

North Los Angeles County Regional Center
Consumer Services Committee Meeting Minutes

September 20, 2023

Present: Nicholas Abrahms, Curtis Wang, Gabby Eshrati, Juan Hernandez, Jennifer Koster, Rosie Sigala, Vivian Seda, Jaklen Keshishyan, Cathy Blin, Ana Hurst, Sharmila Brunjes, Alma Rodriguez, David Lester – Committee Members

Evelyn McOmie, Cristina Preuss, Malorie Lanthier, Donna Rentsch, Ruth Janka, Monike Paz, Parita Burmee – Staff Members

Lillian Martinez - NLA Board Member, Ana Quiles - NLA Board Member, Richard Dier, Lori Walker, Claudia Wegner, Ariela Gross, Minutes Services - Guests

Absent: Erica Beall

I. Call to Order & Introductions

Rosie Sigala called the meeting to order at 6:03 pm

II. Public Input

Richard Dier stated he is the Co-Chair for the North LA Self Determination Advisory Committee, and he has a 31-year-old adopted son who is a participant in The Self-Determination Program. He stated that his Committee is there to help CSC in any way they need.

Lori Walker stated she is the other Co-Chair of the Advisory Committee, and she also has a 31-year-old Regional Center client who participates in the Self-Determination Program. She stated they are excited about this group's focus of the year and offered to help the Committee however they need it.

III. Consent Items

A. Approval of Agenda

Rosie Sigala proposed adding a discussion about family members being considered as coordinators to the end of Section V.

Evelyn McOmie suggested that Item V.D be reworded to say, "Proposal to approve to report out quarterly."

M/S/C (C. Blin/ A. Wang) To approve the Agenda with the above revisions.

B. Approval of Minutes of July 19th Meeting

Alma Rodriguez's name needed to be added to the attendance for the minutes.

M/S/C (N. Abrahms/C. Blin) To approve the meeting minutes with revised attendance.

IV. Committee Business - Evelyn McOmie

A. SDP Training

Claudia Wegner and Ariela Gross from Claudia Cares presented training for the Self Determination Program (SDP). Claudia Care supports over 100 families in various stages of Self Determination. Self-determination became law in 2013, followed by the pilot program run over 15 years. A soft rollout began in October 2018, and as of July 2021, the program became available to all Regional Center consumers. In SDP, clients can access Regional Center Vended services and Non-Regional Centered Vended Services, hire staff directly, and purchase items directly. Those eligible have to be Regional Center consumers, be over three years old, qualify through the Lanterman Act, and live in the community. Self-determination is voluntary, but if people leave and return, they have to wait 12 months before returning. SDP allows individuals to hire their staff at a higher rate to keep staff while also tailoring their program to meet their needs. Stories from some of the Claudia Cares clients were shared.

Ariela Gross stated the Person-Centered Plan (PCP) is beneficial to the SDP. While not mandatory, it ensures the participant is at the center of the process in choosing their support by implementing the resources they receive. PCP differs from IPPs because it highlights hopes and dreams, focuses on strengths, and is more accessible in its readings. To fund a PCP, the information is processed under service code 024 until the person is in the SDP, and then the individual can hire who they want.

Financial Management Service (FMS) is responsible for paying out funds that are in the Self Determination Program. FMS is mandatory, must be vended, and is paid through the Regional Center with monthly reports on spending. There are three models within the FMS system, including Bill Payer, Co-Employer, and Sole-Employer. FMS is a financial third party between the Regional Center and the participant that reviews spending plans and onboard staff and vendors.

Independent Facilitators (IFs) can be family members service coordinators, or certified IFs can be hired. IFs must receive training on Self Determination, the Person-Centered Planning process, and other responsibilities. Sometimes, they are referred to as Person-Centered Planners under Service Code 024. A new title of Self-Directed Support or Pre-Transition Support is coming out under Service Code 099. Ongoing Independent Facilitator Support will be used once the individual enters the SDP. Funding for Independent Facilitators was presented both before and after January 1, 2024, as there will be a processing change with the addition of Service Code 099.

The Individual Budget always comes from the services that are authorized in the traditional program, and additional funds cannot be allocated. The budget is created based on the last 12 months of use, unmet needs, and changes in circumstances. Whatever money is not spent goes back to where it came from. Items not included in SDP and the budget included Supplemental SSI payments, Competitive Integrated Employment (CIE), Paid Internship Program (PIP), Cost of insurance/co-payments,

deductibles, or co-insurance, and rental assistance.

The Spending Plan for the total SDP budget goes to living arrangements, employment and community participation, and health and safety. Some codes used in Self Determination do not overlap with other programs. Codes are available on DDS.

The Regional Center has a focus on the program as they have to approve all services under the traditional model. From there, a budget will be created and certified. The review team will also review the spending plan. The Regional Center is also responsible for transitioning to Service Code 099 after January 1 and processing Service Code 024. The timeline for the SDP transition at NLACRC was presented.

Best Practices in the SDP include ensuring equitable access and transparency with the processes being used. Ariela Gross noted that they recently realized that face-to-face is required with Service Code 099, and there is often general confusion about how facilitators are paid. Claudia Wenger stated that their application for SDP was stuck due to the insurance requirements. She also expressed concern about the face-to-face requirement as a lot of the work is not done that way and would have additional cost implications. She stated DDS had not yet given them directions, but they are hopeful they will give guidance to the Regional Center. Successes at NLACRC were highlighted, including correct budgets, responsive SDP team members, the IF Roundtable, and more. Claudia Cares was thanked for their presentation.

B. Approve Committee Priorities for Next FY 2023-24

M/S/C (N. Abrahms/S. Brunjes) To approve the FY23-24 Committee List of Priorities

V. Committee Action Items

A. Review Revised Committee Critical Calendar

No comments or questions.

B. Proposal for Volunteers on Monitoring Review Visits for CCFs Discussion

Lillian Martinez stated that those living in care facilities are the most vulnerable, and oversight is needed in those locations. Rosie Sigala agreed they were vulnerable and stated they should discuss if volunteer teams should be used to help with review visits of TCFs.

Action Item: An update on quality control (QC) will be shared with the Committee.

Ruth Janka stated that this item was meant to focus on volunteers to monitor licensed vendor facilities. Monitoring visits need to be conducted by the Title 17 code of regulation highlights specific monitoring requirements. Ruth Janka stated they are in compliance but could have more information with the Board on their processes. While it does state that volunteer teams can perform visits, there are complications in using

volunteers. Ruth Janka introduced David Lester, Board Attorney, to present some of the issues that could arise from volunteer groups in this context.

David Lester said he was glad the Board wanted to be involved with the process and understand quality control. After reviewing the statute, he shared two concerns with the Board: (1) quality review would involve going through records, which could become a HIPPA violation, and (2) insurance issues as volunteers are often not covered in the case of an accident while staff would be. Residents who are most in need can sometimes be violent, and they don't want to risk someone getting hurt. David Lester suggested that a better way to channel the volunteer efforts would be to focus on health and wellness initiatives that can teach people how to eat or exercise better in their homes. A volunteer team could be created to consider that idea or create new ones. While the language is present in Title 17 to have volunteers, David Lester advised against it.

Lillian Arias Martinez noted that in an interview with Disability Voices United, red flags went up that made accusations against all Regional Centers not being in compliance. Staff confirming that they were in compliance had made her feel better, but she emphasized the importance of considering the health and safety of their volunteers as a priority. David Lester stated that while they wanted to stay compliant and protect their consumers, they had to consider what steps were being taken to do so.

Lillian Arias Martinez stated that while immediate action may not be necessary, their consumers were at risk, and she emphasized the importance of remaining watchful. David Lester stated health and safety were taken very seriously. He stated a good first step for the Board is to understand quality control measures.

Rosie Sigala stated the QC process would be shared with them and suggested that the Board receive reports on compliance. She noted that Board members can visit service providers any time they want. The following fiscal year, CSC would mimic the Government Committee, which requires its members to make at least one visit per year to a grassroots location. Ruth Janka stated that CCFs and addresses could be found on the website for any interested Board members.

Action Item: A report on CCF vendor compliance will be shared with the Committee. (Quality Assurance Staff)

Ana Quiles stated they should be educated and not reactive. She stated that learning more about the processes would be helpful. While using volunteer work can make certain activities complicated, channeling the volunteer enthusiasm toward creative initiatives could be effective. It could also help educate the community about access. Ana Quiles suggested they learn more about what they can and cannot do, and for now, they can schedule to make visits online.

Action Item: Volunteer Program options will be investigated.

C. Service Provider Sign-In Requirement for non-EVV Providers Discussion

Ana Quiles stated that when it comes to family members receiving services from NLACRC, there is no bill oversight from the location or the family. As it stands, there is no way to confirm work because invoices come directly from the provider. Security and safety for consumers is a primary goal. Staff needs to be aware of what rules are in place to help families navigate it. A year-end report for invoices is received, but it is not itemized. Rosie Sigala stated this item came from consumer concerns. Now, they need to consider how to support consumers in making the process more clear.

Evelyn McOmie stated that when a complaint is received, a recommendation for an audit begins to verify the hours that were funded. Unless the consumer takes notes, there is no way to validate the information. If the Committee was interested in making a change, they could use the example of providers that had already established practices for reconciling their payrolls. As there is no regulation, the Board could provide support by issuing a policy requiring vendors to fill out and maintain a timesheet at each consumer's house. Evelyn McOmie stated the ways to implement the change would be through regulation or through an organization policy, which would need Board approval. Rosie Sigala stated that as there could be abuse or fraud, they need to come together to find a solution.

Ana Quiles suggested researching the policies of the vendors who did track invoices and researching the impact. She suggested they could either create case studies or ask for feedback from the vendors with those systems in place in order to determine what works.

Evelyn McOmie and Ruth Janka suggested recommending this proposed service provider requirement to the VAC. Jaklen Keshishyan stated she was on VAC. She added that where she works, non-EVV invoices are tracked as a best practice.

Rosie Sigala noted that consumer complaints drove audits. She asked if consumers had the resources to guide themselves in the case of abuse, fraud, or timesheet issues. Evelyn McOmie stated that during quarterly reviews, services are discussed and assessed. In-home reviews are then done annually.

Complaints from consumers drive audits, so Rosie asked if they have resource material to guide them if they are experiencing abuse, fraud, or timesheet issues. Who can they contact? Evelyn said the quarterly review discusses services, and if things aren't going well, then questions are asked to make sure they are there. Do quarterly review assessments of services. In-home, done annually.

M/S/A (A. Hurst/N. Abrahms) To recommend adding a required program to non-EVV to the Executive Committee and to direct to VAC. Motion approved.

D. Proposal to approve to report out quarterly

Evelyn stated in the last meeting, there was a lengthy discussion but no vote.

M/S/C (A. Quiles/A. Hurst) Motion to report quarterly on the disparity committee report. Motion passed.

E. Including Parents, Guardians, and/or Conservators as Service Providers Discussion

Rosie Sigala stated that a priority of this Committee was to determine strategies that would allow parents, guardians, and conservators to perform Service Provider tasks. Questions on this topic had come up the year prior, so the Committee needed to determine where they stood on the question. She suggested discussing how individuals could access that option if they are interested and how they will implement it.

Action Item: Discussion on this topic will be added to the next committee meeting Agenda.

VI. Committee Report Updates

For this section of the meeting, Evelyn reviewed each report and shared its relevance to the Committee. For each item, the Committee thoroughly reviewed and discussed the necessity and frequency of each report. The final determinations are as follows:

A. Purchase of Services (POS) Data Semi-Annual Report

Malorie Lanthier presented the POS Data Semi-Annual Report. FY 2023 data is being finalized in comparison to FY 2022. The top 5 service codes by expenditure remained consistent between both years. The overall budget remained the same +- 1%. Consumers increased by about 30,000. Personal assistance usage went down by about 124 consumers while the overall number of people serviced increased.

Malorie Lanthier then presented service by demographic usage. Personal assistance decreased for all ethnicities. It was noted that in POS disparity groups, white encapsulated people who spoke several different languages, including those from the Middle East and East Europe, among other areas. The highest usage was from people with autism and intellectual disability. By location, San Clarita had less usage than San Fernando. Personal Assistance use increased across all ethnicities.

Malorie Lanthier next presented the usage of the program. Respite went up significantly by 900 families. Per capita spending decreased for all consumers except those placed in the 'Other' category. The highest usage group was the autistic community, which increased by 700 in 2023. Respite use in San Fernando increased by 602 consumers. Infant Development increased by 976 families. Per capita spending increased for the 0-2-year range by \$2,201. Ages 3-7 years old had a similar amount of people in 2023 as 2022. While those aged 3-7 were no longer infants, case management could explain further why those individuals were placed in this category. Evelyn McOmie stated they were in that category due to provisional eligibility. Malorie Lanthier stated that per

capita, infant development for Asians was the highest in 2023, while African Americans had decreased from the year before. She suggested that measures for outreach to the African-American community may be important. Diagnosis grew by 1,387 infants in 2023. Cases in San Fernando increased by 1,524. Community Integration increased by 266 consumers, with the highest ethnicity increase in the Hispanic community at 132 people. Spending per capita was lower in the Hispanic population, so it was suggested that the POS disparity be reviewed due to an increase in cases but lower spending. The ID and autistic community most used the diagnosis. AV per capital spending was lower than the year before, so more could be done with the program. Adaptive Skills increased by 56 consumers. The Hispanic population was the largest ethnicity, but once again had lower spending than Asian and white populations. The highest diagnosis was in the autistic community. Use by location was highest in San Fernando, with a significant increase.

B. Self-Determination Program Report

The SDP Report was included in the packet (Page 66). Gabby Eshrati shared that this Saturday, Santa Clarity will have a Resource Fair from 10 am to 1 pm. There will be breakout sessions to assist the community and show what the program looks like, along with the spending program, budget, etc. The Committee was invited to attend the event.

As of August 1st

Participants have completed Orientation: 668

Total number of budgets that are certified: 304

Total number of budgets that are in the certification process: 5

Total number of spending plans in progress: 241

Total number of PCPs completed: 61

Total number of participants that have opted out of SDP after enrolling: 2

Total number of Inter-Regional Center Transfers (out): 2

Total number of participants that have fully transitioned into SDP with approval.

Spending plans and active SDP IPPs: 241 (12 transitions this month)

1. SDLVAC Board Liaison Report

Gabby Eshrati stated the SDLVAC had structured committee attendance through their bylaws. The group no longer had to adhere to Bagley Keen. Meetings would be held on the third Thursday of every month, and all the committee members were welcome to join. Vendorization of Service Code 099 would continue. Revision of the new law passed on 7/1/2023 about social rec would be reviewed.

VII. Chief Consumer and Community Services Officer Report - Evelyn McOmie

A. Presentation of Specialized Case Management Unit and Tracking Systems in Place

Evelyn McOmie presented ESC. Highlights of the program were in the packet (page 74). The program began in April 2022, and most cases were assigned in July 2022. ESC exists in all Regional Centers. The Department provides quarterly lists of potential consumers

based on their pool of people with \$2,000 or less POS. The Regional Center Supervisors then cross reference the list and remove those who are unable to receive services, such as those who are incarcerated. The remaining individuals are contacted, and work begins. Two hundred forty individuals are maintained in a unit at one time. Within the unit, one-on-one services are provided at every encounter, with several encounters per month. Consumer Service Enhanced Coordination allows consumers to use their services based on what they need. There were 6 Consumer Specialists that carry caseloads of 1 to 40 ratio with mixed age caseloads. Families are responsible for connecting with their Enhanced Service Coordination Team. The team is able to support the families in a way that traditional CSC cannot.

Challenges and barriers to the program included COVID-19, families prioritizing urgent needs and challenges, and a lack of advocacy and awareness of the services. Other reasons that the services were not used was because the families were accessing generic supports elsewhere, be that through work, school, etc. Items that worked included the ESC curriculum, CLACRC Guide for Consumers and Families, educating families/consumers on service availability and distinct service delivery, staff practicing culture awareness, empathy, and person-centered approaches, including communicating in native languages, developing relationships, and addressing mistrust. Families need to build trust as they may have lasting negative experiences. After completion, 40 families will be transferred out at one time, and 40 new ones will be transferred in.

Anna Hurst asked if, when the 40 families transition out, they will provide a snapshot of the services used. Evelyn McOmie stated that the Coordinated Family Support was a pilot, and they would like to understand the impact of the program before sending it to Traditional Case Management. Coordinators will speak with their families to determine how Coordinated Family Support is tied to their growth. Enhanced Service Coordinators will also work with the families to transition them away and review if there is continued benefit afterward without the services. There would be tracking before, at the end, and longitudinal tracking up to 24 months out.

Rosie Sigala asked if a consumer fell off, if they would be replaced in the 1 to 40 ration or if they would wait until December 2023 to fill the space. Evelyn McOmie stated that those in the program leave when they graduate. In the case that someone was no longer able to receive services, such as if they were incarcerated, they would be replaced by someone else on the list to create the best outcomes for the most people.

Rosie Sigala asked if they could see the curriculum. Evelyn McOmie stated she would share the curriculum with the Committee.

B. New POS Process Update

Evelyn McOmie stated the POS process had been updated so that supervisors now

approved POS. Additional supervisors will be added to the team to assist with this work. The pilot for this change was concluded in mid-July. The data showed supervisors averaged about 2,000 POS, which was good given the vacancies at the supervisor level. The process has proven to move faster at the supervisor level. Starting in October, managers will be approving exceptional items such as supplanting services and day programs for ADLs. It was noted that supplanting services were not the same as supplemental services. Supplemental items would go through the exception process. Services like behavioral and nursing still required a higher level of review. This change was the first in over 30 years to their system. As the organization has grown, this change will function better with its size and volume.

C. New Person-Centered IPP Training for Service Coordination Update

Evelyn McOmie stated that NLACRC is working on creating new training for its Service Coordinators, both long-standing and new. IPP training had been given earlier in the year to prepare for upcoming programs. As NLACRC continues towards a person-centered approach, they are moving forward with person-centered planning. The IPP training was revamped for new CSCs. There will now be a 3-part series of training for IPP with a fourth series for new CSCs.

Additionally, a person-centered IPP manual will be distributed to align everyone in the organization and provide information and tools to everyone equally. The IPP training will provide tools and guides to polish all CSC skills. The current generation of employees has a different way of learning, so it needs to be accessible. For that reason, hyperlinks and attachments were included throughout the training. Supervisors will receive the training in the first week of October. They will roll out the training first with the management team, then with staff, distribute the manual, and incorporate it into the new training by late Fall.

D. Changes to Social Rec Tool to Reflect WIC 4688.22 Update

Evelyn McOmie presented WIC 4688.22. Assessment tools for social rec have been updated. CSCs should have this item at the forefront when talking with families. Effective July 1, 2023, families will not be required to exhaust services, exchange respite hours, or pay a co-payment. Information on what people have to abide by needs to be provided to them at the beginning. The flyer for Social Rec will be updated to share with the community, so families supported by Service Coordinators understand the change. There were many questions about what could be approved or what was needed in the applications. NLACRC needs to be prepared to answer those questions. Evelyn McOmie stated that the flyers were not yet ready, and as the change had not yet taken place, they did not want to confuse or disappoint families by being unclear. The flyer will be further flushed out and then sent out.

VIII. Meeting Action Item Review

- A. An update on QC will be shared with the Committee.
- B. A report on CCF vendor compliance will be shared with the Committee.
- C. Volunteer Program options will be investigated.
- D. A report on quality checks for non-EVV providers.

- E. Discussion on this topic will be added to the next committee meeting Agenda.

IX. Board Meeting Agenda Items

The following items were identified for the Committee's section of the next Board Meeting agenda:

- A. Minutes of the September 20th Meeting
- B. Revised Committee Critical Calendar for Net FY 2023-24
- C. DDS Purchase of Service (POS) Annual Report for FY 2021-22
- D. Committee Priorities for Next FY 2023-24

X. Announcements / Information Items / Public Input

- A. Committee Attendance
- B. Next Meeting: Wednesday, November 15, 2023, at 6:00 p.m.
- C. Public Input

Richard Dier thanked everyone for their commitment to Self Determination. He was the Director of Evaluation and Training and had been there since gas was 29 cents. He stated he was glad to see the new generation step up into the work. The Committee that he serves on is made up of 12 members who are appointed by the State Council or the Development Center, and they are charged with the responsibility of monitoring processes and assisting in training. Their Committee is committed to helping in any way they can, including making presentations or speaking when Self Determination is on the Agenda.

XI. Adjournment

Rosie Sigala adjourned the meeting at 8:39 p.m.

Submitted by:

Kimberly Visokey

Executive Administrative Assistant

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

