hirees possess the appropriate characteristics to perform competently, and that new employees be adequately informed of the Firm's policies and procedures.

The procedures listed below are followed to ensure compliance with this policy:

1. Periodically, the management committee and the department head persons assess the personnel needs of our professional employees by considering, among other things, criteria such as our current clientele, anticipated growth, personnel turnover, individual advancement, current employee workload, quality of life, and retirement.
2. In fulfilling our hiring plans, we seek to employ individuals with high levels of intelligence, maturity, integrity, motivation, and aptitude. In this regard, we normally hire college graduates whose academic training will enable them to take the CPA exam. We will also hire paraprofessionals who do not possess a college degree, but whose accounting experience and personal qualifications demonstrate adequate abilities.
3. When evaluating a prospective employee, we consider, among other things, an individual's grade point average, college course concentration in accounting and related courses, personal achievements, work experience, and personal interests. Work references and other qualifications are generally investigated before a hiring decision is made.
4. Determination of the techniques to be used to recruit hirees and actual employment decisions will be made by the management committee. Other personnel who are involved in the hiring process will be informed of the techniques to be used.
5. The Firm's personnel policies and procedures relevant to applicants and new employee are communicated to them.
6. At least annually, the person in charge of quality control reviews our hiring policy and procedures to determine if they are appropriate and operating effectively. This review is performed and documented by completing the applicable section of an appropriate monitoring questionnaire as a part of the annual inspection. Changes, if necessary, to the system are made based on the results of the review.

Determining Capabilities and Competencies

It is the policy of our Firm that capabilities and competencies are not measured by period of time because such a quantitative measurement may not accurately reflect the kinds of experiences gained by personnel in any given time period. Accordingly, a measure of overall competency is qualitative rather than quantitative.

Capabilities and competencies involve development of knowledge, skills, and abilities in the following attributes:

- a. Technical knowledge
- b. Productivity
- c. Quality
- d. Decision making/problem solving
- e. Communication

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- f. Teamwork/cooperation
- g. Client relations

Assignment of Engagement Teams

It is the policy of our Firm that professional personnel be assigned to engagements in an objective manner to achieve a proper blend of technical expertise, supervision, staff utilization, on-the-job training, and client satisfaction.

The procedures listed below are followed to ensure compliance with this policy:

1. An engagement partner of the Firm's auditing or attestation engagements is required to:
  - a. Communicate to management or those charged with governance the identify and role of the engagement partner
  - b. Understand the role of a system of quality control and the Code of Professional Conduct
  - c. Understand the service to be performed, and the performance, supervision, and reporting aspects of an engagement
  - d. Understand the applicable professional standards including those standards directly related to the industry in which a client operations and the kinds of transactions in which a client engages
  - e. Understand the industry in which a client operates, including an industry's organization and operating characteristics, sufficient to identify areas of high or unusual risk associated with an engagement
  - f. Exercise professional skepticism and identify areas requiring special consideration
  - g. Understand the organization's information technology systems to determine when involvement of an IT professional is necessary for an audit engagement
2. Periodically, the department head persons and the engagement partners assess the staffing requirements of each client and develop staff assignments. Any considerations that emerge from this assessment that affect the hiring plans of the Firm are communicated to the management committee and Director of Operations. In making staff assignments, consideration is given to factors such as:
  - a. The engagement type, size, and complexity
  - b. Special expertise and experience required by the engagement
  - c. New or emerging professional literature or regulations that may effect the engagement
  - d. The timing and length of the engagement
  - e. The continuity and periodic rotation of the staff
  - f. Opportunities for on-the-job training
  - g. Personnel availability and the involvement of supervisory personnel
  - h. Situations where possible conflicts of interest, objectivity, or independence problems may exist
  - i. The degree of supervision required by each member based on factors such as the engagement team's:
    - i. Understanding of, and practical experience with, engagements of a similar nature and complexity through appropriate training and participation

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- ii. Understanding of professional standards and regulatory and legal requirements
- iii. Technical knowledge and expertise, including knowledge of relevant information technology
- iv. Knowledge of relevant industries in which the client operates
- v. Ability to apply professional judgment
- vi. Understanding of the firm's quality control policies and procedures

Staff assignments are communicated to all employees in the form of a long range work schedule updated at least weekly.

3. The Firm recognizes that many modifications to the staff long range work schedule will be required because of the addition or loss of clients, staff turnover, delays in the timing of work, or other unforeseen events. Modifications are made by the person in charge of scheduling based on weekly communication of engagement status update initiated by staff, informal or formal meetings with engagement partners and managers, and after a reconsideration of the planning factors discussed in Step 2 of this section. Any disputes regarding assignment of personnel are resolved by the department head persons. Members of the staff are informed of staffing changes and new assignments via their calendar updates.
4. At least annually, the person in charge of quality control reviews our policy and procedures for assigning of personnel to determine if they are appropriate and operating effectively. This review is performed and documented by completing the applicable section of an appropriate monitoring questionnaire as part of the annual inspection. Changes, if necessary, to the system are made based on the results of the review.

*Professional Development*

It is the policy of our Firm that all professional personnel comply with the continuing professional education (CPE) requirements of the AICPA, the California State Board of Accountancy, the U.S. General Accounting Office, and other regulatory agencies if applicable; that all professional staff maintain an adequate awareness and understanding of current developments in technical literature; and, that all professional staff assist in the training and development of staff members under their supervision.

The procedures listed below are followed to ensure compliance with this policy:

1. Annually, the person in charge of CPE and the department head persons assess the Firm's CPE needs and plan our professional development (PD) program after considering, among other things, CPE activities that interest each professional; the number of hours needed by each professional to comply with the CPE rules governing our Firm; each professional's level of experience, client responsibilities, and prior CPE training; new or emerging technical literature; and the Firm's needs for specialists or experts in a particular industry or service area. Normally, the Firm requires that each member of its professional staff obtain a minimum of 80 hours of CPE every two years, but no less than 20 hours in any one year.
2. The person in charge of CPE monitors employee progress toward meeting the CPE plan.
3. Only CPE alternatives that qualify for credit under the CPE rules that govern our Firm will be considered when planning our PD program. Such alternatives normally include seminars and conferences sponsored by the AICPA, state society, or other professional organizations; self-study courses; in-house seminars, workshops, or discussion groups. All CPE programs should comply with the following standards:
  - a. The program should maintain and/or increase the professional competence of participants
  - b. The stated program learning objectives should specify the level of knowledge the participant should have attained or the level of competence he or she should be able to demonstrate upon completing the program

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- c. The education and/or experience prerequisites for the program should be stated
  - d. Participants should be informed in advance of pertinent course information
  - e. Only those participants with the appropriate level of education and/or experience should attend the program
  - f. The program should be developed by an individual qualified in the subject matter and knowledgeable in instructional design
  - g. Program materials should be technically accurate, current, and sufficient to meet the program's learning objectives
  - h. Before program materials are used, they should be reviewed to the extent necessary by a qualified person(s) other than the preparer(s) to ensure the program's technical accuracy, timeliness, and sufficiency to achieve learning objectives
  - i. The reviewer's technical competence and knowledge of instructional design should at least equal that of the developer
  - j. Instructors should be qualified with respect to both program content and teaching methods used
  - k. The number of participants and physical facilities should be appropriate for the teaching method(s) specified
  - l. Each program should include an effective means for evaluating quality
4. Individuals who work on audits subject to the *Government Auditing Standards* must obtain at least 80 hours of CPE every two years. At least 20 of the 80 hours must be obtained annually. Individuals responsible for conducting substantial portions of the fieldwork, planning, directing, or reporting on audits subject to the *Government Auditing Standards* must obtain 24 of these hours in subjects related to the government environment or government auditing.
5. To comply with the documentation requirements of the AICPA, state board of accountancy, the U.S. General Accounting Office, and other regulatory agencies for CPE credit, the Firm's administrative department maintains appropriate CPE records, among which are the following:
- a. For each professional for the most recent five years, a worksheet is maintained that contains the following information for each credit hour claimed:
    - (1) Type of CPE activity (seminar, in-house program, self-study, etc.)
    - (2) Sponsor
    - (3) Title of program and description of content
    - (4) Dates attended or completed
    - (5) Location of program
    - (6) CPE hours claimed

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- b. For each in-house CPE program sponsored by the Firm, the following records are maintained for the most recent five years:
  - (1) A CPE record information form including information listed in Step 5a of this section
  - (2) A record of participation
  - (3) An agenda or outline of the program, indicating names(s) and qualifications for the instructor(s), the date(s) and length of the program, learning objectives, prerequisites, level of knowledge of the program, program content, nature and extent of advance preparation, teaching methods, and relevant administrative policies
  - (4) A copy of the program materials (reading materials, problems, case studies, visual aids, instructors' manuals, etc.)
  - (5) If the course was developed in-house, a record of the name(s) and qualification(s) of the developer(s) and reviewer(s), if applicable
  - (6) If the course was acquired from another source, evidence that the course was developed and reviewed by qualified individuals
- c. For all other CPE programs or activities, the following records are maintained for the most recent five years:
  - (1) For a group program, a certificate or other verification supplied by the sponsor indicating if the person attended as a participant, instructor, or discussion leader
  - (2) For a university or college course that is successfully completed for credit, a record of the grade the person received
  - (3) For a self-study program, a certificate of satisfactory completion provided by the sponsor
  - (4) For a published book, article, or CPE program, evidence of publication (a copy of the book, journal, or course)
- 6. Each professional in our Firm must recognize his or her responsibility to comply with applicable CPE requirements to maintain technical competency. Accordingly, all professionals are encouraged to engage in self-development activities. To assist in this endeavor, the Firm subscribes to an online research center and circulates within the Firm important news about new or emerging changes in professional literature or business activities. All professionals are encouraged to bring to the attention of the management committee, department head persons, or engagement partners any news item that they believe should be circulated within the office.
- 7. The Firm recognizes the importance of on-the-job training and has adopted, as a part of the Firm's engagement performance of the QC system, the use of work programs to assist professionals in performing their work. Also, as noted in the Firm's QC system for assigning personnel, professionals are assigned to work on a variety of jobs and under different supervisors (to the extent practical) to maximize on-the-job training. Personnel with supervisory responsibility are reminded to be constantly aware of situations where they can provide on-the-job training.
- 8. At least annually, the person in charge of quality control reviews our PD policy and procedures (including CPE documentation) to determine if they are appropriate and operating effectively. This review is performed and documented by completing the application section of an appropriate monitoring questionnaire as a part of the annual inspection. Changes, if necessary, to the system are based on the results of the review.

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Performance Evaluation, Compensation, and Advancement

It is the policy of our Firm that advancement decisions for professional personnel be based on a timely and objective evaluation of individual performance and that the professional personnel selected for advancement should have the necessary qualifications to fulfill their assigned responsibilities.

The procedures listed below are followed to ensure compliance with this policy:

1. At least annually, important performance attributes, personnel classification levels, and expectations for each classification level are communicated to all professional personnel.
2. Periodically, the management committee and the department head persons review and update, if needed, the attributes, classification levels, and expectations for each level.
3. Personnel classification levels are used to designate staff experience, to evaluate individual performance, and to establish criteria for promotion.
4. At least annually (or more frequently as determined by each department), professional personnel are evaluated by the partners and/or managers (evaluators). The evaluators review and prepare each evaluation. Two evaluators primarily responsible for an individual's supervision, conduct a counseling interview with that individual to summarize the individual's performance, progress with the Firm, assignment preferences, and career opportunities. Any written comments and feedback obtained from the staff are attached to the evaluation form which is retained in individual's personnel file.
5. At least annually, the partners meet as a committee to discuss advancement and termination decisions. In considering advancement decisions, staff performance evaluations and progress within staff classifications are given great priority; however, economic conditions, such as profits and future growth potential, must also be considered in each decision.
6. At least annually, the person in charge of quality control reviews our advancement policy and procedures to determine if they are appropriate and operating effectively. This review is performed and documented by completing the applicable section of an appropriate monitoring questionnaire as part of the annual inspection. Changes, if necessary, to the system are made based on the results of the review.



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**ENGAGEMENT PERFORMANCE**

It is the policy of our Firm that all compilation, review, audit, forecast, projection, and attestation engagements be properly planned, performed, supervised, reviewed, documented, and communicated consistently and in accordance with the requirements of professional standards, regulatory authorities, and the Firm.

In this regard, the procedures listed below are followed by all professional personnel assigned to those engagements:

1. The Firm's system of engagement performance of QC steps is documented in the attached engagement performance bridging documents.
2. The responsibilities of partners and other members of engagement teams for implementing the Firm's QC steps are indicated in the attached engagement performance bridging documents.
3. Certain steps in the Firm's system of engagement performance QC steps are not applicable or are optional for some engagements. The attached engagement performance bridging documents indicate the applicability of each step to each type of engagement.
4. The Firm uses numerous checklists, work programs, report examples, and other practice aids to implement its engagement performance QC steps. These practice aids are documented in the attached engagement performance bridging documents.
5. At least annually, the person in charge of quality control reviews our engagement performance policy and procedures to determine if they are appropriate and operating effectively. This review is performed and documented by completing the applicable section of an appropriate monitoring questionnaire as part of the annual inspection. Changes, if necessary, to the system are made based on the results of the review.

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The following tables detail the applicable policies and procedures by engagement type to ensure that each engagement is performed in accordance with professional standards and applicable legal and regulatory requirements, and that the report issued for each engagement is appropriate in the circumstances.

ENGAGEMENT PERFORMANCE QUALITY CONTROL STEPS	Person or Group Responsible for Completing Step		Audits under AU-C 940 (ICFR) <sup>a</sup>	Practice Aids (QCIM) Used By Firm	
	Primary Responsibility	Secondary Responsibility		Description of Practice Aid	Location of Practice Aid <sup>b</sup>
1. Evaluate whether to accept/continue the engagement, considering ethical requirements (including if nonattest services create an independence threat), the client's integrity, and the firm's competence, capabilities, time, and resources.	Partner (P)	Engagement Team (ET)	Yes	Acceptance and Continuance Form/Step on Audit Program	AFI, ALG, ASB, CON, DLR, EBP, HOA, HUD, LSA, NPO, P43, PHC, PRS, PSD
2. Obtain a signed engagement letter.	P	ET	Yes	Engagement Letter	AFI, ALG, ASB, CON, DLR, EBP, HOA, HUD, LSA, NPO, P43, PHC, PRS, PSD
3. Assign staff based on competence, capabilities, and availability.	P	ET	Yes	Step on Audit Program	AFI, ALG, ASB, CON, DLR, EBP, HOA, HUD, LSA, NPO, P43, PHC, PRS, PSD
4. Develop a preliminary audit strategy, including consideration of more than one component, use of specialists, and/or service organizations.	ET	P	Yes	Understanding the Entity Form/Step on Audit Program	AFI, ALG, ASB, CON, DLR, EBP, HOA, HUD, LSA, NPO, P43, PHC, PRS, PSD
5. Determine and document planning materiality and performance materiality.	ET	P	Yes	Materiality Form/Step on Audit Program	AFI, ALG, ASB, CON, DLR, EBP, HOA, HUD, LSA, NPO, P43, PHC, PRS, PSD
6. Hold an engagement team discussion about the susceptibility of the financial statements to material misstatement due to error or fraud.	P	ET	Yes	Team Discussion Form/Step on Audit Program	AFI, ALG, ASB, CON, DLR, EBP, HOA, HUD, LSA, NPO, P43, PHC, PRS, PSD
7. Perform preliminary analytical procedures.	ET	P	Yes	Step on Audit Program	AFI, ALG, ASB, CON, DLR, EBP, HOA, HUD, LSA, NPO, P43, PHC, PRS, PSD

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ENGAGEMENT PERFORMANCE QUALITY CONTROL STEPS	Person or Group Responsible for Completing Step		Audits under AU-C 940 (ICFR)*	Description of Practice Aid	Practice Aids (OCM) Used By Firm
	Primary Responsibility	Secondary Responsibility			
8. Inquire of management and perform other risk assessment procedures to obtain an understanding of the entity and its environment, including internal control.	ET	P	Yes	Risk Assessment Forms	AFI, ALG, ASB, CON, DLR, EBP, HOA, HUD, LSA, NPO, P43, PHC, PRS, PSD
9. Identify and assess risks of material misstatement (including fraud risks) and develop responses to identified risks.	ET	P	Yes	Risk Assessment Forms	AFI, ALG, ASB, CON, DLR, EBP, HOA, HUD, LSA, NPO, P43, PHC, PRS, PSD
10. Prepare an audit plan.	ET	P	Yes	Audit Program	AFI, ALG, ASB, CON, DLR, EBP, HOA, HUD, LSA, NPO, P43, PHC, PRS, PSD
11. Develop a time estimate.	ET	P	Opt	Budget Form	AFI, ALG, ASB, CON, DLR, EBP, HOA, HUD, LSA, NPO, P43, PHC, PRS, PSD
12. Obtain partner approval of audit plan and staff assignments, and, if applicable, time estimates.	P	ET	Yes	Step on Audit Program	AFI, ALG, ASB, CON, DLR, EBP, HOA, HUD, LSA, NPO, P43, PHC, PRS, PSD
13. Test, evaluate, and document design and operating effectiveness of internal controls.	ET	P	Opt	Internal Control Forms/ Step on Audit Program	AFI, ALG, ASB, CON, DLR, EBP, HOA, HUD, LSA, NPO, P43, PHC, PRS, PSD
14. Perform and document further audit procedures.	ET	P	Yes	Audit Program	AFI, ALG, ASB, CON, DLR, EBP, HOA, HUD, LSA, NPO, P43, PHC, PRS, PSD
15. Supervise procedures (including work of other auditors).	ET	P	Yes	Audit Program	AFI, ALG, ASB, CON, DLR, EBP, HOA, HUD, LSA, NPO, P43, PHC, PRS, PSD
16. Obtain legal representation letters.	ET	P	Yes	Legal Representation Letter	AFI, ALG, ASB, CON, DLR, EBP, HOA, HUD, LSA, NPO, P43, PHC, PRS, PSD
17. Summarize, evaluate, and conclude on the effect of accumulated misstatements.	P	ET	Yes	Audit Difference Evaluation Form	AFI, ALG, ASB, CON, DLR, EBP, HOA, HUD, LSA, NPO, P43, PHC, PRS, PSD
18. Assist in drafting the financial statements.	ET	P	Opt	Numerous Illustrations	AFI, ALG, ASB, CON, DLR, EBP, HOA, HUD, LSA, NPO, P43, PHC, PRS, PSD
19. Perform final analytical review.	ET	P	Yes	Step on Audit Program	AFI, ALG, ASB, CON, DLR, EBP, HOA, HUD, LSA, NPO, P43, PHC, PRS, PSD
20. Complete a presentation and disclosure checklist and read the financial statements.	ET	P	Yes	Disclosure Checklist	AFI, ALG, ASB, CON, DLR, EBP, HOA, HUD, LSA, NPO, P43, PHC, PRS, PSD
21. Obtain a management representation letter.	ET	P	Yes	Representation Letter	AFI, ALG, ASB, CON, DLR, EBP, HOA, HUD, LSA, NPO, P43, PHC, PRS, PSD
22. Evaluate management's report on internal control for completeness and propriety.	ET	P	No	Step on Audit Program	AFI
23. Draft the report(s).	ET	P	Yes	Numerous Illustrations	AFI, ALG, ASB, CON, DLR, EBP, HOA, HUD, LSA, NPO, P43, PHC, PRS, PSD
24. Consider and document changes from the audit strategy, planning materiality, or audit plan.	ET	P	Yes	Step on Audit Program	AFI, ALG, ASB, CON, DLR, EBP, HOA, HUD, LSA, NPO, P43, PHC, PRS, PSD

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ENGAGEMENT PERFORMANCE QUALITY CONTROL STEPS	Person or Group Responsible for Completing Step		Audits under AU-C 940 (ICFR) <sup>3</sup>	Audits <sup>4</sup>	Practice Aids (QCM) Used By Firm	
	Primary Responsibility	Secondary Responsibility			Description of Practice Aid	Location of Practice Aid <sup>5</sup>
25. Review the workpapers.	P & ET	—	Yes	Yes	Supervision, Review, and Approval Form/Step on Audit Program	AFI, ALG, ASB, CON, DLR, EBP, HOA, HUD, LSA, NPO, P43, PHC, PRS, PSD
26. Determine that all review points and open items have been cleared.	ET	P	Yes	Yes	Supervision, Review, and Approval Form	AFI, ALG, ASB, CON, DLR, EBP, HOA, HUD, LSA, NPO, P43, PHC, PRS, PSD
27. Obtain an engagement quality control review, if required by firm policy.	P	ET	Yes	Yes	Supervision, Review, and Approval Form/Step on Audit Program	AFI, ALG, ASB, CON, DLR, EBP, HOA, HUD, LSA, NPO, P43, PHC, PRS, PSD
28. Obtain consultation when appropriate and document and implement conclusions.	P	ET	Yes	Yes	Accounting and Engagement Issues Form	AFI, ALG, ASB, CON, DLR, EBP, HOA, HUD, LSA, NPO, P43, PHC, PRS, PSD
29. Resolve any differences of opinion and document and implement conclusions.	P	ET	Yes	Yes	Accounting and Engagement Issues Form/Step on Audit Program	AFI, ALG, ASB, CON, DLR, EBP, HOA, HUD, LSA, NPO, P43, PHC, PRS, PSD
30. Determine that all quality control engagement-level procedures have been performed.	P	ET	Yes	Yes	Supervision, Review, and Approval Form/Step on Audit Program	AFI, ALG, ASB, CON, DLR, EBP, HOA, HUD, LSA, NPO, P43, PHC, PRS, PSD
31. Prepare required client communications.	ET	P	Yes	Yes	Step on Audit Program	AFI, ALG, ASB, CON, DLR, EBP, HOA, HUD, LSA, NPO, P43, PHC, PRS, PSD
32. Have the partner sign the report or transmittal letter.	P	ET	Yes	Yes	Supervision, Review, and Approval Form/Step on Audit Program	AFI, ALG, ASB, CON, DLR, EBP, HOA, HUD, LSA, NPO, P43, PHC, PRS, PSD
33. Evaluate the staff's performance.	ET	P	Opt	Opt	Evaluation Form	GOC
34. Maintain the confidentiality, safe custody, integrity, accessibility, and retrievability of the workpapers.	P	ET	Yes	Yes	Step on Audit Program	AFI, ALG, ASB, CON, DLR, EBP, HOA, HUD, LSA, NPO, P43, PHC, PRS, PSD
35. Assemble and retain the workpapers for a sufficient period of time (subject to monitoring review).	ET	P	Yes	Yes	Step on Audit Program	AFI, ALG, ASB, CON, DLR, EBP, HOA, HUD, LSA, NPO, P43, PHC, PRS, PSD

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#### Notes:

- a Opt—Optional.
- b AFI—PPC’s Guide to Audits of Financial Institutions, ALG—PPC’s Guide to Audits of Local Governments, ASB—PPC’s Guide to Audits of Nonpublic Companies, CON—PPC’s Guide to Construction Contractors, DLR—PPC’s Guide to Dealerships, EBP—PPC’s Guide to Audits of Employee Benefit Plans, GAR—PPC’s Guide to Auditor’s Reports, GOC—PPC’s Guide to Quality Control, HOA—PPC’s Guide to Homeowners’ Associations, HUD—PPC’s Guide to HUD Audits, LSA—PPC’s Practice Aids for Limited-Scope Audits of Standard 401(k) Plans, NFS—PPC’s Guide to Preparing Nonprofit Financial Statements, NPO—PPC’s Guide to Audits of Nonprofit Organizations, OFS—PPC’s Guide to Tax, Cash, and Other Bases of Accounting, P43—PPC’s Practice Aids for Audits of 403(b) Plans, PFS—PPC’s Guide to Preparing Financial Statements, PHC—PPC’s Practice Aids for Audits of Health Care Entities (Nonprofit and Investor-owned Entities), PRS—PPC’s Practice Aids for Audits of Real Estate Entities, PSD—PPC’s Practice Aids for Audits of School Districts

# NORTH LOS ANGELES COUNTY REGIONAL CENTER (NLACRC)

PROPOSAL FOR AUDIT AND TAX SERVICES

## APPENDIX B

L I N D Q U I S T

V O N H U S E N

& J O Y C E L L P

Certified Public Accountants

### QUALITY CONTROL POLICIES AND PROCEDURES LINDQUIST, VON HUSEN & JOYCE LLP

ENGAGEMENT PERFORMANCE QUALITY CONTROL STEPS	Person or Group Responsible for Completing Step		Preparations <sup>a, b</sup>	Reviews <sup>a</sup>	Description of Practice Aid	Practice Aids (QCM) Used By Firm
	Primary Responsibility	Secondary Responsibility				
1. Evaluate whether to accept/continue the engagement, considering ethical requirements (including if nonattest services create an independence threat); the client's integrity, and the firm's competence, capabilities, time, and resources.	Partner (P)	Engagement Team (ET)	Yes	Yes	Acceptance and Continuance Form/Step on Checklist	CAR, CON, DLR, EBP, FSP, HOA, NPO, NTE, OFS
2. Obtain a signed engagement letter.	P	ET	Yes	Yes	Engagement Letter	CAR, CON, DLR, EBP, FSP, HOA, NPO, NTE, OFS
3. Assign staff based on competence, capabilities, and availability.	P	ET	Yes	Yes	Acceptance Form/Step on Checklist	CAR, CON, DLR, EBP, FSP, HOA, NPO, NTE, OFS
4. Evaluate the propriety of a step down to a lower level of service.	ET	P	Opt	Yes <sup>d</sup>	Step-down Checklist/Step on Checklist	CAR, CON, DLR, EBP, HOA, NPO, NTE, OFS
5. Obtain an understanding of the entity's financial reporting framework and significant accounting policies, and plan the work.	ET	P	Yes	Yes	Step on Checklist	CAR, CON, DLR, EBP, FSP, HOA, NPO, NTE, OFS
6. Consider potential fraud implications.	ET	P	Yes	Yes	Step on Checklist	CAR, CON, DLR, EBP, FSP, HOA, NPO, NTE, OFS
7. Prepare an engagement plan.	ET	P	Yes	Yes	Checklist	CAR, CON, DLR, EBP, FSP, HOA, NPO, NTE, OFS

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	Person or Group Responsible for Completing Step		Preparations <sup>1, h</sup>	Completions <sup>4, b</sup>	Reviews <sup>5</sup>	Practice Aids (OCM) Used By Firm	
	Primary Responsibility	Secondary Responsibility				Description of Practice Aid	Location of Practice Aids
8. Develop a time estimate.	ET	P	Opt	Opt		Budget Form	CAR, CON, DLR, EBP, HOA, NPO, NTE, OFS
9. Obtain partner approval of engagement plan and staff assignments, and, if applicable, time estimates.	P	ET	Yes	Yes	Yes	Step on Checklist	CAR, CON, DLR, EBP, FSP, HOA, NPO, NTE, OFS
10. Perform and document the procedures.	ET	P	Yes	Yes	Yes	Checklist	CAR, CON, DLR, EBP, FSP, HOA, NPO, NTE, OFS
11. Supervise procedures (including work of other accountants).	ET	P	Yes	Yes	Yes	Checklist	CAR, CON, DLR, EBP, FSP, HOA, NPO, NTE, OFS
12. Draft (or assist in drafting) the financial statements/financial information.	ET	P	Yes	Yes	Yes	Numerous illustrations	CAR, CON, DLR, EBP, FSP, HOA, NFS, NPO, NTE, OFS, PFS
13. Complete a presentation and disclosure checklist (if applicable) and read the financial statements/financial information.	ET	P	Yes	Yes	Yes	Disclosure Checklist/ Step on Checklist	CAR, CON, DLR, EBP, FSP, HOA, NFS, NPO, NTE, OFS, PFS
14. Obtain a management representation letter.	ET	P	Opt	Opt	Yes	Representation Letter	CAR, CON, DLR, EBP, HOA, NPO, NTE, OFS
15. Draft the report.	ET	P	No	Yes	Yes	Numerous illustrations	CAR, CON, DLR, EBP, HOA, NPO, NTE, OFS
16. Review the workpapers.	P & ET	—	Yes	Yes	Yes	Step on Checklist	CAR, CON, DLR, EBP, FSP, HOA, NPO, NTE, OFS
17. If information is incorrect, incomplete, or otherwise unsatisfactory, obtain revised information/perform additional procedures.	ET	P	Yes	Yes	Yes	Checklist	CAR, CON, DLR, EBP, FSP, HOA, NPO, NTE, OFS
18. Determine that all review points and open items have been cleared.	ET	P	Yes	Yes	Yes	Step on Checklist	CAR, CON, DLR, EBP, FSP, HOA, NPO, NTE, OFS
19. Obtain an engagement quality control review, if required by firm policy.	P	ET	Yes	Yes	Yes	Step on Checklist	CAR, CON, DLR, EBP, FSP, HOA, NPO, NTE, OFS
20. Obtain consultation when appropriate and document and implement conclusions.	P	ET	Yes	Yes	Yes	Step on Checklist	CAR, CON, DLR, EBP, FSP, HOA, NPO, NTE, OFS
21. Resolve any differences of opinion and document and implement conclusions.	P	ET	Yes	Yes	Yes	Step on Checklist	CAR, CON, DLR, EBP, FSP, HOA, NPO, NTE, OFS
22. Have the partner sign the report.	P	ET	No	Yes	Yes	Step on Checklist	CAR, CON, DLR, EBP, HOA, NPO, NTE, OFS

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ENGAGEMENT PERFORMANCE QUALITY CONTROL STEPS	Person or Group Responsible for Completing Step		Preparations <sup>a, b</sup>	Completions <sup>a, b</sup>	Reviews <sup>a</sup>	Practice Aids (DCM) Used By Firm	
	Primary Responsibility	Secondary Responsibility				Description of Practice Aid	Location of Practice Aid
23. Evaluate the staff's performance.	ET	P	Opt	Opt	Yes	Evaluation Form	GCR, GQC
24. Maintain the confidentiality, safe custody, integrity, accessibility, and retrievability of the workpapers.	ET	P	Yes	Yes	Yes	Step on Checklist	CAR, CON, DLR, EBP, FSP, HOA, NPO, NTE, OFS
25. Assemble and retain the workpapers for a sufficient period of time (subject to monitoring review).	ET	P	Yes	Yes	Yes	Step on Checklist	CAR, CON, DLR, EBP, FSP, HOA, NPO, NTE, OFS

**Notes:**

- a Opt—Optional.
- b Firms may choose to specify different QC procedures for interim compilations than for final year-end compilations. Firms may add another column to reflect those differing interim compilation procedures or otherwise somehow indicate how the procedures are different.
- c CAR—PPC's Guide to *Compilation and Review Engagements*; CON—PPC's Guide to *Construction Contractors*; DLR—PPC's Guide to *Dealerships*; EBP—PPC's Guide to *Audits of Employee Benefit Plans*; FSP—PPC's Guide to *SSARS Preparation Engagements* (not yet peer reviewed); GCR—PPC's Guide to *Quality Control—Compilation and Review*; GQC—PPC's Guide to *Quality Control*; HOA—PPC's Guide to *Homeowners' Associations*; NFS—PPC's Guide to *Preparing Nonprofit Financial Statements*; NPO—PPC's Guide to *Audits of Nonprofit Organizations*; NTE—PPC's Guide to *Nontraditional Engagements*; OFS—PPC's Guide to *Tax, Cash, and Other Bases of Accounting*; PFS—PPC's Guide to *Preparing Financial Statements*.
- d N/A when performing a compilation engagement for pro forma financial information because a lower level of service does not exist in that circumstance.







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	Person or Group Responsible for Completing Step	Type of Engagement <sup>a</sup>						Practice Aids (OCM) Used By Firm	
		Forecasts and Projections	Other Attestations	SOC 1	SOC 2	Description of Practice Aid	Location of Practice Aid <sup>b</sup>		
	Primary Responsibility	Examinations	Agreed-upon Procedures	Reviews	Examinations	Agreed-upon Procedures	Examinations		
	Secondary Responsibility	Examinations	Agreed-upon Procedures	Reviews	Examinations	Agreed-upon Procedures	Examinations		
25. Resolve any differences of opinion and document and implement conclusions.	P ET	Yes	Yes	Yes	Yes	Yes	Yes	Step on Checklist	AFI, CSO, FAP, NTE, PC2
26. Have the partner sign the report or transmittal letter.	P ET	Yes	Yes	Yes	Yes	Yes	Yes	Supervision, Review, and Approval Form/Step on Checklist	AFI, CSO, FAP, NTE, PC2
27. Evaluate the staff's performance.	ET	Opt	Opt	Opt	Opt	Opt	Opt	Evaluation Form	GCR, GOC
28. Maintain the confidentiality, safe custody, integrity, accessibility, and retrievability of the workpapers.	ET	Yes	Yes	Yes	Yes	Yes	Yes	Step on Checklist	AFI, CSO, FAP, NTE, PC2
29. Assemble and retain the workpapers for a sufficient period of time (subject to monitoring review).	ET	Yes	Yes	Yes	Yes	Yes	Yes	Step on Checklist	AFI, CSO, FAP, NTE, PC2

**Notes:**

- a Opt—Optional.
- b AFI—PPC's Guide to Audits of Financial Institutions, CSO—PPC's Practice Aids for Reporting on Controls of Service Organizations—SOC 1 Engagements, FAP—PPC's Guide to Forecasts and Projections, GAR—PPC's Guide to Auditor's Reports, GCR—PPC's Guide to Quality Control—Compilation and Review, GOC—PPC's Guide to Quality Control, NTE—PPC's Guide to Nontraditional Engagements, PC2—PPC's Practice Aids for Reporting on Controls of Service Organizations—SOC 2 Engagements (not yet peer reviewed).

QUALITY CONTROL POLICIES AND PROCEDURES

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Consultation

It is the policy of our Firm that all professional personnel refer to authoritative literature or other sources when appropriate. Our Firm also recognizes the need for a constant exchange of ideas and opinions about technical issues on all professional engagements, and it is our policy that all professional personnel seek consultation, on a timely basis, within or outside the Firm whenever they are uncertain about the answer to a technical question; the application of a professional procedure or standard; the application of a rule, regulation, or procedure of a tax or other regulatory agency; or the application of a Firm policy.

The procedures listed below are followed to ensure compliance with this policy:

1. The Firm maintains or provides ready access to an adequate and up-to-date online research center that includes materials related to client industries served and that should be consulted to assist professional personnel in their research of technical issues.
2. While the Firm recognizes that it is impossible to list all situations that might require referral to authoritative literature or other sources or that might require consultation, the following situations, due to their complexity, may require consultation:
  - a. Any engagement in which a qualified or nonstandard report is likely to be issued
  - b. Any engagement involving material litigation
  - c. Application for the first time of new or complex technical pronouncements
  - d. Industries with special accounting, auditing, or reporting requirements
  - e. Emerging practice problems
  - f. Choices among alternative accounting principles generally accepted in the U.S. upon initial adoption or when an accounting change is made
  - g. Reissuance of a report, consideration of omitted procedures after a report has been issued, or subsequent discovery of facts that existed at the time a report was issued
  - h. Filing requirements of regulatory agencies
3. When an issue arises that requires consultation, the issue should first be discussed by the members of the engagement team. If, in the engagement partner's opinion, the issue is resolved at this level of consultation, additional consultation is not necessary. However, if any member of the engagement team disagrees with the resolution, the procedure in Step 7 should be followed.
4. If the engagement partner believes additional consultation beyond that of the engagement team is necessary, the issue should be discussed with an individual in the Firm who has specialized knowledge or training that is appropriate for the issue in question. When the engagement team is unaware of the name of an individual in the Firm who possesses such knowledge, the management committee should be consulted for the name of such an individual. If, in the engagement partner's opinion, the issue is resolved at this level of consultation, additional consultation is not necessary. However, if any member of the engagement team or other individuals who consulted on the issue disagrees with the resolution, the procedure in Step 7 should be followed.

QUALITY CONTROL POLICIES AND PROCEDURES

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5. If the engagement partner believes that additional consultation beyond that available within the Firm is necessary, the issue should be discussed with an outside specialist. Outside specialists include, but are not limited to, the AICPA technical information services and CPAs or tax attorneys in other Firms. In determining the professional qualifications and reputations of the outside specialists, the Firm should consider, among other things, the following matters:
  - a. The professional certification, license, or other recognition of the competence of the specialist in his or her areas of expertise, as appropriate
  - b. The reputation and standing of the specialist in the views of his or her peers and others familiar with his or her capability or performance
  - c. The relationship, if any, of the specialist to the client

If, in the engagement partner's opinion, the issue is resolved, additional consultation is not necessary. However, if any member of the engagement team or other individual in the Firm who consulted on the engagement disagrees with the resolution, the procedure in Step 7 should be followed.

6. Certain accounting, audit, examination, attestation, tax or consulting engagements may require the Firm to consult with nonaccounting specialists such as actuaries, appraisers, attorneys, engineers, and geologists. The Firm should follow the guidance in *AICPA Professional Standards* at AU Section 336 when such consultations are necessary. If any member of the Firm or engagement team disagrees with the advice of a nonaccounting consultant, the procedure in Step 7 should be followed.
7. If differences of opinion exist within the Firm as to the resolution of a consultation issue, the matter should be brought to the attention of the management committee and department head persons at the earliest stage of the engagement as possible. The management committee and department head persons will resolve any disputes as to the proper course of action taken by the Firm on the issue in question. Any party to the consultation who disagrees with the conclusion has the option of preparing a memorandum and filing it in the engagement binder. Only after the issue in question is resolved will the report be issued.
8. All technical research and consultations that are unusual, controversial, or complex and material in nature should be documented in a memorandum and filed in the engagement binder. The memorandum should include, but not limited to, all relevant facts and circumstances; references to professional literature used in the determination; conclusions reached; reference to engagement documentation in the engagement binder; and approvals of engagement partner and consultant.
9. At least annually, the person in charge of quality control reviews our consultation policy and procedures to determine if they are appropriate and operating effectively. This review is performed and documented by completing the applicable section of an appropriate monitoring questionnaire as part of the annual inspection. Changes, if necessary, to the system are made based on the results of the review.

Engagement Quality Control Review

It is the policy of our Firm to evaluate all engagements and perform engagement quality control reviews for engagements that meet the following criteria:

1. A-133 audits with modified opinion on compliance; and
2. Audits in an industry that is new to the Firm.

The Firm has concluded that performing an engagement quality control review is not necessary to obtain sufficient appropriate audit evidence for audit engagements; therefore, the engagement quality control review does not need to be completed before the date of the auditor's report. When the engagement quality control review results in additional audit procedures being performed, the date of the auditor's report is changed to the date by which sufficient appropriate audit evidence has been obtained.

QUALITY CONTROL POLICIES AND PROCEDURES

LINDQUIST, VON HUSEN & JOYCE LLP

The Firm requires the engagement quality control reviewer do the following:

1. Discuss significant accounting, auditing, and financial reporting issues with the engagement partner, including matters for which there has been consultation.
2. Discuss with the engagement partner the engagement team's identification and audit of high-risk assertions, transactions, and account balances.
3. Confirm with the engagement partner that there are no significant unresolved issues.
4. Review selected audit documentation relating to the significant judgments the engagement team made and the conclusions they reached.
5. Review documentation of the resolution of significant accounting, auditing, or financial reporting issues, including documentation of consultation with firm personnel or external sources.
6. Review the summary of uncorrected misstatements related to known and likely misstatements.
7. Review additional engagement documentation to the extent considered necessary.
8. Read the financial statements and the report, and consider whether the report is appropriate.
9. Complete the review before the release of the report. The review may be conducted at appropriate stages during the engagement.
10. Determine whether the issues raised in the review indicate a need to change the auditor's report date.
11. Resolve conflicting opinions between the engagement partner and the engagement quality control reviewer regarding significant matters, and document the resolution of conflicting opinions before the release of the audit report.

It is the policy of our Firm to select an engagement quality control reviewer who meets the following criteria:

1. Is selected by the person in charge of quality control or the management committee;
2. Has sufficient technical expertise and experience;
3. Carries out his or her responsibilities with objectivity and due professional care without regard to the relative positions of the audit engagement partner and the engagement quality control reviewer;
4. Meets the independence requirements relating to the engagements reviewed, even though the engagement quality control reviewer is not a member of the engagement team; and
5. Does not make decisions for the engagement team or participate in the performance of the engagement except that the engagement partner may consult the engagement quality control reviewer at any stage during the engagements.

When the Firm does not have a suitably qualified person to perform the engagement quality control review, the Firm contracts with a suitably qualified external person to perform the engagement quality control review. This includes the replacement of an engagement quality control reviewer whose ability to perform an objective review is likely to have been impaired.

6. At least annually, the person in charge of quality control reviews our engagement quality control review policy and procedures to determine if they are appropriate and operating effectively. This review is performed and documented by completing the applicable section of an appropriate monitoring questionnaire as part of the annual inspection. Changes, if necessary, to the system are made based on the results of the review.

QUALITY CONTROL POLICIES AND PROCEDURES

LINDQUIST, VON HUSEN & JOYCE LLP

Engagement Documentation: Completion of Assembly of Final Engagement Files

In accordance with professional standards, final engagement files are to be finalized within the applicable timeframe. Note that when two or more different reports are issued regarding the same subject matter, separate engagement binders will be created. For example, the firm issues an auditor's report on the financial information in accordance with generally accepted accounting principles, and subsequently issues an auditor's report on the same information in accordance with special purpose framework for regulatory purposes.

Engagement Documentation: Confidentiality, Safe Custody, Integrity, Accessibility, and Retrievability

All documents and records related to clients are property and proprietary interest of our Firm. All original documents are property of clients and should be returned to clients upon request. Firm's documents and records related to clients are confidential and may not be disclosed without express written permission from clients or unless required by law. All employees of the Firm must ensure that confidentiality of clients' information is maintained.

It is our Firm's policy to protect all hardcopy files, electronic files, computer hardware, computer software, data and documentation from misuse, theft, unauthorized access, or environmental hazards. The procedures listed below are followed to ensure compliance with this policy:

1. The Firm stores all on-site hardcopy files in file cabinets or in a separate filing room, and the files are restricted to employees authorized to have such access. The Director of Operations is responsible for managing access control of the filing room and reporting any potential breaches of security to the Management Committee.
2. The Director of Operations is responsible for establishing filing procedures to ensure that files can be easily located and retrieved as needed.
3. The Firm has established back-up procedures on electronic files to minimize the risk that data may be destroyed, modified, or disclosed without authorization. These procedures include, but are not limited to, the following:
  - a. The Network Administrator is responsible for ensuring that all data files are backed up twice daily on a Network attached Storage Array. A backup is also run at the end of each week. All backups are synchronized offsite to secured servers, housed by a third-party, industry-leader in network security and storage.
  - b. The Network Administrator is responsible for ensuring that all software applications (including latest and old versions) are retained so that electronic files can be accessed throughout the retention period as required by law.
4. The Network Administrator is responsible for administering access control of all computer hardware and software. Each employee has individual access code and password to the Firm's computer network system and certain software applications, which are accessible at all times by authorized employees. The Network administrator has the capability to reset passwords to all systems that employees have access to.

It is the policy of our Firm that all records related to compilation, review, audit, forecast, projection, and attestation engagements (including electronic records) contain the following:

1. Identification of the person(s) making the change(s);
2. Identification of the person(s) approving the change(s);
3. Date of change(s) made; and
4. Reason for change(s) made after 60 days from the release of final report.

QUALITY CONTROL POLICIES AND PROCEDURES

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At least annually, the person in charge of quality control reviews our confidentiality, safe custody, integrity, accessibility, and retrievability policy and procedures to determine if they are appropriate and operating effectively. This review is performed and documented by completing the applicable section of an appropriate monitoring questionnaire as part of the annual inspection. Changes, if necessary, to the system are made based on the results of the review.

Engagement Documentation: Retention of Engagement Documentation

It is the policy of our Firm that all records related to compilation, review, audit, forecast, projection, and attestation engagements (including electronic records) that meet the following two criteria be retained for a period of seven years from the conclusion of each engagement:

1. The records have been created, sent, or received in connection with the engagement; and
2. The records contain conclusions, opinions, analyses, financial data, or significant information that is inconsistent with the final conclusions, opinions, analyses (e.g. significant differences in professional judgment or differences of opinion on issues that are material to the financial statements or to the final conclusions).
3. At least annually, the person in charge of quality control reviews our retention of engagement documentation policy and procedures to determine if they are appropriate and operating effectively. This review is performed and documented by completing the applicable section of an appropriate monitoring questionnaire as part of the annual inspection. Changes, if necessary, to the system are made based on the results of the review.



QUALITY CONTROL POLICIES AND PROCEDURES

LINDQUIST, VON HUSEN & JOYCE LLP

MONITORING

*Monitoring the Firm's Quality Control Policies and Procedures*

It is the policy of our Firm that our quality control system be monitored on an ongoing basis to provide the Firm with reasonable assurance that the policies and procedures established by the Firm for each of the other elements (including activities) of quality control are suitably designed and are being effectively applied. Monitoring procedures as they related to the other elements (and activities) are included in the quality control procedures for each of the other elements. As an integral part of the monitoring process, our quality control system is inspected annually to determine whether the Firm has complied with its stated quality control policies and procedures.

The procedures listed below are followed to ensure compliance with this policy:

1. Annually, the management committee selects a team (hereafter referred to as "inspectors") to inspect the Firm's quality control system. The inspectors should possess adequate technical knowledge and experience and, when practical, should not be directly involved in the administration, supervision, or performance of the QC procedures or engagements each will inspect. One inspector will be designated as the in-charge inspector.
2. The in-charge inspector is responsible for determining the scope of the inspection, developing the inspection procedures, and performing the inspection. The management committee can require at its discretion that the inspection scope and procedures be approved by them before the inspection commences. The in-charge inspector should follow the guidelines listed below when determining the scope and the inspection procedures:
  - a. The inspection should be completed timely
  - b. The inspectors will use an appropriate monitoring program as a work program to determine whether the firm's quality control policies and procedures have been operating effectively so that reports that are issued are appropriate in the circumstances. The inspection will cover all of the Firm's stated quality control procedures, and will include a representative sample of administrative files, personnel files, engagement workpapers, and other evidential matter. The engagement reviews will include a cross-section of the Firm's engagements. The criteria for engagement selection may include, but are not limited to the following:
    - (1) Specialized, complex, and high-risk engagements (for example, employee benefit plans, *Government Auditing Standards* audits, financial institutions, security brokers and dealers, and SEC)
    - (2) First-year engagements
    - (3) A cross-section of engagements based on the level of service performed (e.g., audit, review, compilation, and attestations)
    - (4) A cross-section of engagements from various partners and management level personnel having accounting and auditing responsibilities
  - c. The inspection procedures should include inspection, observation, and inquiries to determine whether:
    - (1) Checklists, forms, programs, or other documentation required by the Firm's QC system have been properly completed
    - (2) Administrative and personnel policies have been complied with
    - (3) Procedures performed on engagements are in accordance with the requirements of regulatory requirements, authoritative literature and Firm policies

QUALITY CONTROL POLICIES AND PROCEDURES

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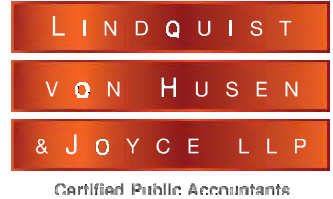
- (4) The engagement workpapers provide adequate evidence to support conclusions, opinion, and presentations resulting from the engagement
  - (5) The financial statements, reports, and other presentations resulting from the engagements conform to the measurement, presentation, and disclosure requirements of authoritative and regulatory literature, and are appropriate in the circumstances
  - (6) The engagement adhered to applicable legal and regulatory requirements
- d. The inspection scope, procedures, and findings will be documented in the work program, including a conclusion as to whether the system of quality control has been appropriately designed and implemented.

*Evaluating, Communicating, and Remedying Identified Deficiencies*

1. At the conclusion of the inspection, the inspectors are responsible for (a) discussing the results of the review with the supervisory personnel responsible for each of the engagements selected for review and (b) summarizing the deficiencies noted for each engagement reviewed. Once identified, the deficiencies are summarized and evaluated to determine whether:
  - a. Existing quality control policies and procedures should be modified.
  - b. Additional emphasis should be placed on specific industries or areas for future engagements.

The scope of the inspection, the findings, and the recommendations are then reported to the management committee, who determine which findings will be communicated to all professional staff.

2. In addition to the Firm's annual inspection program, the Firm is subject every three years to a peer review in accordance with the requirements of the AICPA Private Companies Practice Section. The person in charge of quality control is responsible for scheduling and coordinating that review.
3. Based on the inspection report and, if appropriate, the peer review report, letter of comments, letter of response, and exit conference with the peer reviewer, the management committee determines any corrective actions that should be pursued to improve, amend, or rectify the QC system.
4. The partners meet annually (or when needed on an interim basis) and discuss the results of the inspection and the monitoring of all the quality control elements (and activities) and the corrective actions determined to be needed by the management committee. Based on the discussions at the meeting, the management committee determines any corrective actions that will be pursued to improve, amend, or rectify the QC system.
5. The person in charge of quality control, is responsible for monitoring and documenting the implementation of, and compliance with, any corrective actions.
6. In the event that monitoring procedures indicate that a report may be inappropriate or that procedures were omitted during the performance of the engagement, the issue will be brought to the management committee. The management committee will determine how to proceed for the specific instance, including how to comply with relevant professional, legal and regulatory standards, as well as to consider whether to seek legal advice. The management committee will also determine what, if any, modifications to the policies and procedures need to be implemented in order to prevent an inappropriate report being issued in the future or to prevent the omission of necessary procedures.



QUALITY CONTROL POLICIES AND PROCEDURES  
LINDQUIST, VON HUSEN & JOYCE LLP

Complaints and Allegations

It is the policy of our Firm that personnel may raise any concerns to the department head or director of operations regarding complaints or allegations about noncompliance with professional standards, regulatory and legal requirements, or the Firm's system of quality control with any partner without fear of reprisals.

When applicable, the department head or director of operations, who is not involved in the engagement, should investigate the following:

1. Complaints and allegations that the work performed by the Firm fails to comply with professional standards, regulatory and legal requirements;
2. Allegations of noncompliance with the Firm's system of quality control; and
3. Deficiencies in the design or operation of the Firm's quality control policies and procedures, or noncompliance with the Firm's system of quality control by an individual or individuals, as identified during the investigation into complaints and allegations.

All complaints and allegations and the responses to them should be documented.

QUALITY CONTROL POLICIES AND PROCEDURES

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**QUALITY CONTROL POLICIES AND PROCEDURES ADDENDUM FOR GOVERNMENT AUDITING STANDARDS**

Introduction

The Firm's quality control policies and procedures for the five elements of quality control are also applicable to the Firm's engagements performed under *Government Auditing Standards*. Specific additional quality control policies and procedures that are applicable to the Firm's engagements performed under *Government Auditing Standards* (GAS) follow in this addendum.

Leadership Responsibilities

Management of the Firm will assume the leadership responsibilities as described in *Government Auditing Standards* and any interpretations thereof as issued by the Government Accountability Office (GAO).

Independence, Legal, and Ethical Requirements

The Firm will comply with the latest applicable independence requirements as described in *Government Auditing Standards* and any interpretations thereof as issued by the Government Accountability Office (GAO).

Initiation, Acceptance, and Continuance of Engagements

The Firm's acceptance and continuance policies and procedures will be applicable to any GAO engagements and have been designed to meet the requirements of the GAO and other regulatory agencies.

Human Resources

Personnel participate in general and industry-specific continuing education and participate in professional development activities that enable them to fulfill their assigned responsibilities and the requirements of the GAO and other regulatory agencies. All professional personnel assigned to GAS engagements meet those standards.

Engagement Performance, Documentation, and Reporting

GAS engagements will be performed under the standards as described in the GAS.

Monitoring

The Firm's annual inspection process will include an inspection of the Firm's GAO engagements.

Other

The Firm is a member of the American Institute of Certified Public Accountants' Governmental Audit Quality Center (GAQC). The Firm will comply with all of the membership requirements of the GAQC as described in their website.

# APPENDIX C

(See timeline on page 18)

North Los Angeles County Regional Center

**Board of Trustees Policy**

**Board Member Support**

**Scope**

This policy applies to NLACRC Board of Trustees.

**Purpose**

To establish a policy to support, facilitate, and enhance the participation of board members in board meetings, board committee meetings, board activities, and any other board sanctioned activities.

**Rationale**

- Governance of the regional center is predicated upon a viable volunteer governing Board, composed of individuals with demonstrated interest in, or knowledge of, developmental disabilities.
- Board members are required to freely give their time to serve on NLACRC's Board of Trustees.

**Procedure**

1. It is NLACRC's policy to support its board members to fully participate on the Board of Trustees. Therefore, NLACRC may pay or reimburse board members for the expenditures incurred that are associated with transportation services, child care services, or attendant care services in order for board members to fully participate in Board meetings, Board committee meetings, or Board activities.
2. The executive director may approve the following Board member expenses:
  - a. Transportation services: Transportation services will be reimbursed based on the one of the following methods:
    - i. The actual miles driven starting from the board member's home or place of employment to attend a board meeting, committee, or activity and for the actual miles driven to return home. Actual miles shall also include the additional miles driven to deliver and pick up a minor child from day care settings. The mileage reimbursement rate shall be based on the Internal Revenue Service ("IRS") standard mileage rate for the use of a car (also includes vans, pickups, or panel trucks).



- b. Equipment and Devices: Portable equipment and devices to provide connectivity to the internet will be available for all board members, upon request, in order for board members to fully participate in Board meetings, Board committees, and Board activities remotely. Board members understand that the equipment and devices are the property of NLACRC and must be returned to NLACRC upon the board member's departure from the Board of Trustees. Further, board members understand that board members receiving equipment and devices must adhere to NLACRC's acceptable use policy.
4. NLACRC will strive to provide support for all board members to facilitate full participation in Board meetings, committee meetings, or board activities to include producing documents prepared by NLACRC in larger font or print size, providing verbal translations during Board meetings, and providing a board meeting packet review.
5. All other requests for support will be considered by NLACRC on a case-by-case basis, subject to the executive director's written approval.
6. A Child Care or Attendant Care Services Billing form must be completed and signed in order to receive reimbursement from NLACRC for child care or attendant care services. The completed and signed ~~Respite~~ Child Care/Attendant Care Services billing Form, along with all payment documentation, should be submitted to NLACRC within sixty (60) days after the date of the meeting, and no later than 12 months from the date of service delivery. An exception to the 12-month deadline may be granted by the Chief Financial Officer or Executive Director. Payment will be issued within 45 days of the date of submission.
7. A Travel Expense Claim form must be completed and signed in order to receive reimbursement from NLACRC for mileage reimbursement or transportation costs to attend meetings. The completed and signed Travel Expense Claim Form, along with all supporting documentation, should be submitted to NLACRC within sixty (60) days after the date of the meeting, and no later than 12 months from the date of service delivery. An exception to the 12-month deadline may be granted by the Chief Financial Officer or Executive Director. Payment will be issued within 45 days of the date of submission.
8. All reimbursements made to board members by NLACRC shall be reported annually to the Internal Revenue Services in the form of a 1099-NEC Form (non-employee compensation), unless the board member provides the following documentation within sixty (60) days of the date the actual expenditure was incurred.
  - a. Day Care Services or Attendant Care Services: Copies of cancelled checks, invoice from the day care provider demonstrating a payment was made, or other documentation that demonstrates an actual payment was made to the day care or attendance care worker.



- b. Mileage Reimbursement: Documentation from either Google, MapQuest, or other resource that demonstrates (i) the actual mileage driven; (ii) the starting address; (iii) the day care setting address, if applicable; and (iv) the ending address.
- c. Transportation Reimbursement: Copies of an invoice, receipt, or other documentation that demonstrates an actual payment was made for transportation services.
- d. If it is determined the payment received from NLACRC exceeds the actual expenses incurred by the board member, the amount of reimbursement that is in excess of the actual expenses incurred by the board member must be paid back to NLACRC by the board member within one-hundred, twenty days (120) of the actual date the expenditure was incurred. Such amounts not reimbursed to NLACRC within the 120-day timeline shall be reported to the IRS.



# North Los Angeles County Regional Center

## Service Standards

Adopted by the Board of Trustees  
~~May 9, 2018~~

*Approved by the  
Department of Developmental Services  
November 16, 2018*

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## **I. CASE FINDING AND PUBLIC INFORMATION**

### **Service and Procedural Standards**

#### PHILOSOPHY

NLACRC is committed to regular and ongoing case finding activities in its service area to promote participation in the regional center system by eligible persons and their families. Case finding activities are closely interrelated with outreach, public information and human resource development activities.

Outreach should address not only the general public but also special target groups such as non-English speaking populations and/or high risk/high incidence populations or geographical areas. Public information should be designed to improve public awareness of the special needs of persons with developmental disabilities and to promote positive public images and full community participation. Human resource development should encourage new professionals and para-professionals to enter the field of developmental services and enhance the skills of those already working in it.

Case finding efforts may be both direct and indirect. Outreach efforts must be multilingual and culturally appropriate. Case finding and outreach beyond the NLACRC service area will be coordinated with Area Board 10 and the Southern California regional centers.

#### DEFINITION

Case finding and public information encompass a broad variety of activities by NLACRC staff which result in dissemination of information concerning regional center services and enhanced community awareness. Case finding results in new applications for NLACRC services. Public information results in increased knowledge and positive attitudes on the part of the public. Human resource development results in improved consumer services as a result of more and better-qualified persons working in the field. Case finding is also closely associated with prevention activities. (See Section II, Prenatal/Genetics/At Risk.)

#### POLICY

It is NLACRC's policy to conduct a well-rounded schedule of case finding, outreach, public information and human resource development activities utilizing the center's staff as appropriate. Activities shall take a variety of forms including: community presentations; development and distribution of multi-language materials; media outreach; maintenance of lending materials for staff, parents, and professionals; and sponsorship or promotion of related educational events such as classes, workshops and conferences. Bilingual needs and cultural values are given important consideration in the implementation of all related case finding, public information and human resource development activities.

## **INTAKE AND ASSESSMENT**

### PHILOSOPHY

NLACRC will conduct intake activities and provide assessment services in accordance to the Lanterman Developmental Disabilities Services Act.

Individuals are to be accepted for intake and assessment without regard to religion, ethnic origin, sex, or degree of disability. Financial resources of the applicant and/or his/her family are not a factor in eligibility for NLACRC services. No individual referred may be denied intake and assessment services unless there is adequate documentation that he/she does not have a developmental disability.

### DEFINITIONS

**Intake** is the 15-day period following a request for assistance. Intake includes, but is not limited to, information and advice about the nature and availability of services provided by regional centers and other agencies in the community. Intake also includes a decision to conduct an assessment for eligibility; provision of an appropriate referral, if applicable; and a review of the Megan's Law website to determine if an applicant over the age of 16 is required to register as a sex offender pursuant to Penal Code 290. Effective July 1, 2011, at the time of the intake and assessment for Early Start or Lanterman Act services, the consumer, or where appropriate, parents, legal guardian or conservator shall provide documentation and information of any health benefits (including insurance cards, etc.) under which the consumer is eligible to receive health benefits. If the consumer has no such benefits, NLACRC will not use that fact to negatively impact the services that the consumer may or may not receive from the regional center.

**Assessment** refers to those services that determine whether a person has a developmental disability as defined in the Lanterman Developmental Disabilities Services Act.

### POLICY

Any individual believed to have a developmental disability, or any individual at risk of parenting an infant with a developmental disability will be given the opportunity to receive initial intake and assessment services. Initial intake, the determination to assess an individual suspected of having a developmental disability, shall be made within 15 working days following the initial request for assistance.

The assessment to determine eligibility shall be completed within 120 days following the initial intake. Assessment shall be performed as soon as possible and in no event more than 60 days following initial intake where any delay would expose the client to unnecessary risk to his or her health and safety or to significant further delay in mental or physical

development, or the client would be at imminent risk of placement in a more restrictive environment, including applicants ordered by the courts to be assessed. <sup>1</sup>

NLACRC will assess within a 45-day timeframe any individual who was previously evaluated by NLACRC and found not eligible for regional center services, who returns to NLACRC within a 24 month timeframe, with a qualifying regional center diagnosis based on evaluation from a third party.

Assessment may include collection and review of historical diagnostic data, provision or procurement of necessary tests and evaluations and summarization of developmental levels and service needs. In determining if an individual meets the definition of developmental disability NLACRC may consider evaluations and tests, including, but not limited to, intelligence tests, adaptive functioning tests, neurological and neuropsychological tests, diagnostic tests performed by a physician, psychiatric tests, and other tests or evaluations that have been performed by, and are available from other sources. **Assessment may also include an observation in a secondary setting (e.g., site evaluation or at a designated location in the community).** Eligibility assessments may be funded by existing generic resources. In the event that funding from generic resources is not available, NLACRC will fund the eligibility evaluation.

In consultation with the family and with their written consent, an observation in a secondary setting (e.g., a site evaluation or designated location in the community) may be conducted by a licensed clinical psychologist when clinically indicated for diagnostic clarification.

Each infant or toddler birth through 2 years of age referred for evaluation for early intervention services shall have a timely, comprehensive, multi-disciplinary evaluation of his or her needs and level of functioning in order to determine eligibility within 45 days as per Early Start regulations.

Determination of eligibility shall be based on clinical assessment and made by members of NLACRC's interdisciplinary eligibility team, consisting of, a California-licensed physician, California-licensed psychologist, intake specialist, Early Start supervisor, and service coordinator.

Provisional Eligibility allows for regional center services on a provisional basis for children ages 3-4 without a formal diagnosis of an intellectual or developmental disability. An infant or toddler eligible for early intervention services shall be assessed by the regional center at least 90 days prior to the date that they turn three years of age for purposes of determining their ongoing eligibility for regional center services. If a child does not have a developmental disability, provisional eligibility shall end when the child is five years of age unless an appeal is filed.

NLACRC will utilize available and appropriate assessments and data, which may include secondary observations if clinically indicated and relevant for diagnostic clarification of a regional center eligible diagnosis. With parent agreement, NLACRC will assess children for ongoing regional center eligibility prior to exiting Early Start at age 3 and prior to exiting the Provision Eligibility program at age 5.

If the applicant is denied eligibility for regional center services, he/she will be informed, in writing, of his/her right to the fair hearing process and any recommendations for services from other agencies made by the staffing team.

Periodic reassessments of the consumer and his/her service needs shall be provided, as appropriate.

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1 Per Welfare and Institutions Code, Section 709.

North Los Angeles County Regional Center  
Board of Trustees

**Executive Director's Performance  
Evaluation Timeline**

Time Period	Actions
<u>August</u>	<ul style="list-style-type: none"> <li>• The Chief Organizational Development Officer (CODO) will review with the new Board President his/her responsibilities and the process surrounding the Executive Director's performance evaluation.</li> </ul>
<u>September Board Meeting</u>	<ul style="list-style-type: none"> <li>• The Executive Director's performance evaluation process and blank performance evaluations are reviewed with the board members.</li> <li>• The Board President will create a Negotiating Committee and provide the members' names to the CODO. <u>The Negotiating/Compensation Committee will be comprised of three (3) members of the Executive Committee that includes the Board President, First Vice-President and/or immediate past President or another member of the Executive Committee.</u></li> </ul>
<u>October - January</u>	<ul style="list-style-type: none"> <li>• All eligible board members will have an opportunity to bring concerns/issues regarding any areas of performance in which the Executive Director needs to improve during the Executive Director's current performance period.</li> <li>• <del>If a board member has identified a deficit in the Executive Director's performance, the board member should bring this to the attention of the Board President or any elected officer to be addressed at an Executive session of the Executive Committee during the months of October through January. Upon the Executive Committee's confirmation of the need for improved performance, the Board President or designated member of the Executive Committee will meet with the Executive Director regarding the performance deficit identified, the improvement needed, and any performance recommendations made by the Executive Committee. Executive Director"</del></li> <li>• <u>Needs Improvement"</u> should only be used if the following has occurred:             <ul style="list-style-type: none"> <li>- <u>The issue has been identified by a board member and documented in writing to the board president or an elected officer;</u></li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>- <u>The issue has been addressed at an Executive Session of the Executive Committee during the months between October to January;</u></li> <li>- <u>The Executive Committee has confirmed that there is a need for improvement;</u></li> <li>- <u>The board president or designated member of the Executive Committee has met with the Executive Director regarding the performance deficit identified, the improvement needed, and any performance recommendations made by the Executive Committee; and</u></li> <li>- <u>The Executive Director has been provided with a full performance review period to address the issue.</u></li> </ul>
-	<ul style="list-style-type: none"> <li>• The CODO, <del>deputy director/</del>Chief Financial Officer, <del>director</del>Director of Finance and <del>board attorney</del>legal counsel will meet with the Board President and <u>the Negotiating Committee to review the performance evaluation and compensation process.</u></li> </ul>
<u>January</u> <u>Executive</u> <u>Committee Meeting</u>	<ul style="list-style-type: none"> <li>• The <u>Negotiating Committee</u> will request external compensation data from the CODO.</li> </ul>
<u>February</u> <u>Board Meeting</u>	<ul style="list-style-type: none"> <li>• Blank <del>executive</del>Executive <del>director</del>Director evaluation forms are distributed for board members to complete. Completed evaluations are due to the board attorney by the March board meeting.</li> <li>• (Board members with less than 3 months of service <u>do not</u> complete evaluation forms. All other board members <u>must</u> complete an evaluation form. <del>or will be considered to have resigned from the board.</del> <u>Failure to submit a signed evaluation to the Board President or their designee by the scheduled date will be treated as resignation from the Board, unless discussed with the Board President and there is agreement to grant an extension.</u>)</li> <li>• The <u>Board President may include the Negotiating Committee when</u> <del>will</del>meeting with the <del>executive</del>Executive <del>director</del>Director for the <u>purpose of discussing any contract and/or compensation requests that need to be considered by the committee.</u></li> </ul>
<u>March</u> <u>Board Meeting</u>	<ul style="list-style-type: none"> <li>• Completed <del>executive</del>Executive <del>director</del>Director evaluation forms are due to the Board President and board attorney. <del>The board attorney</del>Legal counsel will retain all <del>executive</del>Executive <del>director</del>Director evaluation forms and summaries.</li> </ul>

<p><u>April</u> <u>Executive/Executive</u> Committee Meeting</p>	<ul style="list-style-type: none"> <li>• <del>The board attorney</del><u>Legal counsel</u> will complete and provide a summary report of the <u>executive/Executive</u> <del>director/Director</del>'s evaluation and review with the <u>N</u><del>egotiating</del> <u>C</u><del>ommittee</del> (in <u>executive/Executive</u> session).</li> <li>• The CODO, <del>deputy director/</del><u>C</u><del>hief</del> <u>F</u><del>inancial</del> <u>O</u><del>fficer</del>, and <del>director/Director</del> of <u>F</u><del>inance</del> will meet with the <u>N</u><del>egotiating</del> <u>C</u><del>ommittee</del> to provide the compensation data for review and provide any requested additional information.</li> </ul>
<p><u>May</u> Board Meeting</p>	<ul style="list-style-type: none"> <li>• The <u>N</u><del>egotiating</del> <u>C</u><del>ommittee</del> provides a summary of the compensation and/or contract changes (in <u>executive/Executive</u> session). <del>The board attorney</del><u>Legal counsel</u> will be present at the discretion of the Negotiating/Compensation Committee to provide support as it relates to the <u>executive/Executive</u> <del>director/Director</del>'s performance evaluation. The <u>executive/Executive</u> session will be placed at the beginning of the board meeting agenda.</li> </ul>
<p><u>June</u></p>	<ul style="list-style-type: none"> <li>• The CODO will prepare the documentation necessary to process the <u>N</u><del>egotiating</del> <u>C</u><del>ommittee</del>'s compensation and/or contract changes as appropriate.</li> </ul>
	<ul style="list-style-type: none"> <li>• <u>The CODO will schedule a meeting with the <u>executive/Executive</u> <del>director/Director</del> and provide the <u>B</u><del>oard</del> <u>P</u><del>resident</del> with all required documents needed for the meeting (e.g., compensation, employment contract changes, etc.). <u>The Board President will decide whether they will discuss the evaluation with the Executive Director alone, or with the Negotiating Committee if they so desire.</u></u></li> <li>• <u>Performance <del>review</del> <u>evaluation</u> information will be provided by <del>the board attorney</del><u>legal counsel</u>.</u></li> <li>• Copies of all signed documents will be provided to the CODO to allow for the timely processing of compensation information.</li> </ul>

North Los Angeles County Regional Center  
**Board of Trustees Policy**

**Executive Director's Evaluation**

The Lanterman Act requires regional center boards to provide annual evaluations of their Executive Directors. The Executive Committee has responsibility for the Executive Director's evaluation as well as contract negotiation. The Negotiating/Compensation Committee will be comprised of three (3) members of the Executive Committee that includes the board president, first vice-president and/or immediate past president or another member of the Executive Committee. To ensure confidentiality, the following procedure will be used.

- Trustees with 3 or more months of time served are required to participate in the evaluation. Prior board membership, membership on the Vendor or Consumer Advisory Committee or Board Internship Program will accumulate months of service. Failure to submit a signed evaluation to the Board President or their designee by the scheduled date will be treated as resignation from the Board, unless discussed with the Board President and there is agreement to grant an extension. The ~~board~~ Board president ~~President~~ will be available to help board members who ask for assistance.
  
- Blank evaluations will be reviewed by the board at the September board meeting. All eligible board members will have an opportunity to bring concerns/issues regarding any areas of performance in which the Executive Director needs to improve during the Executive Director's current performance period. ~~If a board member has identified a deficit in the Executive Director's performance, the board member should bring this to the attention of the board president or any elected officer to be addressed at an Executive session of the Executive Committee during the months of October through January. Upon the Executive Committee's confirmation of the need for improved performance, the board president or designated member of the Executive Committee will meet with the Executive Director regarding the performance deficit identified, the improvement needed, and any performance recommendations made by the Executive Committee.~~ Executive Director. "Needs Improvement" should only be used if the following has occurred:
  - The issue has been identified by a board member and documented in writing to the board president or an elected officer;
  - The issue has been addressed at an Executive Session of the Executive Committee during the months between October to January;
  - The Executive Committee has confirmed that there is a need for improvement;

- The board president or designated member of the Executive Committee has met with the Executive Director regarding the performance deficit identified, the improvement needed, and any performance recommendations made by the Executive Committee; and
  - The Executive Director has been provided with a full performance review period to address the issue.
- The Executive Director evaluations will be distributed for completion at the February board meeting. Board members will have 1 month to complete the evaluation which is due to the ~~board president and board attorney~~ legal counsel by the March board meeting.
- The Board President may include the Negotiating Committee when meeting with the Executive Director for the purpose of discussing any contract and/or compensation requests that need to be considered by the committee.
- ~~The board president or designee~~ Upon receipt of the board member evaluations, legal counsel will review the performance evaluations and ~~direct legal counsel to~~ create a summary report, the CODO will be responsible for all other non-performance evaluation information for inclusion in the review conducted by the Negotiation/Compensation Committee. After review by the Negotiation/Compensation Committee and presented to the Executive Committee, the evaluation will be reviewed, in Executive session, by the full board. ~~The board attorney~~ Legal counsel will be present at the discretion of the Negotiating/Compensation Committee to provide support as it relates to the Executive Director's performance evaluation. Three copies of the final letter will be produced: the original will be provided to the CODO, a copy along with all board inputs will be stored and secured at the legal counsel's office and a copy will go to the Executive Director. No other copies of the evaluation or board member inputs will be made.
- ~~Executive Director~~

~~copies of the final letter will be produced: the original will be provided to the CODO, a copy along with all board inputs will be stored and secured at the board attorney's office and a copy will go to the Executive Director. No other copies of the evaluation or board member inputs will be made.~~

~~• The Board President will decide whether they will discuss the evaluation with the Executive Director alone, or with the Negotiating Committee if they so desire.~~

~~• Negotiations – Refer to the Executive Director's Performance Evaluation Timeline.~~

~~— Negotiations – Refer to the Executive Director's Performance Evaluation Timeline.~~

{policy.bd.eeval}

North Los Angeles County Regional Center

~~Executive~~**Executive Director**  
Performance Evaluation

Completed by: \_\_\_\_\_ Name: \_\_\_\_\_

Board committees on which you have served:

_____	_____
_____	_____
_____	_____

Board offices you have held:

_____	_____
_____	_____
_____	_____

**Sources of information:** ~~director~~**Director**'s reports; committee reports; monthly financial reports; audit reports; special incident reports; quality assurance reports; feedback relative to the performance-based contract; status of board self-audits and board goals; DDS feedback; personnel reports from human resources; ARCA reports; feedback from Festival Educacional; consumer survey results; information provided in board meetings; action logs.

The rating categories for this evaluation are:

Outstanding / Exceeds Expectations / Meets Expectations / Needs Improvement \*

~~\*"Needs Improvement" is not appropriate unless the issue was previously communicated to the Executive Committee for action, and the Executive Director has had a full performance review period to address the issue as specified below. Any time the Executive Director's performance in any category needs improvement, board members should identify the area for corrective action.~~

- ~~All eligible board members will have an opportunity to bring concerns/issues regarding any areas of performance in which the Executive Ddirector needs to improve during the Executive Ddirector's current performance period. If a board member has identified a deficit in the Executive Ddirector's performance, the board member should bring this to the attention of the Bboard President or any elected officer to be addressed at an executive~~Executive~~ session of the Executive~~Executive~~ Committee during the months of October through January. Upon the Executive Committee's confirmation of the need for improved performance, the Bboard President or designated member of the Executive~~Executive~~ Committee will meet with the Executive Ddirector regarding the performance deficit identified, the improvement needed, and any performance recommendations made by the Executive~~Executive~~ Committee.~~Executive~~Director~~
- All eligible board members will have the opportunity to bring concerns/issues regarding any areas of performance in which the Executive Director needs to improve during the Executive Director's current performance period.
- "Needs Improvement" should only be used if the following has occurred:
  - The issue has been identified by a board member and documented in writing to the board president or an elected officer;
  - The issue has been addressed at an Executive Session of the Executive Committee during the months between October to January;
  - The Executive Committee has confirmed that there is a need for improvement;
  - The board president or designated member of the Executive Committee has met with the Executive Director regarding the performance deficit identified, the improvement needed, and any performance recommendations made by the Executive Committee; and
  - The Executive Director has been provided with a full performance review period to address the issue.

A.	Board Functions	Yes	No
1	Does the <del>executive</del> <u>Executive</u> <del>director</del> <u>Director</u> support the regional center’s programs and policies?		
2	Does the board have the information it needs to carry out its responsibilities?		
3	Is help and guidance provided to the board in setting policy?		
4	Are important items identified for board attention?		
5	Does the <del>executive</del> <u>Executive</u> <del>director</del> <u>Director</u> clearly communicate policy decisions and actions to the board through regular reports?		
6	Does the <del>executive</del> <u>Executive</u> <del>director</del> <u>Director</u> understand and communicate information on legislative issues?		
7	Do board members feel comfortable asking the <del>executive</del> <u>Executive</u> <del>director</del> <u>Director</u> for help in understanding issues?		
8	Does the <del>executive</del> <u>Executive</u> <del>director</del> <u>Director</u> effectively convey board goals and policies to the staff, consumers, service providers, and appropriate community agencies?		
9	Does the <del>executive</del> <u>Executive</u> <del>director</del> <u>Director</u> provide adequate staff and technical assistance to committees?		
10	Does the <del>executive</del> <u>Executive</u> <del>director</del> <u>Director</u> effectively represent the board with other agencies (e.g. the Association of Regional Center Agencies (ARCA), local public agencies, appropriate community agencies)?		
11	Does the <del>executive</del> <u>Executive</u> <del>director</del> <u>Director</u> give the board information about possible problems and suggest plans of action?		
12	Are individual committee goals / actions combined into an overall plan for the board?		
13	Is appropriate board training provided?		
14	Are the annual fiscal audits (results of a review by an outside accounting firm) reported to the board?		
15	Does the board have a signed contract with DDS?		



16	Are the goals of the performance-based contract being met?		
----	--	--	--

A.	Board Functions (continued)	Yes	No
17	Are monthly financial reports provided to the board?		
18	Are possible financial problems identified clearly and early?		
19	Are the Purchase of Service Expenditure Projection (PEP) reports reviewed by the board?		
20	If required, does the center have a credit line?		
21	Is a critical calendar of necessary actions issued each year?		
22	Is an annual status of insurance coverage provided to the board?		
23	Are potential legal problems and options clearly explained?		

Summary rating and comments on the ~~executive~~Executive ~~director~~Director's performance in this area:

Outstanding     
  Exceeds Expectations     
  Meets Expectations     
  Needs Improvement

In this category, what do you feel are the ~~executive~~Executive ~~director~~Director's greatest strengths?

For this category, what could the ~~executive~~Executive ~~director~~Director change that would benefit him and/or theregional center most?



C.	Center Representation and Community Support	Yes	No
1	Is the <del>executive</del> <u>Executive</u> <del>director</del> <u>Director</u> in touch with local legislators and their staff?		
2	Does the <del>executive</del> <u>Executive</u> <del>director</del> <u>Director</u> effectively convey board goals and policies to the staff, consumers, service providers, and appropriate community agencies?		
3	Is information distributed to the community?		
4	Does the <del>executive</del> <u>Executive</u> <del>director</del> <u>Director</u> maintain communication lines to the service provider community?		
5	Does the <del>executive</del> <u>Executive</u> <del>director</del> <u>Director</u> effectively represent the center at ARCA?		
6	Does the regional center work with public and private organizations (generic resources) to maximize the provision of services to consumers?		
7	Does the <del>executive</del> <u>Executive</u> <del>director</del> <u>Director</u> and other staff meet on a regular basis with community and provider groups to share information and solve problems?		
8	Are self-advocacy groups supported? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

**Summary rating and comments on the ~~executive~~Executive ~~director~~Director's performance in this area:**

Outstanding   Exceeds Expectations   Meets Expectations   Needs Improvement

In this category, what do you feel are the ~~executive~~Executive ~~director~~Director's greatest strengths?

For this category, what could the ~~executive~~Executive ~~director~~Director change that would benefit him and/or the regional center most?

**It is very important that you provide comments in this section:**

<b>D.</b>	Do you recommend that the board renews the <del>executive</del> <u>Executive</u> <del>director</del> <u>Director</u> 's contract?	Yes	No
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Summary rating and comments on the ~~executive~~Executive ~~director~~Director's overall performance:

Outstanding      Exceeds Expectations      Meets Expectations      Needs Improvement

Overall, what do you feel are the ~~executive~~Executive ~~director~~Director's greatest strengths?

Overall, what could the ~~executive~~Executive ~~director~~Director change that would benefit him and/or the regionalcenter most?



Draft Process for Policy Development or Amendments

**Scope:**

NLACRC is committed to creating a consistent and uniform process to create policy or to modify/amend existing language.

**Process:**

- Identify the Area of Policy Development/Amendment
  - In anticipation of an issue/need or in response that is resulting in policy development; gather as much information that is available regarding the matter and identify the applicable committee.
- Contact Board Support Secretary and copy applicable Committee Chair to request placement of the matter on the agenda.
  - During the committee, NLACRC staff will seek to understand the matter
  - Discuss the importance of the matter and impact
  - Identify an agreeable timeframe that will allow NLACRC staff to assess, gather information, identify responsibilities for sources of guidance (if applicable), and identify any staffing needs.
  - Seek motion for NLACRC Staff to assess and staff will report back to the committee by established timeline.
  - If motion carries:
- Assigned NLACRC staff will add item to applicable committee agenda and report out on assessment, findings, and any alternatives or findings that would be useful information for the committee to make an informed decision regarding policy development or amendment.
- Solicit recommendations from committee, staff, community partners, as applicable.
- Draft policy or policy language
- Review draft policy/amendment at committee
- Committee to motion for approval and to move forward to Board of Trustees
  - Review draft policy/policy amendment at board; solicit input and feedback, modify if applicable. If no modifications are suggested, seek board approval.
- Practical Implementation
  - a. Consider Internal Procedures
  - b. Develop Project Plan with Implementation Efforts and Timelines
  - c. Communication of policy change/new policy
  - d. Training for staff or community, as applicable.
  - e. Allow for feedback and evaluation from committee on implementation.
  - f. Identify indicators for to evaluate policy effectiveness

Committee	Purpose	Assigned Staff	Bylaw/Policy
Consumer Services	Review and recommend standards and policy consistent with the needs of consumers related to regional center services, such as consumer rights, case management, intake, assessment, community development and services provided by agencies outside the regional center	Deputy Director, Consumer Services Directors	Article VII, Section 6(c)



Draft Process for Policy Development or Amendments

Government & Community Relations	Review pending legislation pertinent to individuals served, coordinate contacts with applicable legislators, inform and educate the diversified communities served by NLACRC about purpose, policies and operational procedures of the Center, serve as a clearing house for all public awareness forums	Chief Human Resources Officer, Public Information Manager, Diversity, Equity & Inclusion Staff	Article VII, Section 7(c)
Administrative Affairs	Review and monitor contract obligations, review and monitor budget, report expenditures to the Board, recommend policy in personnel matters regarding hiring, salaries, retention, and related issues, recommend policies affecting other areas of administrative services.	Chief Financial Officer, Director of Finance, Chief Human Resources Officer	Article VII, Section 8(c)
Post-Retirement Medical Trust	Oversee PRMT and CalPERS Unfunded Accrued Liability Trust	Executive Director, Chief Financial Officer	PRMT Policy
Executive	Primary purpose to respond to urgent matters, which call for immediate action or commitment prior to next regularly scheduled board meeting.	Executive Director, Deputy Director, Chief Financial Officer, Chief Human Resources Ofcr	Article VII, Section 4(b)
Consumer Advisory	Provide Board of Trustees with recommendations on legislation or services and supports provided by the Center or other publicly funded entities.	Public Information Manager, Consumer Advocate	Article VII, Section 10 (c)
Vendor Advisory	Provide advice, guidance, recommendations, technical assistance to Board to assist Board to carry out its mandated duties.	Executive Director, Deputy Director, Chief Financial Officer, Community Services Director	Article VII, Section 9 (c)
Strategic Planning	Provide advice in development and implementation of the Center’s annual performance contract, strategic plan, and long-range resource development plan. May identify gaps in service delivery system, including generic agencies, recommend alternatives to close gaps, such as systems advocacy, legislation or interagency coordination.	Executive Director, Deputy Director, Chief Financial Officer, Diversity, Equity & Inclusion Supervisor	Article VII, Section 11 (b)
Nominating	Responsible for collecting, categorizing, screening and keeping on file, all applications for membership on the Board and Vendor Advisory Committee (VAC); for ensuring that qualified and interested persons are nominated for positions on the Board and VAC; and for	Support Staff, Executive Director as invited by committee	Nominating Committee Policy





North Los Angeles County Regional Center

**DRAFT**

Draft Process for Policy Development or Amendments

	complying with statutory composition requirements.		
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**NLACRC – VENDOR CONTRACT REQUEST – EXECUTIVE SUMMARY**

Elwyn California (Wyse)

Vendor #TBD

Svc Code: 900/901

Date: 03/02/2022

**Other Vendorizations with Vendor's Tax Identification Number (TIN):**

Vendor #	Service Code	Description	Vendor Name
PL1385	113	Specialized Residential Facility	BABCOCK ARFPSHN
PL1581	113	Specialized Residential Facility	INDEX
PL1363	113	Specialized Residential Facility	MAYALL
PL1582	113	Specialized Residential Facility	YARMOUTH
PL1364	113	Specialized Residential Facility	KELVIN 1
PL1365	113	Specialized Residential Facility	KELVIN 2
PL1427	109	Supplemental Residential Support	BABCOCK ARFPSHN
PL1389	109	Supplemental Residential Support	KELVIN 2
PL1391	109	Supplemental Residential Support	KELVIN 1
PL1387	109	Supplemental Residential Support	MAYALL
PL1620	109	Supplemental Residential Support	INDEX
PL1634	109	Supplemental Residential Support	YARMOUTH
HL0858	900	Enhanced Behavioral Supports Home - Facility	QUARTZ
HL0859	901	Enhanced Behavioral Supports Home - Individual	QUARTZ
PL2031	999	Start Up Funding for CPP/PDF Costs	WYSE

**Service Address:**

35158 Wyse Road  
Santa Clarita, CA 91390

**Service Description:**

One (1) Enhanced Behavioral Supports Home, Designed to Accommodate a Maximum of Four (4) Consumers with developmental disabilities, complex behavioral needs and/or psychiatric comorbidities currently residing in a more restrictive living arrangement, including a state developmental center, locked mental health facility, or are at risk of institutionalization, and/or have repeatedly failed in previous placements.

Project Identifier: NLACRC-2021-01

**Staffing:**

N/A

**Employment Component:**

N/A

## Contract Summary and Board Resolution

No.	Description	Contract Summary
1.	<b>Contract Overview: (New or Amendment) (POS or OPS)</b>	New – Service Provider Agreement for an Enhanced Behavioral Supports Home (“EBSH”), Purchase of Services (“POS”)
2.	<b>The Name of Vendor or Service Provider</b>	<b>Elwyn California (Wyse)</b> TBD, Service Code: 900 (facility costs) TBD, Service Code: 901 (consumer-specific costs)
3.	<b>The Purpose of the Contract</b>	<p>Service Provider will be operating a 4-bed Enhanced Behavioral Supports Home (“EBSH”), under service code 900/901 at 35158 Wyse Road Santa Clarita, CA 91390. The EBSH will serve four (4) consumers with developmental disabilities, complex behavioral needs and/or psychiatric comorbidities currently residing in a more restrictive living arrangement, including a state developmental center, locked mental health facility, or are at risk of institutionalization, and/or have repeatedly failed in previous placements.</p> <p>Pursuant to Title 17, Section 59090(o) “Enhanced Behavioral Supports Home” means an adult residential facility or a group home certified by the Department and licensed by the Department of Social Services that provides 24-hour nonmedical care to individuals with developmental disabilities who require enhanced behavioral supports, staffing, and supervision in a homelike setting, as defined in Section 4684.80 of the Welfare and Institutions Code. An Enhanced Behavioral Supports Home shall have a maximum capacity of four consumers.</p>
4.	<b>The Contract Term</b>	Three (3) Year Term. Projected to be March 15, 2022 through February 28, 2025.
5.	<b>The Total Amount of the Contract</b>	<p>The annual cost for TBD-900 (facility costs) is TBD. Per Title 17, 59072(a)(1), DDS has final review and approval of the facility costs based on the DS 6023 form. As of March 3, 2022, review is ongoing.</p> <p>Projected costs for TBD-901 (consumer-specific costs) are TBD and will be calculated prior to each placement.</p>
6.	<b>The Total Proposed Number of</b>	Projected to serve four (4) consumers per month.

	<b>Consumers Served</b>	
7.	<b>The Rate of Payment or Payment Amount</b>	<p>Payment will be reimbursed to service provider based on 1) the actual services authorized; 2) the actual services provided; and 3) the authorized monthly rates.</p> <p>There is no Statewide Median Rate for service code 900 and 901.</p>
8.	<b>Method or Process Utilized to Award the Contract.</b>	<p>The service provider will be vendored in accordance with vendorization requirements under statute and regulation, for an EBSH.</p> <p>Request for Proposal (RFP) process was published by NLACRC on December 1, 2020.</p>
9.	<b>Method or Process Utilized to Establish the Rate or the Payment Amount</b>	<p>Cost Statement: NLACRC will negotiate five (5) monthly rates with the service provider, using the DDS required forms. DDS must approve each cost statement:</p> <ol style="list-style-type: none"> <li>1. One (1) DS 6023 Rate Development- Facility Costs; Service Code 900</li> <li>2. Four (4) DS 6024 Rate Development- Individual Costs; Service Code 901 (one for each consumer)</li> </ol>
10.	<b>Exceptional Conditions or Terms: Yes/No If Yes, provide explanation</b>	<p>HDO for this home is Brilliant Corners (PL1864-999 / NLACRC-1920-09, NLACRC-2021-01).</p> <p>Elwyn California received \$300,000 in FY2020-2021 CPP/CRDP start-up funds (PL2031-999).</p> <p>The Department of Developmental Services (“DDS”) must certify the EBSH before the facility can be licensed by Community Care Licensing (“CCL”). NLACRC projects this to occur during March 2022. NLACRC has been instructed to provide placement for a consumer by March 15, 2022 for a consumer currently living in a developmental center. DDS and NLACRC Community Services Resource Development and Case Management meet bi-weekly, or as needed, to facilitate this home opening and placement.</p> <p>The contract is a “DRAFT” contract and is subject to changes recommended by legal counsel and on such further terms and conditions as any Officer of NLACRC may approve.</p>

## Contract Summary and Board Resolution

The North Los Angeles County Regional Center’s (“NLACRC”) Board of Trustees reviewed and discussed the Service Provider Agreement for an Enhanced Behavioral Supports Home (“**Agreement**”, or “**Contract**”) for **Elwyn California** and passed the following resolution:

**RESOLVED THAT** in compliance with NLACRC’s Board of Trustees Contract Policy, the Contract between NLACRC and **Elwyn California** was reviewed and approved by NLACRC’s Board of Trustees on **March 9, 2022**.

NLACRC’s Board of Trustees hereby authorizes and designates any officer of NLACRC to finalize, execute and deliver the Contract on behalf of NLACRC, in such form as NLACRC’s legal counsel may advise, and on such further terms and conditions as such Officer may approve. The final terms of the Contract shall be conclusively evidenced by the execution of the Contract by such Officer. For purposes of this authorization, an “Officer” means NLACRC’s Executive Director, Deputy Director, Chief Financial Officer, Chief of Program Services, or Chief Organizational Development Officer, and no one else.

**Certification by Secretary:** I certify that: (1) I am the Secretary of the NLACRC; (2) the foregoing Resolution is a complete and accurate copy of the Resolution duly adopted by NLACRC’s Board of Trustees; (3) the Resolution is in full force and has not been revoked or changed in any way.

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Lillian Martinez, Board Secretary

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March 9, 2022

Date

**NLACRC – VENDOR CONTRACT REQUEST – EXECUTIVE SUMMARY**

**Brilliant Corners**

**Vendor #: PL1864**

**Svc Code: 999**

**Date: 1/5/22**

**Other Vendorizations with Vendor’s Tax Identification Number (TIN):**

<b>Vendor #</b>	<b>Service Code</b>	<b>Description</b>
PL1161	999	Start-up Funding for CPP
PL1162	999	Start-up Funding for CPP

**Service Description:**

Brilliant Corners is the Housing Development Organization (“HDO”) for: Elwyn California’s Wyse Enhanced Behavioral Supports Home (“EBSH”) at 35158 Wyse Road, Santa Clarita, CA 91320. The HDO has acquired and will renovate and improve the property leased by Elwyn to provide an EBSH for consumers, who are at risk of institutionalization or out-of-state placement, or are transitioning to the community from a developmental center, other state-operated residential facility, institution for mental disease (IMD), or out-of-state placement.

**Staffing: n/a**

**Employment Component: n/a**

## Contract Summary and Board Resolution

No.	Description	Contract Summary
1.	<b>Contract Overview: (New or Amendment) (POS or OPS)</b>	Third Amendment to CPP Housing Agreement, Purchase of Services (POS)
2.	<b>The Name of Vendor or Service Provider</b>	Brilliant Corners, a California nonprofit corporation, known as the Housing Development Organization (“HDO”)
3.	<b>The Purpose of the Contract</b>	<p>CPP Housing Agreement is for the acquisition and renovation and improvements of an Enhanced Behavioral Support Home (“EBSH”), for consumers, who are at risk of institutionalization or out-of-state placement, or are transitioning to the community from a developmental center, other state-operated residential facility, institution for mental disease (IMD), or out-of-state placement.</p> <p>An EBSH provides intensive behavioral services and support to adults with developmental disabilities who need intensive services and supports due to challenging behaviors that cannot be managed in a community setting without the availability of enhanced behavioral services and support, pursuant to WIC 4684.81 and 17 CCR Section, 59072.</p> <p>The purpose of the First Amendment was, per DDS approval, to 1) change the capacity of the EBSH being developed from three (3) consumers to four (4) consumers approved by DDS on January 11, 2021; and 2) change the Maximum Funding Amount to include renovation funding.</p> <p>The purpose of the Second Amendment was, per DDS approval, to change the Maximum Funding Amount for renovation funding: increase of \$31,350.</p> <p>The purpose of the Third Amendment is, per DDS approval, to 1) change the Maximum Funding Amount for renovation funding: increase of \$8,800 for FY19-20 funds and increase of \$13,200 for FY20-21 funds, and 2) extend the funding deadline from December 31, 2021 to March 31, 2022.</p>
4.	<b>The Contract Term</b>	Commences on the effective date of the Property acquisition and ends on the earlier of (i) the date

		<p>the HDO is no longer the owner of the Property or (ii) December 31, 2050, subject to any earlier termination as provided in the Agreement.</p> <p>However, the termination or expiration of the Agreement does not affect the continued enforceability of the documents intended to survive its termination.</p> <p>Acquisition of property must occur by March 6, 2022 or the unspent funds will revert to the State.</p> <p>HDO acquired the property on January 22, 2021.</p>
5.	<b>The Total Amount of the Contract</b>	<p>Original: \$400,000.00 to acquire one (1) property to acquire and renovate an EBSH; the renovation funding for the property will be provided by DDS in a separate CPP/CRDP allocation.</p> <p>First Amendment: Total: \$990,753.00  - Maximum Acquisition Amount: \$221,800.00  - Maximum Renovation Amount: \$768,953.00</p> <p>Second Amendment: Total: \$1,022,103.00  - Maximum Acquisition Amount: \$221,800.00  - Maximum Renovation Amount: \$800,303.00</p> <p>Third Amendment: Revised Total: \$1,030,903.00  - Maximum Acquisition Amount: \$221,800.00  - Maximum Renovation Amount: \$809,103.00</p>
6.	<b>The Total Proposed Number of Consumers Served</b>	Projected four (4) consumers.
7.	<b>The Rate of Payment or Payment Amount</b>	<p>Original: Payment will be reimbursed to the HDO based on performance milestones. The HDO charges a Developer Fee 2.5% of the purchase price for the Property: \$390,244.00 Acquisition &amp; \$9,756.00 Developer Fee.</p> <p>First Amendment: \$990,753.00:  \$400,000.00 is project # NLACRC-1920-9  \$590,753.00 is project # NLACRC-2021-1</p> <p>Second Amendment: \$1,022,103.00:  \$400,000.00 is project # NLACRC-1920-9  \$622,103.00 is project # NLACRC-2021-1</p> <p>Third Amendment: \$1,044,103.00:  \$408,800.00 is project # NLACRC-1920-9</p>



		\$635,303.00 is project # NLACRC-2021-1
8.	<b>Method or Process Utilized to Award the Contract.</b>	Request For Proposal (“RFP”) process published by NLACRC on November 1, 2019.
9.	<b>Method or Process Utilized to Establish the Rate or the Payment Amount</b>	<p>\$400,000.00 acquisition funding was established in the FY2019-2020 CPP start up plan, which was approved by DDS on October 1, 2019, under project number NLACRC-1920-9.</p> <p>On November 20, 2020, DDS approved an additional \$500,000.00 in renovation funding under Project Number NLACRC-2021-1 in the FY2020-2021 CPP start up plan.</p> <p>On January 20, 2021, DDS approved an additional \$90,753.00 in renovation funding under project NLACRC-2021-1, and a reallocation of \$178,200.00 from acquisition funding to renovation funding under project NLACRC-1920-9. Funds from FY2021 were allocated in the B2 allocation.</p> <p>On September 2, 2021, DDS approved an additional \$31,350.00 in renovation funding under project NLACRC-2021-1. Funds will be allocated in the next allocation cycle.</p> <p>On November 12, 2021, DDS approved an additional \$8,800.00 in renovation funding under project NLACRC-1920-9. Funds will be allocated in the next allocation cycle.</p> <p>On January 10, 2022, DDS approved an additional \$13,200.00 in renovation funding under project NLACRC-2021-1. Funds will be allocated in the next allocation cycle.</p>
10.	<b>Exceptional Conditions or Terms: Yes/No If Yes, provide explanation</b>	<p>Restrictive Covenant will be recorded against the Property to ensure the Property acquired shall be used and occupied only by Consumers in accordance with the provisions in DDS’s CPP/CRDP Guidelines.</p> <p>DDS Deed of Trust. The purpose of the DDS Deed of Trust is to secure HDO’s obligations to DDS, including HDO’s obligations under the Restrictive Covenant. HDO agrees to execute amendments and modifications to the DDS Deed of Trust as reasonably requested by DDS.</p>

		<p>Required to follow DDS “Guidelines for Purchasing and Developing Permanent Housing through the Regional Center Community Placement Plan”.</p> <p>*NOTE: A previous version of the Third Amendment was presented and approved by the Board on January 12, 2022. The previous version did not include the additional \$13,200.00, which is now included. This Board resolution replaces the previous January 12, 2022 approval.</p>
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## Contract Summary and Board Resolution

The North Los Angeles County Regional Center's ("NLACRC") Board of Trustees reviewed and discussed the Third Amendment to the CPP Housing Agreement ("**Third Amendment**", "**Agreement**", or "**Contract**") for **Brilliant Corners** and passed the following resolution:

**RESOLVED THAT** in compliance with NLACRC's Board of Trustees Contract Policy, the Third Amendment between NLACRC and **Brilliant Corners** was reviewed and approved by NLACRC's Board of Trustees on **March 9, 2022**.

NLACRC's Board of Trustees hereby authorizes and designates any officer of NLACRC to finalize, execute and deliver the Third Amendment on behalf of NLACRC, in such form as NLACRC's legal counsel may advise, and on such further terms and conditions as such Officer may approve. The final terms of the Third Amendment shall be conclusively evidenced by the execution of the Third Amendment by such Officer. For purposes of this authorization, an "Officer" means NLACRC's Executive Director, Deputy Director, Chief Financial Officer, or Chief Organizational Development Officer, and no one else.

**Certification by Secretary:** I certify that: (1) I am the Secretary of the NLACRC; (2) the foregoing Resolution is a complete and accurate copy of the Resolution duly adopted by NLACRC's Board of Trustees; (3) the Resolution is in full force and has not been revoked or changed in any way.

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Lillian Martinez, Board Secretary

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March 9, 2022  
Date

**THIRD AMENDMENT TO  
CPP HOUSING AGREEMENT  
Brilliant Corners  
Vendor Number PL1864, Service Code 999  
(35158 Wyse Road, Agua Dulce, CA – NLACRC-1920-9 / NLACRC-2021-1)**

This Third Amendment to CPP Housing Agreement (this “**Amendment**”), dated for reference purposes as of March 3, 2022 (the “**Effective Date**”), is entered into by and between Brilliant Corners, a California nonprofit corporation (the “Housing Development Organization” or “**HDO**”) and North Los Angeles County Regional Center, Inc., a California nonprofit corporation (“**NLACRC**” or “**Center**”), in accordance with the following facts:

- A. HDO and Center entered into a CPP Housing Agreement dated as of June 1, 2020, as amended by a First Amendment dated April 23, 2021 and a Second Amendment dated September 17, 2021 (collectively, the “**Agreement**”), under which Center agreed to provide up to \$990,753 in CPP Funds to HDO to acquire and renovate a Property that would become an EBSH Residence for Center’s Consumers.
- B. HDO has acquired the Property, partly with CPP Funds provided by Center. The common address of the Property is 35158 Wyse Road, Agua Dulce, CA 91390.
- C. When the parties signed the Agreement, DDS had not yet allocated any CPP Funds to Center for renovations to the Property. Since that date, DDS has (i) allocated CPP Funds for Property renovations and (ii) reduced the amount of CPP Funds for acquisition of the Property.
- D. Specifically, (i) on November 20, 2020, DDS provided Center written approval for \$500,000 of Regular CPP Renovation Start-Up funds appropriated in FY 2020-2021 (the “**FY2021 Funds**”) for use by HDO to complete its development of the Residence through project identifier NLACRC-2021-1; and (ii) on January 20, 2021, DDS provided Center written approval to (a) increase the FY2021 Funds by an additional \$90,753 and (b) redirect \$178,200 of the original \$400,000 in CPP Funds from FY 2019-2020 (the “**FY2020 Funds**”) from acquisition expenses and apply such amount to renovation expenses. As a result of such approvals, the revised total amount of CPP Funds was \$990,753, which consisted of (i) \$221,800 in acquisition funding (which has already been expended) and (ii) \$768,953 in renovation funding (of which \$178,200 has already been expended).
- E. Additionally, on January 11, 2021, DDS provided Center written approval to change the accommodation capacity at the Residence from a maximum of three Consumers to a maximum of four Consumers.
- F. The First Amendment confirmed the correct amount of CPP Funds for the Property, identified certain milestones HDO must satisfy to receive renovation funds, and addressed certain other issues concerning the Residence.

- G. On September 2, 2021, DDS provided Center written approval for an additional \$31,350 in Regular CPP Renovation Start-Up funds appropriated in FY 2020-2021 (the “**FY2021 Funds**”) for additional construction costs requested during plan check by the City of Los Angeles Department of Building and Safety, such as updates to the delayed egress system and gate, fencing and roll-in shower bathroom renovation. As a result of such approval, the Second Amendment revised the total amount of CPP Funds to \$1,022,103, which consisted of (i) \$221,800 in acquisition funding (which had already been expended) and (ii) \$800,303 in renovation funding (\$178,200 of which had already been expended). Center revised the amounts of the Second, Third, and Fourth Milestones.
- H. The Second Amendment confirmed the correct amount of CPP Funds for the Property and revised certain milestones HDO must satisfy to receive renovation funds.
- I. On November 12, 2021, DDS provided Center written approval for an additional \$8,800 in Regular CPP Renovation Start-Up funds appropriated in FY 2019-2020 (the “**FY2020 Funds**”) for additional upgrades to the sprinkler system and water tank storage required by the Los Angeles County Fire Department. Center intends to revise the amount of the Fourth Milestone only.
- J. On January 10, 2022, DDS provided Center written approval for an additional \$13,200 in Regular CPP Renovation Start-Up funds appropriated in FY 2020-2021 (the “**FY2021 Funds**”) for footing pads and posts near the garage door to support the additional load of drywall and finishing so the garage can be used as a common area and office space. As a result of such approval, the revised total amount of CPP Funds is \$1,044,103, which consists of (i) \$221,800 in acquisition funding (which has already been expended) and (ii) \$822,303 in renovation funding (\$637,191.00 of which has already been expended). Center intends to revise the amount of the Fourth Milestone only.
- K. Center also intends to extend the deadlines to expend funds until March 31, 2022.
- L. Terms defined in the Agreement that are used in this Amendment and Exhibit “1” shall have the same meaning as in the Agreement.

**NOW THEREFORE**, in consideration of the following mutual covenants, Center and HDO agree as follows:

1. Number of Consumers. The reference to “*up to three (3) Consumers*” in Recital C of the Agreement is changed to, “*up to four (4) Consumers*” per the First Amendment.
2. Maximum Renovation Amount. Based on the additional DDS CPP Funding noted in the recitals, the Maximum Renovation Amount for the Residence is the sum of \$822,303 (\$187,000 in FY2020 CPP Funds + \$635,303 in FY2021 CPP Funds).
3. Replacement of Second Amendment, Exhibit “1”. Exhibit “1” to the Second Amendment is hereby deleted in its entirety and replaced with Exhibit “1” to the Third Amendment attached to this Amendment. Exhibit “1” to the Third Amendment shows the maximum amount of

FY2020 and FY2021 CPP Funds available for HDO's acquisition and renovation of the Property, and is incorporated herein by reference.

4. Disbursements of Renovation Funds; Milestones. Center shall disburse renovation funds to HDO for the Property in installments, as milestones are satisfied, as provided below, but never more than the Maximum Renovation Amount. Center shall remit each payment to HDO within thirty (30) days after Center receives a properly documented invoice from HDO, along with all applicable backup documentation as described in Sections 4.1 to 4.4 below, that has been approved by Center's Chief Financial Officer. Any funds disbursed by Center in advance shall be subject to true up once HDO has incurred such expenses.
  - 4.1. First Milestone: The first milestone is HDO's submission of documentation reasonably acceptable to Center that HDO has closed escrow on the Property and is the owner of fee title to the Property (the "**First Milestone**"). Upon HDO's completion of the First Milestone, Center remitted **\$178,200** of the Maximum Renovation Amount to HDO. This milestone has already been expended in its entirety.
  - 4.2. Second Milestone: The second milestone is HDO's submittal to Center, and Center's approval of, all of the following: (i) overall construction and rehabilitation budget for the Property (including a budget for the Improvements and a budget for the appliances and fixtures HDO intends to purchase for the Property); (ii) construction drawings and specifications for the proposed Improvements; (iii) architect's contract, if applicable; (iv) structural engineer's contract, if applicable; (v) construction contract between HDO and its general contractor, including contractor's fixed price or time & materials bid to perform the renovation work on the Property; and (vi) building permit for the renovations (collectively, the "**Second Milestone**"). Upon HDO's completion of the Second Milestone, Center remitted **\$217,965** of the Maximum Renovation Amount to HDO. This milestone has already been expended in its entirety.
  - 4.3. Third Milestone: The third milestone is HDO's written certification to Center that the city or county inspector has approved the rough framing, electrical and plumbing work at the Property, along with HDO's delivery to Center of evidence of such approval (such as a signed inspection card from the inspector) (collectively, the "**Inspector's Approval**"), or Center's receipt and approval of any alternate written certification from HDO that Center concludes is functionally equivalent to the Inspector's Approval (the "**Third Milestone**"). Upon HDO's completion of the Third Milestone, Center remitted **\$241,026** of the Maximum Renovation Amount to HDO. This milestone has already been expended in its entirety.
  - 4.4. Fourth Milestone: The fourth milestone is (i) Center's satisfaction that all of the Improvements have been properly completed and that the Residence is physically ready for occupancy by Consumers, after Center's completion of a walk-through of the Property and (ii) Center's receipt of appropriate conditional and unconditional mechanics lien releases, in accordance with standard construction industry practice (collectively, the "**Fourth Milestone**"). Center's execution of the Certificate of Acceptance attached as Exhibit C to the Lease shall constitute evidence of HDO's

satisfaction of the Fourth Milestone. Upon HDO's completion of the Fourth Milestone, Center will remit **\$185,112** (\$163,112 plus \$8,800 + \$13,200) of the Maximum Renovation Amount to HDO.

4.5. Change in Deadlines to Expend Funds. All of Center's renovation disbursements are conditioned upon HDO's timely compliance with all project milestones by such deadlines.

4.5.1. Notwithstanding anything in the Agreement or this Amendment to the contrary, the deadline for Center to disburse the FY2020 renovations funds to HDO is changed from May 31, 2021 to **March 31, 2022** for the additional \$8,800 only. FY2020 renovation funds of \$178,200 were previously disbursed to HDO prior to the previous deadline.

4.5.2. Notwithstanding anything in the Agreement or this Amendment to the contrary, the deadline for Center to disburse the FY2021 renovations funds to HDO is changed from December 31, 2021 to **March 31, 2022**, and HDO must therefore complete all Improvements to the Residence by **March 31, 2022**.

5. Payment and Performance Bond; Alternative Performance Assurances. As required by the CPP Guidelines, Center's disbursement of CPP Funds for the Improvements shall be conditioned on HDO's delivery to Center of a Payment and Performance Bond from HDO's contractor in favor of HDO, in an amount equal to 100% of the expected costs of construction; provided, however, if prior to the commencement of any work, HDO agrees to comply with all four of the "alternative performance assurances" described in Section IV(L) of the CPP Guidelines (including HDO's engagement of a professional construction manager, reasonably approved by Center, to oversee the renovation work) and (ii) Center so consents, then Center shall request DDS to waive the Payment and Performance Bond requirement. Nothing herein shall be construed to obligate DDS to waive the bond requirement.
6. Certificate of Occupancy. When the renovation work is complete, HDO shall provide evidence that the jurisdiction has issued a final Certificate of Occupancy or its equivalent for the Residence.
7. Integration. The Agreement, as modified by this Amendment, constitutes the entire agreement between the parties pertaining to the subject matter contained herein, and it supersedes all prior agreements, contracts, representations and understandings of the parties, either oral or written, relating to the subject matter of the Agreement and this Amendment, including any other housing agreements to the extent they concern housing intended to be paid for in full or part with DDS community placement plan funds.
8. Amendment. No supplement, modification, understanding, verbal agreement, or amendment of the Agreement or this Amendment shall be binding unless executed in writing by Center and HDO.
9. HDO's Updated Address for Notices. HDO's updated address for notice is:

Brilliant Corners  
Attn. Mr. William F. Pickel, Executive Director  
[BillPickel@westbayhousing.org](mailto:BillPickel@westbayhousing.org)  
1360 Mission St., Suite 300  
San Francisco, CA 94103

or to such other address as either party may designate to each other in accordance with the provisions of this section.

10. No Further Changes. The Agreement, as modified by this Amendment, remains in full force and effect.

11. Counterparts; Delivery. This Amendment may be executed in counterparts, each which shall be deemed an original and all of which shall constitute a single instrument. Signed copies of this Amendment delivered by facsimile or electronically in PDF (or similar format) shall be deemed the same as originals.

Executed in Chatsworth, California as of the date first written above.

**“HDO”:**

Brilliant Corners,  
a California nonprofit corporation

**“Center”:**

North Los Angeles County Regional Center, Inc.,  
a California nonprofit corporation

By: \_\_\_\_\_  
William F. Pickel, Chief Executive Officer

By: \_\_\_\_\_  
Ruth Janka, Executive Director

Exhibits: Payment Agreement (Exhibit “1” to the Third Amendment)



**EXHIBIT “1” to  
THIRD AMENDMENT TO  
CPP HOUSING AGREEMENT  
Brilliant Corners  
Vendor Number PL1864, Service Code 999  
(35158 Wyse Road, Agua Dulce, CA – NLACRC-1920-9 / NLACRC-2021-1)**

<b>PAYMENT AGREEMENT</b>
AVAILABLE CPP ACQUISITION AND RENOVATION FUNDS

<b>Development: EBSH (4-bed)</b>	<b>FY 2019-20 (NLACRC-1920-9)</b>	<b>FY 2020-21 (NLACRC-2021-1)</b>	<b>Total Approved</b>
<b>Maximum Acquisition Amount</b>	\$221,800.00 <i>(previously disbursed)</i>	n/a	\$221,800.00 <i>(previously disbursed)</i>
<b>Maximum Renovation Amount</b>	\$187,000.00 (\$178,200.00 <i>previously disbursed</i> )	\$635,303.00 (\$458,991.00 <i>previously disbursed</i> )	\$822,303.00 (\$637,191.00 <i>previously disbursed</i> )
<b>Total by FY</b>	\$408,800.00 (\$400,000 <i>previously disbursed</i> )	\$635,303.00 (\$458,991.00 <i>previously disbursed</i> )	\$1,044,103.00 (\$858,991.00 <i>previously disbursed</i> )

This Payment Agreement, dated for reference purposes as of March 3, 2022, is entered into by and between North Los Angeles County Regional Center, Inc., a California nonprofit corporation (“**Center**” or “**NLACRC**”), and Brilliant Corners, a California nonprofit corporation (“**HDO**”), in accordance with the following facts:

- A. Center and HDO have entered into a CPP Housing Agreement dated June 1, 2020, as amended by a First Amendment to CPP Housing Agreement dated April 23, 2021 and a Second Amendment to CPP Housing Agreement dated September 17, 2021 (collectively, the “**Agreement**”), by which HDO is developing one EBSH to provide services to various Consumers within Center’s catchment area. This Payment Agreement describes the process by which Center will fund the cost of renovations to the Residence.
- B. On September 2, 2021, DDS provided Center written approval for an additional \$31,350 in Regular CPP Renovation Start-Up funds appropriated in FY 2020-2021 (the “**FY2021 Funds**”). As a result of such approvals, the revised total amount of CPP Funds is \$1,022,103, which consists of (i) \$221,800 in acquisition funding (which has already been expended) and (ii) \$800,303 in renovation funding (\$178,200 of which has already been expended).
- C. As a result of the September 2, 2021 DDS approval for an additional \$31,350 in FY2021 Funds, the Second Milestone has been increased by \$10,345 to \$217,965, the Third Milestone has been increased by \$10,346 to \$241,026, and the Fourth Milestone has been increased by \$10,659 to \$163,112.

D. On November 12, 2021, DDS provided Center written approval for an additional \$8,800 in Regular CPP Renovation Start-Up funds appropriated in FY 2019-2020 (the “**FY2020 Funds**”). On January 10, 2022, DDS provided Center written approval for an additional \$13,200 in Regular CPP Renovation Start-Up funds appropriated in FY 2020-2021 (the “**FY2021 Funds**”). As a result of such approvals, the revised total amount of CPP Funds is \$1,044,103, which consists of (i) \$221,800 in acquisition funding (which has already been expended) and (ii) \$822,303 in renovation funding (\$637,191.00 of which has already been expended).

E. As a result of the November 12, 2021 and January 10, 2022 DDS approvals for an additional \$8,800 in FY2020 Funds and an additional \$13,200 in FY2021 Funds, the Fourth Milestone has been increased by \$22,000 to \$185,112.

NOW, THEREFORE, based on the facts set forth above, CENTER and HDO agree as follows:

1. Renovation Maximum Available Funding. Center will make the following funds available to HDO to construct Improvements to the Residence: (i) the sum of \$187,000 from FY 2019-2020 (\$178,200 of which has already been expended) and (ii) the sum of \$635,303 from FY 2020-2021, subject to the terms of the Agreement and this Payment Agreement.
2. Renovation Performance Milestones. Center shall compensate HDO for its out-of-pocket renovation costs, subject to its achievement and timely implementation of the four performance milestones described in the Agreement. HDO must complete all such activities by not later than **March 31, 2022**. Further, HDO must claim all FY2020 Funds by **March 31, 2022**, and all FY2021 Funds by **March 31, 2022**:

No.	Brief Description of <u>Renovation Performance Milestones</u>	The Amount indicated shall be paid upon:	Approximate % of Renovation Funding	Amount of funds allocated for <u>renovation</u> of the EBSH and payable to HDO upon its completion of each Performance Milestone. Up to:	
				<u>FY2020</u> Funds Subcode:	<u>FY2021</u> Funds Subcode:
1	Close of Escrow	Center’s satisfaction that HDO completed the First Milestone (such as providing a copy of the recorded Grant Deed).	22.0%	\$178,200.00 <i>(previously disbursed)</i>	\$00.00
2	Start of Construction	Center’s satisfaction that HDO completed the Second Milestone. (\$207,620 + \$10,345)	26.9%	\$00.00	\$217,965.00

3	Construction Partly Completed	Center's satisfaction that HDO completed the Third Milestone. (\$230,680 + \$10,346)	29.8%	\$00.00	\$241,026.00
4	Construction Fully Completed	Center's satisfaction that HDO completed the Fourth Milestone. (\$8,800; \$152,453 + \$10,659 + \$13,200)	21.3%	\$8,800.00	\$176,312.00
<b>Subtotal per Source of funding:</b>			100%	\$187,000.00 (\$178,200.00 <i>previously disbursed</i> )	\$635,303.00 (\$458,991.00 <i>previously disbursed</i> )
<b>MAXIMUM RENOVATION AMOUNT ALLOCATED:</b>			100%	\$822,303.00	

3. Disbursement and Repayment. Center reserves the right to withhold all or part of any payment on invoices submitted until it receives acceptable documentation. Further, within 30 days after its commencement of continuing care services, HDO shall provide all remaining invoices and other evidence all of its out-of-pocket renovation costs to Center. If HDO's total actual out of pocket renovation costs are less than the amount of CPP Funds that Center disbursed to HDO for renovation purposes, HDO shall immediately repay any excess CPP Funds to Center within ten (10) business days of demand.
4. Termination. This Payment Agreement shall automatically terminate on the termination of the Agreement.
5. Miscellaneous. If any inconsistencies exist between the Agreement and this Payment Agreement, the provisions that most broadly protect Center and the Consumers shall prevail.
6. Counterparts; Delivery. This Payment Agreement may be executed in counterparts, each of which shall be deemed an original and both of which shall constitute a single instrument. Signed copies of this Payment Agreement delivered by facsimile or electronically in PDF (or similar format) shall be deemed the same as originals.

Executed in Chatsworth, California as of the date first set forth above.

**“HDO”:**

Brilliant Corners,  
a California nonprofit corporation

By: \_\_\_\_\_  
William F. Pickel, Chief Executive Officer

**“Center”:**

North Los Angeles County Regional Center, Inc.,  
a California nonprofit corporation

By: \_\_\_\_\_  
Ruth Janka, Executive Director

North Los Angeles County Regional Center  
Executive Director's Report  
March 9, 2022

I. Legislation

ARCA Support and CoSponsor

**SB882 – Eggman** – championing legislation that would create an advisory council, under the Department of Justice, that will evaluate existing training for peace officers specific to interactions between law enforcement and individuals with IDD and individuals with mental health conditions.

ARCA Support

**SB855 – Newman – Childhood Drowning Data Collection Pilot Program**

This bill would establish the Childhood Drowning Data Collection Pilot Program, to collect detailed data on childhood fatal and nonfatal drownings in California, as specified; to submit various reports to the appropriate legislative policy committees, as specified; based on those reports, to develop a California Water Safety Action Plan for Children and a standardized form for counties to use in reporting drownings statistics.

**SB878 – Skinner – School Transportation**

This bill would require the governing board or body of a school district, county office of education, entity providing services under a school transportation joint powers agreement, or regional occupational center or program, beginning in the 2023–24 school year, to offer to transport all pupils to and from their neighborhood school, as defined, except as provided; would authorize the governing board or body of those local educational agencies to receive a state reimbursement for transporting preschool or nursery school pupils if funding for that travel has been appropriated in the annual budget act or another statute for this purpose and would require a school district, county office of education, and other related entities to implement a plan to ensure that all pupils attending the local educational agency are offered free transportation to and from school. Commencing January 1, 2023, the bill would require a pupil attending a public, noncharter school to be offered free transportation to and from their neighborhood school.

**SB912 – Limon – Biomarker Testing**

This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2023, to provide coverage for biomarker testing, including whole genome sequencing, for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's or insured's disease or condition if the test is supported by medical and scientific evidence, as prescribed. This bill would apply these provisions relating to biomarker testing to the Medi-Cal program, including Medi-Cal managed care plans, as specified.

**AB1663 - Maienschein – Conservatorship Reform**

This bill requires the exhaustion of different alternatives prior to the granting of a conservatorship, including the examination of supported decision-making as an alternative. Also defines supported decision-making. Also proposes changes to instances to where the RC can be the designee for DDS. Probably best said to be a work in progress, in part because the bill has gotten a lot of attention from parents of adults with more significant disabilities, where parents believe conservatorship is necessary given their children's disabilities. There are families in strong opposition of this bill.

## **II. State/Local Updates**

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

#### **NCI Staff Stability Survey**

DDS has launched a Direct Service Professional workforce survey to gather reliable data to inform policies, including the rate model implementation. Service providers raised issues of long-term underfunding of the DSP workforce. DDS is using the NCI Staff Stability Survey which has been used in 26 other states for over 5 years. The department will be sending emails to approximately 4,500 providers and the survey will close June 30. NLACRC is supporting this effort!

#### **Rate Implementation**

The department is on track with the provision of rates for providers pursuant to their scheduled dates. Regional centers are receiving the rate information in four batches, with each batch providing rates for a specific group of providers. The first batch of rates were received 2/28/22; the last batch will be received 3/28/22.

#### **Quality Incentives Workgroup**

This workgroup met on 3/1/22; an update will be provided in my next report.

#### **Regional Center Performance Measures Workgroup Meeting**

This group met on 2/17/22 to continue discussions on performance measures. DDS reported reviewing 37 proposed measures and noted that service provider quality incentives will be tied to the development of regional center incentives. Mary Lou Bourne, DDS' consultant, noted that the incentives should encourage a specific level of performance beyond requirements, encourage improvement above minimum standards, set goals and incentivize progress and encourage statewide participation. Comments regarding the incentives included focusing on those things that are important to the people we serve, support regional centers to succeed and not create competition amongst centers, and incentivize culturally competent support. Next steps including determining a methodology for payments, measures for short and long term use by regional centers and associated incentives. The next meeting is 3/17/22 at 1:00 p.m.

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

#### **Comment on the Governor's Proposed Budget for FY22-23**

ARCA had developed positions on the proposed budget and has formally submitted comments to Sen. Eggman and Asm. Arambula in support for many of the initiatives in the budget such as new employment service models to support consumers moving from Work Activity Programs to competitive employment, communication assessments for those who are deaf or hard of hearing, special education specialist positions to support Early Start-to-school transitions, investments in direct support professionals, rate model implementation, the Regional Center Performance Incentive Program, reduced caseload ratio for children 0 – 5 years, and promotes the opportunity to correct the structural problem in the annual budgeting formula known as the Core Staffing Formula which has underfunded growth due to underlying fiscal assumptions that have not been updated in years.

#### **ARCA Public Webinar – Regional Center Intake Process**

ARCA will conduct its second public webinar on Thursday, **March 10<sup>th</sup>** from **3:00 to 4:00 p.m.** on the regional center intake process, for both Early Start and Lanterman Act services. The event is open to all, registration is required, and both Spanish and American Sign Language interpretation will be available.

#### **Elimination of Annual Family Program Fee and Family Cost Participation Program**

ARCA is actively seeking a legislative sponsor for this legislative ask as regional centers have seen families decline or postpone services for children in response to these fees.

#### **Rate Model Acceleration**

In ARCA's letter to Sen. Eggman and Asm. Arambula, ARCA further supported the Lanterman Coalition's recommend request to accelerate the rate adjustments, including modifying the date for the next rate increase from July 1, 2023 to

July 1, 2022. Accelerating the provision of this funding to service providers will help stabilize the direct service professional workforce and support recruitment of staff.

### **Increase Access to Dental Care for Individuals with Special Health Care Needs**

The California Dental Association is seeking a \$50M grant to fund construction, expansion, modification or adaptation of dental surgical clinics or specialty dental clinics in California to increase access to oral health care for specialty populations, which includes children and adults who have disabilities that prevent them from receiving routine or specialty care.

### **State Council on Developmental Disabilities (SCDD)**

- **AB1663 (Mainschein) Probate Conservatorship Reform**  
SCDD co-sponsored this legislation and is preparing for the first policy committee hearing in March or April.
- **Fair Hearing Reform**  
SCDD is actively working to find a legislator to champion proposed legislation directed toward reforming the current regional center fair hearing process.
- **National Core Indicator Survey Cycle** – SCDD has been administering the Adult Family Survey, Family Guardian Survey, and the Child Family Survey; surveys are conducted through interviews and surveys mailed to the homes of families for the parent/guardian to complete. Survey cycle closes this summer.

### **COVID**

#### **1. Statistics**

- **LA County Public Health COVID Update** as of Sunday, March 1, 2022 <http://publichealth.lacounty.gov>  
Current Hospitalizations: 927  
*Positivity Rate: 1.2 % (seven day rolling average)*

#### **2. Masking Requirement Adjusted**

California Department of Public Health updated the masking guidance in response to improving conditions. Los Angeles County Public Health aligned with the state to make school masking *strongly recommended indoors* at both K-12 schools and childcare sites **beginning March 12**. School districts may continue to require masking at schools and during school activities as they consider the appropriate safety protections for their school community.

#### **3. Booster Vaccine Mandate**

This mandate went into effect March 1<sup>st</sup> and applies to regional center employees and service providers. For those who are not yet booster-eligible, weekly COVID testing is required until eligible and booster must be received within 15 days of date of eligibility for the vaccine.

#### **4. Personal Protective Equipment**

NLACRC has received 51 pallets of PPE to distribute to providers, including masks, gloves, gowns and hand sanitizer. Our Community Services Department is coordinating dissemination to service providers.

#### **5. DDS Directive 02-24-2022 Extends Former Directives**

Extends expiration dates of former directives to various dates from 03/26/22 to 04/19/22 – See directive as expiration dates vary. Waivers address additional PDS, Extension of Early Start Services, Waiver of Half Day Billing Requirements and Waiver of SDP Budget Restrictions for FMS. This directive is posted on the Center's website.

## Non-COVID Related

### 1. Strategic Planning

The Center, via consulting firm Kinetic Flow, has received 1,085 responses to the strategic thinking survey to inform the Center's strategic plan. A virtual strategic planning retreat is scheduled for March 11<sup>th</sup> and 12<sup>th</sup>, where the members of the Strategic Planning Committee, Board of Trustees and staff will review the survey results in all respective areas, the board's priorities and establish the Center's values, vision, mission and priorities for NLACRC's next strategic plan.

### 2. FY21-22 Service Access and Equity Grants

The following entities received grant funding to further service access and equity in various communities; the projects listed below will service individuals in NLACRC's catchment. The awardees are:

- NLACRC - \$90,000 – Workforce and Employment Project
- Disability Voices United - \$150,000 – Statewide Emerging Leaders Program
- Season Goodpasture/California Tribal Families Coalition - \$250,000 – Tribal Child Welfare
- So'oh Shinali Sister Project - \$100,000 – Indigenous Lens to Disability Project
- Autism Society Los Angeles - \$175,000 – SDP Cross Cultural IF Mentor Training Program
- CA Hands and Voices - \$99,500 – Service Access and Equity for Children who are Deaf+
- USC Center for Excellence in Developmental Disabilities at Children's Hospital Los Angeles - \$150,000 – Technical Assistance and Peer Mentorship Infrastructure/Parent Run Community Based Organizations
- Children's Hospital Los Angeles - \$450,000 – Parent Navigator Program (Pediatric Clinics)
- Korean American Special Education Center - \$140,000 – Early Intervention Outreach and Developmental Screening Program

NLACRC's Grassroots Community Outreach and Engagement Project was denied. Awardees may not begin their grant work until an executed grant agreement is received.

### 3. Diversity, Equity and Inclusion Initiative

The Diversity, Equity, Inclusion and Belonging Policy Steering Committee met on February 24<sup>th</sup> to review a proposed committee charter, mission, vision and values. The committee also reviewed the elements of a DEIB policy, as well as sample policies. Small break out groups were convened to discuss policy elements that are valued. The committee will reconvene, and work via email on policy development, with the goal of completing the draft policy by April 30, for review by Executive Committee at the May 25 meeting and presentation to the board in June.

The next training for staff and the board will be regarding microaggressions and implicit bias – tentative dates for the Center's staff are being held between March 22<sup>nd</sup> and March 30<sup>th</sup>, though department approval must be obtained prior to conducting the training in order to meet the contractual requirement in this area. Alternate training dates for April are being identified, in case needed. Inclusion Counts, the Center's DEIB consultant, is finalizing the content; upon receipt, it will be submitted to DDS for approval.

### 4. California State Auditor's Office

The CA State Auditor's Office is in the fieldwork stage of their audit, which is expected to last through March. They are engaged in multiple audits simultaneously and thus, their work with NLACRC will be sporadic. They have commented that NLACRC staff have been very helpful and responsive, in providing documentation and participating in meetings. Their most recent inquiry has been a review of our fair hearing data from FY18-19 to present, by consumer, appeal type, the date the NOA was mailed, and the state hearing decision.

### 5. Staffing

As of February 28, the Center has 677 authorized positions and 604 filled, 28 vacant Consumer Service Coordinator positions (including Bilingual, On Duty Specialists, Floater Specialists, Participant Choice Specialists and Enhanced

Caseload Specialists) and 49 non-case management positions open. NLACRC **onboarded 10 new staff in February** (3 Consumer Service Coordinators-Bilingual, 3 Consumer Services Coordinators, 2 Accountants, Contract & Compliance Specialist, and Intake Associate. 7 separations in February. **Current projection for March hires is 13**, positions hired as follows: 3 Consumer Services Coordinators-Bilingual, 6 Consumer Services Coordinators, Service Coordinator Specialist-OD, Administrative Assistant, Jr. Accountant, and an Office Assistant II-Bilingual. The Center has four applicants for **Chief Human Resources Officers**, three have completed the written assessment, one panel interview completed, two panel interviews are scheduled.

## 6. Community Engagement

### **Purchase of Service Expenditure Data Meetings**

Public meetings to review the Center's Purchase of Service Expenditure Data and seek recommendations for increasing service access and equity are scheduled for Thursday, **03/10/22 at 12:00 p.m.** and Tuesday, **03/15/22 at 7:00 p.m. (presented in Spanish).**

### **Job Fairs**

NLACRC Human Resources staff will be participating in the "Loud and Proud Event" in the Antelope Valley on Saturday, March 5<sup>th</sup> at the Elks Lodge, 240 East Avenue K, Lancaster, Diversity Employment Day on March 9<sup>th</sup>, and the College of the Canyons Career Fair in the Santa Clarita Valley on Friday, March 11<sup>th</sup>.

### **Super Fest**

Saturday, February 12, 2022 – Dr. Weller and I volunteered at Super Fest Southern California Football and Cheer Camp for All Abilities, an event sponsored by the Matthew Foundation. It was an inclusive event facilitated by the LA Rams, where the Rams and Bengal cheerleaders conducted the cheerleading clinic and NFL Rams staff participated in conducting the football clinic. Sponsors included our community partner Integrated Community Collaborative (ICC) and Disability Rights Legal Center (DRLC). We were able to connect with the Executive Director of DRLC who has expressed interest on behalf of DRLC in doing potential advocacy work in our service system, including reviewing IHSS.

### **Town Halls**

On Thursday, February 17, 2022, Dr. Reina Factor from UCLA presented "Social emotional development in children with Autism Spectrum Disorder, particularly how peers, parents, and family impact neurodiverse children". **6 attendees** for this event. The March Town Hall is scheduled for 03/17/22 1:30 – 3:00 pm; topic to be determined.

### **Upcoming Support and Consumer Advocacy Group Meetings** include:

Cafecito Entre Nos (03/10/22 @ 11:00 a.m.), Filipino Support Group (03/21/22 @ 6:30 p.m.), Self-Advocacy Group Meeting (03/15/22 @ 10:45 a.m.), Parents of Adult Consumers Support Group (03/23/22 @ 6:30 p.m.), and Cultivar y Crecer (03/25/22 @ 6:30 p.m.) Alianza de Hombres (03/08/22 @ 7:00 p.m.). Additionally, the **Family Focus Resource Center** coordinates several support groups including "Black & African American Family Focus Support Group", "Men's Roundtable" and the "Parent Check-In and Chat" (as well as some of the groups noted above). Please see **NLACRC's Calendar of Events**, which includes a **link** for the **Family Focus Resource Center**, for information regarding more support groups, training opportunities, dates, times and links.

## 7. Upcoming Educational Training Opportunities

**Family Focus Resource Center** is presenting "Generic Services - Supplemental Security Income Part 2" on 03/08/22, "Taxes, IHSS and Retirement" on 03/11/22, "Servicios de Apoyo en El Hogar IHSS: Parte 1" (presented in Spanish) on 03/25/22 @ 10:00 a.m. and "IPP Parte 2" @ 6:30 p.m. Additional training and support groups are offered as well! Please see **NLACRC's Calendar of Events**, which includes a **link** for the **Family Focus Resource Center**, for information regarding dates, times and links for these trainings and more.



8. **Quality Assurance**

For the month of February, Community Services conducted 48 residential visits, 24 unannounced visits (Community Care Facilities (CCF), Intermediate Care Facilities (ICFs), and Family Home Agencies); 16 Annual Reviews, and 8 "other" in-person and virtual meetings. There were no Corrective Action Plans were issued in February.

9. **Consumer Statistics**

As of February 28, the Center served 30,537 consumers and applicants, including 4,491 (increase of 71 over last month) in Early Start and 24,576 (increase of 112) in the Lanterman program. The Center's San Fernando Valley Office serves (Lanterman and Early Start) a total of 18,244 individuals, Antelope Valley serves 7,334 and the Santa Clarita Office serves 3,489.

Residential and Day Program Quality Assurance Monitoring Activities  
January 2022 - December 2022

Month	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Totals
# of Res'l & Day QA Staff	7	8											
# Annual Facility Monitoring Visits	10	16											26
# Unannounced Visits	11	24											35
# Corrective Action Plans Issued	0	0											0
*Substantial Inadequacies Cited:													
1.Threat to Health or Safety													
2.Provision of fewer staff hours than req'd													
3.Violations of Rights													
4.Failure to implement consumer's IPP													
5.Failure to comply with Admission Agreement													
6.Deficiencies handling consumers' cash resources													
7.Failure to comply with staff training reqs													
8.L4 fails to use methods per program design													
9.L4 fails to measure consumer progress													
10.Failure to take action per CAP													
11.Failure to use rate increase for purposes authorized													
12.Failure to ensure staff completes DSP requirements.													
13.Failure to submit Special Incident Report													
*per Title 17 §56054(a)	0	0											

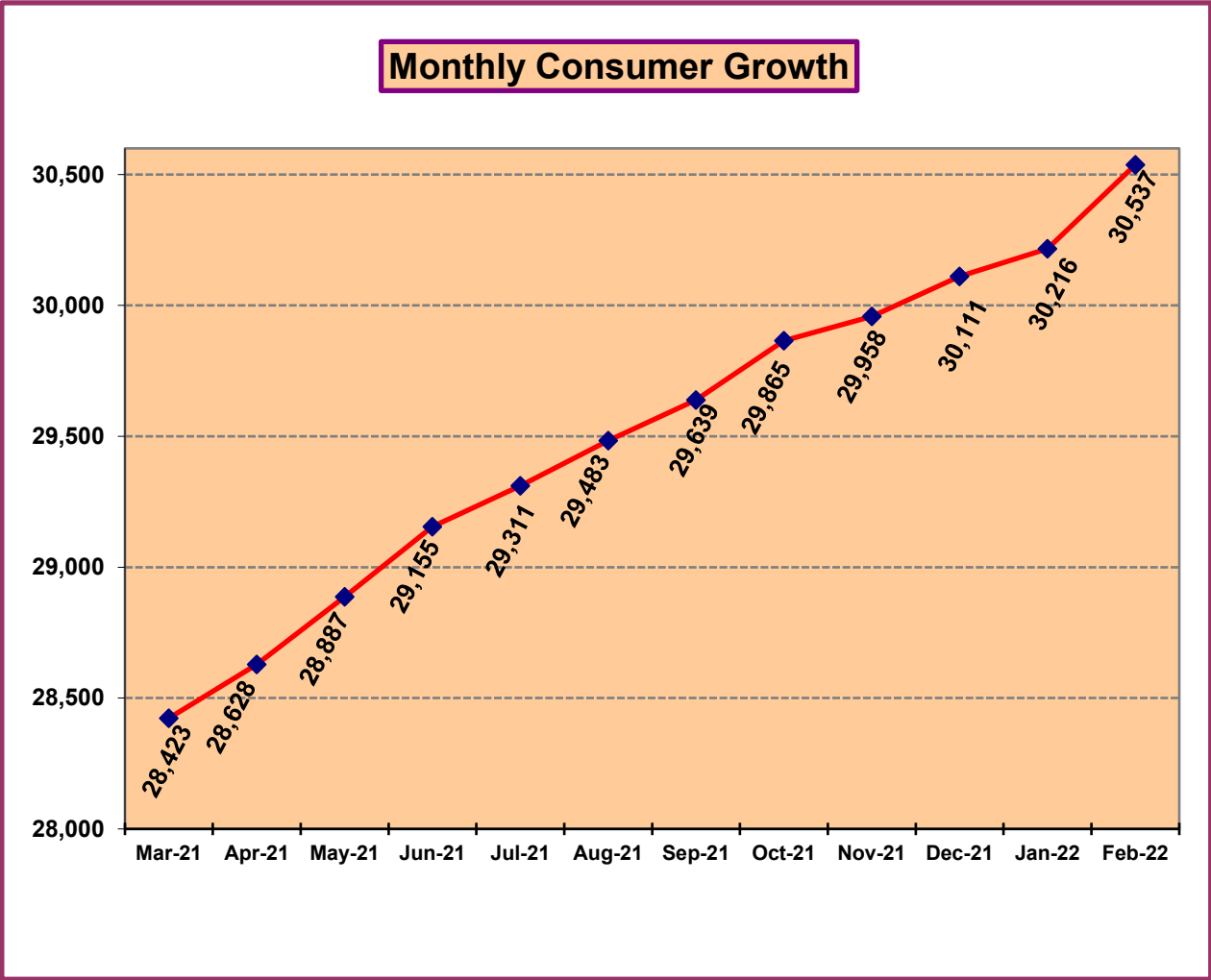
**NORTH LOS ANGELES COUNTY REGIONAL CENTER  
MONTHLY STATISTICS RECAP  
As of February 2022**

	March 2021 Total	February 2022 Total	Increase/ Decrease	% Change
<b>ALL VALLEYS</b>				
Total Non-Early Start	23,747	24,576	829	3.49%
Total Early Start	3,887	4,491	604	15.54%
Unit Supervisor Cases (*)	69	141	72	104.35%
Self Determination Specialist (*)	40	63	23	57.50%
Prenatal Services	0	0	0	#DIV/0!
Provisional Eligibility	0	285	285	#DIV/0!
Development Center	15	14	-1	-6.67%
Enhanced Case Mgmt	29	37	8	27.59%
Specialized 1:25 Caseloads	3	22	19	633.33%
Pending Transfer	49	112	63	128.57%
Intake Services	584	796	212	36.30%
<b>TOTAL ALL VALLEYS</b>	<b>28,423</b>	<b>30,537</b>	<b>2,114</b>	<b>7.44%</b>
<b>SAN FERNANDO VALLEY</b>				
Adult Services	6,154	6,253	99	1.61%
Adult Unit Supervisor (*)	6	18	12	200.00%
Transition Services	2,919	3,166	247	8.46%
Transition Unit Supervisor (*)	22	28	6	27.27%
School Age Services	5,840	5,880	40	0.68%
School Age Unit Supervisor (*)	18	55	37	205.56%
Early Start Services	2,517	2,945	428	17.00%
Early Start Unit Supervisor (*)	0	5	5	#DIV/0!
Early Start Intake Unit Supervisor (*)	0	0	0	#DIV/0!
Prenatal Services	0	0	0	#DIV/0!
Provisional Eligibility	0	285	285	#DIV/0!
Development Center	15	14	-1	-6.67%
Enhanced Case Mgmt	29	37	8	27.59%
Specialized 1:25 Caseloads	3	22	19	633.33%
Pending Transfer	49	112	63	128.57%
Intake Services	344	571	227	65.99%
Self Determination Specialist (*)	19	30	11	57.89%
<b>TOTAL</b>	<b>17,935</b>	<b>19,421</b>	<b>1,486</b>	<b>8.29%</b>
<b>ANTELOPE VALLEY</b>				
Self Determination Specialist (*)	7	19	12	171.43%
Adult Services	2,302	2,447	145	6.30%
Adult Unit Supervisor (*)	2	9	7	350.00%
Transition Unit	1,763	1,947	184	10.44%
Transition Unit Supervisor (*)	6	6	0	0.00%
School Age Services	2,044	2,052	8	0.39%
School Age Unit Supervisor (*)	15	11	-4	-26.67%
Early Start Unit Supervisor (*)	0	9	9	#DIV/0!
Early Start Services	845	888	43	5.09%
Intake Services	240	225	-15	-6.25%
<b>TOTAL</b>	<b>7,224</b>	<b>7,559</b>	<b>377</b>	<b>5.22%</b>
<b>SANTA CLARITA VALLEY</b>				
Self Determination Specialist (*)	14	14	0	0.00%
Adult Services	889	951	62	6.97%
Transition Services	618	627	9	1.46%
School Age Services	1,218	1,253	35	2.87%
Early Start Services	525	658	133	25.33%
<b>TOTAL</b>	<b>3,250</b>	<b>3,489</b>	<b>239</b>	<b>7.35%</b>

\* Numbers not part of ratio count, but counted on Total All Valleys

# NLACRC TOTAL (ALL SERVICES) MONTHLY CONSUMER GROWTH ALL VALLEYS

Month	Consumers	Growth	% Change
Mar-21	28,423	205	0.72%
Apr-21	28,628	259	0.90%
May-21	28,887	268	0.93%
Jun-21	29,155	156	0.54%
Jul-21	29,311	172	0.59%
Aug-21	29,483	156	0.53%
Sep-21	29,639	226	0.76%
Oct-21	29,865	93	0.31%
Nov-21	29,958	153	0.51%
Dec-21	30,111	105	0.35%
Jan-22	30,216	321	1.06%
Feb-22	30,537		
<b>Total</b>		<b>2,114</b>	
<b>Average</b>		<b>192</b>	
<b>Percent Chg</b>		<b>7.44%</b>	



**February 2022 CSC Caseload Ratio**

San Fernando Valley								
Adult Services	Consumers	Ser. Coor.	Case Ratio	Opening	Hold	Floater	OD	Assoc.
Adult Unit I	1,066	13	82.0					
Adult Unit II	1,023	12	85.3			1		
Adult Unit III	10							
Adult Unit IV	1,089	13	83.8					
Adult Unit V	1,034	12	86.2				2	
Adult Unit VI	1,013	12	84.4					
Adult Unit VII	1018	10	101.8	2				
Adult Unit Supervisor*	18							
<b>Total</b>	<b>6,253</b>	<b>72</b>	<b>86.8</b>	<b>2</b>		<b>1</b>	<b>2</b>	
Transition Services	Consumers	Ser. Coor.	Case Ratio	Opening	Hold	Floater	OD	Assoc.
Transition Unit I	997	11	90.6			1		
Transition Unit II	1,007	11	91.5				1	
Transition Unit III	1,162	13	89.4					
Transition Unit Supervisor*	28							
<b>Total</b>	<b>3,166</b>	<b>35</b>	<b>90.5</b>			<b>1</b>	<b>1</b>	
School Age Services	Consumers	Ser. Coor.	Case Ratio	Opening	Hold	Floater	OD	Assoc.
School Age III	1,101	12	91.8					
School Age IV	1,070	12	89.2				1	
School Age V	1,044	10	104.4	2				
School Age VI	1,049	12	87.4					
School Age VII	929	12	77.4					
School Age VIII	687	9	76.3	1				
School Age Unit Supervisor*	55							
<b>Total</b>	<b>5,880</b>	<b>67</b>	<b>87.8</b>	<b>3</b>			<b>1</b>	
Early Start Services	Consumers	Ser. Coor.	Case Ratio	Opening	Hold	Floater	OD	Assoc.
Early Start 1 (Status 1 & 2)	664							
Early Start 1 Intake	112							
<b>Early Start 1 Total</b>	<b>776</b>	<b>11</b>	<b>70.5</b>	<b>1</b>				<b>3</b>
Early Start 2 (Status 1 & 2)	666							
Early Start 2 Intake	89							
<b>Early Start 2 Total</b>	<b>755</b>	<b>11</b>	<b>68.6</b>	<b>1</b>				
Early Start 3 (Status 1 & 2)	598							
Early Start 3 Intake	110							
<b>Early Start 3 Total</b>	<b>708</b>	<b>11</b>	<b>64.4</b>					
Early Start 4 (Status 1 & 2)	599							
Early Start 4 Intake	107							
<b>Early Start 4 Total</b>	<b>706</b>	<b>10</b>	<b>70.6</b>	<b>1</b>				
Status 1 Over 36 mo.	40							
Early Start Unit Supervisor*	5							
Early Start Intake Unit Supervisor*								
<b>Total</b>	<b>2,945</b>	<b>43</b>	<b>68.5</b>	<b>3</b>				<b>3</b>
<b>Total Non-Early Start</b>	<b>15,299</b>	<b>174</b>	<b>87.9</b>	<b>5</b>		<b>2</b>	<b>4</b>	
<b>Total Early Start</b>	<b>2,945</b>	<b>43</b>	<b>68.5</b>	<b>3</b>				<b>3</b>
<b>Total</b>	<b>18,244</b>	<b>217</b>	<b>84.1</b>	<b>8</b>		<b>2</b>	<b>4</b>	
SFV Self Determination Specialist*	30	1	30.0	1				
<b>Intake Services</b>	<b>571</b>	<b>6</b>	<b>95.2</b>					<b>2</b>
Antelope Valley								
AV Self Determination Specialist*	19	1						
Adult Unit I	1,009	11	91.7					
Adult Unit II	1,043	11	94.8	1				
Adult Unit III	395	4	98.8	1				
<b>Total</b>	<b>2,447</b>	<b>26</b>	<b>94.1</b>	<b>2</b>				
AV Adult Unit Supervisor*	9							
Transition Unit I	1,099	12	91.6	1				
Transition Unit II	848	9	94.2	1				
<b>Total</b>	<b>1,947</b>	<b>21</b>	<b>92.7</b>	<b>2</b>				
AV Transition Supervisor*	6							
School Age I	874	11	79.5					
School Age II	982	11	89.3	1			2	
School Age III	196	2	98.0			2		
<b>Total</b>	<b>2,052</b>	<b>24</b>	<b>85.5</b>	<b>1</b>		<b>2</b>	<b>2</b>	
AV School Age Supervisor*	11							
AV Early Start 1 (Status 1 & 2)	595							
AV Early Start 1 Intake	152							
<b>AV Early Start 1 Total</b>	<b>747</b>	<b>10</b>	<b>74.7</b>	<b>1</b>				
AV Early Start 2 (Status 1 & 2)	100							
AV Early Start 2 Intake	41							
<b>AV Early Start 2 Total</b>	<b>141</b>	<b>2</b>	<b>70.5</b>	<b>2</b>				
Status 1 Over 36 mo.	19							
Early Start Unit Supervisor*	9							
Early Start Intake Unit Supervisor*								
<b>Total</b>	<b>6,446</b>	<b>71</b>	<b>90.8</b>	<b>5</b>		<b>2</b>	<b>2</b>	
<b>Total Early Start</b>	<b>888</b>	<b>12</b>	<b>74.0</b>	<b>3</b>				
<b>Total</b>	<b>7,334</b>	<b>83</b>	<b>88.4</b>	<b>8</b>		<b>2</b>	<b>2</b>	
<b>Intake Services</b>	<b>225</b>	<b>4</b>	<b>56.3</b>					<b>1</b>
Santa Clarita Valley								
SCV Self Determination Specialist*	14	1						
Adult Unit	951	11	86.5				1	
Transition Unit I	166	2	83.0					
Transition Unit II	461	5	92.2					
<b>Total</b>	<b>627</b>	<b>7</b>	<b>89.6</b>					
School Age Unit I	944	11	85.8					
School Age Unit II	309	3	103.0	1				
<b>Total</b>	<b>1,253</b>	<b>14</b>	<b>89.5</b>	<b>1</b>				
Early Start (status 1 & 2)	564							
Early Start Intake	94							
<b>Early Start Total</b>	<b>658</b>	<b>10</b>	<b>65.8</b>	<b>1</b>		<b>1</b>		
Status 1 Over 36 mo.	5							
<b>Total</b>	<b>2,831</b>	<b>32</b>	<b>88.5</b>	<b>1</b>			<b>1</b>	
<b>Total Early Start</b>	<b>658</b>	<b>10</b>	<b>65.8</b>	<b>1</b>		<b>1</b>		
<b>Total</b>	<b>3,489</b>	<b>42</b>	<b>83.1</b>	<b>2</b>		<b>1</b>	<b>1</b>	

February 2022 CSC Caseload Ratio									
All Valleys	Consumers	Ser. Coord.	Case Ratio	Opening	Hold	Floater	OD	Assoc.	
Total Non-Early Start	24,576	277	88.7	11		4	7		
Total Early Start	4,491	65	69.1	7		1			3
Total Early Start (Status 1 & 2)	3,795								
Total Early Start Intake	705								
*Self Determination Specialist	63	3		1					
*Total Non Early Start Supervisor	127								
*Total Early Start Supervisor Status 1&2	14								
*Total Early Start Supervisor Intake									
Total Status 1 Over 36 mo.	64								
Sub-total	29,067	345	84.3	19		5	7		
Intake Services	796	10	79.6						3
Prenatal Services									
Provisional Eligibility	285	4	71.3	1		1			
Enhanced Caseloads				6					
Development Center	14								
Enhanced Case Management	37	1							
Specialized 1:25 Caseloads	22	2		1					
Pending Transfer	112								
Shared-in	5								
Shared-out	26								
Medicaid Waiver	10,118								
Total	30,537	362	84.4	27		6	7		6
	Total =	402	376						
* Numbers not part of ratio count, but counted on Total Summary section									



# North Los Angeles County Regional Center

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## Self Determination Program Report - Implementation Updates

March 1, 2022

### North Los Angeles County Regional Center Statistics

Participants have completed Orientation: **424** (260 since it opened to everyone)

Total number of budgets that are certified: **109**

Total number of budgets that are in the certification process: **13**

Total number of spending plans that are approved: **92**

Total number of spending plans in progress: **17**

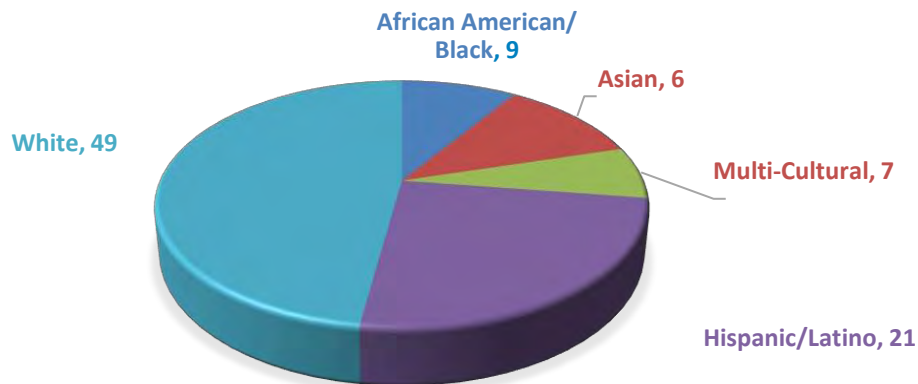
Total number of PCP's completed: **100**

Total number of participants that have opted out of SDP after certification: **1**

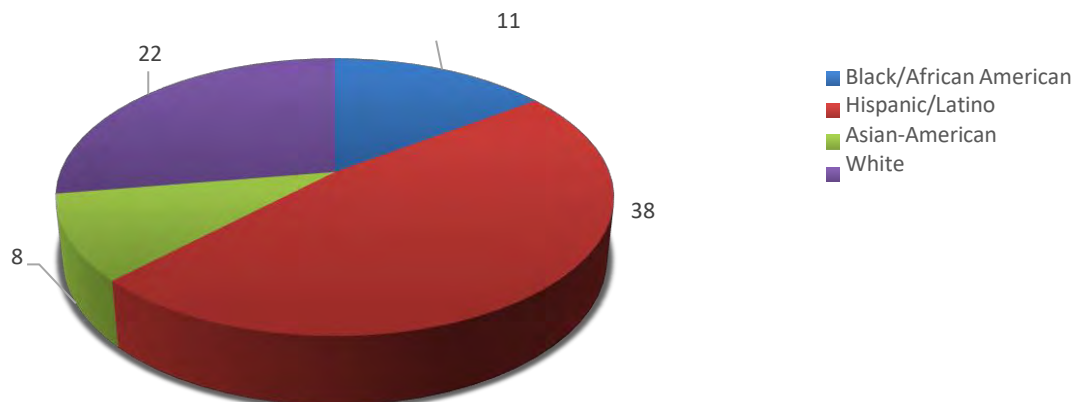
Total number of participants that have opted out of SDP after enrolled: **1** Total

number of participants that have transitioned into SDP: **92**

### PARTICIPANTS WHO HAVE TRANSITIONED - 92



### Participants that opted out -79 selected through lottery





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## *NLACRC Implementation Updates*

- Participant Choice Specialists. NLACRC continues recruitment.
  - NLACRC received funding for two positions and they will be allocated to:
    - Antelope Valley
    - San Fernando Valley
  
- Orientation & Information Meetings continue monthly
  - Orientation Meeting – March 7 (English), March 14 (English), and March 21 (Spanish)
  - Information Meeting – March 7 (English) and March 21 (Spanish) at 3:00PM
  
- NLACRC has the following allocations to support the implementation of SDP:
  - FY 2019/20: 109,258.00
  - FY 2020/21: 149,328.00
  - FY 2021/22: 149,331.00 (new)
  - *Priorities identified:* Recruitment and Training for Independent Facilitators, Joint Training on SDP Principles & Program Logistics, Small Group and Individualized Coaching, SDP Orientation Supports/Workgroups/Resource Fair, and Translation & Interpretation Services.
  
- Funding Allocations: Disability Voices United, Integrated Community Collaborative, Claudia Wenger, and The Legacy Center have executed contracts for SDP implementation, coaching, and resource fairs.
  - Partnership meetings held monthly.
  
- Self Determination Support Group – 1<sup>st</sup> Wednesday of each month
  - Facilitated by Claudia Wenger
  - Next meeting April 6, 2022 – 6:00-7:30PM
  
- SDP Local Volunteer Advisory Committee- March 17, 2022
  - Everyone is welcomed to attend meetings!
  
- SDP Local Volunteer Advisory Committee & Disability Voices United
  - Developing a Committee Center Plan
  - Public Meeting: date to be determined





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*Resources:*

- Disability Voices United – SDP Connect Meetings (Wednesdays at 4:30PM)
- Self Determination Program Service Definitions:  
[https://www.dds.ca.gov/wp-content/uploads/2019/05/SDP\\_Service\\_Definitions.pdf](https://www.dds.ca.gov/wp-content/uploads/2019/05/SDP_Service_Definitions.pdf)

*FMS Providers Serving NLACRC Catchment Area & Languages:*

<b>Available FMS Services</b>	<b>FMS Model</b>	<b>Languages Spoken</b>
Accredited	Bill Payer, Co-Employer	English, Spanish, Russian, Tagalog
Acumen	Bill Payer, Sole Employer	English and Spanish
ARCC Center	Bill Payer, Co-Employer, Sole Employer	English and Spanish
Aveana Support Services	Bill Payer and Co-Employer (with nursing through home health agency only)	English, Spanish, Vietnamese, Cantonese, Mandarin and Trieu Chau
Cambrian	Bill Payer, Sole Employer, Co-Employer	English, Spanish, Vietnamese, Tagalog, Farsi
The Emlyn Group	Bill Payer, Sole Employer and Co-employer	English only
GT Independence	Bill Payer, Sole Employer, Co-Employer	All Languages are supported to assist Individuals in the language of their choice
Mains'l	Bill Payer, Sole Employer, and Co-employer	English Only
Public Partnership LLC	Bill Payer and Sole-Employer	English, Spanish, Mandarin, Cantonese, Tagalog, Vietnamese, Korean
Ritz Vocational Management	Bill Payer and Co-Employment	English, Spanish, Mandarin

**NORTH LOS ANGELES COUNTY REGIONAL CENTER  
FINANCIAL REPORT-MONTHLY RECAP  
FISCAL YEAR 2021-2022  
January 2022**

BUDGET CATEGORY	Projected Annual C-2 Budget	Month Exp	Y-T-D Expenditures	Projected Annual Expenditures	Projected Annual Surplus/(Deficit)	Percent Under(Over) Budget
<b>Operations</b>						
Salaries & Benefits	\$51,712,377	\$3,472,782	\$25,709,609	\$51,712,377	\$0	0.00%
Operating Expenses	\$14,356,724	\$773,741	\$6,587,583	\$14,356,724	\$0	0.00%
Subtotal OPS General	\$66,069,101	\$4,246,524	\$32,297,191	\$66,069,101	\$0	0.00%
Salaries & Benefits - CPP Regular	\$457,650	\$40,574	\$311,499	\$457,650	\$0	0.00%
Operating Expenses - CPP Regular	\$117,700	\$0	\$0	\$117,700	\$0	0.00%
Subtotal OPS CPP Regular	\$575,350	\$40,574	\$311,499	\$575,350	\$0	0.00%
Salaries & Benefits - DC Closure/Ongoing Workload	\$406,980	\$26,836	\$189,755	\$406,980	\$0	0.00%
Operating Expenses - DC Closure/Ongoing Workload	\$15,300	\$0	\$46	\$15,300	\$0	0.00%
Subtotal OPS DC Closure/Ongoing Workload	\$422,280	\$26,836	\$189,801	\$422,280	\$0	0.00%
Family Resource Center (FRC)	\$207,187	\$0	\$0	\$207,187	\$0	0.00%
Self Determination Program (SDP) Participant Supports	\$149,331	\$0	\$0	\$149,331	\$0	0.00%
Subtotal OPS Projects	\$356,518	\$0	\$0	\$356,518	\$0	0.00%
<b>Total Operations:</b>	<b>\$67,423,249</b>	<b>\$4,313,934</b>	<b>\$32,798,491</b>	<b>\$67,423,249</b>	<b>\$0</b>	<b>0.00%</b>
<b>Purchase of Services</b>						
Purchase of Services ("POS") (General)	\$660,355,957	\$47,033,111	\$326,850,889	\$619,679,803	\$40,676,154	6.16%
CPP Regular and DC Closure/Ongoing Workload	\$250,000	\$93,122	\$205,057	\$1,074,401	(\$824,401)	-329.76%
<b>Total Purchase of Services:</b>	<b>\$660,605,957</b>	<b>\$47,126,234</b>	<b>\$327,055,946</b>	<b>\$620,754,204</b>	<b>\$39,851,753</b>	<b>6.03%</b>
<b>Total NLACRC Budget:</b>	<b>\$728,029,206</b>	<b>\$51,440,167</b>	<b>\$359,854,437</b>	<b>\$688,177,453</b>	<b>\$39,851,753</b>	<b>5.47%</b>

North Los Angeles County Regional Center  
 Administrative vs. Direct Allocation Report  
 Consolidated

Fiscal Year 2021-2022 (January 2022 Service Month as of February 17, 2022 State Claim)

Description	Current Month			YTD		
	Administrative Operating Expenses	Direct Operating Expenses	Total Operating Expenses	Administrative Operating Expenses	Direct Operating Expenses	Total Operating Expenses
Salaries & Wages	349,683.01	2,159,594.55	2,509,277.56	2,673,530.50	15,449,179.09	18,122,709.59
Benefits **	87,351.58	685,819.53	773,171.11	726,427.61	5,612,309.1	6,338,736.73
ABX2-1 Salaries & Wages	25,898.55	205,070.85	230,969.40	162,620.20	1,447,462.23	1,610,082.43
ABX2-1 Benefits	2,762.90	24,011.15	26,774.05	23,495.59	115,838.15	139,333.74
<b>Subtotal Salaries &amp; Benefits</b>	<b>465,696.04</b>	<b>3,074,496.08</b>	<b>3,540,192.12</b>	<b>3,586,073.90</b>	<b>22,624,788.59</b>	<b>26,210,862.49</b>
<b>Salaries &amp; Benefits Allocation</b>	<b>13.2%</b>	<b>86.8%</b>	<b>100.0%</b>	<b>13.7%</b>	<b>86.3%</b>	<b>100.0%</b>
Equipment Rental	2,360.90	35,608.61	37,969.51	12,707.95	149,603.62	162,311.57
Equipment Maintenance	7,512.11	Not Allowable	7,512.11	17,929.93	Not Allowable	17,929.93
Facility Rent	34,607.27	375,380.92	409,988.19	267,219.75	2,957,541.55	3,224,761.30
Facility Maintenance-AV	10,367.19	Not Allowable	10,367.19	51,129.96	Not Allowable	51,129.96
Facility Maintenance-Van Nuys	23,118.71	Not Allowable	23,118.71	67,498.82	Not Allowable	67,498.82
Facility Maintenance-SCV	10,852.50	Not Allowable	10,852.50	61,185.36	Not Allowable	61,185.36
Communication	2,692.03	29,016.49	31,708.52	22,414.98	246,674.76	269,089.74
General Office Expenses	2,260.23	24,362.04	26,622.27	7,435.28	87,325.90	94,761.18
Printing	134.46	3,032.95	3,167.41	1,710.07	24,007.15	25,717.22
Insurance	0.00	0.00	0.00	127,948.28	314,095.72	442,044.00
Insurance-Deductible	0.00	0.00	0.00	0.00	0.00	0.00
Utilities-AV	568.31	6,125.58	6,693.89	6,235.85	68,337.89	74,573.74
Data Processing-Payroll Fees	475.00	Not Allowable	475.00	77,810.54	Not Allowable	77,810.54
Data Processing-Outside Svcs	0.00	Not Allowable	0.00	0.00	Not Allowable	0.00
Data Processing-Misc	0.00	Not Allowable	0.00	0.00	Not Allowable	0.00
Data Processing Maint.	11,224.70	Not Allowable	11,224.70	83,691.45	Not Allowable	83,691.45
Interest Expense	0.00	0.00	0.00	42,019.82	0.00	42,019.82
Bank Fees	0.00	0.00	0.00	0.00	0.00	0.00
Bank Fees-PRMT	0.00	0.00	0.00	43,240.38	0.00	43,240.38
Legal Fees	0.00	0.00	0.00	12,295.01	61,137.74	73,432.75
Legal Fees-Insurance Deductible	0.00	0.00	0.00	0.00	0.00	0.00
Brd. of Director Exp.	3,286.49	0.00	3,286.49	26,852.91	0.00	26,852.91
ARCA Dues	0.00	0.00	0.00	0.00	0.00	0.00
Accounting Fees	0.00	0.00	0.00	0.00	0.00	0.00
Equipment Purchases	113.49	1,223.27	1,336.76	38,264.36	412,662.86	450,927.22
Software and Licenses	435.28	4,691.69	5,126.97	31,215.19	344,294.64	375,509.83
Equipment - AV Loan Principle Payments	0.00	0.00	0.00	0.00	86,704.09	86,704.09
Contractor/Consultant	7,994.13	63,814.63	71,808.76	48,316.10	428,458.91	476,775.01
Contr./Consult.: FFRC Library	0.00	0.00	0.00	0.00	0.00	0.00
Contr./Consult.: CPP	0.00	0.00	0.00	0.00	20,775.88	20,775.88
Mileage	984.45	2,430.06	3,414.51	6,198.98	35,949.42	42,148.40
Travel	0.00	0.00	0.00	0.00	2,549.11	2,549.11
General Expenses	(2,612.14)	80,690.93	78,078.79	23,203.90	220,494.28	243,698.18
General Expenses-Remodel AV	0.00	0.00	0.00	0.00	3,501.92	3,501.92
General Expenses-Remodel SCV	0.00	23,020.00	23,020.00	0.00	29,960.00	29,960.00
General Expenses-Remodel SFV	593.38	6,395.82	6,989.20	668.64	7,229.49	7,898.13
ABX2-1 Admin Expenses	980.00	0.00	980.00	9,130.00	0.00	9,130.00
Equity/Disparity Projects	0.00	0.00	0.00	0.00	0.00	0.00
Restricted Project:	0.00	0.00	0.00	0.00	0.00	0.00
Restricted Project:SDP-Participants Support	0.00	0.00	0.00	0.00	0.00	0.00
<b>Subtotal Operating Expenses</b>	<b>117,948.49</b>	<b>655,792.99</b>	<b>773,741.48</b>	<b>1,086,323.51</b>	<b>5,501,304.93</b>	<b>6,587,628.44</b>
<b>Operating Expenses Allocation</b>	<b>15.2%</b>	<b>84.8%</b>	<b>100.0%</b>	<b>16.5%</b>	<b>83.5%</b>	<b>100.0%</b>
<b>Total Salaries &amp; Operating Expenses</b>	<b>583,644.53</b>	<b>3,730,289.07</b>	<b>4,313,933.60</b>	<b>4,672,397.41</b>	<b>28,126,093.52</b>	<b>32,798,490.93</b>
<b>Salaries &amp; Operating Exp. Allocation</b>	<b>13.5%</b>	<b>86.5%</b>	<b>100.0%</b>	<b>14.2%</b>	<b>85.8%</b>	<b>100.0%</b>
Project Funds: Family Resource Center	0.00	0.00	0.00	0.00	0.00	0.00
Income Not from DDS (i.e. Interest)	(9,185.31)	0.00	(9,185.31)	(34,209.70)	0.00	(34,209.70)
<b>Total Expenses Less Other Income</b>	<b>574,459.22</b>	<b>3,730,289.07</b>	<b>4,304,748.29</b>	<b>4,638,187.71</b>	<b>28,126,093.52</b>	<b>32,764,281.23</b>
<b>Total Expenses Admin vs Direct Allocation</b>	<b>13.34%</b>	<b>86.66%</b>	<b>100.00%</b>	<b>14.2%</b>	<b>85.8%</b>	<b>100.00%</b>

**NORTH LOS ANGELES COUNTY REGIONAL CENTER**  
**FISCAL YEAR 2021-2022**  
**January 2022**

<b>TOTAL BUDGET SOURCES</b> Fiscal Year 2021-2022	
Prelim from DDS for OPS	\$51,469,243
C-1 from DDS for OPS, Projects, and CRDP/CPP	\$14,143,635
C-2 from DDS for OPS, Projects, and CRDP/CPP	\$1,648,820
C-3 from DDS for OPS, Projects, and CRDP/CPP	
C-4 from DDS for OPS, Projects, and CRDP/CPP	
C-5 from DDS for OPS, Projects, and CRDP/CPP	
C-6 from DDS for OPS, Projects, and CRDP/CPP	
Prelim from DDS for POS	\$507,005,727
C-1 from DDS for POS and POS-CRDP/CPP	\$144,946,938
C-2 from DDS for POS-CRDP/CPP	\$150,000
C-3 from DDS for POS-CRDP/CPP	
C-4 from DDS for POS-CRDP/CPP	
C-5 from DDS for POS-CRDP/CPP	
C-6 from DDS for POS-CRDP/CPP/HCBSW	
<b>Subtotal - Total Budget received from DDS</b>	<b>\$719,364,363</b>
Projected Revenue	\$161,551
<b>Subtotal - Projected Revenue Operations</b>	<b>\$161,551</b>
Projected ICF/SPA Transportation/Day Program Revenue	\$8,503,295
<b>Subtotal - Projected Revenue Purchase of Services</b>	<b>\$8,503,295</b>
<b>Total Budget</b>	<b>\$728,029,209</b>

<b>OPERATIONS BUDGET SOURCES</b> Fiscal Year 2021-2022	
<b>GENERAL OPERATIONS (Excludes Projects, CPP Regular, CRDP/CPP)</b>	
Preliminary, General Operations (OPS)	51,469,243
C-1, OPS Allocation	13,787,117
C-2, OPS Allocation	651,190
C-3, OPS Allocation	
C-4, OPS Allocation	
C-5, OPS Allocation	
<b>Total General OPS</b>	<b>65,907,550</b>
Projected Interest Income	\$6,701
Projected Other Income	\$24,850
Projected ICF/SPA Admin Fee	\$130,000
Total Other Revenue	161,551
<b>TOTAL GENERAL OPS</b>	<b>66,069,101</b>
Preliminary, Community Resource Development Plan ("CRDP") /Community Placement Plan ("CPP")	\$0
C-1, OPS CRDP/CPP	\$0
C-2, OPS CRDP/CPP	\$575,350
<b>Total CRDP/CPP Regular</b>	<b>\$575,350</b>
Preliminary, Developmental Center ("DC") Closure/Ongoing Workload	\$0
C-1, OPS DC Closure/Ongoing Workload	\$0
C-2, OPS DC Closure/Ongoing Workload	\$422,280
<b>Total CPP DC Closure/Ongoing Workload</b>	<b>\$422,280</b>
Family Resource Center ("FRC")	\$207,187
SDP Participant Supports	\$149,331
<b>Total OPS PROJECTS</b>	<b>\$356,518</b>
<b>Total Operations Budget</b>	<b>\$67,423,249</b>

<b>PURCHASE OF SERVICES (POS) BUDGET SOURCES</b> Fiscal Year 2021-2022	
<b>General POS (Excludes CPP-POS Regular, CRDP/CPP)</b>	
Preliminary, POS	\$507,005,727
C-1, POS Allocation	\$144,846,938
C-2, POS Allocation	\$0
C-3, POS Allocation	\$0
C-4, POS Allocation	\$0
<b>Total General POS Allocation</b>	<b>\$651,852,665</b>
ADD:	
Projected ICF SPA Revenue	\$8,503,295
<b>Total Budget, General POS</b>	<b>\$660,355,960</b>

**NORTH LOS ANGELES COUNTY REGIONAL CENTER  
CONSOLIDATED LINE ITEM REPORT  
FISCAL YEAR 2021-2022  
January 2022**

	Projected Annual C-2 Budget	Net Month	Expended Y-T-D	Projected Remaining Expenses	Proj Annual Expenses	Projected Surplus/ (Deficit)
<b>PURCHASE OF SERVICE</b>						
POS (General)						
3.2 Out of Home	117,296,332	8,663,703	57,638,133	52,433,059	110,071,192	7,225,140
4.3 Day Programs	84,133,792	7,313,010	43,218,291	35,733,085	78,951,376	5,182,416
4.3 Habilitation Programs	4,660,500	237,826	2,088,985	2,284,441	4,373,426	287,074
5.4 Transportation	23,055,011	1,763,111	12,039,132	9,595,752	21,634,884	1,420,127
6.5 Other Services	431,210,322	29,055,461	211,866,348	192,782,577	404,648,925	26,561,397
Total POS (General):	660,355,957	47,033,111	326,850,889	292,828,914	619,679,803	40,676,154
<b>CRDP &amp; CPP</b>						
CRDP & CPP Placements	100,000	92,772	204,707	555,131	1,002,901	(902,901)
CRDP & CPP Assessments	0	350	350	71,150	71,500	(71,500)
CRDP & CPP Start Up	150,000	0	0	0	0	150,000
Deflection CRDP & CPP	0	0	0	0	0	0
Total CRDP & CPP:	250,000	93,122	205,057	626,281	1,074,401	(824,401)
HCBS Compliance Funding	0	0	0	0	0	0
Total HCBS:	0	0	0	0	0	0
<b>Total Purchase of Service:</b>	<b>660,605,957</b>	<b>47,126,234</b>	<b>327,055,946</b>	<b>293,455,195</b>	<b>620,754,204</b>	<b>39,851,753</b>
<b>OPERATIONS</b>						
25010 Salaries/Benefits	49,461,460	3,282,449	24,461,446	25,000,014	49,461,460	0
25010 ABX2-1	3,115,547	257,743	1,749,416	1,366,131	3,115,547	0
<b>Total Salaries/Benefits:</b>	<b>52,577,007</b>	<b>3,540,192</b>	<b>26,210,862</b>	<b>26,366,144</b>	<b>52,577,007</b>	<b>0</b>
<b>OPERATING EXPENSE</b>						
30010 Equipment Rental	449,184	37,970	162,312	286,872	449,184	0
30020 Equipment Maint	87,499	7,512	17,930	69,569	87,499	0
30030 Facility Rent	5,024,907	409,988	3,224,761	1,800,146	5,024,907	0
30040 Facility.Maint. AV	261,820	10,367	51,130	210,690	261,820	0
30041 Facility Maint. SFV	149,087	23,119	67,499	81,588	149,087	0
30042 Facility Maint. SCV	97,220	10,853	61,185	36,035	97,220	0
30050 Communication	819,708	31,709	269,090	550,618	819,708	0
30060 General Office Exp	308,015	26,622	94,761	213,254	308,015	0
30070 Printing	36,302	3,167	25,717	10,585	36,302	0
30080 Insurance	469,879	0	442,044	27,835	469,879	0
30090 Utilities	156,398	6,694	74,574	81,824	156,398	0
30100 Data Processing	157,248	475	77,811	79,437	157,248	0
30110 Data Proc. Maint	305,700	11,225	83,691	222,009	305,700	0
30120 Interest Expense	71,682	0	42,020	29,662	71,682	0
30130 Bank Fees	185,156	0	43,240	141,916	185,156	0
30140 Legal Fees	935,500	0	73,433	862,067	935,500	0
30150 Board of Trustees Exp	101,500	3,286	26,853	74,647	101,500	0
30151 ARCA Dues	109,598	0	0	109,598	109,598	0
30160 Accounting Fees	99,050	0	0	99,050	99,050	0
30170 Equipment Purchases	1,400,283	6,464	913,141	487,142	1,400,283	0
30180 Contr/Consult-Adm	1,319,970	71,809	497,551	822,419	1,319,970	0
30220 Mileage/Travel	232,140	3,415	44,698	187,442	232,140	0
30240 General Expenses	1,570,474	108,088	285,058	1,285,416	1,570,474	0
30240 ABX2-1	141,404	980	9,130	132,274	141,404	0
Total Operating Expenses:	14,489,724	773,741	6,587,628	7,902,096	14,489,724	0
Total Operations:	67,066,731	4,313,934	32,798,491	34,268,240	67,066,731	0
Total Gross Budget :	727,672,688	51,440,167	359,854,437	327,723,435	687,820,935	39,851,753
OPS Projects:	356,518	0	0	356,518	356,518	0
<b>Total Gross Budget with Projects:</b>	<b>728,029,206</b>	<b>51,440,167</b>	<b>359,854,437</b>	<b>328,079,953</b>	<b>688,177,453</b>	<b>39,851,753</b>

**NORTH LOS ANGELES COUNTY REGIONAL CENTER**  
**GENERAL OPERATIONS (OPS) and PURCHASE OF SERVICES (POS) LINE ITEM REPORT**  
**FISCAL YEAR 2021-2022**  
**January 2022**

	Projected Annual C-2 Budget	Net Month	Expended Y-T-D	Projected Remaining Expenses	Projected Annual Expenses	Projected Surplus/(Deficit)
<b>PURCHASE OF SERVICE</b>						
POS (General)						
3.2 Out of Home	117,296,332	8,663,703	57,638,133	52,433,059	110,071,192	7,225,140
4.3 Day Programs	84,133,792	7,313,010	43,218,291	35,733,085	78,951,376	5,182,416
4.3 Habilitation Programs	4,660,500	237,826	2,088,985	2,284,441	4,373,426	287,074
5.4 Transportation	23,055,011	1,763,111	12,039,132	9,595,752	21,634,884	1,420,127
6.5 Other Services	431,210,322	29,055,461	211,866,348	192,782,577	404,648,925	26,561,397
<b>Total POS (General):</b>	<b>660,355,957</b>	<b>47,033,111</b>	<b>326,850,889</b>	<b>292,828,914</b>	<b>619,679,803</b>	<b>40,676,154</b>
<b>OPERATIONS</b>						
25010 Salaries/Benefits	48,596,830	3,215,039	23,960,193	24,636,637	48,596,830	0
25010 ABX2-1	3,115,547	257,743	1,749,416	1,366,131	3,115,547	0
<b>Total Salaries:</b>	<b>51,712,377</b>	<b>3,472,782</b>	<b>25,709,609</b>	<b>26,002,768</b>	<b>51,712,377</b>	<b>0</b>
<b>OPERATING EXPENSE</b>						
30010 Equipment Rental	449,184	37,970	162,312	286,872	449,184	0
30020 Equipment Maint	87,499	7,512	17,930	69,569	87,499	0
30030 Facility Rental	5,024,907	409,988	3,224,761	1,800,146	5,024,907	0
30040 Facility Maint. AV	261,820	10,367	51,130	210,690	261,820	0
30041 Facility Maint. SFV	149,087	23,119	67,499	81,588	149,087	0
30042 Facility Maint. SCV	97,220	10,853	61,185	36,035	97,220	0
30050 Communication	819,708	31,709	269,090	550,618	819,708	0
30060 General Office Exp	308,015	26,622	94,761	213,254	308,015	0
30070 Printing	36,302	3,167	25,717	10,585	36,302	0
30080 Insurance	469,879	0	442,044	27,835	469,879	0
30090 Utilities	156,398	6,694	74,574	81,824	156,398	0
30100 Data Processing	157,248	475	77,811	79,437	157,248	0
30110 Data Proc. Maint	305,700	11,225	83,691	222,009	305,700	0
30120 Interest Expense	71,682	0	42,020	29,662	71,682	0
30130 Bank Fees	185,156	0	43,240	141,916	185,156	0
30140 Legal Fees	935,500	0	73,433	862,067	935,500	0
30150 Board of Trustees Exp	101,500	3,286	26,853	74,647	101,500	0
30151 ARCA Dues	109,598	0	0	109,598	109,598	0
30160 Accounting Fees	99,050	0	0	99,050	99,050	0
30170 Equipment Purchases	1,400,283	6,464	913,141	487,142	1,400,283	0
30180 Contr/Consult	1,220,970	71,809	497,551	723,419	1,220,970	0
30220 Mileage/Travel	232,140	3,415	44,652	187,488	232,140	0
30240 General Expenses	1,536,474	108,088	285,058	1,251,416	1,536,474	0
30240 ABX2-1 Admin	141,404	980	9,130	132,274	141,404	0
<b>Total Operating Expenses:</b>	<b>14,356,724</b>	<b>773,741</b>	<b>6,587,583</b>	<b>7,769,142</b>	<b>14,356,724</b>	<b>0</b>
<b>Total Operations:</b>	<b>66,069,101</b>	<b>4,246,524</b>	<b>32,297,191</b>	<b>33,771,910</b>	<b>66,069,101</b>	<b>0</b>
<b>Gross Budget:</b>	<b>726,425,058</b>	<b>51,279,635</b>	<b>359,148,080</b>	<b>326,600,824</b>	<b>685,748,904</b>	<b>40,676,154</b>
<b>% of Budget:</b>	<b>100.00%</b>	<b>7.06%</b>	<b>49.44%</b>	<b>44.96%</b>	<b>94.40%</b>	<b>5.60%</b>

**NORTH LOS ANGELES COUNTY REGIONAL CENTER**  
**Community Resource Development Plan ("CRDP") & Community Placement Plan ("CPP") Line Item Report**  
**Regular CPP**  
**FISCAL YEAR 2021-2022**  
**January 2022**

	Projected Annual C-2 Budget	Net Month	Expended Y-T-D	Projected Remaining Expenses	Projected Annual Expenses	Projected Surplus/(Deficit)
<b>PURCHASE OF SERVICE</b>						
<b>CPP Regular</b>						
CPP Placements	100,000	82,152	160,975	555,131	716,105	(616,105)
CPP Assessments	0	350	350	71,150	71,500	(71,500)
CPP Start Up	150,000	0	0	0	0	150,000
Deflection CPP	0	0	0	0	0	0
Total CPP Regular:	250,000	82,502	161,325	626,281	787,605	(537,605)
<b>OPERATIONS</b>						
25010 Salaries/Benefits	457,650	40,574	311,499	146,151	457,650	0
Total Salaries:	457,650	40,574	311,499	146,151	457,650	0
<b>OPERATING EXPENSE</b>						
30010 Equipment Rental	0	0	0	0	0	0
30020 Equipment Maint	0	0	0	0	0	0
30030 Facility Rental	0	0	0	0	0	0
30040 Facility Maint. AV	0	0	0	0	0	0
30041 Facility Maint. SFV	0	0	0	0	0	0
30042 Facility Maint. SCV	0	0	0	0	0	0
30050 Communication	0	0	0	0	0	0
30060 General Office Exp	0	0	0	0	0	0
30070 Printing	0	0	0	0	0	0
30080 Insurance	0	0	0	0	0	0
30090 Utilities	0	0	0	0	0	0
30100 Data Processing	0	0	0	0	0	0
30110 Data Proc. Maint	0	0	0	0	0	0
30120 Interest Expense	0	0	0	0	0	0
30130 Bank Fees	0	0	0	0	0	0
30140 Legal Fees	0	0	0	0	0	0
30150 Board of Trustees Exp	0	0	0	0	0	0
30151 ARCA Dues	0	0	0	0	0	0
30160 Accounting Fees	0	0	0	0	0	0
30170 Equipment Purchases	0	0	0	0	0	0
30180 Contr/Consult CPP	99,000	0	0	99,000	99,000	0
30220 Mileage/Travel	0	0	0	0	0	0
30240 General Expenses	18,700	0	0	18,700	18,700	0
Total Operating Expenses:	117,700	0	0	117,700	117,700	0
Total Operations:	575,350	40,574	311,499	263,851	575,350	0
Gross Budget:	825,350	123,076	472,824	890,132	1,362,955	(537,605)

**NORTH LOS ANGELES COUNTY REGIONAL CENTER**  
**Community Resource Development Plan ("CRDP") & Community Placement Plan ("CPP") Line Item Report**  
**Developmental Center ("DC") Closure/Ongoing Workload**  
**FISCAL YEAR 2021-2022**  
**January 2022**

	Projected Annual C-2 Budget	Net Month	Expended Y-T-D	Projected Remaining Expenses	Projected Annual Expenses	Projected Surplus/(Deficit)
<b>PURCHASE OF SERVICE</b>						
<b>CRDP/CPP</b>						
CRDP & CPP Placements	0	10,620	43,732	243,063	286,796	(286,796)
CRDP & CPP Assessments	0	0	0	0	0	0
CRDP & CPP Start Up	0	0	0	0	0	0
Deflection CRDP & CPP	0	0	0	0	0	0
Total CRDP/CPP:	0	10,620	43,732	243,063	286,796	(286,796)
<b>OPERATIONS</b>						
25010 Salaries/Benefits	406,980	26,836	189,755	217,225	406,980	0
Total Salaries:	406,980	26,836	189,755	217,225	406,980	0
<b>OPERATING EXPENSE</b>						
30010 Equipment Rental	0	0	0	0	0	0
30020 Equipment Maint	0	0	0	0	0	0
30030 Facility Rental	0	0	0	0	0	0
30040 Facility Maint. AV	0	0	0	0	0	0
30041 Facility Maint. SFV	0	0	0	0	0	0
30042 Facility Maint. SCV	0	0	0	0	0	0
30050 Communication	0	0	0	0	0	0
30060 General Office Exp	0	0	0	0	0	0
30070 Printing	0	0	0	0	0	0
30080 Insurance	0	0	0	0	0	0
30090 Utilities	0	0	0	0	0	0
30100 Data Processing	0	0	0	0	0	0
30110 Data Proc. Maint	0	0	0	0	0	0
30120 Interest Expense	0	0	0	0	0	0
30130 Bank Fees	0	0	0	0	0	0
30140 Legal Fees	0	0	0	0	0	0
30150 Board of Trustees Exp	0	0	0	0	0	0
30151 ARCA Dues	0	0	0	0	0	0
30160 Accounting Fees	0	0	0	0	0	0
30170 Equipment Purchases	0	0	0	0	0	0
30180 Contr/Consult CPP	0	0	0	0	0	0
30220 Mileage/Travel	0	0	46	(46)	0	0
30240 General Expenses	15,300	0	0	15,300	15,300	0
Total Operating Expenses:	15,300	0	46	15,254	15,300	0
Total Operations:	422,280	26,836	189,801	232,479	422,280	0
Gross Budget:	422,280	37,456	233,533	475,543	709,076	(286,796)



**NORTH LOS ANGELES COUNTY REGIONAL CENTER**  
**Operations ("OPS") Project Line Item Report**  
**FISCAL YEAR 2021-2022**  
**January 2022**

	Projected Annual C-2 Budget	EXPENDED MONTH	EXPENDED Y-T-D	BALANCE REMAINING	PROJECTED EXPENDITURES	SURPLUS/ (DEFICIT)
Family Resource Center ("FRC")	\$207,187	\$0	\$0	\$207,187	\$207,187	\$0
Self Determination Program ("SDP") Participant Support	\$149,331	\$0	\$0	\$149,331	\$149,331	\$0
<b>TOTAL:</b>	<b>\$356,518</b>	<b>\$0</b>	<b>\$0</b>	<b>\$356,518</b>	<b>\$356,518</b>	<b>\$0</b>

**Family Resource Center:** Family Resource Center provides services and support for families and infants and toddlers, under the age of three years, that have a developmental delay, disability, or condition that places them at risk of a disability. Services include, as specified in Government Code 95024(d)(2), parent-to-parent support, information dissemination, public awareness, and family-professional collaboration activities; and per Government Code 95001(a)94), family-to-family support to strengthen families' ability to participate in service planning.

**Self Determination Program Participant Support:** The SDP allows for regional center consumers and their families more freedom, control, and responsibility in choosing services, supports, and providers to help meet the objectives in their individual program plans. The SDP Participant Support is for regional centers, in collaboration with the local volunteer advisory committees, to assist selected participants in their transition to SDP.

**POS Late Bill Report for FY 2021-2022: Regular**  
**Payments through January 2022 State Claim (2/17/2022)**

Description	July 2021 22	August 2021 23	September 2021 20	October 2021 23	November 2021 22	December 2021 21	January 2022 23	February 2022 20	March 2022 21	April 2022 22	May 2022 23	June 2022 20	Total Claims FY2019-2020 260	Average 1st Pymnt & Late Bills
Payment #1	\$ 38,602,459.12	38,150,084.48	39,151,415.21	39,959,543.18	39,763,246.18	38,961,339.02	37,760,763.29						272,348,850.48	38,906,978.64
Payment #2	7,758,384.01	8,014,425.36	6,607,523.17	6,401,166.38	7,026,399.91	6,972,173.26							42,780,072.09	7,130,012.02
Payment #3	1,606,759.75	1,549,214.84	1,413,580.38	1,708,769.22	1,137,608.95								7,415,933.14	1,483,186.63
Payment #4	591,347.79	436,680.41	1,003,138.22	390,238.82									2,421,405.24	605,351.31
Payment #5	205,235.71	505,989.21	304,467.43										1,015,692.35	338,564.12
Payment #6	401,075.85	246,632.80											647,708.65	323,854.33
Payment #7	221,226.67												221,226.67	221,226.67
Payment #8														
Payment #9														
Payment #10														
Payment #11														
Payment #12														
Total Paid	49,386,488.90	48,903,027.10	48,480,124.41	48,459,717.60	47,927,255.04	45,933,512.28	37,760,763.29	0.00	0.00	0.00	0.00	0.00	326,850,888.62	49,009,173.70
Total Late	10,784,029.78	10,752,942.62	9,328,709.20	8,500,174.42	8,164,008.86	6,972,173.26	0.00	0.00	0.00	0.00	0.00	0.00	54,502,038.14	10,102,195.06
Percent Late	27.94%	28.19%	23.83%	21.27%	20.53%	17.90%	0.00%							25.96%

326,850,888.62  
0.00

Description	July 2021	August 2021	September 2021	October 2021	November 2021	December 2021	January 2022	February 2022	March 2022	April 2022	May 2022	June 2022	Average %Late Per Month	Cummulative % LATE
Payment #1	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Payment #2	20.10%	21.01%	16.88%	16.02%	17.67%	17.90%							18.26%	18.26%
Payment #3	4.16%	4.06%	3.61%	4.28%	2.86%								3.79%	22.06%
Payment #4	1.53%	1.14%	2.56%	0.98%									1.55%	23.61%
Payment #5	0.53%	1.33%	0.78%										0.88%	24.49%
Payment #6	1.04%	0.65%											0.84%	25.33%
Payment #7	0.57%												0.57%	25.90%
Payment #8														
Payment #9														
Payment #10														
Payment #11														
Payment #12														
Total Late	27.94%	28.19%	23.83%	21.27%	20.53%	17.90%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	25.90%	25.90%
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%						

FY2021 Average Late Bill%: 30.08%

**POS Late Bill Report for FY 2020-2021: Regular**  
 Payments through June 2021 State Claim (2/17/2022)

Description	July 2020 22	August 2020 23	September 2020 20	October 2020 23	November 2020 22	December 2020 21	January 2021 23	February 2021 20	March 2021 21	April 2021 22	May 2021 23	June 2021 20	Total Claims FY2019-2020 260	Average 1st Pymnt & Late Bills
Payment #1	\$ 38,596,908.29	36,291,114.02	34,717,045.35	36,043,583.93	35,066,776.08	34,909,618.51	33,850,488.85	34,286,888.80	39,827,734.41	39,933,099.61	39,380,445.55	39,807,908.41	442,711,611.81	36,892,634.32
Payment #2	5,757,508.60	6,935,893.30	8,111,486.24	7,679,142.20	6,959,575.65	8,479,398.78	8,363,675.81	8,796,619.51	8,112,560.86	6,892,880.40	7,713,343.05	6,231,639.00	90,033,723.40	7,502,810.28
Payment #3	853,216.93	873,723.83	749,774.25	1,265,692.52	1,603,690.59	1,040,757.01	1,765,572.71	1,499,230.83	998,064.34	1,175,724.77	850,137.68	2,357,769.14	15,033,354.60	1,252,779.55
Payment #4	359,863.27	558,551.02	483,477.91	539,743.92	534,019.06	483,347.71	970,757.09	454,927.05	433,599.68	263,899.63	561,525.90	769,751.82	6,413,464.06	534,455.34
Payment #5	410,324.39	205,488.92	246,458.27	415,195.34	384,046.40	682,037.04	338,231.01	392,891.68	166,518.71	258,439.77	207,312.80	272,683.06	3,979,627.39	331,635.62
Payment #6	429,776.33	298,992.06	408,945.29	390,155.80	257,037.80	152,052.88	419,810.79	139,976.02	185,630.63	151,636.58	166,924.11	144,551.83	3,145,490.12	262,124.18
Payment #7	134,007.73	266,527.08	350,113.61	277,754.10	89,743.12	207,725.77	150,727.17	100,066.50	114,135.93	211,288.58	93,174.88	183,675.01	2,178,939.48	181,578.29
Payment #8	258,402.10	288,695.24	164,349.37	102,187.49	429,732.51	85,148.67	112,348.14	106,797.28	144,130.56	77,597.36	123,173.16	139,769.70	2,032,331.58	169,360.97
Payment #9	247,245.48	150,156.55	83,144.72	135,748.80	113,056.67	96,018.22	96,490.98	117,138.60	55,445.95	120,773.10	101,996.31		1,317,215.38	119,746.85
Payment #10	114,448.25	70,473.83	126,969.58	103,384.69	30,249.17	82,728.04	72,659.73	47,785.69	109,585.42	130,755.95			889,040.35	88,904.04
Payment #11	71,063.07	102,024.27	78,536.19	49,818.47	27,139.61	78,464.13	38,758.52	85,482.34	111,447.11				642,733.71	71,414.86
Payment #12	90,000.79	294,489.71	49,705.13	46,537.82	66,574.74	31,515.85	54,629.77	105,398.85					738,852.66	92,356.58
Payment #13	42,579.50	57,239.27	45,848.92	67,092.63	19,898.01	51,557.62	133,730.03						417,945.98	59,706.57
Payment #14	40,133.97	61,847.89	66,517.20	10,890.18	41,493.93	105,392.14							326,275.31	54,379.22
Payment #15	26,141.31	76,397.67	19,638.41	41,745.42	73,580.65								237,503.46	47,500.69
Payment #16	83,881.00	24,029.43	42,924.08	65,439.22									216,273.73	54,068.43
Payment #17	27,317.59	58,614.14	54,969.01										140,900.74	46,966.91
Payment #18	41,497.49	60,946.62											102,444.11	51,222.06
Payment #19	79,188.21												79,188.21	79,188.21
Payment #20														
Payment #21														
Payment #22														
Payment #23														
Payment #24														
Total Paid	47,663,504.30	46,675,204.85	45,799,903.53	47,234,112.53	45,696,613.99	46,485,762.37	46,367,880.60	46,133,203.15	50,258,853.60	49,216,095.75	49,198,033.44	49,907,747.97	570,636,916.08	47,892,832.95
Total Late	9,066,596.01	10,384,090.83	11,082,858.18	11,190,528.60	10,629,837.91	11,576,143.86	12,517,391.75	11,846,314.35	10,431,119.19	9,282,996.14	9,817,587.89	10,099,839.56	127,925,304.27	11,000,198.64
Percent Late	23.49%	28.61%	31.92%	31.05%	30.31%	33.16%	36.98%	34.55%	26.19%	23.25%	24.93%	25.37%		29.82%

570,636,916.08  
0.00

Description	July 2020	August 2020	September 2020	October 2020	November 2020	December 2020	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021	Average %Late Per Month	Cummulative % LATE
Payment #1	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Payment #2	14.92%	19.11%	23.36%	21.31%	19.85%	24.29%	24.71%	25.66%	20.37%	17.26%	19.59%	15.65%	20.51%	20.51%
Payment #3	2.21%	2.41%	2.16%	3.51%	4.57%	2.98%	5.22%	4.37%	2.51%	2.94%	2.16%	5.92%	3.41%	23.92%
Payment #4	0.93%	1.54%	1.39%	1.50%	1.52%	1.38%	2.87%	1.33%	1.09%	0.66%	1.43%	1.93%	1.46%	25.38%
Payment #5	1.06%	0.57%	0.71%	1.15%	1.10%	1.95%	1.00%	1.15%	0.42%	0.65%	0.53%	0.68%	0.91%	26.30%
Payment #6	1.11%	0.82%	1.18%	1.08%	0.73%	0.44%	1.24%	0.41%	0.47%	0.38%	0.42%	0.36%	0.72%	27.02%
Payment #7	0.35%	0.73%	1.01%	0.77%	0.26%	0.60%	0.45%	0.29%	0.29%	0.53%	0.24%	0.46%	0.50%	27.51%
Payment #8	0.67%	0.80%	0.47%	0.28%	1.23%	0.24%	0.33%	0.31%	0.36%	0.19%	0.31%	0.35%	0.46%	27.98%
Payment #9	0.64%	0.41%	0.24%	0.38%	0.32%	0.28%	0.29%	0.34%	0.14%	0.30%	0.26%		0.33%	28.30%
Payment #10	0.30%	0.19%	0.37%	0.29%	0.09%	0.24%	0.21%	0.14%	0.28%	0.33%			0.24%	28.55%
Payment #11	0.18%	0.28%	0.23%	0.14%	0.08%	0.22%	0.11%	0.25%	0.28%				0.20%	28.74%
Payment #12	0.23%	0.81%	0.14%	0.13%	0.19%	0.09%	0.16%	0.31%					0.26%	29.00%
Payment #13	0.11%	0.16%	0.13%	0.19%	0.06%	0.15%	0.40%						0.17%	29.17%
Payment #14	0.10%	0.17%	0.19%	0.03%	0.12%	0.30%							0.15%	29.32%
Payment #15	0.07%	0.21%	0.06%	0.12%	0.21%								0.13%	29.46%
Payment #16	0.22%	0.07%	0.12%	0.18%									0.15%	29.60%
Payment #17	0.07%	0.16%	0.16%										0.13%	29.73%
Payment #18	0.11%	0.17%											0.14%	29.87%
Payment #19	0.21%												0.21%	30.08%
Payment #20														
Payment #21														
Payment #22														
Payment #23														
Payment #24														
Total Late	23.49%	28.61%	31.92%	31.05%	30.31%	33.16%	36.98%	34.55%	26.19%	23.25%	24.93%	25.37%	30.08%	30.08%

0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00%

**POS Late Bill Report for FY 2019-2020: Regular**

Payments through June 2020 State Claim (2/17/2022)

Description	July 2019 22	August 2019 23	September 2019 20	October 2019 23	November 2019 22	December 2019 21	January 2020 23	February 2020 20	March 2020 21	April 2020 22	May 2020 23	June 2020 20	Total Claims FY2019-2020 260	Average 1st Pymnt & Late Bills
Payment #1	35,561,294.59	35,076,660.89	34,650,496.67	36,318,296.48	33,554,216.19	32,752,179.52	35,851,675.60	34,843,947.24	35,478,179.69	34,344,043.22	35,159,600.33	37,160,675.75	420,751,266.17	35,062,605.51
Payment #2	4,195,100.15	4,292,631.69	3,307,710.94	3,655,134.85	3,982,918.50	4,153,748.06	5,193,975.55	4,859,005.63	5,579,877.91	7,617,417.20	6,028,706.22	6,207,363.34	59,073,590.04	4,922,799.17
Payment #3	509,088.39	383,987.11	655,846.25	880,129.94	777,415.82	750,311.89	862,222.64	1,050,853.66	2,551,243.90	1,599,886.62	1,350,639.69	1,174,959.20	12,546,585.11	1,045,548.76
Payment #4	218,098.58	448,579.77	248,299.76	321,834.01	347,054.67	369,158.96	528,836.35	519,858.17	317,592.96	317,179.32	454,889.81	423,691.45	4,515,073.81	376,256.15
Payment #5	225,485.54	237,069.80	204,063.90	217,539.53	132,224.64	156,580.67	337,107.54	251,282.95	175,263.50	209,349.23	277,814.41	341,270.02	2,765,051.73	230,420.98
Payment #6	150,095.50	307,977.33	115,401.15	102,295.45	75,961.96	106,146.08	148,209.19	63,772.37	207,304.49	266,355.29	263,685.35	153,394.57	1,960,598.73	163,383.23
Payment #7	245,945.55	28,794.16	59,504.75	92,780.12	65,383.27	70,025.02	73,784.36	103,244.44	166,030.19	247,038.17	136,283.11	201,932.35	1,490,745.49	124,228.79
Payment #8	36,301.92	59,175.28	65,696.74	37,194.27	72,979.97	47,824.21	88,769.69	58,097.63	160,933.37	116,687.32	100,983.31	110,375.43	955,019.14	79,584.93
Payment #9	52,590.25	38,968.79	108,278.36	65,556.70	30,362.24	41,677.96	83,706.67	116,478.03	55,626.43	105,032.29	100,898.10	327,058.06	1,126,233.88	93,852.82
Payment #10	39,522.59	33,087.75	76,467.54	33,982.22	18,851.28	33,716.55	101,319.12	23,147.87	75,394.02	84,811.76	143,807.94	163,443.76	827,552.40	68,962.70
Payment #11	45,672.25	56,352.15	30,456.95	36,452.23	21,025.27	94,522.51	7,333.69	58,849.05	66,589.65	138,566.12	145,612.01	215,716.27	917,148.15	76,429.01
Payment #12	71,184.86	24,295.82	15,918.63	24,605.52	10,140.07	7,787.79	44,033.01	43,854.41	116,700.14	149,705.69	122,005.73	(19,827.20)	610,404.47	50,867.04
Payment #13	22,611.08	16,402.90	22,361.21	4,351.89	17,398.41	20,194.84	46,370.38	66,938.31	94,827.94	116,062.27	25,203.45	25,983.21	478,705.89	39,892.16
Payment #14	2,272.12	15,800.79	6,191.83	14,559.17	20,204.34	28,724.34	55,513.83	48,082.27	67,856.98	(11,116.83)	26,404.88	33,829.47	308,323.19	25,693.60
Payment #15	10,300.13	14,165.73	4,180.23	34,124.33	16,562.96	39,466.14	52,091.80	36,008.75	(26,209.83)	24,192.55	31,285.41	140,086.79	376,254.99	31,354.58
Payment #16	21,175.71	6,923.26	11,551.06	4,460.63	21,898.75	7,083.88	40,383.67	(55,431.92)	19,507.89	26,744.25	56,956.06	132,334.56	293,587.80	24,465.65
Payment #17	11,994.53	9,605.23	12,137.58	32,522.86	4,696.99	8,286.28	(62,437.86)	14,857.27	27,338.73	55,305.27	44,009.70	87,386.76	245,703.34	20,475.28
Payment #18	10,579.11	5,989.74	21,656.68	1,106.36	9,747.41	(63,190.46)	11,588.22	16,667.81	52,728.74	52,287.79	38,138.32	50,824.34	208,124.06	17,343.67
Payment #19	4,747.69	25,196.28	(904.39)	4,405.29	3,005.62	16,364.02	13,682.94	31,662.18	46,070.52	23,356.51	45,187.68	271,051.64	483,825.98	40,318.83
Payment #20	24,386.66	(903.49)	1,191.76	2,085.90	10,525.69	2,203.93	26,976.66	24,935.57	22,390.05	46,312.45	61,694.53	170,635.60	392,435.31	32,702.94
Payment #21	(303.73)	755.11	1,742.17	10,709.73	2,558.57	17,820.24	13,673.84	18,461.00	38,744.83	65,187.19	149,139.63	74,440.86	392,929.44	32,744.12
Payment #22	445.61	900.17	9,480.30	3,600.86	15,843.33	9,970.64	42,665.44	22,362.35	65,085.24	133,052.41	74,246.23		377,652.58	34,332.05
Payment #23	1,389.05	9,480.30	10,730.29	18,537.71	8,889.29	1,167.81	22,737.90	59,944.26	101,136.87	101,631.80			335,645.28	33,564.53
Payment #24	9,480.30	8,112.00	15,110.05	7,318.42	1,426.60	10,612.97	48,171.73	98,644.12	45,666.39				244,542.58	27,171.40
Payment #25	5,947.17	9,954.94	5,889.25	1,169.11	9,470.60	44,690.01	92,502.65	10,209.30					179,833.03	22,479.13
Payment #26	345.48	7,011.05	8,039.62	7,105.67	42,110.76	74,371.13	10,132.41						149,116.12	21,302.30
Payment #27	13,960.31	8,372.84	2,798.87	35,789.54	47,822.38	10,643.07							119,387.01	19,897.84
Payment #28	8,860.50	1,910.62	37,336.02	64,062.55	7,098.66								119,268.35	23,853.67
Payment #29	2,407.73	35,153.91	64,422.74	7,034.42									109,018.80	27,254.70
Payment #30	39,506.65	51,993.39	7,079.85										98,579.89	32,859.96
Payment #31	36,958.66	1,078.45											38,037.11	19,018.56
Payment #32	756.31												756.31	756.31
Payment #33														
Payment #34														
Payment #35														
Payment #36														
Total Paid	41,578,201.24	41,215,483.76	39,779,136.76	42,038,745.76	39,327,794.24	38,812,088.06	43,735,027.02	42,385,732.72	45,505,880.60	45,829,087.89	44,837,191.90	47,446,626.23	512,490,996.18	42,822,420.37
Total Late	6,016,906.65	6,138,822.87	5,128,640.09	5,720,449.28	5,773,578.05	6,059,908.54	7,883,351.42	7,541,785.48	10,027,700.91	11,485,044.67	9,677,591.57	10,285,950.48	91,739,730.01	7,759,814.86
Percent Late	16.92%	17.50%	14.80%	15.75%	17.21%	18.50%	21.99%	21.64%	28.26%	33.44%	27.52%	27.68%		22.13%

512,490,996.18  
0.00

**POS Late Bill Report for FY 2019-2020: Regular**

Payments through June 2020 State Claim (2/17/2022)

Description	July 2019	August 2019	September 2019	October 2019	November 2019	December 2019	January 2020	February 2020	March 2020	April 2020	May 2020	June 2020	Average %Late Per Month	Cummulative % LATE
Payment #1	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Payment #2	11.80%	12.24%	9.55%	10.06%	11.87%	12.68%	14.49%	13.95%	15.73%	22.18%	17.15%	16.70%	14.03%	14.03%
Payment #3	1.43%	1.09%	1.89%	2.42%	2.32%	2.29%	2.40%	3.02%	7.19%	4.66%	3.84%	3.16%	2.98%	17.01%
Payment #4	0.61%	1.28%	0.72%	0.89%	1.03%	1.13%	1.48%	1.49%	0.90%	0.92%	1.29%	1.14%	1.07%	18.08%
Payment #5	0.63%	0.68%	0.59%	0.60%	0.39%	0.48%	0.94%	0.72%	0.49%	0.61%	0.79%	0.92%	0.65%	18.74%
Payment #6	0.42%	0.88%	0.33%	0.28%	0.23%	0.32%	0.41%	0.18%	0.58%	0.78%	0.75%	0.41%	0.47%	19.20%
Payment #7	0.69%	0.08%	0.17%	0.26%	0.19%	0.21%	0.21%	0.30%	0.47%	0.72%	0.39%	0.54%	0.35%	19.55%
Payment #8	0.10%	0.17%	0.19%	0.10%	0.22%	0.15%	0.25%	0.17%	0.45%	0.34%	0.29%	0.30%	0.23%	19.78%
Payment #9	0.15%	0.11%	0.31%	0.18%	0.09%	0.13%	0.23%	0.33%	0.16%	0.31%	0.29%	0.88%	0.26%	20.04%
Payment #10	0.11%	0.09%	0.22%	0.09%	0.06%	0.10%	0.28%	0.07%	0.21%	0.25%	0.41%	0.44%	0.19%	20.24%
Payment #11	0.13%	0.16%	0.09%	0.10%	0.06%	0.29%	0.02%	0.17%	0.19%	0.40%	0.41%	0.58%	0.22%	20.46%
Payment #12	0.20%	0.07%	0.05%	0.07%	0.03%	0.02%	0.12%	0.13%	0.33%	0.44%	0.35%	-0.05%	0.15%	20.60%
Payment #13	0.06%	0.05%	0.06%	0.01%	0.05%	0.06%	0.13%	0.19%	0.27%	0.34%	0.07%	0.07%	0.11%	20.72%
Payment #14	0.01%	0.05%	0.02%	0.04%	0.06%	0.09%	0.15%	0.14%	0.19%	-0.03%	0.08%	0.09%	0.07%	20.79%
Payment #15	0.03%	0.04%	0.01%	0.09%	0.05%	0.12%	0.15%	0.10%	-0.07%	0.07%	0.09%	0.38%	0.09%	20.88%
Payment #16	0.06%	0.02%	0.03%	0.01%	0.07%	0.02%	0.11%	-0.16%	0.05%	0.08%	0.16%	0.36%	0.07%	20.94%
Payment #17	0.03%	0.03%	0.04%	0.09%	0.01%	0.03%	-0.17%	0.04%	0.08%	0.16%	0.13%	0.24%	0.06%	21.00%
Payment #18	0.03%	0.02%	0.06%	0.00%	0.03%	-0.19%	0.03%	0.05%	0.15%	0.15%	0.11%	0.14%	0.05%	21.05%
Payment #19	0.01%	0.07%	0.00%	0.01%	0.01%	0.05%	0.04%	0.09%	0.13%	0.07%	0.13%	0.73%	0.11%	21.16%
Payment #20	0.07%	0.00%	0.00%	0.01%	0.03%	0.01%	0.08%	0.07%	0.06%	0.13%	0.18%	0.46%	0.09%	21.25%
Payment #21	0.00%	0.00%	0.01%	0.03%	0.01%	0.05%	0.04%	0.05%	0.11%	0.19%	0.42%	0.20%	0.09%	21.35%
Payment #22	0.00%	0.00%	0.03%	0.01%	0.05%	0.03%	0.12%	0.06%	0.18%	0.39%	0.21%		0.10%	21.44%
Payment #23	0.00%	0.03%	0.03%	0.05%	0.03%	0.00%	0.06%	0.17%	0.29%	0.30%			0.10%	21.54%
Payment #24	0.03%	0.02%	0.04%	0.02%	0.00%	0.03%	0.13%	0.28%	0.13%				0.08%	21.62%
Payment #25	0.02%	0.03%	0.02%	0.00%	0.03%	0.14%	0.26%	0.03%					0.06%	21.68%
Payment #26	0.00%	0.02%	0.02%	0.02%	0.13%	0.23%	0.03%						0.06%	21.75%
Payment #27	0.04%	0.02%	0.01%	0.10%	0.14%	0.03%							0.06%	21.80%
Payment #28	0.02%	0.01%	0.11%	0.18%	0.02%								0.07%	21.87%
Payment #29	0.01%	0.10%	0.19%	0.02%									0.08%	21.95%
Payment #30	0.11%	0.15%	0.02%										0.09%	22.04%
Payment #31	0.10%	0.00%											0.05%	22.09%
Payment #32	0.00%												0.00%	22.10%
Payment #33														
Payment #34														
Payment #35														
Payment #36														
Total Late	16.92%	17.50%	14.80%	15.75%	17.21%	18.50%	21.99%	21.64%	28.26%	33.44%	27.52%	27.68%	22.10%	22.10%
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		

FY2019 Average Late Bill%:	17.61%
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**North Los Angeles County Regional Center  
POS Expenditures By GL  
Fiscal Year 2021 - 2022**

GL ACCOUNT NAME	Exp Plan Category	GL ACCT #	A PEP Forecast 9/10/2021 FY 2021-22	B N1B113 8/19/2021 Jul-21	C N1B113 9/22/2021 Aug-21	D N1B113 10/21/2021 Sep-21	E N1B113 11/18/2021 Oct-21	F N1B113 12/17/2021 Nov-21	G N1B113 1/20/2022 Dec-21	H N1B113 2/17/2022 Jan-22	I N1B113 Feb-22	J N1B113 Mar-22	K N1B113 Apr-22	L N1B113 May-22	M N1B113 Jun-22	N Total YTD (B to M)	O Remaining Forecast (A-N)	P % Expended (N/A)
<b>Community Care Facility</b>		<b>01-00-0-32010</b>																
Out of State Residential	Residential	32010-058	36,531	-	-	-	36,531	-	-	-	-	-	-	-	-	36,531	-	100.00%
Crisis Intervention	Residential	32010-090	503,736	-	-	-	-	-	209,434	-	-	-	-	-	-	209,434	294,302	41.58%
Geriatric Facility	Residential	32010-096	683,252	44,249	44,249	46,546	53,439	44,298	48,504	42,865	-	-	-	-	-	324,150	359,102	47.44%
Supplemental Residential	Residential	32010-109	21,813,195	1,221,686	1,228,839	1,509,534	1,784,730	1,527,719	2,085,273	1,731,708	-	-	-	-	-	11,089,488	10,723,706	50.84%
Specialized Residential	Residential	32010-113	21,613,999	1,668,122	1,714,559	1,757,333	1,709,630	1,589,309	2,046,970	1,859,349	-	-	-	-	-	12,345,273	9,268,726	57.12%
ENH Behav Supports	Residential	32010-900	1,596,383	58,935	-	58,935	58,935	117,870	58,935	58,935	-	-	-	-	-	412,545	1,183,838	25.84%
ENH Behav Supports	Residential	32010-901	1,794,258	77,433	-	77,433	77,433	154,866	77,433	77,433	-	-	-	-	-	542,031	1,252,227	30.21%
Family Home Agency	Residential	32010-904	3,265,412	260,044	260,044	257,280	245,698	251,098	318,060	262,672	-	-	-	-	-	1,854,894	1,410,518	56.80%
Res. Facility Adult- OO	Residential	32010-905	2,830,231	220,777	220,727	220,777	220,777	201,621	221,881	208,408	-	-	-	-	-	1,514,970	1,315,261	53.53%
Res. Facility Child -OO	Residential	32010-910	1,109,156	91,030	91,030	91,030	84,244	110,235	120,255	101,565	-	-	-	-	-	689,390	419,766	62.15%
Res. Facility Adult- SO	Residential	32010-915	50,491,833	3,711,414	3,867,449	3,730,226	3,772,406	3,902,346	4,129,408	4,162,987	-	-	-	-	-	27,276,236	23,215,597	54.02%
Res. Facility Child- SO	Residential	32010-920	1,305,470	52,857	131,673	77,972	76,755	76,755	125,553	81,147	-	-	-	-	-	622,712	682,758	47.70%
<b>Subtotal</b>			<b>107,043,454</b>	<b>7,406,547</b>	<b>7,558,570</b>	<b>7,827,066</b>	<b>8,120,578</b>	<b>7,967,598</b>	<b>9,441,706</b>	<b>8,587,069</b>	-	-	-	-	-	<b>56,909,133</b>	<b>50,134,321</b>	<b>53.16%</b>
<b>ICF/SNF Facility</b>		<b>01-00-0-32020</b>																
Specialized Residential	Residential	32020-114	561,397	28,309	28,309	27,310	19,789	27,339	101,698	29,310	-	-	-	-	-	262,065	299,332	46.68%
ICF/DD	Residential	32020-925	39,576	-	-	-	-	-	-	-	-	-	-	-	-	-	39,576	0.00%
ICF/DDH	Residential	32020-930	1,942,155	15,732	85,858	53,731	81,855	63,362	35,203	16,271	-	-	-	-	-	352,011	1,590,143	18.12%
ICF/DDN	Residential	32020-935	866,391	1,337	1,337	1,242	41,401	-	2,483	1,476	-	-	-	-	-	49,275	817,116	5.69%
Nursing Facility	Residential	32020-940	86,648	7,214	-	14,428	7,214	7,214	-	29,578	-	-	-	-	-	65,648	21,000	75.76%
<b>Subtotal</b>			<b>3,496,167</b>	<b>52,592</b>	<b>115,504</b>	<b>96,711</b>	<b>150,260</b>	<b>97,915</b>	<b>139,384</b>	<b>76,634</b>	-	-	-	-	-	<b>729,000</b>	<b>2,767,167</b>	<b>20.85%</b>
<b>Day Care</b>		<b>01-00-0-43010</b>																
Day Care Family Member	Day Care	43010-405	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Day Care Pd-Family	Day Care	43010-455	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Child Day Care	Day Care	43010-851	12,575	903	946	834	588	532	476	560	-	-	-	-	-	4,839	7,736	38.48%
Adult Day Care	Day Care	43010-855	463,299	31,746	27,963	34,493	35,072	30,338	28,367	31,877	-	-	-	-	-	219,855	243,444	47.45%
<b>Subtotal</b>			<b>475,873</b>	<b>32,649</b>	<b>28,909</b>	<b>35,327</b>	<b>35,660</b>	<b>30,870</b>	<b>28,843</b>	<b>32,437</b>	-	-	-	-	-	<b>224,694</b>	<b>251,180</b>	<b>47.22%</b>
<b>Day Training</b>		<b>01-00-0-43020</b>																
Mobile Day Program	Day Prog	43020-091	646,658	40,067	39,221	11,646	64,387	41,620	53,152	42,548	-	-	-	-	-	292,641	354,017	45.25%
Supplemental Day Svc.	Day Prog	43020-110	689,136	35,885	23,931	41,712	83,416	52,047	33,212	39,571	-	-	-	-	-	309,774	379,362	44.95%
Activity Center	Day Prog	43020-505	4,326,713	344,148	357,326	360,516	354,035	349,380	337,601	375,420	-	-	-	-	-	2,478,426	1,848,286	57.28%
Adult Dev Center	Day Prog	43020-510	16,656,198	1,217,362	1,232,109	1,248,074	1,382,657	1,349,984	695,681	1,954,690	-	-	-	-	-	9,080,557	7,575,642	54.52%
Behavior Mgmt Program	Day Prog	43020-515	10,005,536	794,592	756,155	846,587	783,141	663,649	855,053	825,380	-	-	-	-	-	5,524,557	4,480,979	55.22%
Independent Living	ILS	43020-520	10,136,413	701,435	693,064	861,174	812,460	723,887	753,896	811,092	-	-	-	-	-	5,357,009	4,779,404	52.85%
Infant Dev. Program	ES	43020-805	36,894,189	2,409,511	2,877,060	2,908,028	3,133,648	2,937,611	2,452,904	3,231,872	-	-	-	-	-	19,950,633	16,943,556	54.08%
<b>Subtotal</b>			<b>79,354,843</b>	<b>5,543,000</b>	<b>5,978,866</b>	<b>6,277,737</b>	<b>6,613,743</b>	<b>6,118,177</b>	<b>5,181,500</b>	<b>7,280,573</b>	-	-	-	-	-	<b>42,993,597</b>	<b>36,361,246</b>	<b>54.18%</b>
<b>Supported Employment</b>		<b>01-00-0-43030</b>																
Employment Supports(SDP)	Hab	43030-335	13,651	-	651	-	1,300	-	550	-	-	-	-	-	-	2,501	11,150	18.32%
SEP-Group Placement	Hab	43030-950	1,312,669	60,697	134,708	100,210	5,743	129,974	90,176	46,860	-	-	-	-	-	568,368	744,301	43.30%
SEP-Individual Placement	Hab	43030-952	2,950,688	187,543	171,793	178,697	308,116	191,498	228,980	181,544	-	-	-	-	-	1,448,172	1,502,515	49.08%
<b>Subtotal</b>			<b>4,277,008</b>	<b>248,240</b>	<b>307,153</b>	<b>278,907</b>	<b>315,159</b>	<b>321,473</b>	<b>319,705</b>	<b>228,405</b>	-	-	-	-	-	<b>2,019,042</b>	<b>2,257,966</b>	<b>47.21%</b>
<b>Work Activity Program</b>		<b>01-00-0-43040</b>																
Work Activity Program	Hab	43040-954	208,682	17,869	13,748	5,309	5,483	9,699	8,415	9,421	-	-	-	-	-	69,943	138,739	33.52%
<b>Subtotal</b>			<b>208,682</b>	<b>17,869</b>	<b>13,748</b>	<b>5,309</b>	<b>5,483</b>	<b>9,699</b>	<b>8,415</b>	<b>9,421</b>	-	-	-	-	-	<b>69,943</b>	<b>138,739</b>	<b>33.52%</b>

North Los Angeles County Regional Center  
POS Expenditures By GL  
Fiscal Year 2021 - 2022

GL ACCOUNT NAME	Exp Plan Category	GL ACCT #	A PEP Forecast 9/10/2021 FY 2021-22	B N1B113 8/19/2021 Jul-21	C N1B113 9/22/2021 Aug-21	D N1B113 10/21/2021 Sep-21	E N1B113 11/18/2021 Oct-21	F N1B113 12/17/2021 Nov-21	G N1B113 1/20/2022 Dec-21	H N1B113 2/17/2022 Jan-22	I N1B113 Feb-22	J N1B113 Mar-22	K N1B113 Apr-22	L N1B113 May-22	M N1B113 Jun-22	N Total YTD (B to M)	O Remaining Forecast (A-N)	P % Expended (N/A)
<b>Transportation By Client</b>		<b>01-00-0-65050</b>																
Travel Reimbursement	Trans	65050-105	5,723	116	116	636	116	116	116	116						1,329	4,394	23.22%
Non-Medical Transportation	Trans	65050-338	25,404	-	1,427	2,204	1,668	5,915	1,616	3,419						16,249	9,155	63.96%
Trans. Family Member	Trans	65050-425	-	-	-	-	-	-	-	-						-	-	-
PD Transportation Svc	FMS	65050-470	134,498	8,956	6,863	15,271	10,331	8,348	14,027	12,596						76,393	58,106	56.80%
Trans. Companies	Trans	65050-875	4,474	-	-	-	-	-	-	-						-	4,474	0.00%
Trans. Additional Com.	Trans	65050-880	3,501,369	254,669	258,258	274,276	267,170	252,461	175,319	328,130						1,810,283	1,691,085	51.70%
Trans. Assist	Trans	65050-882	120,712	-	-	-	-	-	-	-						-	120,712	0.00%
Trans. Broker	Trans	65050-883	-	-	-	-	-	-	-	-						-	-	-
Trans. Med.	Trans	65050-885	-	-	-	-	-	-	-	-						-	-	-
Trans Parent/Auto Driver	Trans	65050-890	-	-	-	-	-	-	-	-						-	-	-
Trans. Public Transit	Trans	65050-895	127,640	-	623	267	39,560	9,200	10,120	9,200						68,970	58,670	54.03%
<b>Subtotal</b>			<b>3,919,819</b>	<b>263,741</b>	<b>267,286</b>	<b>292,654</b>	<b>318,845</b>	<b>276,039</b>	<b>201,198</b>	<b>353,461</b>	-	-	-	-	-	<b>1,973,224</b>	<b>1,946,596</b>	<b>50.34%</b>
<b>Transportation By Contract</b>		<b>01-00-0-65051</b>																
Trans. Companies	Trans	65051-875	15,084,021	-	2,045,694	1,250,138	1,269,465	1,290,154	1,684,925	1,224,686						8,765,062	6,318,959	58.11%
Trans. Assistant	Trans	65051-882	1,648,074	-	250,852	135,088	135,088	135,088	154,412	135,088						945,616	702,458	57.38%
Trans. Broker	Trans	65051-883	604,610	49,876	49,876	49,876	55,973	49,876	49,876	49,876						355,231	249,379	58.75%
Trans. Public Transit	Trans	65051-895	-	-	-	-	-	-	-	-						-	-	-
<b>Subtotal</b>			<b>17,336,705</b>	<b>49,876</b>	<b>2,346,422</b>	<b>1,435,102</b>	<b>1,460,526</b>	<b>1,475,118</b>	<b>1,889,213</b>	<b>1,409,650</b>	-	-	-	-	-	<b>10,065,908</b>	<b>7,270,796</b>	<b>58.06%</b>
<b>Total Transportation</b>			<b>21,256,524</b>	<b>313,617</b>	<b>2,613,708</b>	<b>1,727,756</b>	<b>1,779,371</b>	<b>1,751,157</b>	<b>2,090,411</b>	<b>1,763,111</b>	-	-	-	-	-	<b>12,039,132</b>	<b>9,217,392</b>	<b>56.64%</b>
<b>Non-Medical Serv.-Prof.</b>		<b>01-00-0-65010</b>																
Tutor Services-Group	Other	65010-025	-	-	-	-	-	-	-	-						-	-	-
Interdisciplinary Assist.	Other	65010-056	293,458	20,773	17,760	19,136	15,718	22,366	21,475	16,999						134,227	159,231	45.74%
Educational Svc.	Other	65010-107	-	-	-	-	-	-	-	-						-	-	-
Live-In Caregiver(SDP)	Other	65010-312	78,971	-	2,376	1,697	10,035	5,474	-	14,489						34,071	44,900	43.14%
FMS Fiscal Agent(SDP)	FMS	65010-315	7,750	100	525	475	425	1,450	925	1,650						5,550	2,200	71.61%
FMS Co-Employer(SDP)	FMS	65010-316	33,194	965	1,320	2,615	3,275	2,145	5,890	5,090						21,300	11,894	64.17%
FMS Fiscal / Employer(SDP)	FMS	65010-317	21,720	-	575	2,245	2,160	3,360	900	2,300						11,540	10,180	53.13%
Technology Supports(SDP)	Other	65010-336	4,737	319	-	314	83	13,705	1,119	2,786						18,326	(13,590)	386.91%
Independent Facilitator(SDP)	Other	65010-340	198,580	120	1,440	12,554	16,842	4,160	8,898	22,904						66,918	131,662	33.70%
Behavioral Intervention(SDP)	Behavior	65010-364	137,355	-	2,201	15,930	2,387	14,862	2,289	110,411						148,080	(10,725)	107.81%
FMS F/EA	FMS	65010-490	55,509	1,514	5,114	2,478	2,827	1,973	2,765	2,161						18,832	36,677	33.93%
FMS Co-Employer	FMS	65010-491	202,731	2,650	7,193	16,091	1,944	15,230	21,643	11,423						76,175	126,557	37.57%
Adaptive Skills Training	Behavior	65010-605	27,043,692	1,815,700	1,626,548	2,236,107	2,169,881	1,938,049	2,126,737	1,881,960						13,794,983	13,248,709	51.01%
Behavior Analyst	Behavior	65010-612	4,549,173	201,918	286,275	397,314	313,064	371,016	390,490	368,198						2,328,273	2,220,900	51.18%
Behavior Mgmt. Assist	Behavior	65010-615	6,697,828	218,328	293,798	597,244	381,881	513,112	484,663	419,652						2,908,678	3,789,150	43.43%
Behavior Mgmt. Consul	Behavior	65010-620	389,870	6,819	15,252	33,257	14,705	14,072	30,813	24,928						139,847	250,023	35.87%
Counseling Services.	Other	65010-625	417,915	27,437	29,727	27,912	29,613	25,871	21,702	30,717						192,979	224,936	46.18%
Independent Living Spec.	ILS	65010-635	244,623	19,820	19,757	-	19,725	40,349	-	20,226						119,878	124,745	49.01%
Mobility Trng. Svc.	Trans	65010-645	-	-	-	-	-	-	-	-						-	-	-
Dev. Specialist	ES	65010-670	-	-	-	-	-	-	-	-						-	-	-
Ed. Psychologist	Other	65010-672	-	-	-	-	-	-	-	-						-	-	-
Teacher's Aide	Other	65010-676	-	-	-	-	-	-	-	-						-	-	-
Teacher of Spec. Ed.	Other	65010-678	-	-	-	-	-	-	-	-						-	-	-
Tutor	Other	65010-680	223,111	16,134	16,899	13,576	12,438	12,875	11,958	11,749						95,629	127,482	42.86%
Music Therapist	Other	65010-693	-	-	-	-	-	-	-	-						-	-	-
Infant Dev Special	ES	65010-810	-	-	-	-	-	-	-	-						-	-	-
<b>Subtotal</b>			<b>40,600,217</b>	<b>2,332,599</b>	<b>2,326,760</b>	<b>3,378,944</b>	<b>2,997,001</b>	<b>3,000,071</b>	<b>3,132,267</b>	<b>2,947,643</b>	-	-	-	-	-	<b>20,115,285</b>	<b>20,484,931</b>	<b>49.54%</b>

North Los Angeles County Regional Center  
POS Expenditures By GL  
Fiscal Year 2021 - 2022

GL ACCOUNT NAME	Exp Plan Category	GL ACCT #	A PEP Forecast 9/10/2021 FY 2021-22	B N1B113 8/19/2021 Jul-21	C N1B113 9/22/2021 Aug-21	D N1B113 10/21/2021 Sep-21	E N1B113 11/18/2021 Oct-21	F N1B113 12/17/2021 Nov-21	G N1B113 1/20/2022 Dec-21	H N1B113 2/17/2022 Jan-22	I N1B113 Feb-22	J N1B113 Mar-22	K N1B113 Apr-22	L N1B113 May-22	M N1B113 Jun-22	N Total YTD (B to M)	O Remaining Forecast (A-N)	P % Expended (N/A)
<b>Non-Medical Serv. Prog.</b>		<b>01-00-0-65020</b>																
Sports Club	Other	65020-008	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Crisis Team-Eval Beh	Behavior	65020-017	2,945,762	207,662	186,495	225,775	212,218	211,534	232,151	221,710	-	-	-	-	-	1,497,544	1,448,218	50.84%
Socialization Trng.	Other	65020-028	690,631	19,536	30,557	62,152	43,976	57,668	33,253	49,728	-	-	-	-	-	296,870	393,761	42.99%
Client/Parent Support	Behavior	65020-048	118,478	-	135	2,108	6,912	4,387	10,151	4,486	-	-	-	-	-	28,179	90,299	23.78%
Commty Integration	Day Prog	65020-055	41,009,853	2,181,896	3,437,823	3,200,532	3,792,443	3,499,578	2,948,399	3,292,646	-	-	-	-	-	22,353,318	18,656,535	54.51%
Parent Coordinate Ho	Behavior	65020-077	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Creative Art Program	Day Prog	65020-094	5,959,445	265,288	360,160	335,373	578,076	418,815	393,097	378,358	-	-	-	-	-	2,729,166	3,230,278	45.80%
Specialized Hlth	Other	65020-103	307,258	14,086	12,058	19,858	19,294	6,286	21,418	15,550	-	-	-	-	-	108,547	198,710	35.33%
Parenting Support	Other	65020-108	1,865,550	142,806	137,730	137,493	127,957	87,828	132,944	156,016	-	-	-	-	-	922,774	942,776	49.46%
Communit Integration(SDP)	Day Prog	65020-331	812,629	3,932	28,802	109,711	79,022	116,303	96,140	101,239	-	-	-	-	-	535,149	277,480	65.85%
Prevocational Supports(SDP)	Day Prog	65020-339	38,299	-	333	1,100	846	1,441	2,120	2,390	-	-	-	-	-	8,229	30,070	21.49%
PD Community-Based Traini	Day Prog	65020-475	1,363	-	-	-	-	-	191	-	-	-	-	-	-	191	1,172	14.01%
<b>Subtotal</b>			<b>53,749,267</b>	<b>2,835,206</b>	<b>4,194,090</b>	<b>4,094,103</b>	<b>4,860,743</b>	<b>4,403,840</b>	<b>3,869,862</b>	<b>4,222,122</b>	-	-	-	-	-	<b>28,479,967</b>	<b>25,269,300</b>	<b>52.99%</b>
<b>Home Care Services-Prog.</b>		<b>01-00-0-65040</b>																
Homemaker Program	Other	65040-860	79,448	5,617	1,124	8,033	4,921	1,124	6,250	5,899	-	-	-	-	-	32,968	46,480	41.50%
<b>Subtotal</b>			<b>79,448</b>	<b>5,617</b>	<b>1,124</b>	<b>8,033</b>	<b>4,921</b>	<b>1,124</b>	<b>6,250</b>	<b>5,899</b>	-	-	-	-	-	<b>32,968</b>	<b>46,480</b>	<b>41.50%</b>
<b>Prevention Services</b>		<b>01-00-0-65060</b>																
Early Start Spec	ES	65060-116	157,360	-	-	-	-	-	-	-	-	-	-	-	-	-	157,360	0.00%
<b>Subtotal</b>			<b>157,360</b>	-	-	-	-	-	-	-	-	-	-	-	-	-	<b>157,360</b>	<b>0.00%</b>
<b>Other Authorized Svc.</b>		<b>01-00-0-65070</b>																
Transition Expenses	Other	65070-020	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Veh. Modification	Other	65070-021	344,272	-	6,223	21,550	58,990	-	25,360	-	-	-	-	-	-	112,122	232,150	32.57%
Purchase Reimb.	Other	65070-024	458,763	10,691	18,773	20,580	23,372	7,851	54,365	24,757	-	-	-	-	-	160,388	298,375	34.96%
Intensive Transition	Other	65070-026	86,505	-	-	15,889	8,827	8,827	8,827	8,827	-	-	-	-	-	42,370	44,135	48.98%
Money Mgmt.	CF / MM	65070-034	1,631,486	130,358	109,858	147,893	59,148	211,517	129,711	124,946	-	-	-	-	-	913,431	718,055	55.99%
Repair Services	Other	65070-042	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lifeline Emergency	Other	65070-051	6,213	-	-	-	1,901	504	504	-	-	-	-	-	-	2,910	3,304	46.83%
Personal Assistance	Per Assist	65070-062	122,362,592	8,071,147.49	9,056,005.12	9,907,859.31	9,427,656.51	9,240,924.72	10,123,850	7,635,529	-	-	-	-	-	63,462,972	58,899,620	51.86%
Community Activities	Other	65070-063	92,813	-	4,346	4,346	13,317	9,095	5,041	5,092	-	-	-	-	-	41,238	51,575	44.43%
SSP Restoration	CF / MM	65070-065	710,000	171,698	(341)	171,590	622	171,124	1,354	1,365	-	-	-	-	-	517,412	192,589	72.87%
Parent Coordinator	SL	65070-073	328,843	19,600	27,349	19,600	19,600	19,600	19,600	19,600	-	-	-	-	-	144,948	183,895	44.08%
Professional Copy	Other	65070-100	17,911	300	-	960	710	560	350	585	-	-	-	-	-	3,465	14,446	19.35%
Housing Services	Other	65070-101	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Individual or Family	Behavior	65070-102	1,223,369	83,607	87,979	89,494	101,346	82,926	119,624	101,193	-	-	-	-	-	666,168	557,201	54.45%
Environmental Access	Other	65070-104	98,775	-	-	-	10,975	1,250	-	28,000	-	-	-	-	-	40,225	58,550	40.72%
Specialized Rec.	Other	65070-106	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Parenting Support Svcs.	Other	65070-108	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Supp. Program Support	Other	65070-111	57,253	3,528	1,038	-	3,965	999	3,567	2,300	-	-	-	-	-	15,397	41,856	26.89%
Communication Aides	Other	65070-112	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Housing Access Support(SD)	Other	65070-314	11,445	-	-	-	1,090	545	545	-	-	-	-	-	-	2,179	9,265	19.04%
Community Living Support(S)	Other	65070-320	1,768,178	22,189	41,488	157,343	118,004	83,590	78,955	95,711	-	-	-	-	-	597,279	1,170,899	33.78%
Participant Directed Goods(S)	Other	65070-333	321,853	-	23,887	27,232	25,646	24,640	24,127	27,077	-	-	-	-	-	152,609	169,244	47.42%
Individual Training(SDP)	Other	65070-334	89,622	2,547	5,023	5,951	9,564	-	735	20,502	-	-	-	-	-	44,322	45,300	49.45%
Environmental Access(SDP)	Other	65070-356	-	-	-	-	-	1,200	-	-	-	-	-	-	-	1,200	(1,200)	-
Communication Support(SDP)	Other	65070-360	20,250	-	-	-	1,800	600	450	450	-	-	-	-	-	3,300	16,950	16.30%
Fiscal Management Svcs: F	FMS	65070-490	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Fiscal Management Svcs: C	FMS	65070-491	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Attorney/Legal Svc.	Other	65070-610	-	-	-	-	-	-	1,746	-	-	-	-	-	-	1,746	(1,746)	-
Diaper Svc.	Other	65070-627	224,297	14,266	17,441	15,610	19,470	15,248	21,406	-	-	-	-	-	-	103,441	120,856	46.12%
Driver Trng.	Trans	65070-630	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Interpreter	Other	65070-642	70,319	3,004	3,710	1,849	2,869	2,823	2,637	2,911	-	-	-	-	-	19,803	50,516	28.16%
Translator	Other	65070-643	378,181	21,695	29,941	25,693	25,195	25,544	26,921	20,315	-	-	-	-	-	175,303	202,879	46.35%



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GL ACCOUNT NAME	Exp Plan Category	GL ACCT #	A PEP Forecast 9/10/2021 FY 2021-22	B N1B113 8/19/2021 Jul-21	C N1B113 9/22/2021 Aug-21	D N1B113 10/21/2021 Sep-21	E N1B113 11/18/2021 Oct-21	F N1B113 12/17/2021 Nov-21	G N1B113 1/20/2022 Dec-21	H N1B113 2/17/2022 Jan-22	I N1B113 Feb-22	J N1B113 Mar-22	K N1B113 Apr-22	L N1B113 May-22	M N1B113 Jun-22	N Total YTD (B to M)	O Remaining Forecast (A-N)	P % Expended (N/A)
Out-Of-State Manufacturer	Other	65070-655	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Retail/Wholesale	FMS	65070-660	12,666	-	2,085	832	796	532	1,128	353	-	-	-	-	-	5,727	6,938	45.22%
Training/Habilitative.	SL	65070-892	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SLS Adm.	SL	65070-894	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Supported Living	SL	65070-896	69,045,680	5,074,034	5,110,201	5,270,628	5,606,868	5,271,332	5,581,451	5,411,762	-	-	-	-	-	37,326,276	31,719,404	54.06%
Start-Up Funding	Other	65070-999	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Subtotal</b>			<b>199,361,287</b>	<b>13,628,664</b>	<b>14,545,005</b>	<b>15,889,010</b>	<b>15,548,792</b>	<b>15,181,232</b>	<b>16,232,252</b>	<b>13,531,277</b>	-	-	-	-	-	<b>104,556,231</b>	<b>94,805,057</b>	<b>52.45%</b>
<b>P&amp;I Expenses</b>		<b>01-00-0-65080</b>																
P&I	CF / MM	65080-400	410,033	62,143	30,399	30,424	30,006	29,745	32,753	31,569	-	-	-	-	-	247,039	162,994	60.25%
<b>Subtotal</b>			<b>410,033</b>	<b>62,143</b>	<b>30,399</b>	<b>30,424</b>	<b>30,006</b>	<b>29,745</b>	<b>32,753</b>	<b>31,569</b>	-	-	-	-	-	<b>247,039</b>	<b>162,994</b>	<b>60.25%</b>
<b>Hospital Care</b>		<b>01-00-0-65090</b>																
Acute Care Hospital	Other	65090-700	40,000	-	-	-	-	-	-	-	-	-	-	-	-	-	40,000	0.00%
<b>Subtotal</b>			<b>40,000</b>	-	-	-	-	-	-	-	-	-	-	-	-	-	<b>40,000</b>	<b>0.00%</b>
<b>Medical Equipment</b>		<b>01-00-0-65100</b>																
Specialized Med Equipment	Other	65100-365	5,206	-	-	-	207	178	-	500	-	-	-	-	-	886	4,321	17.01%
Diaper & Nutr. Supply	Other	65100-410	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Durable Med. Equipment	Other	65100-725	143,973	293	2,955	292	18,848	16,934	2,475	5,015	-	-	-	-	-	46,813	97,160	32.52%
Other Medical Equipment	Other	65100-755	2,520	-	-	-	-	-	-	-	-	-	-	-	-	-	2,520	0.00%
<b>Subtotal</b>			<b>151,700</b>	<b>293</b>	<b>2,955</b>	<b>292</b>	<b>19,056</b>	<b>17,112</b>	<b>2,475</b>	<b>5,515</b>	-	-	-	-	-	<b>47,699</b>	<b>104,001</b>	<b>31.44%</b>
<b>Medical Care Prof.</b>		<b>01-00-0-65110</b>																
Medicare Part D	Other	65110-009	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Special Therapeutic	Other	65110-115	112,361	9,300	8,670	6,562	8,010	6,606	6,780	-	-	-	-	-	-	45,929	66,431	40.88%
Spec. Therapeutic Svc	Other	65110-117	5,033,126	269,129	391,521	486,498	364,501	342,306	335,422	395,414	-	-	-	-	-	2,584,791	2,448,335	51.36%
Nutritional Consultation(SDP)	Other	65110-362	11,110	-	-	660	450	1,750	600	-	-	-	-	-	-	3,460	7,650	31.14%
Dental Services(SDP)	Other	65110-367	8,000	-	-	-	-	-	-	-	-	-	-	-	-	-	8,000	0.00%
Lenses and Frames(SDP)	Other	65110-368	2,632	-	-	-	-	330	-	260	-	-	-	-	-	590	2,042	22.42%
Psychology Services(SDP)	Other	65110-370	22,050	-	-	1,200	450	-	-	-	-	-	-	-	-	1,650	20,400	7.48%
Train/couns for unpa(SDP)	Other	65110-371	-	-	-	-	-	-	-	325	-	-	-	-	-	325	(325)	-
Speech Hearing Language(S)	Other	65110-372	32,108	960	2,680	2,160	3,052	2,580	2,837	1,500	-	-	-	-	-	15,770	16,338	49.11%
Occupational Therapy(SDP)	Other	65110-375	3,264	-	-	-	544	272	181	181	-	-	-	-	-	1,180	2,085	36.14%
Physical Therapy(SDP)	Other	65110-376	3,000	-	300	-	-	-	-	-	-	-	-	-	-	300	2,700	10.00%
Audiology	ES	65110-706	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Speech Pathology	ES	65110-707	2,487,627	169,346	180,780	182,376	198,137	148,586	152,284	136,180	-	-	-	-	-	1,167,690	1,319,938	46.94%
Dentistry	Other	65110-715	2,134,798	124,339	156,316	169,898	191,352	147,050	151,710	190,830	-	-	-	-	-	1,131,496	1,003,303	53.00%
Dietary Services	Other	65110-720	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Orthoptic Services	Other	65110-745	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Orthodic/Prosthetic	Other	65110-750	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Physical Therapy	ES	65110-772	382,927	26,645	29,036	31,031	25,407	27,299	27,098	22,517	-	-	-	-	-	189,034	193,894	49.37%
Occupational Therapy	ES	65110-773	242,483	14,091	16,454	14,070	10,314	9,175	9,766	8,360	-	-	-	-	-	82,231	160,251	33.91%
Physicians/Surgeons	Other	65110-775	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatrist	Other	65110-780	492,451	39,288	39,638	-	42,613	78,925	39,988	37,188	-	-	-	-	-	277,638	214,814	56.38%
Clinical Psychologist	Other	65110-785	1,495,814	11,771	32,405	146,158	127,919	88,324	173,692	127,508	-	-	-	-	-	707,777	788,037	47.32%
<b>Subtotal</b>			<b>12,463,752</b>	<b>664,870</b>	<b>857,800</b>	<b>1,040,613</b>	<b>972,750</b>	<b>853,203</b>	<b>900,358</b>	<b>920,263</b>	-	-	-	-	-	<b>6,209,859</b>	<b>6,253,893</b>	<b>49.82%</b>
<b>Medical Care Program</b>		<b>01-00-0-65120</b>																
Adult Day Health Ctr.	Day Prog	65120-702	1,910,706	146,515	152,235	147,049	106,168	132,405	193,878	135,913	-	-	-	-	-	1,014,162	896,544	53.08%
Day Treatment Center	Day Prog	65120-710	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!
Audiology Facility	ES	65120-730	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!
Lab/Radiological Svc.	Other	65120-735	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	#DIV/0!
Pharmaceutical Svc.	Other	65120-765	252,207	10,340	7,271	27,781	19,834	8,911	19,717	25,117	-	-	-	-	-	118,971	133,237	47.17%
<b>Subtotal</b>			<b>2,162,913</b>	<b>156,854</b>	<b>159,506</b>	<b>174,829</b>	<b>126,002</b>	<b>141,316</b>	<b>213,595</b>	<b>161,030</b>	-	-	-	-	-	<b>1,133,133</b>	<b>1,029,781</b>	<b>52.39%</b>
<b>Total Others</b>			<b>309,175,977</b>	<b>19,686,247</b>	<b>22,117,639</b>	<b>24,616,249</b>	<b>24,559,271</b>	<b>23,627,644</b>	<b>24,389,812</b>	<b>21,825,319</b>	-	-	-	-	-	<b>160,822,181</b>	<b>148,353,796</b>	<b>52.02%</b>

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GL ACCOUNT NAME	Exp Plan Category	GL ACCT #	A PEP Forecast 9/10/2021 FY 2021-22	B N1B113 8/19/2021 Jul-21	C N1B113 9/22/2021 Aug-21	D N1B113 10/21/2021 Sep-21	E N1B113 11/18/2021 Oct-21	F N1B113 12/17/2021 Nov-21	G N1B113 1/20/2022 Dec-21	H N1B113 2/17/2022 Jan-22	I N1B113 Feb-22	J N1B113 Mar-22	K N1B113 Apr-22	L N1B113 May-22	M N1B113 Jun-22	N Total YTD (B to M)	O Remaining Forecast (A-N)	P % Expended (N/A)
<b>Respite-In Home</b>		<b>01-00-0-65130</b>																
Respite In-Home(SDP)	Respite	65130-310	189,736	205	9,784	15,988	16,946	28,482	25,198	43,007						139,610	50,126	73.58%
Respite Service Family	Respite	65130-420	-	-	-	-	-	-	-	-						-	-	-
PD Respite Svc-Family	FMS	65130-465	-	-	-	-	-	-	-	-						-	-	-
LVN	Respite	65130-742	-	-	-	-	-	-	-	-						-	-	-
Nurse Aide/Asst	Respite	65130-743	-	-	-	-	-	-	-	-						-	-	-
Registered Nurse	Respite	65130-744	16,007	-	1,278	1,339	-	3,773	-	1,217						7,608	8,399	47.53%
Home Health Agency	Respite	65130-854	18,135,365	853,208	1,434,308	1,361,095	1,641,134	1,178,109	1,233,637	1,702,101						9,403,593	8,731,773	51.85%
In-Home Respite Svc.	Respite	65130-862	77,223,480	4,448,284	5,729,001	6,525,134	5,461,504	7,085,013	6,747,866	5,480,991						41,477,794	35,745,686	53.71%
<b>Subtotal</b>			<b>95,564,588</b>	<b>5,301,697</b>	<b>7,174,371</b>	<b>7,903,557</b>	<b>7,119,584</b>	<b>8,295,377</b>	<b>8,006,701</b>	<b>7,227,316</b>	-	-	-	-	-	<b>51,028,603</b>	<b>44,535,985</b>	<b>53.40%</b>
<b>Respite Out of Home</b>		<b>01-00-0-65140</b>																
Respite Facility (SDP)	Respite	65140-311	-	-	-	-	-	-	235	-						235	(235)	-
Out of Home Respite	Respite	65140-868	91,972	-	-	3,982	8,520	-	-	2,826						15,328	76,644	16.67%
<b>Subtotal</b>			<b>91,972</b>	<b>-</b>	<b>-</b>	<b>3,982</b>	<b>8,520</b>	<b>-</b>	<b>235</b>	<b>2,826</b>	-	-	-	-	-	<b>15,563</b>	<b>76,409</b>	<b>16.92%</b>
<b>Camps</b>		<b>01-00-0-65150</b>																
Camping Svc.	Camp	65150-850	500,000	-	-	-	-	-	-	-						-	500,000	0.00%
<b>Subtotal</b>			<b>500,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	-	-	-	-	-	<b>500,000</b>	<b>500,000</b>	<b>0.00%</b>
<b>Total Respite</b>			<b>96,156,560</b>	<b>5,301,697</b>	<b>7,174,371</b>	<b>7,907,539</b>	<b>7,128,105</b>	<b>8,295,377</b>	<b>8,006,936</b>	<b>7,230,142</b>	-	-	-	-	-	<b>51,044,167</b>	<b>45,112,394</b>	<b>53.08%</b>
<b>GRAND TOTAL - Reg POS</b>			<b>621,445,089</b>	<b>38,602,459</b>	<b>45,908,468</b>	<b>48,772,600</b>	<b>48,707,629</b>	<b>48,219,909</b>	<b>49,606,711</b>	<b>47,033,111</b>	-	-	-	-	-	<b>326,850,889</b>	<b>294,594,201</b>	<b>52.60%</b>

North Los Angeles County Regional Center  
POS Expenditures By GL  
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GL ACCOUNT NAME	Exp Plan Category	GL ACCT #	A PEP Forecast 9/10/2021 FY 2021-22	B N1B113 8/19/2021 Jul-21	C N1B113 9/22/2021 Aug-21	D N1B113 10/21/2021 Sep-21	E N1B113 11/18/2021 Oct-21	F N1B113 12/17/2021 Nov-21	G N1B113 1/20/2022 Dec-21	H N1B113 2/17/2022 Jan-22	I N1B113 Feb-22	J N1B113 Mar-22	K N1B113 Apr-22	L N1B113 May-22	M N1B113 Jun-22	N Total YTD (B to M)	O Remaining Forecast (A-N)	P % Expended (N/A)
TRIAL BALANCE			SOAR Forecast 9/10/2021	GL03701 8/19/2021	GL03701 9/22/2021	GL03701 10/21/2021	GL03701 11/18/2021	GL03701 12/17/2021	GL03701 1/20/2022	GL03701 2/17/2022	GL03701 -	GL03701 -	GL03701 -	GL03701 -	GL03701 -			
Community Care Facility		01-00-0-32010	107,043,454	7,406,547	7,558,570	7,827,066	8,120,578	7,967,598	9,441,706	8,587,069						56,909,133	50,134,321	53.16%
ICF/SNF Facility		01-00-0-32020	3,496,167	52,592	115,504	96,711	150,260	97,915	139,384	76,634						729,000	2,767,167	20.85%
Day Care		01-00-0-43010	475,873	32,649	28,909	35,327	35,660	30,870	28,843	32,437						224,694	251,180	47.22%
Day Training		01-00-0-43020	79,354,843	5,543,000	5,978,866	6,277,737	6,613,743	6,118,177	5,181,500	7,280,573						42,993,597	36,361,246	54.18%
Supported Employment		01-00-0-43030	4,277,008	248,240	307,153	278,907	315,159	321,473	319,705	228,405						2,019,042	2,257,966	47.21%
Work Activity Program		01-00-0-43040	208,682	17,869	13,748	5,309	5,483	9,699	8,415	9,421						69,943	138,739	33.52%
Non-Medical Services-Prof.		01-00-0-65010	40,600,217	2,332,599	2,326,760	3,378,944	2,997,001	3,000,071	3,132,267	2,947,643						20,115,285	20,484,931	49.54%
Non-Medical Services-Prog.		01-00-0-65020	53,749,267	2,835,206	4,194,090	4,094,103	4,860,743	4,403,840	3,869,862	4,222,122						28,479,967	25,269,300	52.99%
Home Care Services-Prog.		01-00-0-65040	79,448	5,617	1,124	8,033	4,921	1,124	6,250	5,899						32,968	46,480	41.50%
Transportation		01-00-0-65050	3,919,819	263,741	267,286	292,654	318,845	276,039	201,198	353,461						1,973,224	1,946,596	50.34%
Transportation-Contracts		01-00-0-65051	17,336,705	49,876	2,346,422	1,435,102	1,460,526	1,475,118	1,889,213	1,409,650						10,065,908	7,270,796	58.06%
Prevention Services		01-00-0-65060	157,360	-	-	-	-	-	-	-						-	157,360	0.00%
Other Authorized Services		01-00-0-65070	199,361,287	13,628,664	14,545,005	15,889,010	15,548,792	15,181,232	16,232,252	13,531,277						104,556,231	94,805,057	52.45%
P&I Expense		01-00-0-65080	410,033	62,143	30,399	30,424	30,006	29,745	32,753	31,569						247,039	162,994	60.25%
Hospital Care		01-00-0-65090	40,000	-	-	-	-	-	-	-						-	40,000	0.00%
Medical Equipment		01-00-0-65100	151,700	293	2,955	292	19,056	17,112	2,475	5,515						47,699	104,001	31.44%
Medical Care - Prof.		01-00-0-65110	12,463,752	664,870	857,800	1,040,613	972,750	853,203	900,358	920,263						6,209,859	6,253,893	49.82%
Medical Care - Prog.		01-00-0-65120	2,162,913	156,854	159,506	174,829	126,002	141,316	213,595	161,030						1,133,133	1,029,781	52.39%
Respite - In Home		01-00-0-65130	95,564,588	5,301,697	7,174,371	7,903,557	7,119,584	8,295,377	8,006,701	7,227,316						51,028,603	44,535,985	53.40%
Respite - Out of Home		01-00-0-65140	91,972	-	-	3,982	8,520	-	235	2,826						15,563	76,409	16.92%
Camps		01-00-0-65150	500,000	-	-	-	-	-	-	-						-	500,000	0.00%
<b>GRAND TOTAL-Trial Bal.</b>			<b>621,445,089</b>	<b>38,602,459</b>	<b>45,908,468</b>	<b>48,772,600</b>	<b>48,707,629</b>	<b>48,219,909</b>	<b>49,606,711</b>	<b>47,033,111</b>	-	-	-	-	-	<b>326,850,889</b>	<b>294,594,201</b>	<b>52.60%</b>
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**North Los Angeles County Regional Center  
POS Expenditures By Category  
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GL ACCOUNT NAME	Exp Plan Category	GL ACCT #	A PEP Forecast 9/10/2021 FY 2021-22	B N1B113 8/19/2021 Jul-21	C N1B113 9/22/2021 Aug-21	D N1B113 10/21/2021 Sep-21	E N1B113 11/18/2021 Oct-21	F N1B113 12/17/2021 Nov-21	G N1B113 1/20/2022 Dec-21	H N1B113 2/17/2022 Jan-22	I N1B113 Feb-22	J N1B113 Mar-22	K N1B113 Apr-22	L N1B113 May-22	M N1B113 Jun-22	N Total YTD (B to M)	O Remaining Forecast (A-N)	P % Expended (N/A)
<b>Day Program</b>																		
Mobile Day Program	Day Prog	43020-091	646,658	40,067	39,221	11,646	64,387	41,620	53,152	42,548	0	0	0	0	0	292,641	354,017	45.25%
Supplemental Day Svc.	Day Prog	43020-110	689,136	35,885	23,931	41,712	83,416	52,047	33,212	39,571	0	0	0	0	0	309,774	379,362	44.95%
Communit Integration(SDP)	Day Prog	65020-331	812,629	3,932	28,802	109,711	79,022	116,303	96,140	101,239	0	0	0	0	0	535,149	277,480	65.85%
Prevocational Supports(SDP)	Day Prog	65020-339	38,299	0	333	1,100	846	1,441	2,120	2,390	0	0	0	0	0	8,229	30,070	21.49%
PD Community-Based Traini	Day Prog	65020-475	1,363	0	0	0	0	0	191	0	0	0	0	0	0	191	1,172	14.01%
Activity Center	Day Prog	43020-505	4,326,713	344,148	357,326	360,516	354,035	349,380	337,601	375,420	0	0	0	0	0	2,478,426	1,848,286	57.28%
Adult Dev Center	Day Prog	43020-510	16,656,198	1,217,362	1,232,109	1,248,074	1,382,657	1,349,984	695,681	1,954,690	0	0	0	0	0	9,080,557	7,575,642	54.52%
Behavior Mgmt Program	Day Prog	43020-515	10,005,536	794,592	756,155	846,587	783,141	663,649	855,053	825,380	0	0	0	0	0	5,524,557	4,480,979	55.22%
Comm'ty Integration	Day Prog	65020-055	41,009,853	2,181,896	3,437,823	3,200,532	3,792,443	3,499,578	2,948,399	3,292,646	0	0	0	0	0	22,353,318	18,656,535	54.51%
Creative Art Program	Day Prog	65020-094	5,959,445	265,288	360,160	335,373	578,076	418,815	393,097	378,358	0	0	0	0	0	2,729,166	3,230,278	45.80%
Adult Day Health Ctr.	Day Prog	65120-702	1,910,706	146,515	152,235	147,049	106,168	132,405	193,878	135,913	0	0	0	0	0	1,014,162	896,544	53.08%
Day Treatment Center	Day Prog	65120-710	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Sub-Total</b>			<b>82,056,536</b>	<b>5,029,686</b>	<b>6,388,095</b>	<b>6,302,300</b>	<b>7,224,190</b>	<b>6,625,221</b>	<b>5,608,524</b>	<b>7,148,155</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>44,326,171</b>	<b>37,730,365</b>	<b>54.02%</b>
<b>Early Start</b>																		
Infant Dev. Program	ES	43020-805	36,894,189	2,409,511	2,877,060	2,908,028	3,133,648	2,937,611	2,452,904	3,231,872	0	0	0	0	0	19,950,633	16,943,556	54.08%
Dev. Specialist	ES	65010-670	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Infant Dev Special	ES	65010-810	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Early Start Spec	ES	65060-116	157,360	0	0	0	0	0	0	0	0	0	0	0	0	0	157,360	0.00%
Audiology	ES	65110-706	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Speech Pathology	ES	65110-707	2,487,627	169,346	180,780	182,376	198,137	148,586	152,284	136,180	0	0	0	0	0	1,167,690	1,319,938	46.94%
Physical Therapy	ES	65110-772	382,927	26,645	29,036	31,031	25,407	27,299	27,098	22,517	0	0	0	0	0	189,034	193,894	49.37%
Occupational Therapy	ES	65110-773	242,483	14,091	16,454	14,070	10,314	9,175	9,766	8,360	0	0	0	0	0	82,231	160,251	33.91%
Audiology Facility	ES	65120-730	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Sub-Total</b>			<b>40,164,587</b>	<b>2,619,593</b>	<b>3,103,330</b>	<b>3,135,505</b>	<b>3,367,507</b>	<b>3,122,671</b>	<b>2,642,053</b>	<b>3,398,929</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>21,389,588</b>	<b>18,774,999</b>	<b>53.25%</b>
<b>Habilitation</b>																		
Employment Supports(SDP)	Hab	43030-335	13,651	0	651	0	1,300	0	550	0	0	0	0	0	0	2,501	11,150	18.32%
SEP-Group Placement	Hab	43030-950	1,312,669	60,697	134,708	100,210	5,743	129,974	90,176	46,860	0	0	0	0	0	568,368	744,301	43.30%
SEP-Individual Placement	Hab	43030-952	2,950,688	187,543	171,793	178,697	308,116	191,498	228,980	181,544	0	0	0	0	0	1,448,172	1,502,515	49.08%
Work Activity Program	Hab	43040-954	208,682	17,869	13,748	5,309	5,483	9,699	8,415	9,421	0	0	0	0	0	69,943	138,739	33.52%
<b>Sub-Total</b>			<b>4,485,690</b>	<b>266,109</b>	<b>320,901</b>	<b>284,216</b>	<b>320,642</b>	<b>331,171</b>	<b>328,120</b>	<b>237,826</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,088,985</b>	<b>2,396,705</b>	<b>46.57%</b>
<b>Independeng Living Serv.</b>																		
Independent Living	ILS	43020-520	10,136,413	701,435	693,064	861,174	812,460	723,887	753,896	811,092	0	0	0	0	0	5,357,009	4,779,404	52.85%
Independent Living Spec.	ILS	65010-635	244,623	19,820	19,757	0	19,725	40,349	0	20,226	0	0	0	0	0	119,878	124,745	49.01%
<b>Sub-Total</b>			<b>10,381,036</b>	<b>721,256</b>	<b>712,820</b>	<b>861,174</b>	<b>832,185</b>	<b>764,236</b>	<b>753,896</b>	<b>831,319</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5,476,886</b>	<b>4,904,149</b>	<b>52.76%</b>
<b>Supported Living Serv.</b>																		
Parent Coordinator	SL	65070-073	328,843	19,600	27,349	19,600	19,600	19,600	19,600	19,600	0	0	0	0	0	144,948	183,895	44.08%
Training/Habilitative.	SL	65070-892	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
SLS Adm.	SL	65070-894	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Supported Living	SL	65070-896	69,045,680	5,074,034	5,110,201	5,270,628	5,606,868	5,271,332	5,581,451	5,411,762	0	0	0	0	0	37,326,276	31,719,404	54.06%
<b>Sub-Total</b>			<b>69,374,524</b>	<b>5,093,634</b>	<b>5,137,549</b>	<b>5,290,228</b>	<b>5,626,468</b>	<b>5,290,932</b>	<b>5,601,051</b>	<b>5,431,362</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>37,471,225</b>	<b>31,903,299</b>	<b>54.01%</b>
<b>Other</b>																		
Tutor Services-Group	Other	65010-025	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Interdisciplinary Assist.	Other	65010-056	293,458	20,773	17,760	19,136	15,718	22,366	21,475	16,999	0	0	0	0	0	134,227	159,231	45.74%
Educational Svc.	Other	65010-107	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Live-In Caregiver(SDP)	Other	65010-312	78,971	0	2,376	1,697	10,035	5,474	0	14,489	0	0	0	0	0	34,071	44,900	43.14%
Counseling Services.	Other	65010-625	417,915	27,437	29,727	27,912	29,613	25,871	21,702	30,717	0	0	0	0	0	192,979	224,936	46.18%
Ed. Psychologist	Other	65010-672	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

**North Los Angeles County Regional Center  
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GL ACCOUNT NAME	Exp Plan Category	GL ACCT #	A PEP Forecast 9/10/2021 FY 2021-22	B N1B113 8/19/2021 Jul-21	C N1B113 9/22/2021 Aug-21	D N1B113 10/21/2021 Sep-21	E N1B113 11/18/2021 Oct-21	F N1B113 12/17/2021 Nov-21	G N1B113 1/20/2022 Dec-21	H N1B113 2/17/2022 Jan-22	I N1B113 Feb-22	J N1B113 Mar-22	K N1B113 Apr-22	L N1B113 May-22	M N1B113 Jun-22	N Total YTD (B to M)	O Remaining Forecast (A-N)	P % Expended (N/A)
Teacher's Aide	Other	65010-676	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Teacher of Spec. Ed.	Other	65010-678	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tutor	Other	65010-680	223,111	16,134	16,899	13,576	12,438	12,875	11,958	11,749	0	0	0	0	0	95,629	127,482	42.86%
Music Therapist	Other	65010-693	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sports Club	Other	65020-008	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Socialization Trng.	Other	65020-028	690,631	19,536	30,557	62,152	43,976	57,668	33,253	49,728	0	0	0	0	0	296,870	393,761	42.99%
Homemaker Program	Other	65040-860	79,448	5,617	1,124	8,033	4,921	1,124	6,250	5,899	0	0	0	0	0	32,968	46,480	41.50%
Specialized Hlth	Other	65020-103	307,258	14,086	12,058	19,858	19,294	6,286	21,418	15,550	0	0	0	0	0	108,547	198,710	35.33%
Parenting Support	Other	65020-108	1,865,550	142,806	137,730	137,493	127,957	87,828	132,944	156,016	0	0	0	0	0	922,774	942,776	49.46%
Transition Expenses	Other	65070-020	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Veh. Modification	Other	65070-021	344,272	0	6,223	21,550	58,990	0	25,360	0	0	0	0	0	0	112,122	232,150	32.57%
Purchase Reimb.	Other	65070-024	458,763	10,691	18,773	20,580	23,372	7,851	54,365	24,757	0	0	0	0	0	160,388	298,375	34.96%
Intensive Transition	Other	65070-026	86,505	0	0	0	15,889	8,827	8,827	8,827	0	0	0	0	0	42,370	44,135	48.98%
Repair Services	Other	65070-042	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lifeline Emergency	Other	65070-051	6,213	0	0	0	1,901	504	504	0	0	0	0	0	0	2,910	3,304	46.83%
Community Activities	Other	65070-063	92,813	0	4,346	4,346	13,317	9,095	5,041	5,092	0	0	0	0	0	41,238	51,575	44.43%
Professional Copy	Other	65070-100	17,911	300	0	960	710	560	350	585	0	0	0	0	0	3,465	14,446	19.35%
Housing Services	Other	65070-101	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Environmental Access	Other	65070-104	98,775	0	0	0	10,975	1,250	0	28,000	0	0	0	0	0	40,225	58,550	40.72%
Specialized Rec.	Other	65070-106	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Parenting Support Svcs.	Other	65070-108	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Supp. Program Support	Other	65070-111	57,253	3,528	1,038	0	3,965	999	3,567	2,300	0	0	0	0	0	15,397	41,856	26.89%
Communication Aides	Other	65070-112	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Housing Access Support(SD	Other	65070-314	11,445	0	0	0	1,090	545	545	0	0	0	0	0	0	2,179	9,265	19.04%
Community Living Support(S	Other	65070-320	1,768,178	22,189	41,488	157,343	118,004	83,590	78,955	95,711	0	0	0	0	0	597,279	1,170,899	33.78%
Participant Directed Goods(S	Other	65070-333	321,853	0	23,887	27,232	25,646	24,640	24,127	27,077	0	0	0	0	0	152,609	169,244	47.42%
Individual Training(SDP)	Other	65070-334	89,622	2,547	5,023	5,951	9,564	0	735	20,502	0	0	0	0	0	44,322	45,300	49.45%
Environmental Access(SDP)	Other	65070-356	0	0	0	0	0	1,200	0	0	0	0	0	0	0	1,200	-1,200	0.00%
Communication Support(SDP)	Other	65070-360	20,250	0	0	0	1,800	600	450	450	0	0	0	0	0	3,300	16,950	16.30%
Technology Supports(SDP)	Other	65010-336	4,737	319	0	314	83	13,705	1,119	2,786	0	0	0	0	0	18,326	-13,590	386.91%
Independent Facilitator(SDP)	Other	65010-340	198,580	120	1,440	12,554	16,842	4,160	8,898	22,904	0	0	0	0	0	66,918	131,662	33.70%
Nutritional Consultation(SDP)	Other	65110-362	11,110	0	0	660	450	1,750	600	0	0	0	0	0	0	3,460	7,650	31.14%
Dental Services(SDP)	Other	65110-367	8,000	0	0	0	0	0	0	0	0	0	0	0	0	0	8,000	0.00%
Lenses and Frames(SDP)	Other	65110-368	2,632	0	0	0	0	330	0	260	0	0	0	0	0	590	2,042	22.42%
Psychology Services(SDP)	Other	65110-370	22,050	0	0	1,200	450	0	0	0	0	0	0	0	0	1,650	20,400	7.48%
Train/couns for unpa(SDP)	Other	65110-371	0	0	0	0	0	0	325	0	0	0	0	0	0	325	-325	0.00%
Speech Hearing Language(S	Other	65110-372	32,108	960	2,680	2,160	3,052	2,580	2,837	1,500	0	0	0	0	0	15,770	16,338	49.11%
Occupational Therapy(SDP)	Other	65110-375	3,264	0	0	0	544	272	181	181	0	0	0	0	0	1,180	2,085	36.14%
Physical Therapy(SDP)	Other	65110-376	3,000	0	300	0	0	0	0	0	0	0	0	0	0	300	2,700	10.00%
Attorney/Legal Svc.	Other	65070-610	0	0	0	0	0	0	1,746	0	0	0	0	0	0	1,746	-1,746	0.00%
Diaper Svc.	Other	65070-627	224,297	14,266	17,441	15,610	19,470	15,248	21,406	0	0	0	0	0	0	103,441	120,856	46.12%
Interpreter	Other	65070-642	70,319	3,004	3,710	1,849	2,869	2,823	2,637	2,911	0	0	0	0	0	19,803	50,516	28.16%
Translator	Other	65070-643	378,181	21,695	29,941	25,693	25,195	25,544	26,921	20,315	0	0	0	0	0	175,303	202,879	46.35%
Out-Of-State Manufacturer	Other	65070-655	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Acute Care Hospital	Other	65090-700	40,000	0	0	0	0	0	0	0	0	0	0	0	0	0	40,000	0.00%
Specialized Med Equipment	Other	65100-365	5,206	0	0	0	207	178	0	500	0	0	0	0	0	886	4,321	17.01%
Diaper & Nutr. Supply	Other	65100-410	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Durable Med. Equipment	Other	65100-725	143,973	293	2,955	292	18,848	16,934	2,475	5,015	0	0	0	0	0	46,813	97,160	32.52%
Other Medical Equipment	Other	65100-755	2,520	0	0	0	0	0	0	0	0	0	0	0	0	0	2,520	0.00%
Medicare Part D	Other	65110-009	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Special Therapeutic	Other	65110-115	112,361	9,300	8,670	6,562	8,010	6,606	6,780	0	0	0	0	0	0	45,929	66,431	40.88%
Spec. Therapeutic Svc	Other	65110-117	5,033,126	269,129	391,521	486,498	364,501	342,306	335,422	395,414	0	0	0	0	0	2,584,791	2,448,335	51.36%
Dentistry	Other	65110-715	2,134,798	124,339	156,316	169,898	191,352	147,050	151,710	190,830	0	0	0	0	0	1,131,496	1,003,303	53.00%
Dietary Services	Other	65110-720	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**North Los Angeles County Regional Center  
POS Expenditures By Category  
Fiscal Year 2021 - 2022**

GL ACCOUNT NAME	Exp Plan Category	GL ACCT #	A PEP Forecast 9/10/2021 FY 2021-22	B N1B113 8/19/2021 Jul-21	C N1B113 9/22/2021 Aug-21	D N1B113 10/21/2021 Sep-21	E N1B113 11/18/2021 Oct-21	F N1B113 12/17/2021 Nov-21	G N1B113 1/20/2022 Dec-21	H N1B113 2/17/2022 Jan-22	I N1B113 Feb-22	J N1B113 Mar-22	K N1B113 Apr-22	L N1B113 May-22	M N1B113 Jun-22	N Total YTD (B to M)	O Remaining Forecast (A-N)	P % Expended (N/A)
Orthoptic Services	Other	65110-745	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Orthodic/Prosthetic	Other	65110-750	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Physicians/Surgeons	Other	65110-775	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychiatrist	Other	65110-780	492,451	39,288	39,638	0	42,613	78,925	39,988	37,188	0	0	0	0	0	277,638	214,814	56.38%
Clinical Psychologist	Other	65110-785	1,495,814	11,771	32,405	146,158	127,919	88,324	173,692	127,508	0	0	0	0	0	707,777	788,037	47.32%
Lab/Radiological Svc.	Other	65120-735	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmaceutical Svc.	Other	65120-765	252,207	10,340	7,271	27,781	19,834	8,911	19,717	25,117	0	0	0	0	0	118,971	133,237	47.17%
Start-Up Funding	Other	65070-999	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Sub-Total</b>			<b>18,000,931</b>	<b>790,468</b>	<b>1,043,294</b>	<b>1,425,049</b>	<b>1,391,413</b>	<b>1,114,800</b>	<b>1,247,953</b>	<b>1,347,202</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8,360,180</b>	<b>9,640,752</b>	<b>46.44%</b>
<b>Residential</b>																		
Out of State Residential	Residential	32010-058	36,531	0	0	0	36,531	0	0	0	0	0	0	0	0	36,531	0	100.00%
Crisis Intervention	Residential	32010-090	503,736	0	0	0	0	0	209,434	0	0	0	0	0	0	209,434	294,302	41.58%
Geriatric Facility	Residential	32010-096	683,252	44,249	44,249	46,546	53,439	44,298	48,504	42,865	0	0	0	0	0	324,150	359,102	47.44%
Supplemental Residential	Residential	32010-109	21,813,195	1,221,686	1,228,839	1,509,534	1,784,730	1,527,719	2,085,273	1,731,708	0	0	0	0	0	11,089,488	10,723,706	50.84%
Specialized Residential	Residential	32010-113	21,613,999	1,668,122	1,714,559	1,757,333	1,709,630	1,589,309	2,046,970	1,859,349	0	0	0	0	0	12,345,273	9,268,726	57.12%
ENH Behav Supports	Residential	32010-900	1,596,383	58,935	0	58,935	58,935	117,870	58,935	58,935	0	0	0	0	0	412,545	1,183,838	25.84%
ENH Behav Supports	Residential	32010-901	1,794,258	77,433	0	77,433	77,433	154,866	77,433	77,433	0	0	0	0	0	542,031	1,252,227	30.21%
Family Home Agency	Residential	32010-904	3,265,412	260,044	260,044	257,280	245,698	251,098	318,060	262,672	0	0	0	0	0	1,854,894	1,410,518	56.80%
Res. Facility Adult- OO	Residential	32010-905	2,830,231	220,777	220,727	220,777	220,777	201,621	221,881	208,408	0	0	0	0	0	1,514,970	1,315,261	53.53%
Res. Facility Child -OO	Residential	32010-910	1,109,156	91,030	91,030	91,030	84,244	110,235	120,255	101,565	0	0	0	0	0	689,390	419,766	62.15%
Res. Facility Adult- SO	Residential	32010-915	50,491,833	3,711,414	3,867,449	3,730,226	3,772,406	3,902,346	4,129,408	4,162,987	0	0	0	0	0	27,276,236	23,215,597	54.02%
Res. Facility Child- SO	Residential	32010-920	1,305,470	52,857	131,673	77,972	76,755	76,755	125,553	81,147	0	0	0	0	0	622,712	682,758	47.70%
Specialized Residential	Residential	32020-114	561,397	28,309	28,309	27,310	19,789	27,339	101,698	29,310	0	0	0	0	0	262,065	299,332	46.68%
ICF/DD	Residential	32020-925	39,576	0	0	0	0	0	0	0	0	0	0	0	0	0	39,576	0.00%
ICF/DDH	Residential	32020-930	1,942,155	15,732	85,858	53,731	81,855	63,362	35,203	16,271	0	0	0	0	0	352,011	1,590,143	18.12%
ICF/DDN	Residential	32020-935	866,391	1,337	1,337	1,242	41,401	0	2,483	1,476	0	0	0	0	0	49,275	817,116	5.69%
Nursing Facility	Residential	32020-940	86,648	7,214	0	14,428	7,214	7,214	0	29,578	0	0	0	0	0	65,648	21,000	75.76%
<b>Sub-Total</b>			<b>110,539,621</b>	<b>7,459,140</b>	<b>7,674,074</b>	<b>7,923,777</b>	<b>8,270,837</b>	<b>8,065,513</b>	<b>9,581,090</b>	<b>8,663,703</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>57,638,133</b>	<b>52,901,488</b>	<b>52.14%</b>
<b>Transportation</b>																		
Mobility Trng. Svc.	Trans	65010-645	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Travel Reimbursement	Trans	65050-105	5,723	116	116	636	116	116	116	116	0	0	0	0	0	1,329	4,394	23.22%
Non-Medical Transportation	Trans	65050-338	25,404	0	1,427	2,204	1,668	5,915	1,616	3,419	0	0	0	0	0	16,249	9,155	63.96%
Trans. Family Member	Trans	65050-425	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Trans. Companies	Trans	65050-875	4,474	0	0	0	0	0	0	0	0	0	0	0	0	0	4,474	0.00%
Trans. Additional Com.	Trans	65050-880	3,501,369	254,669	258,258	274,276	267,170	252,461	175,319	328,130	0	0	0	0	0	1,810,283	1,691,085	51.70%
Trans. Assist	Trans	65050-882	120,712	0	0	0	0	0	0	0	0	0	0	0	0	0	120,712	0.00%
Trans. Broker	Trans	65050-883	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Trans. Med.	Trans	65050-885	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Trans Parent/Auto Driver	Trans	65050-890	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Trans. Public Transit	Trans	65050-895	127,640	0	623	267	39,560	9,200	10,120	9,200	0	0	0	0	0	68,970	58,670	54.03%
Trans. Companies	Trans	65051-875	15,084,021	0	2,045,694	1,250,138	1,269,465	1,290,154	1,684,925	1,224,686	0	0	0	0	0	8,765,062	6,318,959	58.11%
Trans. Assistant	Trans	65051-882	1,648,074	0	250,852	135,088	135,088	135,088	154,412	135,088	0	0	0	0	0	945,616	702,458	57.38%
Trans. Broker	Trans	65051-883	604,610	49,876	49,876	49,876	55,973	49,876	49,876	49,876	0	0	0	0	0	355,231	249,379	58.75%
Trans. Public Transit	Trans	65051-895	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Driver Trng.	Trans	65070-630	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Sub-Total</b>			<b>21,122,025</b>	<b>304,661</b>	<b>2,606,846</b>	<b>1,712,485</b>	<b>1,769,040</b>	<b>1,742,809</b>	<b>2,076,384</b>	<b>1,750,515</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11,962,739</b>	<b>9,159,286</b>	<b>56.64%</b>
<b>Day Care</b>																		
Day Care Family Member	Day Care	43010-405	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Day Care Pd-Family	Day Care	43010-455	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Child Day Care	Day Care	43010-851	12,575	903	946	834	588	532	476	560	0	0	0	0	0	4,839	7,736	38.48%
Adult Day Care	Day Care	43010-855	463,299	31,746	27,963	34,493	35,072	30,338	28,367	31,877	0	0	0	0	0	219,855	243,444	47.45%

**North Los Angeles County Regional Center  
POS Expenditures By Category  
Fiscal Year 2021 - 2022**

GL ACCOUNT NAME	Exp Plan Category	GL ACCT #	A PEP Forecast 9/10/2021 FY 2021-22	B N1B113 8/19/2021 Jul-21	C N1B113 9/22/2021 Aug-21	D N1B113 10/21/2021 Sep-21	E N1B113 11/18/2021 Oct-21	F N1B113 12/17/2021 Nov-21	G N1B113 1/20/2022 Dec-21	H N1B113 2/17/2022 Jan-22	I N1B113 Feb-22	J N1B113 Mar-22	K N1B113 Apr-22	L N1B113 May-22	M N1B113 Jun-22	N Total YTD (B to M)	O Remaining Forecast (A-N)	P % Expended (N/A)
<b>Sub-Total</b>			<b>475,873</b>	<b>32,649</b>	<b>28,909</b>	<b>35,327</b>	<b>35,660</b>	<b>30,870</b>	<b>28,843</b>	<b>32,437</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>224,694</b>	<b>251,180</b>	<b>47.22%</b>
<b>Respite</b>																		
Respite In-Home(SDP)	Respite	65130-310	189,736	205	9,784	15,988	16,946	28,482	25,198	43,007	0	0	0	0	0	139,610	50,126	73.58%
Respite Service Family	Respite	65130-420	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LVN	Respite	65130-742	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nurse Aide/Asst	Respite	65130-743	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Registered Nurse	Respite	65130-744	16,007	0	1,278	1,339	0	3,773	0	1,217	0	0	0	0	0	7,608	8,399	47.53%
Home Health Agency	Respite	65130-854	18,135,365	853,208	1,434,308	1,361,095	1,641,134	1,178,109	1,233,637	1,702,101	0	0	0	0	0	9,403,593	8,731,773	51.85%
In-Home Respite Svc.	Respite	65130-862	77,223,480	4,448,284	5,729,001	6,525,134	5,461,504	7,085,013	6,747,866	5,480,991	0	0	0	0	0	41,477,794	35,745,686	53.71%
Respite Facility (SDP)	Respite	65140-311	0	0	0	0	0	0	235	0	0	0	0	0	0	-235	-235	0
Out of Home Respite	Respite	65140-868	91,972	0	0	3,982	8,520	0	0	2,826	0	0	0	0	0	15,328	76,644	16.67%
<b>Sub-Total</b>			<b>95,656,560</b>	<b>5,301,697</b>	<b>7,174,371</b>	<b>7,907,539</b>	<b>7,128,105</b>	<b>8,295,377</b>	<b>8,006,936</b>	<b>7,230,142</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>51,044,167</b>	<b>44,612,394</b>	<b>53.36%</b>
<b>Personal Assistance</b>																		
Personal Assistance	Per Assist	65070-062	122,362,592	8,071,147	9,056,005	9,907,859	9,427,657	9,240,925	10,123,850	7,635,529	0	0	0	0	0	63,462,972	58,899,620	51.86%
<b>Sub-Total</b>			<b>122,362,592</b>	<b>8,071,147</b>	<b>9,056,005</b>	<b>9,907,859</b>	<b>9,427,657</b>	<b>9,240,925</b>	<b>10,123,850</b>	<b>7,635,529</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>63,462,972</b>	<b>58,899,620</b>	<b>51.86%</b>
<b>Camp</b>																		
Camping Svc.	Camp	65150-850	500,000	0	0	0	0	0	0	0	0	0	0	0	0	0	500,000	0.00%
<b>Sub-Total</b>			<b>500,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>500,000</b>	<b>0.00%</b>
<b>Behavior Programs</b>																		
Behavioral Intervention(SDP)	Behavior	65010-364	137,355	0	2,201	15,930	2,387	14,862	2,289	110,411	0	0	0	0	0	148,080	-10,725	107.81%
Adaptive Skills Training	Behavior	65010-605	27,043,692	1,815,700	1,626,548	2,236,107	2,169,881	1,938,049	2,126,737	1,881,960	0	0	0	0	0	13,794,983	13,248,709	51.01%
Behavior Analyst	Behavior	65010-612	4,549,173	201,918	286,275	397,314	313,064	371,016	390,490	368,198	0	0	0	0	0	2,328,273	2,220,900	51.18%
Behavior Mgmt. Assist	Behavior	65010-615	6,697,828	218,328	293,798	597,244	381,881	513,112	484,663	419,652	0	0	0	0	0	2,908,678	3,789,150	43.43%
Behavior Mgmt. Consul	Behavior	65010-620	389,870	6,819	15,252	33,257	14,705	14,072	30,813	24,928	0	0	0	0	0	139,847	250,023	35.87%
Crisis Team-Eval Beh	Behavior	65020-017	2,945,762	207,662	186,495	225,775	212,218	211,534	232,151	221,710	0	0	0	0	0	1,497,544	1,448,218	50.84%
Client/Parent Support	Behavior	65020-048	118,478	0	135	2,108	6,912	4,387	10,151	4,486	0	0	0	0	0	28,179	90,299	23.78%
Parent Coordinate Ho	Behavior	65020-077	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual or Family	Behavior	65070-102	1,223,369	83,607	87,979	89,494	101,346	82,926	119,624	101,193	0	0	0	0	0	666,168	557,201	54.45%
<b>Sub-Total</b>			<b>43,105,527</b>	<b>2,534,034</b>	<b>2,498,682</b>	<b>3,597,229</b>	<b>3,202,393</b>	<b>3,149,959</b>	<b>3,396,917</b>	<b>3,132,537</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>21,511,751</b>	<b>21,593,775</b>	<b>0</b>
<b>Consumer Funds / MM</b>																		
Money Mgmt.	CF / MM	65070-034	1,631,486	130,358	109,858	147,893	59,148	211,517	129,711	124,946	0	0	0	0	0	913,431	718,055	55.99%
SSP Restoration	CF / MM	65070-065	710,000	171,698	-341	171,590	622	171,124	1,354	1,365	0	0	0	0	0	517,412	192,589	72.87%
P&I	CF / MM	65080-400	410,033	62,143	30,399	30,424	30,006	29,745	32,753	31,569	0	0	0	0	0	247,039	162,994	60.25%
<b>Sub-Total</b>			<b>2,751,519</b>	<b>364,199</b>	<b>139,916</b>	<b>349,906</b>	<b>89,776</b>	<b>412,386</b>	<b>163,818</b>	<b>157,880</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,677,882</b>	<b>1,073,638</b>	<b>60.98%</b>
<b>FMS</b>																		
FMS Fiscal Agent(SDP)	FMS	65010-315	7,750	100	525	475	425	1,450	925	1,650	0	0	0	0	0	5,550	2,200	71.61%
FMS Co-Employer(SDP)	FMS	65010-316	33,194	965	1,320	2,615	3,275	2,145	5,890	5,090	0	0	0	0	0	21,300	11,894	64.17%
FMS Fiscal / Employer(SDP)	FMS	65010-317	21,720	0	575	2,245	2,160	3,360	900	2,300	0	0	0	0	0	11,540	10,180	53.13%
FMS F/EA	FMS	65010-490	55,509	1,514	5,114	2,478	2,827	1,973	2,765	2,161	0	0	0	0	0	18,832	36,677	33.93%
FMS Co-Employer	FMS	65010-491	202,731	2,650	7,193	16,091	1,944	15,230	21,643	11,423	0	0	0	0	0	76,175	126,557	37.57%
PD Transportation Svc	FMS	65050-470	134,498	8,956	6,863	15,271	10,331	8,348	14,027	12,596	0	0	0	0	0	76,393	58,106	56.80%
Fiscal Management Svcs:	FMS	65070-490	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Fiscal Management Svcs:	FMS	65070-491	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Retail/Wholesale	FMS	65070-660	12,666	0	2,085	832	796	532	1,128	353	0	0	0	0	0	5,727	6,938	45.22%
PD Respite Svc-Family	FMS	65130-465	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Sub-Total</b>			<b>468,067</b>	<b>14,186</b>	<b>23,675</b>	<b>40,007</b>	<b>21,758</b>	<b>33,038</b>	<b>47,278</b>	<b>35,574</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>215,516</b>	<b>252,552</b>	<b>46.04%</b>
<b>GRAND TOTAL - Reg POS</b>			<b>621,445,089</b>	<b>38,602,459</b>	<b>45,908,468</b>	<b>48,772,600</b>	<b>48,707,629</b>	<b>48,219,909</b>	<b>49,606,711</b>	<b>47,033,111</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>326,850,889</b>	<b>294,594,201</b>	<b>52.60%</b>

North Los Angeles County Regional Center  
 Comparison of Original PEP or Budget with YTD Expenditures and Late Bills  
 Regular POS Only (Excludes CPP)  
 Fiscal Year 2021 - 2022

Original PEP Forecast dated 9/10/2021 (Excludes CPP)

EXPENDITURE PLAN CATEGORY	A PEP Forecast 9/10/2021 FY 2021-22	B N1B113 8/19/2021 Jul-21	C N1B113 9/22/2021 Aug-21	D N1B113 10/21/2021 Sep-21	E N1B113 11/18/2021 Oct-21	F N1B113 12/17/2021 Nov-21	G N1B113 1/20/2022 Dec-21	H N1B113 2/17/2022 Jan-22	I N1B113 Feb-22	J N1B113 Mar-22	K N1B113 Apr-22	L N1B113 May-22	M N1B113 Jun-22	N Total YTD (B to M)	O Projected Late Bills Based on 1/10/22 PEP	P Remaining Forecast (A-N-O)	Q % Expended (N/A)	R % Expended + Late Bills (N+O/A)
Day Program	82,056,536	5,029,686	6,388,095	6,302,300	7,224,190	6,625,221	5,608,524	7,148,155	0	0	0	0	0	44,326,171	2,038,789	35,691,576	54.02%	56.50%
Early Start	40,164,587	2,619,593	3,103,330	3,135,505	3,367,507	3,122,671	2,642,053	3,398,929	0	0	0	0	0	21,389,588	983,817	17,791,182	53.25%	55.70%
Habilitation	4,485,690	266,109	320,901	284,216	320,642	331,171	328,120	237,826	0	0	0	0	0	2,088,985	96,083	2,300,622	46.57%	48.71%
ILS	10,381,036	721,256	712,820	861,174	832,185	764,236	753,896	831,319	0	0	0	0	0	5,476,886	251,910	4,652,239	52.76%	55.19%
SL	69,374,524	5,093,634	5,137,549	5,290,228	5,626,468	5,290,932	5,601,051	5,431,362	0	0	0	0	0	37,471,225	1,723,495	30,179,804	54.01%	56.50%
Other	18,000,931	790,468	1,043,294	1,425,049	1,391,413	1,114,800	1,247,953	1,347,202	0	0	0	0	0	8,360,180	384,528	9,256,224	46.44%	48.58%
Residential	110,539,621	7,459,140	7,674,074	7,923,777	8,270,837	8,065,513	9,581,090	8,663,703	0	0	0	0	0	57,638,133	2,651,075	50,250,413	52.14%	54.54%
Transportation	21,122,025	304,661	2,606,846	1,712,485	1,769,040	1,742,809	2,076,384	1,750,515	0	0	0	0	0	11,962,739	550,228	8,609,058	56.64%	59.24%
Day Care	475,873	32,649	28,909	35,327	35,660	30,870	28,843	32,437	0	0	0	0	0	224,694	10,335	240,845	47.22%	49.39%
Respite	95,656,560	5,301,697	7,174,371	7,907,539	7,128,105	8,295,377	8,006,936	7,230,142	0	0	0	0	0	51,044,167	2,347,784	42,264,610	53.36%	55.82%
Personal Assist	122,362,592	8,071,147	9,056,005	9,907,859	9,427,657	9,240,925	10,123,850	7,635,529	0	0	0	0	0	63,462,972	2,918,989	55,980,631	51.86%	54.25%
Camp	500,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	500,000	0.00%	0.00%
Behavior Prog	43,105,527	2,534,034	2,498,682	3,597,229	3,202,393	3,149,959	3,396,917	3,132,537	0	0	0	0	0	21,511,751	989,436	20,604,339	49.90%	52.20%
CF / MM	2,751,519	364,199	139,916	349,906	89,776	412,386	163,818	157,880	0	0	0	0	0	1,677,882	77,174	996,463	60.98%	63.78%
FMS	468,067	14,186	23,675	40,007	21,758	33,038	47,278	35,574	0	0	0	0	0	215,516	9,913	242,639	46.04%	48.16%
<b>GRAND TOTAL Regular POS</b>	<b>621,445,089</b>	<b>38,602,459</b>	<b>45,908,468</b>	<b>48,772,600</b>	<b>48,707,629</b>	<b>48,219,909</b>	<b>49,606,711</b>	<b>47,033,111</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>326,850,889</b>	<b>15,033,556</b>	<b>279,560,645</b>	<b>52.60%</b>	<b>55.01%</b>

Projected C-2 POS Budget (Excludes CPP)

EXPENDITURE PLAN CATEGORY	A Projected C-2 Budget FY 2020-22	B N1B113 8/19/2021 Jul-21	C N1B113 9/22/2021 Aug-21	D N1B113 10/21/2021 Sep-21	E N1B113 11/18/2021 Oct-21	F N1B113 12/17/2021 Nov-21	G N1B113 1/20/2022 Dec-21	H N1B113 2/17/2022 Jan-22	I N1B113 1/0/1900 Feb-22	J N1B113 1/0/1900 Mar-22	K N1B113 1/0/1900 Apr-22	L N1B113 1/0/1900 May-22	M N1B113 1/0/1900 Jun-22	N Total YTD (B to M)	O Projected Late Bills Based on 1/10/22 PEP	P Remaining Budget (A-N-O)	Q % Expended (N/A)	R % Expended + Late Bills (N+O/A)
Day Program	87,151,398	5,029,686	6,388,095	6,302,300	7,224,190	6,625,221	5,608,524	7,148,155	0	0	0	0	0	44,326,171	2,038,789	40,786,438	50.86%	53.20%
Early Start	42,658,392	2,619,593	3,103,330	3,135,505	3,367,507	3,122,671	2,642,053	3,398,929	0	0	0	0	0	21,389,588	983,817	20,284,987	50.14%	52.45%
Habilitation	4,764,205	266,109	320,901	284,216	320,642	331,171	328,120	237,826	0	0	0	0	0	2,088,985	96,083	2,579,137	43.85%	45.86%
ILS	11,025,591	721,256	712,820	861,174	832,185	764,236	753,896	831,319	0	0	0	0	0	5,476,886	251,910	5,296,794	49.67%	51.96%
SL	73,681,964	5,093,634	5,137,549	5,290,228	5,626,468	5,290,932	5,601,051	5,431,362	0	0	0	0	0	37,471,225	1,723,495	34,487,245	50.86%	53.19%
Other	19,118,603	790,468	1,043,294	1,425,049	1,391,413	1,114,800	1,247,953	1,347,202	0	0	0	0	0	8,360,180	384,528	10,373,896	43.73%	45.74%
Residential	117,402,988	7,459,140	7,674,074	7,923,777	8,270,837	8,065,513	9,581,090	8,663,703	0	0	0	0	0	57,638,133	2,651,075	57,113,781	49.09%	51.35%
Transportation	22,433,485	304,661	2,606,846	1,712,485	1,769,040	1,742,809	2,076,384	1,750,515	0	0	0	0	0	11,962,739	550,228	9,920,517	53.33%	55.78%
Day Care	505,420	32,649	28,909	35,327	35,660	30,870	28,843	32,437	0	0	0	0	0	224,694	10,335	270,391	44.46%	46.50%
Respite	101,595,843	5,301,697	7,174,371	7,907,539	7,128,105	8,295,377	8,006,936	7,230,142	0	0	0	0	0	51,044,167	2,347,784	48,203,893	50.24%	52.55%
Personal Assist	129,960,043	8,071,147	9,056,005	9,907,859	9,427,657	9,240,925	10,123,850	7,635,529	0	0	0	0	0	63,462,972	2,918,989	63,578,082	48.83%	51.08%
Camp	531,045	0	0	0	0	0	0	0	0	0	0	0	0	0	0	531,045	0.00%	0.00%
Behavior Prog	45,781,934	2,534,034	2,498,682	3,597,229	3,202,393	3,149,959	3,396,917	3,132,537	0	0	0	0	0	21,511,751	989,436	23,280,747	46.99%	49.15%
CF / MM	2,922,360	364,199	139,916	349,906	89,776	412,386	163,818	157,880	0	0	0	0	0	1,677,882	77,174	1,167,304	57.42%	60.06%
FMS	497,130	14,186	23,675	40,007	21,758	33,038	47,278	35,574	0	0	0	0	0	215,516	9,913	271,701	43.35%	45.35%
<b>GRAND TOTAL Regular POS</b>	<b>660,030,403</b>	<b>38,602,459</b>	<b>45,908,468</b>	<b>48,772,600</b>	<b>48,707,629</b>	<b>48,219,909</b>	<b>49,606,711</b>	<b>47,033,111</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>326,850,889</b>	<b>15,033,556</b>	<b>318,145,958</b>	<b>49.52%</b>	<b>51.80%</b>



North Los Angeles County Regional Center  
 Comparison of Original PEP or Budget with YTD Expenditures and Late Bills  
 Regular POS Only (Excludes CPP)  
 Fiscal Year 2021 - 2022

Difference (Projected C-2 POS Budget less PEP Forecast dated 9/10/2021)

EXPENDITURE PLAN CATEGORY	A PEP Forecast vs C-2 Budget FY 2020-22	B N1B113 8/19/2021 Jul-21	C N1B113 9/22/2021 Aug-21	D N1B113 10/21/2021 Sep-21	E N1B113 11/18/2021 Oct-21	F N1B113 12/17/2021 Nov-21	G N1B113 1/20/2022 Dec-21	H N1B113 2/17/2022 Jan-22	I N1B113 1/0/1900 Feb-22	J N1B113 1/0/1900 Mar-22	K N1B113 1/0/1900 Apr-22	L N1B113 1/0/1900 May-22	M N1B113 1/0/1900 Jun-22	N Total YTD (B to M)	O Projected Late Bills	P Remaining (A-N-O)	Q % Expended (C2 - PEP)	R % Expended + Late Bills (C2 - PEP)
Day Program	5,094,862	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,094,862	-3.16%	-3.30%
Early Start	2,493,805	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,493,805	-3.11%	-3.26%
Habilitation	278,515	0	0	0	0	0	0	0	0	0	0	0	0	0	0	278,515	-2.72%	-2.85%
ILS	644,555	0	0	0	0	0	0	0	0	0	0	0	0	0	0	644,555	-3.08%	-3.23%
SL	4,307,440	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,307,440	-3.16%	-3.30%
Other	1,117,672	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,117,672	-2.72%	-2.84%
Residential	6,863,367	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6,863,367	-3.05%	-3.19%
Transportation	1,311,459	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,311,459	-3.31%	-3.46%
Day Care	29,547	0	0	0	0	0	0	0	0	0	0	0	0	0	0	29,547	-2.76%	-2.89%
Respite	5,939,283	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,939,283	-3.12%	-3.26%
Personal Assist	7,597,452	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,597,452	-3.03%	-3.17%
Camp	31,045	0	0	0	0	0	0	0	0	0	0	0	0	0	0	31,045	0.00%	0.00%
Behavior Prog	2,676,407	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,676,407	-2.92%	-3.05%
CF / MM	170,841	0	0	0	0	0	0	0	0	0	0	0	0	0	0	170,841	-3.56%	-3.73%
FMS	29,062	0	0	0	0	0	0	0	0	0	0	0	0	0	0	29,062	-2.69%	-2.82%
<b>GRAND TOTAL Regular POS</b>	<b>38,585,313</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>38,585,313</b>	<b>-3.07%</b>	<b>-3.22%</b>

Notes

Description	Best Case 9/10/2021 PEP	Worst Case 9/10/2021 PEP	Original 9/10/2021 PEP	Allocation C-2
YTD Expenses	326,850,889	326,850,889	326,850,889	326,850,889
Projected Late Bills	15,033,556	15,033,556	15,033,556	15,033,556
Total YTD + Late Bills	341,884,445	341,884,445	341,884,445	341,884,445
Annual SOAR Projection/Allocation	611,449,538	611,449,538	621,445,089	660,030,403
Percent Paid	55.91%	55.91%	55.01%	51.80%
# of Months Paid (7 mos / 12 mos)	58.33%	58.33%	58.33%	58.33%
Percent Difference	2.42%	2.42%	3.32%	6.54%
Difference	14,794,452	14,794,452	20,625,191	43,133,290

Open Positions on Hold	Open Positions Vacant	Positions Filled as of February 28th	FY21/22 Authorized Positions	New Hires as of February 28th	Separations as of February 28th	Annualized Turnover Rate
0	77	604	677	10	6	0.08%

FY21/22 Authorized Positions	Positions Added Based on FY 21/22 Growth
677	62

Open SC Positions: 28

Service Coordinators	Department/ Location	Open as of Date
CSC-BIL-SPECIALIZED SPECL	AD - SFV	Nov-20
CSC ^	SA - SFV	Sep-21
CSC - BIL OD SPECL	CON SVCS - SCV	Oct-21
CSC - BIL ENH CASELOAD SPECL	CON SVCS - AV	Oct-21
CSC - BIL ENH CASELOAD SPECL	AD - SFV	Oct-21
CSC - BIL ^	AD - AV	Nov-21
CSC ^	ES - AV	Nov-21
CSC ^	SA - SFV	Nov-21
CSC	ES - SFV	Nov-21
CSC ^	TRANS - AV	Nov-21
CSC - BIL ^	AD - AV	Dec-21
CSC - OD SPECL ^	TRANS - AV	Dec-21
CSC ^	SA - SFV	Jan-22
CSC - BIL	TRANS - AV	Jan-22
CSC - BIL ^	SA - SCV	Jan-22
CSC	ES - SFV	Jan-22
CSC - BIL	ES - SFV	Jan-22
CSC - BIL	PROV ELG - SFV	Feb-22
CSC - BIL	ES - AV	Feb-22
CSC ^	AD - SFV	Feb-22
CSC - BIL ^	SA - AV	Feb-22
CSC - BIL ENH CASELOAD SPECL	EC - SFV	Feb-22
CSC - ENH CASELOAD SPECL	EC - SFV	Feb-22
CSC - BIL ENH CASELOAD SPECL	EC - AV	Feb-22
CSC - ENH CASELOAD SPECL	EC - AV	Feb-22
CSC - BIL	ES - SFV	Feb-22
CSC	AD - SFV	Feb-22
CSC - SDP SPECL	SD - SCV	Feb-22

\*Projected February & March New Hires/Promotions/Transfers/Demotion

\*Temporary Support Provided

Open Other Positions: 49

All Other Positions	Department/ Location	Open as of Date
Resource Development Specialist	Comm Svcs - SFV	Jan-20
Chief Human Resources Officer	HR - SFV	Oct-20
Jr Accountant ^	Accounting - SFV	Jan-21
Executive Administrative Assistant	Executive Admin - SFV	Apr-21
Consumer Svcs Specialist-HCBS	Community Svcs - SFV	May-21
Payroll Specialist*	Payroll - SFV	Jun-21
Consumer Svcs Supervisor	AD - SFV	Jul-21
HR Specialist I*	HR - SFV	Aug-21
Office Assistant II - Bil ^	Office Services - SCV	Aug-21
Risk Assessment Specialist	Risk Assessment - SFV	Sep-21
Resource Developer	Community Svcs - SFV	Sep-21
Psychologist	Clinical - SFV	Oct-21
Community Living Specialist	AD - SFV	Oct-21
Emergency Management Coord	Public Information- SFV	Oct-21
Office Assistant II - Bil	Recs & Doc Mgmt	Nov-21
Office Assistant II - Bil	Intake - AV	Nov-22
Consumer Svcs Supervisor ^	Enhanced Caseload - SFV	Nov-22
Office Assistant II ^	Support - AV	Nov-21
Office Assistant II - Bil ^	Intake - SFV	Nov-21
Accounting Specialist	Accounting - SFV	Nov-21
Jr Accountant	Accounting - SFV	Nov-21
Participant Choice Specialist	Consumer Svcs SD - SFV	Nov-21
Participant Choice Specialist	Consumer Svcs SD - AV	Nov-21
Consumer Svcs Supervisor ^	ES - SFV	Nov-21
Vendor Coordinator	Community Svcs - SFV	Nov-21
Contract and Compliance Specl*	Community Svcs - SFV	Nov-21
Deaf Services Specialist	Community Svcs - SFV	Nov-21
Public Information Manager	Public Information - SFV	Nov-21
Intake Associate	Intake - SFV	Dec-21
IT Specialist II ^	IT - SFV	Dec-21
Transfer Coordinator	Consumer Svcs - SFV	Dec-21
IT Specialist II	IT - AV	Dec-21
Administrative Assistant ^	IT - SFV	Jan-22
Due Process Officer	Contract Admin - SFV	Jan-22
Accounting Specialist*	Accounting - SFV	Jan-22
Data Entry Operator	Accounting - SFV	Jan-22
Administrative Assistant ^	Cons Svcs Admin - SFV	Jan-22
Executive Administrative Assistant	Finance Admin - SFV	Jan-22
Consumer Services Supervisor	Placement - SFV	Feb-22
IT Support Manager	Information Technology	Feb-22
Parent Mentor	Consumer Svcs Suppt - SFV	Feb-22
Accounting Specialist	Accounting - SFV	Feb-22
Parent Mentor	Consumer Svcs Suppt - AV	Feb-22
Administrative Assistant	Consumer Svcs Spt - AV	Feb-22
Office Assistant II	Intake - AV	Feb-22
Consumer Services Supervisor	Self Determination - SFV	Feb-22
Consumer Services Supervisor	Trans - SFV	Feb-22
Office Assistant II	Accounting - SFV	Feb-22
Family Advocate	Public Information - AV	Feb-22

Total Terms: 6

Position	Separation Reason	Term Month
Parent Mentor	Personal	Feb-22
Accounting Specialist	Personal	Feb-22
Parent Mentor	Personal	Feb-22
CSC	Personal	Feb-22
CSC	Personal	Feb-22
CSC	Other	Feb-22

## CALCULATION

FY 21/21 Authorized Positions	677
Open Positions On Hold	0
Open Positions Vacant	-77
Separations as of February 28, 2022	-6
<b>Sub Total</b>	<b>594</b>
Add - New Hires as of February 28, 2022	10
<b>Positions Filled as of February 28, 2022</b>	<b>604</b>

Positions Filled as of February 28, 2022	604
New Hires as of February 28, 2022	-10
<b>Sub Total</b>	<b>594</b>
Add - Open Positions On Hold	0
Add - Open Positions Vacant	77
<b>Add - Separations as of February 28, 2022</b>	<b>6</b>
<b>FY 21/22 Authorized Positions</b>	<b>677</b>

## PROMOTIONS & TRANSFER TRACKING

Feb-22

### PROMOTIONS

OFFICE ASST II	ADMIN ASST
ADMIN ASST	EXEC ADMIN ASST
CONSUMER SVCS SUPV	CONSUMER SVCS MGR
FAMILY ADVOCATE	CSC

### LATERAL TRANSFERS

CSC	CSC
CSC	CSC
CSC SPECL	CSC SPECL
CONSUMER SVCS SUPV	CONSUMER SVCS SUPV

### DEMOTIONS

OFFICE ASST II	INTAKE ASSOC
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# North Los Angeles County Regional Center

818-778-1900 • Fax 818-756-6140 | 9200 Oakdale Avenue #100, Chatsworth, CA 91311 | www.nlacrc.org

## Competitive Integrated Employment (CIE)

Description	1 <sup>st</sup> Quarter July-Sept 2021	2 <sup>nd</sup> Quarter Oct-Dec 2021	3 <sup>rd</sup> Quarter Jan – Mar 2022	4 <sup>th</sup> Quarter April – June 2022	Total
Consumer Authorizations	5	11	0	0	16
Vendors Approved	1	0	0	0	1
Payments Made	1	7	0	0	8

\*CIE incentive funds are paid to vendors after 30 days, 6 months, and 12 months of continuous employment of a consumer.

## Paid Internship Program (PIP)

Description	1 <sup>st</sup> Quarter July – Sept 2021	2 <sup>nd</sup> Quarter Oct – Dec 2021	3 <sup>rd</sup> Quarter Jan – Mar 2022	4 <sup>th</sup> Quarter April – June 2022	Total
Consumer Authorizations (Using Auth Date)	79	41	0	0	120
Vendors Approved	0	0	0	0	0
Payments Made	37	107	0	0	144

\*Effective July 16, 2021 funding for paid internships shall not exceed 1,040 hours per year for each individual placed in an internship. Prior to this date, service providers or employers were reimbursed up to a maximum of \$10,400 per year for wages and benefits paid to each consumer placed in an internship.

**Summary of Program Closures by Program FY22 Q2**

Fiscal Year	Service Codes	Service Description	Program Closure	Number Consumers	Reason for Closure	Zip Code	Service Address City
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FY2021-2022

**No Closures 2021-2022 Q2**

**North Los Angeles County Regional Center  
Report on New Vendorizations  
FY2021-2022, Q2: 10/01/2021 - 12/31/2021**

Count	Approval Letter Signed	Vendor Name	Vendor #	Service Code	Service Description	Residential Service Level	Area Served			Contract Effective Date
							SFV	SCV	AV	
1	10/21/2021	Ternus Adult Living Supports	PL2066	055	Community Integration Training program	n/a			x	9/1/2021
2	12/9/2021	Stansbury Place Inc.	PL2072	096	Geriatric Facility	RCFE, L3-S	x			9/1/2021
3	9/2/2021	Mateo's Guest Home - Tampa	PL2041	109	Supplemental Residential Program Support	n/a	x			4/1/2020
4	8/4/2021	Valley Sweet Homes	PL2044	109	Supplemental Residential Program Support	n/a	X			4/30/2021
5	10/20/2021	Matevosian Inc. dba Matevosian Home - Bellingham	PL2070	109	Supplemental Residential Program Support	n/a	x			3/4/2020
6	12/2/2021	MMM Homes Inc. dba Ingomar Home	PL2043	109	Supplemental Residential Program Support	n/a	x			2/19/2021
7	12/2/2021	MMZ, Inc. dba Zabala Homes	PL2073	109	Supplemental Residential Program Support	n/a	x			3/4/2021
8	10/28/2021	Paradiso Homes	PL2077	109	Supplemental Residential Program Support	n/a	x			11/1/2021
9	10/22/2021	Ternus Adult Living Supports	PL2067	612	Behavior Analyst	n/a			x	9/1/2021
10	9/27/2021	Sandler, Dr. Lisa	PL2071	785	Clinical Psychologist	n/a	x			9/1/2021
11	6/24/2021	Time 2 Talk Speech Therapy Inc.	HL0949	805	Infant Development Program	n/a	x			7/1/2021
12	7/23/2021	Organic Play & Therapy	HL0960	805	Infant Development Program	n/a		x		8/1/2021
13	8/5/2021	Professorial Education Solutions	HL0961	805	Infant Development Program	n/a			x	8/1/2021
14	10/22/2021	Ternus Adult Living Supports	HL0962	880	Transportation Additional Component	n/a			x	9/1/2021

North Los Angeles County Regional Center  
**Vendor Advisory Committee Meeting Minutes**

February 3, 2022

**Present: Committee Members**

Jodie Agnew-Navarro, Orli Almog, Erica Beall, Suad Bisogno, Kimberly Bermudez, Catherine Carpenter, Cal Enriquez, Bob Erio, Sharoll Jackson (Chair), Dana Kalek, Alex Kopilevich, Kenny Ha, Don Lucas, Daniel Ortiz, Kevin Shields, Jennie Moran, Nick Vukotic

**Staff Members**

Ruth Janka, Dr. Jesse Weller, Evelyn McOmie, Arpi Arabian, Arsho Garlanian, Stephanie Margaret, Dr. Michael Fernandez, Fred Rockwood, Cathy Robinson-Learn, Jennifer Williamson, Liliana Windover, Lizeth Chavez, Alan Darby

**Public**

Approximately 85 Service Providers also participated on the Zoom call.

**Administrative**

Dolly Sharma – Minute Services  
Shelley Hash – Interpreter

**Absent:** Olga Reyes, Committee Member

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**I. Call to Order & Introductions**

VAC Chair Sharoll Jackson called the meeting to order at 9:31 a.m. and welcomed committee members, and guests.

Staff Liz Chavez confirmed a quorum via roll call.

**II. Public Input**

No input was received.

**III. Consent Items**

A. Approval of Agenda (Page 2)

Chair elected to forgo item 10 Reports from Priority Issue Work Groups to provide time for break-out groups. Agenda item 9.A, National Core Indicator Staff Stability Survey, was amended to reflect Josh Sudarma as the presenter from the Department rather than Jason Francisco.

**M/S/C (J. Moran/K.Shields)** To approve the agenda as amended.

**B. Approval of Minutes from the January 6<sup>th</sup> VAC Meeting**

**M/S/C (D.Kalek / S.Bisogno)** To approve the minutes from the January 6<sup>th</sup> Meeting as presented.

**IV. Executive Director's Report (Ruth Janka)**

Reviewed proposed legislation including Senate Bill 882 by Senator Eggman, which proposes an advisory council under the Department of Justice to evaluate training for peace officers regarding their capacity to interact appropriately with individuals with intellectual and developmental disabilities and mental health conditions. Senate Bill 58 would mandate local programs to provide suicide awareness and prevention training to students and teachers at the beginning of the school year with best practices identified by the state. Assembly Bill 682 by Senator Bloom would provide density bonuses to housing developers that agree to construct a given number of housing units for moderate, low, and very low income tenants and would prevent minimum unit size requirements. Assembly Bill 741 by Bennett advocated that local governments craft discharge plans for individuals with mental illness exiting jail.

Lastly, DDS is proposing an amendment to Early Start regulations to include assistive technology and health service consultations in the definition of early intervention.

Other upcoming actions include implementation of service provider rate increases. These are effective April 1, 2022, and the Department is working to have all rates set by then.

Highlights from the Governor's budget included a projection from DDS that California will serve 407,634 individuals by the fiscal year 2022-23. The budget proposes a total of \$12.4B in funding showed ongoing support for policy issues



including service provider rate reform, minimum wage increases, bilingual pay differentials for direct service professionals, workforce training development, regional center emergency coordinators, reduction of case-load ratios, the provisional eligibility program for Early Start and Early Start to School transition assistance, Medicaid provider enrollment support, communication assessments for the deaf, and a 3-year pilot program focusing on career readiness for those transitioning out of Work Activity Programs.

The department is also working on the development of the quality incentive program where performance measures include: early intervention, workforce capacity, employment, prevention, compliance with HCBS requirements, service access for equity, choice and satisfaction, and person-centered planning.

Regarding COVID19, metrics in LA County are trending downward. The booster mandate timeline for healthcare workers is extended to March 1<sup>st</sup>. Due to the surge in COVID19 positivity in January, NLACRC staff are working remote except for business essential personnel and staff who elect to work onsite. DDS has extended directives without significant changes. Clarification was provided regarding the Supreme Court ruling, which established that the administration could not require private entities to implement the vaccine mandate.

The board has brought forth concerns from the community regarding access to IHSS services; the Center is considering creating a centralized email for issue submission, to gather information and advocate for improvements. Request that any vendors aware of problems with IHSS come forward with information. Of note, the Family Focus Resource Center is holding a three-part training series regarding IHSS in both English and Spanish in April. The series will be recorded and available on the FFRC website.

NLACRC warned providers that a private entity has attempted to obtain confidential consumer information from a service provider; and notified all that the Center has not contracted with an entity to conduct surveys. Providers were advised of potential

phishing attempts. On the other hand, the well-publicized strategic thinking survey is closing Friday, and those that had completed it were thanked. Finally, as for staffing, 26 vacant CSC positions and 47 vacant non-case management positions were extant; with turnover continuing to be an issue. Lastly, an announcement regarding Michele Marra's retirement was made.

#### **V. Chief Financial Officer's Report (Alan Darby)**

Alan Darby overviewed expenses through December and year-to-date (YTD).

- December: Total \$54.2MM, POS \$49.7MM and OPS \$4.5MM.
- YTD through December: Total \$309MM
- Projected expenses: \$687MM, POS \$620MM, OPS \$66.9MM

The original budget was \$720MM for a surplus of \$40MM. The reasons for the surplus include frontloading for rate changes and COVID-driven generosity on the part of DDS. Many regional centers had surpluses.

NLACRC extended the lease at the office in Santa Clarita for another ten years and secured another two suites of additional space, for a total of 38,000 sq. ft. Purchase of Service check runs for February and March were reviewed with invoices due February 21<sup>st</sup> and March 22<sup>nd</sup>, respectively. The final vendor billing deadline for FY 20-21 was February 6<sup>th</sup>. 1099NECs were mailed out to all relevant service providers in January.

The 2021 minimum wage increase request spreadsheet templates were completed and available. The IRS standard mileage reimbursement rate change, as of January 1<sup>st</sup> 2022, for physical management service providers, transportation service providers, and in-home respite agencies was +2.5 cents to 58.5 cents/mile. Finally, research into a new accounting firm was wrapping up as required by California's five-year cycle regulation.

**VI. Chief of Program Services' Report (Jesse Weller)**

New placement supervisor position had been released in order to support a centralized placement model. Shelly Briggs was introduced as the new risk assessment supervisor. Ms. Briggs shared her background in ICF, day-programs, and supportive employment.

Via the DEI initiative, all staff had completed training to help build a common and shared language around diversity, equity, inclusion, and belonging. In March, implicit bias and microaggressions training was scheduled. The DEI policy steering committee has launched and is drafting policy for approval at the June Board meeting. Service standards for camp, social recreation, and non-medical therapies were submitted to DDS, and their response is pending. Likewise, service access and equity grants were awaiting DDS's decision.

NLACRC was partnering with Public Health and USC to meet our community's COVID-19 vaccine and booster needs. A request from the Board for any data to help define the needs that the community had regarding COVID. A quarterly residential interagency provider meeting convened and discussed billing, the placement process and referrals. Dr. Weller invited any interested vendors to join those discussions.

The Self Determination Program had 80 individuals completely enrolled. Two Participant Choice Specialists are being hired to support both self-determination and participant directed services. The Board Trustee liaison has changed to Rosie Sigala. The local volunteer advisory committee (LVAC) is working with Disability Voices United to train on person-centered principles. The next LVAC Meeting will be held on February 17<sup>th</sup> at 6:30pm. Orientation and information meetings continued monthly as did support groups. Upcoming dates were disclosed.

**VII. Community Services Director's Report (Evelyn McOmie)**

Reminder for vendors to provide updated insurance and license information. Further, Ms. McOmie asked that vendors provide any alterations in visitation, testing

requirement and/or vaccine requirements to families and case management. Links to Community Care Licensing PINs were added to the chat regarding adult and senior care licensed sites' emergency and disaster planning. CCL requested updated LAC610D, requiring regular training and drills, transportation, communication, evacuation, and shelter plans. Other information was shared regarding visitation waivers for adult and senior care sites, COVID-19 in children's residential settings for children's services licensed under CCL, and booster guidance for adult and senior care pursuant to the public health order.

Legislative changes impacting adult and senior care included AB665 regarding internet service and AB654 regarding COVID-19 reporting. Evelyn McOmie reminded vendors of the RSO (residential services orientation) window between March 14<sup>th</sup> and April 12<sup>th</sup> and of open vendor enrollment to March 4<sup>th</sup> and invited participants to become service providers. Virtual DSP classes were being offered. The open proposal cycle for Winter was open until April 1st.

DDS updated the CAL EVV website with live-in caregiver and attestation forms and onboarding information. DDS announced a rate-model implementation discussion for transportation providers on Friday the 4<sup>th</sup> of February. DDS also updated the SDP individual budget development and certification tool and individual-spending plan FAQs. Wage adjustment information was added to the chat. DS 1891 forms expired on 12/31/21. March 31<sup>st</sup> was the deadline for in-home respite providers' annual program emails. Per trailer bill 136, the Uniform Holiday Schedule was sunset; providers should follow their program designs for dates and transportation. Service provider application information via NLACRC's website was being visually updated.

The Department of Public Health was providing 30-day supplies of EPG for residential service providers, which was to hopefully be distributed via transportation. Service providers were reminded to support and facilitate vaccine and booster shots. Contact information was shared.

### **VIII. Legislative Report (Michelle Heid).**

Legislative report and link to report was shared in the chat. Highlights included several legislators indicating that they would be leaving, including Senator Fraser. Reviewed redistricting and term limits impacted many of those decisions, as assemblymembers (State Legislature) must reside within the area they represent. Contrary to Congresspeople, this specifically meant that L. Freidman and A. Nazarian would be running against each other in District 44. Tom Lackey would run against Thurston Smith for District 39. Final maps were certified on December 27<sup>th</sup>. This would impact the catchment area, and links for maps showing the changes were included in the report. Antelope Valley, previously Assembly District 38 and Senate District 21, was now split between Assembly Districts 34 and 39 and Senate District 23. Santa Clarita was covered by Assembly Districts 21 and 23, and was now to be represented by District 23. San Fernando Valley changes were extensive, and Michelle Heid encouraged review of those changes and her notes.

The new bill deadline was February 18<sup>th</sup>. Highlights and links from the proposed budget, \$286.9B, and the legislative calendar were included in the report. Primary elections were June 7<sup>th</sup> and general elections in November. Information was included on those who intended to run for which positions.

DDS COVID-19 directives were included in the report. The DS Task Force reviewed the Governor's budget and its impact on regional centers. The Task Force also provided updates on self-determination updates. DDS Stakeholder events for quality incentives, RC performance measures, and employment were held, and dates of future meetings were shared. Each workgroup was recorded and was available on the DDS website. Links to Early State videos were included. The emergency preparedness guide was released by the Department of Rehabilitation and Department of Emergency Services. California's Budget Policy Center released information on the budget process.

ARC's Public Policy Conference on Development Disabilities was virtual with sales starting March 1<sup>st</sup>. On January 4<sup>th</sup>, the Federal Center for Medicaid and

Medicare conditionally approved California's HCBS Spending Plan, and links were included in Michelle Heid's report. DHDS provided status updates and overviews for CalAIM waivers. Restored camp and social recreation opportunities were detailed in a webinar from Disability Rights California. CalHHS's Annual Letter provided vision on a healthy California going forward from the pandemic. Resources from the State Council on Developmental Disabilities were shared. A webinar on SB639 and sub-minimum wage employment change efforts via legislative action was published by the Disability Employment Technical Assistance Center. An upcoming webinar via the National Academy for State Health Policy and the Family Caregiver Resource Center was scheduled for February 8<sup>th</sup> was on the direct health care workforce. PPE and COVID vaccination resources were available.

## **IX. Committee Business**

### **A. National Core Indicator Staff Stability Survey – Josh Sudarma, DDS**

Josh Sudarma presented plans for use of a national survey to gather data on the direct support professionals (DSP) workforce. The survey, tailored for California's needs, was to launch via email in April. One survey per agency would collect quantitative benefit, employment length, human resource policy and payroll data to evaluate the impact of initiatives and provide insight into possible improvements within the DSP field. Goals included decreasing turnover and vacancies in life-impacting services. Confidential, aggregate results would create a baseline to help compare future data, inform recruitment and retention efforts and drive vendor self-awareness. Josh Sudama asked for word-of-mouth assistance to promote the survey.

### **B. VAC Member Recruitment Update – Ruth Janka**

Four applications going through the interviewing process being conducted by the Nominating Committee for the three vacancies that would open at the end of the year.

C. Sign-up sheet for Grass Roots Week (April)

Michelle urged the VAC members to participate in conversations with legislators to support the NLACRC community. Training was February 15<sup>th</sup> to prepare for those visits with state legislators. ARCA would offer added training in April.

D. Annual Jynny Retzinger Award Recommendations -Ruth Janka

Ruth shared Ms. Reizinger's success in and legacy of advocacy as well as a Board member. Nominations are being solicited and asked to be sent to boardsupport@nlacrc.org. Virtual presentation and award will be done for the individual selected.

E. Rate Adjustments pursuant to CCR, Title 17, Section 57920 – Ruth Janka

Information provided on how to request rate changes for qualifying community-based day programs.

F. Open Issues for Discussion

No issues were forthcoming.

**X. Reports from the VAC Priority Issue Work Groups**

Deferred for Break-out Groups to meet at a different date

A. Early Start (Dana Kalek) – March 17<sup>th</sup>

B. School Age Services (Cal Enriquez) – March 1<sup>st</sup>

C. Ault Services (Suad Bisogno & Erica Bell) – March 7<sup>th</sup>

D. Legislative Issues and Advocacy (Sharoll Jackson) – March 14<sup>th</sup>

**XI. Agenda Items for the Next Board Meeting**

Minutes of the February 3<sup>rd</sup> Meeting

**XII. Announcements / Information Items**

Next Meeting: Thursday, March 3<sup>rd</sup>, 2022 at 9:30 a.m. via Zoom

The strategic thinking survey has been extended to Saturday, February 5<sup>th</sup> at midnight.

**XIII. Adjournment**

The meeting was adjourned at 11:18 a.m.

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Submitted by:

(\*) *Lizeth Chavez*

Executive Admin. Assistant

(\*) *The majority of these minutes are taken from the Minute Service submission and reviewed/edited as presented herein by NLACRC staff.*



**NLACRC 2021-22 Board of Trustees  
Board Meeting Attendance**

12-Month Attendance Board Members	Jul-21 Board	Aug-21 Board	Sep-21 Board	Oct-21 Board	Nov-21 Board	Dec-21 Dark	Jan-22 Board	Feb-22 Board	Mar-22 Board	Apr-22 Board	May-22 Board	Jun-22 Board	Total Absences
Nicholas Abrahms		P	P	P	P		P	P					0
Cathy Blin		P	P	P	P		P	P					0
Sylvia Brooks Griffin		Ab	P	P	P		P	P					1
Christina Cannarella		P	P	P	P								0
David Coe		P	P	P	P		P	P					0
Marianne Davis		P	P	P	P		P	P					0
Leticia Garcia		P	P	P	Ab		P	P					1
Gabriela Herrera		P	P	Ab	P		P	P					1
Sharoll Jackson		P	P	P	P		P	P					0
Jennifer Koster		P	P	P	Ab		P	P					1
Angelina Martinez		P	P	P	P		Ab	P					1
Lillian Martinez		P	Ab	P	P		P	P					1
Caroline Mitchell		P	Ab	P	P		Ab	P					2
Ana Laura Quiles		P	P	P	P		P	P					0
Alma Rodriguez		P	P	P	P		P	P					0
Rocio Sigala		P	P	P	P		P	P					0
Jennifer Siguenza		P	P	P	Ab		Ab	P					2
Jeremy Sunderland		P	P	Ab	P		P	P					1
Deshawn Turner		P	P	P	Ab		Ab	Ab					3
Curtis Wang		P	P	P	P		P	P					0

P = Present      Ab = Absent

Attendance Policy: In the event a Trustee shall be absent from three (3) consecutive regularly-scheduled Board meetings or from three (3) consecutive meetings of any one or more committees on which he or she may be serving, or shall be absent from five (5) regularly-scheduled Board meetings or from five (5) meetings of any one or more Committees on which he or she may be serving during any twelve (12) month period, then the Trustee shall, without any notice or further action required of the Board, be automatically deemed to have resigned from the Board effective immediately. The secretary of the Board shall mail notice of each Trustee's absences during the preceding twelve (12) month period to each Board member following each regularly-scheduled Board meeting. (policy adopted 2-10-99)

## NLACRC 2021-22 Board of Trustees

### Committee Attendance

12-Month Attendance Board Members	Jul-21							Aug-21							Sep-21					Oct-21								
	AA	EC	CS	GCR	CAC	VAC	PRMT	AA	EC	CS	GCR	CAC	VAC	SPC	NC	AA	EC	CS	GCR	CAC	VAC	AA	EC	CS	GCR	CAC	NC	VAC
Nicholas Abrahms			P	P					P	Ab	Ab									Ab			P	P				
Ivette Arriaga																												
Cathy Blin									P	P													P	P				
Sylvia Brooks Griffin			P	P					P	P													P	P				
Christina Cannarella			P	P					P	Ab													Ab	Ab				
Marianne Davis	Ab	Ab		P				P	P					P		Ab	Ab					P	P					
Leticia Garcia	P	P		P			P	P						P		P	P					P	P			P		P
Gabriela Herrera			P	P						Ab	Ab												P	P				
Sharoll Jackson				P						P	P		P	P							P		P	P			P	
Deshawn Turner			P							Ab	Ab												Ab	P				
Jennifer Koster			P	P						P	P												P	P				
Angelina Martinez		P		P					Ab		P						P						P			P		
Lillian Martinez	P	P						P	P					P		P	P					P	P					
Caroline Mitchell												Ab								Ab						P	P	
Ana Laura Quiles	P	P		P			P	Ab	Ab					P		P	P					P	P					P
Jeremy Sunderland	P	P		P			P	P	P	P						P	Ab					P	Ab		P		P	P
David Coe			P	P						P	P												P	P				
Jennifer Siguenza			P	P						P	Ab												Ab	P				
Alma Rodriguez			P	P						P	P												P	P				
Rocio Sigala			P	P						Ab	Ab												P	P				
Curtis Wang														P														

P = Present      Ab = Absent

Attendance Policy: In the event a Trustee shall be absent from three (3) consecutive regularly-scheduled Board meetings or from three (3) consecutive meetings of any one or more committees on which he or she may be serving, or shall be absent from five (5) regularly-scheduled Board meetings or from five (5) meetings of any one or more Committees on which he or she may be serving during any twelve (12) month period, then the Trustee shall, without any notice or further action required of the Board, be automatically deemed to have resigned from the Board effective immediately. The secretary of the Board shall mail notice of each Trustee's absences during the preceding twelve (12) month period to each Board member following each regularly-scheduled Board meeting. (policy adopted 2-10-99)

## NLACRC 2021-22 Board of Trustees

### Committee Attendance

12-Month Attendance Board Members	Nov-21							Dec-21	Jan-22									31-Jan	Feb-22									
	AA	EC	CS	GCR	CAC	VAC	SPC	All Dark	PRMT	AA	EC	CS	GCR	CAC	VAC	AHB	NC	SPC	SPC	AA	EC	CS	GCR	CAC	VAC	SPC	AHB	NC
Nicholas Abrahms			P	P							P	P									P	P						
Ivette Arriaga																												
Cathy Blin			P	P							P	P									P	P						
Sylvia Brooks Griffin				Ab								P										Ab						
Christina Cannarella			P	P			P																					
Marianne Davis	P	P					P			P	P						Ab	P	P	P	P					P		
Leticia Garcia	Ab	Ab					P		P	P						P	P	P	P	P					P		P	
Gabriela Herrera			P	P							Ab	Ab									P	P						
Sharoll Jackson			P	P		P	P					P		P			Ab	P			P	P		P	P			
Deshawn Turner			Ab	Ab							Ab	Ab																
Jennifer Koster			P	P							P	P									P	Ab						
Angelina Martinez		P		P							P	P				P				P		P					P	
Lillian Martinez	P	P					P			P	P						P	P	P	P						P		
Caroline Mitchell					P								Ab			P							Ab				A	
Ana Laura Quiles	P	P					P		P	P							P	P	P	P						P	P	
Jeremy Sunderland	P	P		Ab					P	P		P				P			Ab	Ab		P					P	
David Coe			P	P							P	P									P	P						
Jennifer Siguenza			Ab	Ab							Ab	Ab																
Alma Rodriguez			P	P							P	P									P	P						
Rocio Sigala			P	P							P	P									P	P						
Curtis Wang							P										P	P							P			

## NLACRC 2021-22 Board of Trustees

### Committee Attendance

12-Month Attendance Board Members	Mar-22							Apr-22							May-22							Jun-22							Total Absences		
	AA	EC	CS	GCR	CAC	VAC	NC	AA	EC	CS	GCR	CAC	VAC	PRMT	NC	AA	EC	CS	GCR	CAC	VAC	SPC	NC	AA	EC	CS	GCR	CAC		VAC	NC
Nicholas Abrahms																															3
Ivette Arriaga																															0
Cathy Blin																															0
Sylvia Brooks Griffin																															2
Christina Cannarella	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	3
Marianne Davis																															5
Leticia Garcia							Ab																								3
Gabriela Herrera																															4
Sharoll Jackson						P																									1
Deshawn Turner	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	7
Jennifer Koster																															1
Angelina Martinez							P																								1
Lillian Martinez																															0
Caroline Mitchell							P																								4
Ana Laura Quiles							P																								2
Jeremy Sunderland							Ab																								6
David Coe																															0
Jennifer Siguenza	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	6
Alma Rodriguez																															0
Rocio Sigala																															2
Curtis Wang																															0

## NLACRC 2021-22 Board of Trustees

### Committee Attendance

12-Month Attendance Board Members	Jul-21							Aug-21							Sep-21					Oct-21										
	AA	EC	CS	GCR	CAC	VAC	PRMT	AA	EC	CS	GCR	CAC	VAC	SPC	NC	AA	EC	CS	GCR	CAC	VAC	AA	EC	CS	GCR	CAC	NC	VAC	PRMT	
Nicholas Abrahms			P	P					P	Ab	Ab									Ab				P	P					
Ivette Arriaga																														
Cathy Blin									P	P														P	P					
Sylvia Brooks Griffin			P	P					P	P														P	P					
Christina Cannarella			P	P					P	Ab														Ab	Ab					
Marianne Davis	Ab	Ab		P				P	P					P		Ab	Ab					P	P							
Leticia Garcia	P	P		P			P	P						P		P	P					P	P				P		P	
Gabriela Herrera			P	P						Ab	Ab													P	P					
Sharoll Jackson				P						P	P		P	P							P			P	P			P		
Deshawn Turner			P							Ab	Ab													Ab	P					
Jennifer Koster			P	P						P	P													P	P					
Angelina Martinez		P		P						Ab		P					P						P		P			P		
Lillian Martinez	P	P						P	P					P		P	P					P	P							
Caroline Mitchell												Ab								Ab							P	P		
Ana Laura Quiles	P	P		P			P	Ab	Ab					P		P	P					P	P						P	
Jeremy Sunderland	P	P		P			P	P	P	P						P	Ab					P	Ab		P		P		P	
David Coe			P	P						P	P													P	P					
Jennifer Siguenza			P	P						P	Ab													Ab	P					
Alma Rodriguez			P	P						P	P													P	P					
Rocio Sigala			P	P						Ab	Ab													P	P					
Curtis Wang														P																

P = Present      Ab = Absent

Attendance Policy: In the event a Trustee shall be absent from three (3) consecutive regularly-scheduled Board meetings or from three (3) consecutive meetings of any one or more committees on which he or she may be serving, or shall be absent from five (5) regularly-scheduled Board meetings or from five (5) meetings of any one or more Committees on which he or she may be serving during any twelve (12) month period, then the Trustee shall, without any notice or further action required of the Board, be automatically deemed to have resigned from the Board effective immediately. The secretary of the Board shall mail notice of each Trustee's absences during the preceding twelve (12) month period to each Board member following each regularly-scheduled Board meeting. (policy adopted 2-10-99)

## NLACRC 2021-22 Board of Trustees

### Committee Attendance

12-Month Attendance Board Members	Nov-21							Dec-21	Jan-22									31-Jan	Feb-22									
	AA	EC	CS	GCR	CAC	VAC	SPC	All Dark	PRMT	AA	EC	CS	GCR	CAC	VAC	AHB	NC	SPC	SPC	AA	EC	CS	GCR	CAC	VAC	SPC	AHB	NC
Nicholas Abrahms			P	P							P	P									P	P						
Ivette Arriaga																												
Cathy Blin			P	P							P	P									P	P						
Sylvia Brooks Griffin				Ab								P										Ab						
Christina Cannarella			P	P			P																					
Marianne Davis	P	P					P			P	P							Ab	P	P	P					P		
Leticia Garcia	Ab	Ab					P		P	P						P	P	P	P	P						P		P
Gabriela Herrera			P	P							Ab	Ab									P	P						
Sharoll Jackson			P	P		P	P					P		P				Ab	P		P	P		P	P			
Deshawn Turner			Ab	Ab							Ab	Ab																
Jennifer Koster			P	P							P	P									P	Ab						
Angelina Martinez		P		P							P	P				P				P		P						P
Lillian Martinez	P	P					P			P	P						P	P	P	P						P		
Caroline Mitchell					P								Ab			P							Ab					A
Ana Laura Quiles	P	P					P		P	P							P	P	P	P						P		P
Jeremy Sunderland	P	P		Ab					P	P		P				P			Ab	Ab		P						P
David Coe			P	P							P	P									P	P						
Jennifer Siguenza			Ab	Ab							Ab	Ab																
Alma Rodriguez			P	P							P	P									P	P						
Rocio Sigala			P	P							P	P									P	P						
Curtis Wang							P										P	P								P		

## NLACRC 2021-22 Board of Trustees

### Committee Attendance

12-Month Attendance Board Members	Mar-22							Apr-22							May-22							Jun-22							Total Absences
	AA	EC	CS	GCR	CAC	VAC	NC	AA	EC	CS	GCR	CAC	VAC	PRMT	NC	AA	EC	CS	GCR	CAC	VAC	SPC	NC	AA	EC	CS	GCR	CAC	
Nicholas Abrahms																													3
Ivette Arriaga																													0
Cathy Blin																													0
Sylvia Brooks Griffin																													2
Christina Cannarella	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	3	
Marianne Davis																													5
Leticia Garcia							Ab																						3
Gabriela Herrera																													4
Sharoll Jackson						P																							1
Deshawn Turner	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	7	
Jennifer Koster																													1
Angelina Martinez							P																						1
Lillian Martinez																													0
Caroline Mitchell							P																						4
Ana Laura Quiles							P																						2
Jeremy Sunderland							Ab																						6
David Coe																													0
Jennifer Siguenza	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	6	
Alma Rodriguez																													0
Rocio Sigala																													2
Curtis Wang																													0

North Los Angeles County Regional Center

**ALPHABET SOUP**

AAIDD	- American Association on Intellectual and Developmental Disabilities
AAP	- Adoption Assistance Program
AB	- Assembly Bill (State)
ABLE Act	- The “Achieving a Better Life Experience” (ABLE) Act of 2014
ACRC	- Alta California Regional Center
ADA	- Americans with Disabilities Act
ADC	- Adult Development Center
AFPF	- Annual Family Program Fee
AIS	- ARCA Information Systems
ARCA	- Association of Regional Center Agencies
ARFPSHN	- Adult Residential Facility for Persons with Specialized Healthcare Needs
BCBA	- Board-Certified Behavior Analyst
CAC	- Consumer Advisory Committee
CAL-ARF	- California Association of Rehabilitation Facilities
CAL-TASH	- The Association for Persons with Severe Handicaps
CARF	- Commission on Accreditation of Rehabilitation Facilities
CASA	- Community Advocacy Services Association
CASHPCR	- California Association of State Hospitals-Parent Councils for the Retarded
CCF	- Community Care Facility
CCL	- Community Care Licensing
CCR	- California Code of Regulations
CCS	- California Children’s Services (State and County)
CDCAN	- California Disability Community Action Network
CDE	- Comprehensive Diagnostic Evaluation
CDER	- Client Development Evaluation Report
CIE	- Competitive Integrated Employment
CMS	- Centers for Medicare and Medicaid Services (formerly HCFA)
CMIS	- Client Management Information System
COEC	- Community Outreach and Education Committee (ARCA)
COLA	- Cost of Living Adjustment
CP	- Cerebral Palsy
CPES	- Community Provider of Enrichment Services
CPP	- Community Placement Plan
CRDP	- Community Resource Development Plan
CSC	- Consumer Service Coordinator



CSLA	- Community Supported Living Arrangement
CVRC	- Central Valley Regional Center
DAC	- Day Activity Center
DCFS	- Department of Children and Family Services (County)
DD	- Developmental Disabilities
DD Council	- State Council on Developmental Disabilities
DDS	- Department of Developmental Services (State)
DHCS	- Department of Health Care Services
DHS	- Department of Health Services (State)
DOE	- Department of Education (State and Federal)
DOF	- Department of Finance
DOH	- Department of Health
DOR/DR	- Department of Rehabilitation
DPSS	- Department of Public Social Services (County)
DRC	- Disability Rights California (formerly Protection & Advocacy, Inc.)
DSM	- Diagnostic and Statistical Manual of Mental Disorders
DSP	- Direct Support Professional
DSS	- Department of Social Services (State)
DOR	- Department of Rehabilitation (State)
DRC	- Disability Rights California (formerly Protection & Advocacy)
DTT	- Discrete Trial Training
DVU	- Disability Voices United
EBSH	- Enhanced Behavioral Support Home
ECF	- Exceptional Children's Foundation
EDD	- Employment Development Department (State)
EDMS	- Electronic Document Management System
ELARC	- Eastern Los Angeles Regional Center
EPSDT	- Early and Periodic Screening, Diagnosis, and Treatment
FACT	- Foundation for Advocacy, Conservatorship, and Trust of CA
FCPP	- Family Cost Participation Program
FDC	- Fairview Developmental Center
FEMA	- Federal Emergency Management Assistance
FETA	- Family Empowerment Team in Action
FHA	- Family Home Agency
FMS	- Financial Management Service
FNRC	- Far Northern Regional Center
FSA	- Flexible Spending Account

GGRC	- Golden Gate Regional Center
HCBS	- Home and Community Based Services (Waiver)
HCFA	- Health Care Financing Administration (now called CMMS)
HIPAA	- Health Insurance Portability and Accountability Act
HOPE	- Home Ownership for Personal Empowerment
HRC	- Harbor Regional Center
HUD	- Housing and Urban Development (Federal)
ICB Model	- Individualized Choice Budget Model
ICC	- Inter-agency Coordinating Council
ICC	- Integrated Community Collaborative/Intregadoras
ICF	- Intermediate Care Facility
ICF/DD	- Intermediate Care Facility/Developmentally Disabled
ICF/DD-H	- Intermediate Care Facility/Developmentally Disabled-Habilitative
ICF/DD-N	- Intermediate Care Facility/Developmentally Disabled-Nursing
ICF/SPA	- Intermediate Care Facility/State Plan Amendment
IDEA	- Individuals with Disabilities Education Act
IDEIA	- Individuals with Disabilities Education Improvement Act
IDP	- Individual Development Plan
IDT	- Inter-disciplinary Team
IEP	- Individual Educational Plan
IFSP	- Individual Family Service Plan
IHP	- Individual Habilitation Plan
IHSS	- In-Home Supportive Services
ILC	- Independent Living Center
ILS	- Independent Living Services
IMD	- Institutes of Mental Disease
IPP	- Individual Program Plan
IRC	- Inland Regional Center
ISP	- Individual Service Plan
KRC	- Kern Regional Center
LACHD	- Los Angeles County Health Department
LACDMH	- Los Angeles County Department of Mental Health
LACTC	- Los Angeles County Transportation Commission
LADOT	- Los Angeles Department of Transportation (City)
LAUSD	- Los Angeles Unified School District

LCSW	- Licensed Clinical Social Worker
LDC	- Lanterman Developmental Center
LEA	- Local Education Agency
LICA	- Local Interagency Coordination Area
LRC	- Lanterman Regional Center
MCH	- Maternal and Child Health
MFCC	- Marriage, Family and Child Counselor
MHRC	- Mental Health Rehabilitation Center
MMIS	- Medicaid Management Information System
MSW	- Masters in Social Work
NADD	- National Association for the Dually Diagnosed
NASDDDS	- National Association of State Directors of Developmental Disabilities Services
NBRC	- North Bay Regional Center
NLACRC	- North Los Angeles County Regional Center
OAH	- Office of Administrative Hearings
OCRA	- Office of Client Rights Advocacy
OPS	- Operations funds (for Regional Centers)
OSEP	- Office of Special Education Programs
OSERS	- Office of Special Education and Rehabilitative Services
OSHA	- Occupational Safety and Health Administration
OT	- Occupational Therapy
PAI	- Protection and Advocacy, Inc. (now called Disability Rights CA)
PDD	- Pervasive Developmental Disorder
PDC	- Porterville Developmental Center
PDF	- Program Development Fund
PEP	- Purchase of Service Expenditure Projection (formerly SOAR)
PEPRA	- Public Employees' Pension Reform Act
PERS	- Public Employees' Retirement System
PET	- Psychiatric Emergency Team
PIP	- Paid Internship Program
PL 94-142	- Public Law 94-142 (Right to Education Bill)
PMRT	- Psychiatric Mobile Response Team
POLST	- Physician Orders for Life-Sustaining Treatment
POS	- Purchase of Services funds (for Regional Centers)
PRMT	- Post-Retirement Medical Trust

PRRS	- Prevention Resources and Referral Services
PRUCOL	- Permanently Residing in the U.S. Under Color of the Law
PT	- Physical Therapy
QMRP	- Qualified Mental Retardation Professional
RC	- Regional Center
RCEB	- Regional Center of the East Bay
RCFE	- Residential Care Facility for the Elderly
RCOC	- Regional Center of Orange County
RCRC	- Redwood Coast Regional Center
RDP	- Resource Development Plan
RFP	- Request for Proposals
RRDP	- Regional Resource Development Project
RSST	- Residential Service Specialist Training
SARC	- San Andreas Regional Center
SB	- Senate Bill (State)
SCDD	- State Council on Developmental Disabilities
SCIHLP	- Southern CA Integrated Health and Living Project
SCLARC	- South Central Los Angeles Regional Center
SDRC	- San Diego Regional Center
SDC	- Sonoma Developmental Center
SDP	- Self-Determination Program
SDS	- Self-Directed Services
SEIU	- Service Employees' International Union
SELPA	- Special Education Local Plan Area
SG/PRC	- San Gabriel/Pomona Regional Center
SLS	- Supported Living Services
SMA	- Schedule of Maximum Allowances (Medi-Cal)
SNF	- Skilled Nursing Facility
SOAR	- Sufficiency of Allocation Report (see PEP)
SOCCO	- Society of Community Care Home Operators
SPA	- State Plan Amendment
SRF	- Specialized Residential Facility
SSA	- Social Security Administration
SSDI	- Social Security Disability Insurance
SSI	- Supplemental Security Income
SSP	- State Supplementary Program

- TASH - The Association for the Severely Handicapped
- TCRC - Tri-Counties Regional Center
  
- UAP - University Affiliated Program
- UCI - Unique Client Identifier
- UCP - United Cerebral Palsy
- UFS - Uniform Fiscal System
  
- VAC - Vendor Advisory Committee
- VIA - Valley Industry Association (Santa Clarita Valley)
- VICA - Valley Industry & Commerce Association (San Fernando Valley)
- VMRC - Valley Mountain Regional Center
  
- WAP - Work Activity Program
- WIOA - Workforce Innovation and Opportunity Act

[alphabetsoup] January 7, 2021

North Los Angeles County Regional Center  
Board of Trustees

**Meeting Evaluation**

Name: \_\_\_\_\_

Comments: \_\_\_\_\_

1. Did the meeting follow the agenda? Yes \_\_\_ No \_\_\_

2. Did the meeting begin as scheduled? Yes \_\_\_ No \_\_\_

3. Did the meeting end as scheduled? Yes \_\_\_ No \_\_\_

4. Did you receive written or verbal information about the issues on the agenda? Yes \_\_\_ No \_\_\_

5. Did the information received enable you to make informed decisions? Yes \_\_\_ No \_\_\_

6. Did the issues concern:

a. Consumers? Yes \_\_\_ No \_\_\_

b. Board operations? Yes \_\_\_ No \_\_\_

c. Committee business? Yes \_\_\_ No \_\_\_

d. Center operations? Yes \_\_\_ No \_\_\_

e. None of the above? (please specify below)

\_\_\_\_\_  
\_\_\_\_\_

7. Did you feel prepared to participate in the meeting? Yes \_\_\_ No \_\_\_

8. What would you like more information about?

\_\_\_\_\_  
\_\_\_\_\_