



*Sponsors of  
North Bay Regional Center  
and other programs  
for persons with developmental disabilities  
610 Airpark Road  
Napa, CA 94558  
707-256-1224  
Fax: 707-256-1230*

*Promoting Opportunities  
Supporting Choices*

## **MEETING NOTICE**

The next meeting of the Board of Directors is a regular business meeting scheduled as follows:

**DATE:** May 3, 2017

**TIME:** 5:00 – 7:00 p.m.

**PLACE:** North Bay Regional Center  
610 Airpark Road  
Napa, CA 94558

### **Map & Agenda Enclosed**

**Board Related Meetings:** The next meeting of the Vendor Advisory Committee will be May 9, 2017, at North Bay Regional Center office “Board Room” from 10:00 to noon.

**REMINDER:** Please contact Kathy Newman at (707) 256 1224 if you are unable to attend the Board meeting.

**North Bay Developmental Disabilities Services, Inc.  
Board of Directors' Regular Business Meeting  
Wednesday, May 3, 2017, 5:00 p.m.  
North Bay Regional Center  
610 Airpark Road, Napa, CA 94558**

**AGENDA**

- I. **CALL TO ORDER** – Secretary Rita Edmonds-Norris
- II. **ROLL CALL AND INTRODUCTIONS** – Rita Edmonds-Norris, Secretary (2 minutes for call to order, roll call, and introductions)
- III. **CONSIDERATION OF MINUTES**  
Minutes of Regular Business Meeting of Feb 1, 2017 be approved as submitted (3 min) (Pgs. 1-6)  
ACTION
- IV. **TREASURER'S REPORT**  
Treasurer's Report for the period of Jan 1 – Mar 31, 2017 be approved as submitted. (3 min) (Pg. 7)  
ACTION
- V. **ANNOUNCEMENTS**
- VI. **NOMINATING COMMITTEE** – Walt Spicer  
Proposed Slate of Officers for 5/1 – 6/30/17:  
Harry Matthews, President  
Angel Greber-Giroux, Vice President  
ACTION
- VII. **FEATURE PRESENTATION** – Competitive Integrated Employment Blueprint – Michael Clay,  
Department of Developmental Services (20 minutes)
- VIII. **NEW BUSINESS**
  - A. Contract Approval - Federally Qualified Health Clinic-Santa Rosa Community Health Center –  
Courtney Singleton  
ACTION
- IX. **COMMITTEE REPORTS**
  - A. Executive Committee - Board Officers – (Vacant) President; (Vacant) Vice President; Secretary,  
Rita Edmonds-Norris; Franklin Phillips, Treasurer (3 minutes)  
ACTION
  - B. Vendor Advisory Committee – Linda Plourde – (10 minutes) (Pgs. 21-25)  
INFO
- X. **EXECUTIVE DIRECTOR'S REPORT** (30 minutes)
  - A. Bob Hamilton, Executive Director (10 minutes)
  - B. Michi Gates, Director Client Services' Report (10 minutes) (Pgs. 9-20)
  - C. Dave Johnson - Chief Financial Officer (10 minutes) (Pg. 8)
- XI. **LIAISON REPORTS**
  - A. Association of Regional Center Agencies – Bob Hamilton (10 min)  
INFO
  - B. State Council on Developmental Disabilities - North Bay Regional Office – Lisa Hooks (10 min)  
INFO
- XII. **GENERAL PUBLIC COMMENT** - Sign-up sheet (2 minutes per person unless otherwise allowed by Board Chairperson). Public invited to comment on any matter. Public comment will also be invited on each Action item after the Board has discussed the item and prior to a motion.
- XIII. **GOOD OF THE ORDER** - any other Board business may be brought up at this time. (5 minutes)
- XIV. **ADJOURNMENT**

**CLOSED SESSION** – The governing board of a regional center may hold a closed meeting to discuss or consider one or more of the following: (1) real estate negotiations, (2) the appointment, employment, evaluation of performance, or dismissal of a regional center employee, (3) employee salaries and benefits, (4) labor contract negotiations, (5) pending litigation – W&I Code 4663(a).

<b>NEXT MEETING ANNOUNCEMENT - The next Board of Directors meeting is the annual meeting scheduled for Wednesday, June 7, 2017, North Bay Regional Center, 610 Airpark Road, Napa, CA at 5:00 p.m.</b>
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**North Bay Developmental Disabilities Services, Inc.  
Board of Directors' Regular Business Meeting  
February 1, 2017, 5:00  
610 Airpark Road, Napa, CA 94558**

**MINUTES**

**NBRC BOARD MEMBERS PRESENT:**

Franklin Phillips, Treasurer  
Len Carlson, Facilitator  
Jose Ayala

Linda Plourde, Bayberry, Inc.  
Rita Edmonds-Norris, Secretary  
Walt Spicer, Vice President  
Angel Giroux-Greber

**NBRC BOARD MEMBERS ABSENT:**

Rhonda Foster, (Excused)

Barbara Power (Excused)  
Joanne Tsai

**STAFF PRESENT:**

Michi Gates, Director, Client Services  
Dave Johnson, Chief Financial Officer  
Courtney Singleton, Assoc. Dir. Client Services  
Deanna Kirkpatrick, Assoc. Dir. Client Services  
H. Suwatanapongched, MD  
Darius Bruner II, SC  
Ashley McClain, SC  
Tammy Larsen, IQM  
Hernani Mac Dula, IT  
Alicia Culaba, SC

Bob Hamilton, Exec. Dir.  
Kathy Newman, Executive Assistant  
Deanna Heibel, Associate Dir. Client Services  
Thomas Maseda, Director, Administration  
Ivan Arce, SC  
Angelina Ordonez, SC  
Breanica Pereira, SC  
Jennifer Garcia, SC  
Paul Bray, IQM  
Irma Acevedo Luna, SC  
Kristin Doorman, SC

**GUESTS PRESENT:**

Anh Nguyen, Consultant  
Lauren Meiklejohn, BI  
David Mauger, Christopher's House

Harry Matthews, Parent  
Elizabeth Mard, DDS  
Jessica Sadowski, Bayberry, Inc.

**CALL TO ORDER** – Walt Spicer, Vice President, called the meeting to order at 5:05 p.m. A quorum was present and the Board and audience introduced themselves.

**CONSIDERATION OF MINUTES**

**M/S/C (Phillips/Giroux-Greber) Move that the minutes of December 7, 2016 regular business meeting be approved as submitted. UNANIMOUS**

**TREASURER'S REPORT**

**M/S/C (Giroux-Greber/Plourde) Move that the Treasurer's Report for the period of October 1 – December 31, 2017 be approved as submitted. UNANIMOUS**

**ANNOUNCEMENTS:** None

**FEATURE PRESENTATION:** Introduction to the Department of Developmental Services Regional Center Oversight Dashboard – Michi Gates, Director of Client Services

Recent legislation required DDS to develop a website dashboard to monitor regional centers in order to improve quality of services for consumers living in the community.

- Overview: There are 308,850 clients served by Regional Centers throughout the state. NBRC serves 8,796 consumers in Napa, Solano, and Sonoma Counties. Thirty seven percent are female, 63% are

male. NBRC's Average expenditure per client is \$15,892; statewide is almost \$13,000. Statewide Hispanic is 30%. NBRC's largest group is Caucasian, second Hispanic.

- Performance Contracts: 2015 Performance Data
  - ✓ DDS establishes contracts with Regional Centers that include specific, measurable performance objectives which are reviewed by the public on an annual basis. The annual performance contracts are designed to help consumers achieve quality of life, reach meaningful progress above current baselines, and develop services and supports to meet consumer needs. Every year, DDS reviews each Regional Center's performance data for compliance with their contracts.
  - ✓ The Developmental Center population continues to decrease as consumers move into the community. Regional centers coordinate services and supports for consumers as they transition from Developmental Centers to community settings.
  - ✓ For the last four years NBRC has reported around 2% of Adults live in Facilities with more than 6 beds.
  - ✓ For the last four years NBRC has reported that 99% of minors live with families and less than 10% live in facilities with more than six beds.
- Purchase of Service: NBRC must ensure that regardless of ethnicity that each group is receiving an equal-opportunity for supports and services needed. Why is Hispanic so low and does that reflect that NBRC is not meeting the needs of this population?
  - ✓ Language: 98% of consumers identify either English or Spanish as their primary language. 82% English; 16% Spanish. The remaining 1% of consumers selected a language outside their primary language.
  - ✓ Diagnosis: Intellectual Disability is the majority of the population NBRC serves.
  - ✓ Age: 22-99 is the population NBRC spends the most money on.
- National Core Indicator: In 2010, in accordance with Welfare and Institutions Code, Section 4571, the Department of Developmental Service implemented a nationwide quality assessment survey called the National Core Indicators (NCI) produced by the Human Services Research Institute and the National Association of Directors of Developmental Disabilities. NCI is one tool that DDS uses to monitor the performance of the developmental disabilities service system as well as the performance of our twenty-one regional centers in providing services and supports for developmentally disabled adults and children.
- The NCI surveys:
  - ✓ NCI surveys are conducted through in-person interviews with adult consumers every three years and consumers who have moved out of a developmental center to the community every year.
  - ✓ NCI surveys are conducted by the State Council on Developmental Disabilities. Surveys collect data on consumer and family satisfaction, quality of services, and personal result.
- Employment First in California. People with developmental disabilities seek to work, earn and be part of the economic life of their communities. It is the policy of the state that opportunities for integrated, competitive employment shall be given the highest priority for working age individuals with developmental disabilities, regardless of the severity of their disabilities. Those who want to be employed have that opportunity.
- Fair Hearings: The fair hearing process is used to resolve disputes regarding eligibility, the nature, scope, or amount of services and supports, or any decision or action of the regional center for consumers or applicants who are age three or older. NBRC is one of the lower centers for receiving appeals.
- Welfare and Institutions Code 4731 - These complaints are made when an individual consumer, or any representative acting on behalf of a consumer, believes that any right has been wrongly or unfairly denied by a regional center. NBRC is on the low/middle of the statistics for 4731 complaints.
- Early Start Complaints - Early Start is for infants and toddlers under the age of three who are at risk of having a developmental disability, or have developmental disabilities or delays, and their families. The purpose of the Early Start complaint process is to investigate and resolve alleged violations of federal or state laws or regulations governing California's Early Start that are filed with the Department.

- Home and Community Based Waiver Complaint – Data is forthcoming

This is one piece of legislation that is very helpful to NBRC's community and to Regional Centers to assist us to continually improve services and supports.

#### **NEW BUSINESS:**

- A. Community Placement Plan (CPP) \$250,000 and Over Contract Approval – Courtney Singleton.

NBRC's 2015-16/2016-17 Housing Projects:

- 1516-3 Enhanced Behavioral Support Home (EBSH) \$250,000/\$300,000 Scioto
- 1516-5 Specialized Residential Facility (SRF) \$150,000/\$200,000 Scioto
- 1516-14 Specialized Residential Facility (SRF) \$150,000/\$200,000 Scioto
- 1516-16 Specialized Residential Facility (SRF) \$150,000/\$200,000 Scioto
- 1617-16 Specialized Residential Facility (SRF) \$350,000/\$300,000 Brilliant Corners
- 1617-14 Enhanced Behavioral Support Home (EBSH) \$250,000 Elwyn
- 1617-15 Enhanced Behavioral Support Home (EBSH) \$250,000 Elwyn
- ZN0078 1415 Enhanced Behavioral Support Home (EBSH) \$383,158/\$191,940 Brilliant Corners
- ZN0082 1415 Adult Residential Facility for Persons with Special Healthcare Needs (ARFPSHN) \$426,291/\$191,960 Brilliant Corners

**M/S/C (Edmonds-Norris/Phillips) Move approval of Scioto, Brilliant Corners, and Elwyn contracts that exceed \$250,000 annually. UNANIMOUS**

- B. Succession Planning Contract – NBRC will contract with Kinetic Flow to assist with succession planning. They will be providing succession planning as well as renewing NBRC's Strategic Plan. This process will require Board time. Bob inquired of the Board if they are willing to commit that time. Typically a four to eight month preparation period is required for the succession and hiring process. The plan will include development of measurable performance criteria on which to judge an applicant on experience and education. The transition period will run smoother with retaining a firm to assist in this process. It will require two one-day retreats. All Board members were comfortable with the time commitment involved.

**M/S/C (Giroux-Greber/Plourde) Move approval of retaining Kinetic Flow to assist in NBRC's Succession Planning as well as renewing the Strategic Plan. UNANIMOUS**

#### **COMMITTEE REPORTS:**

- A. Executive Committee – Walt Spicer, Vice President; Rita Edmonds-Norris, Secretary; Franklin Phillips, Treasurer – No meeting.

- B. Vendor Advisory Committee – Linda Plourde

- The VAC met on Tuesday, January 10, 2017.
- Ali Tabatabai of New Leaf discussed how his agency deals with client matters when a client has passed. He discussed the expectations of the Social Security Administration. January Crane is developing a training regarding end of life plans for NBRC clients. DDS has a workbook / curriculum already developed for end of life planning and it is available on the DDS website: <http://www.dds.ca.gov/ConsumerCorner/ThinkingAhead.cfm>
- Rick Burkett of NBRC discussed the Mass Emergency Communication System. NBRC wishes to conduct a system wide test on February 24, 2017 to ensure that the system is functioning appropriately. It is important that all vendor information is up to date in the system.
- On December 1, 2015, vendors received a 5.82% increase in funding. The increase had been intended to be effective on 10/13/15 but DDS determined the effective date to be 12/1/15 instead. The California Developmental Services Association (CDSA) filed litigation on behalf of all vendors against DDS for full reimbursement beginning 10/13/15. The court ruled in favor of CDSA. Vendors can expect reimbursement to cover 10/13/15 to 12/1/15.
- CDSA held a policy meeting in Rancho Cordova on January 31, 2017.
- CSLN Annual Conference is scheduled for April 13 and 14, 2017 in San Diego.

- ANCOR Governmental Relations meeting was held January 10 and 11, 2017 in Baltimore, MD. Their annual conference will be held in San Antonio, Texas from April 30, 2017 to May 3, 2017.
- Please refer to the minutes for further detail.
- The next VAC meeting is Tuesday, February 14, 2017.

C. Nominating Committee – Walt Spicer

- Walt Spicer read his letter of resignation to the Board and attendees; *“It is with regret that I announce my resignation effective at the end of February. My health is the reason. At age 87, balance problems and diminishing memory are limiting my contribution as an active, contributing Board Member. It has been my pleasure to serve on the Board for over four years, participating in the many contributions to the developmentally disabled in our communities, and important matters that have confronted the Board. I have enjoyed working with you, and with Bob Hamilton and his administrative staff. My best wishes to you all.”* The Board extended their appreciation to Walt for all he has contributed. Bob noted that a temporary slate of officers will be determined and placed on the agenda for approval at the March 1 Board meeting.
- Walt proposed that Harry Matthews be seated as a Napa County Board member effective March 1, 2017. By law Board members are allowed to serve seven consecutive years out of eight. Harry completed his last term February 28, 2016.

**M/S/C (Phillips/Giroux-Greber) Move approval of seating Harry Matthews, Napa County Board Member, effective March 1, 2017. UNANIMOUS**

## EXECUTIVE DIRECTOR'S REPORT

*Bob Hamilton, Executive Director*

- Bob thanked the Board and the staff, specifically Dr. Michi Gates, for taking care of things at the Regional Center during the month of December.
- With the new administration in Washington DC, NBRC may be looking at many dramatic changes. The Affordable Care Act is estimated to leave an approximate \$18-20M dollar hole in the State budget. The State Administration, the Governor and his staff, legislators have many times gone on record stating they will support the Regional Center citizens and the citizens of California.
- The new Governor's budget will be released the middle of January 2017. The period of time from that announcement to the May Revise, is a time when the legislature looks at the budget to test its adequacy and to determine priorities. That process is going on right now.
- Bob noted that he will testify before the Legislative Staff Committee regarding the SDC closure. He will inform the Committee how NBRC is doing on the plan to move SDC residents into the community.
- NBRC hosted a DDS Safety Net meeting on Monday, January 30, 2017 with people attending from all over Northern California. This meeting was specifically targeted for people who don't make it in the programs the Regional Center system has. A "plan" will then go to the administration where priorities will be determined and what can be done to fix the problem.
- The new language the Governor's budget has put forward will allow the DDS Director to put funds toward non Developmental Center programs. Nancy Bargmann is interested in providing more housing opportunities along with services generally.
- Governor's Budget includes four positions for DDS to oversee housing development.
- The Department has partnered with ARCA to fund a study to better understand the equity/disparity issue that Regional Centers face. Children's Hospital will be carrying that contract.
- Bob noted a problem with the "tools in DDS's toolbox" relative to what to do when programs don't work. There is a "tool" called the Health and Safety Exception which some Centers are submitting "blanket" exceptions for various issues such as minimum wage increase. The "blanket" Health and Safety Exceptions have been rejected by the Department because it doesn't fit in their "toolbox". Bob noted that he and one of his colleagues, Carlos Flores (who sits on Secretary Dooley's Taskforce), will be presenting that issue to Secretary Dooley as part of the rate reform.

*Michi Gates, Director Client Services' Report*

- Michi noted the Competitive Integrated Employment contract/MOU between three departments, i.e., Department of Developmental Services, Department of Education, and the Department of Rehabilitation. The MOU covers the next five years as the three departments ensure individuals who want integrated employment at minimum wage or more will have that opportunity. A Board presentation is scheduled for May 3 featuring Denise Kirkright from DDS who is heavily involved in the development of the MOU, along with representatives from the other agencies.
- Federal Programs: NBRC's annual target for the 2016-2017 fiscal year has not yet been established. At this time, NBRC is assuring that more clients are added to the Waiver than terminated. Missing our target or not adding monthly can result in the withholding of federal funds in our operations budget and less purchase of service reimbursement. The Home and Community Based Waiver is the largest Waiver the Federal government has. It is designed to keep people in their homes rather than state institutions. Each Regional Center has to have qualifying characteristics and maintain a community based purchase. NBRC is one of the best performing Regional Centers in the state. For those who are the Waiver, the State receives reimbursement for the amount of money spent on each individual's services as well as reimbursement for Operations cost. For fiscal year 2015, NBRC received 66% federal funding and found to be in substantial compliance. Michi thanked Quality Assurance and Service Coordinators who work with the Waiver for all their hard work. Discussion followed.
- Self Determination Program has not been approved by the Feds. Progress is being made and DDS is very confident about it. NBRC is looking forward to receiving training from the Department.
- New Staff Positions and Vendors:
  - ✓ NBRC added a Federal Revenue Supervisor to NBRC's staff in order to maintain the program. Free up January to focus more on the Purchase of Service Disparity, Social Sensitivity, DDS Performance Contract, Strategic Planning, staff training.
  - ✓ Resource Development vendored five new vendors, three of which were developed through CPP money related to the SDC closure. They will be providing Special Incident Reporting training to address the issue of untimely reporting by our vendors. There is a 24 – 48 hour reporting mandate that is not being met.
  - ✓ Intake Department has hired an Assessment Counselor, Intake Referral Coordinator, and a Psychologist who are all Spanish speaking.
- For fiscal year 2015-2016 eligible clients with autism increased from 38% to 54% with intellectual disabilities decreasing from 49% to 35%. The number of people coming through Intake has increased as well. Growth is faster in Sonoma County versus Solano/Napa County.
- Sonoma Developmental Center closure activity: Five individuals have moved from SDC into the community in the last 30 days. Twelve more are scheduled to move during February and March. NBRC faces a very tight timeline to meet closure date of December 2018. Developing appropriate resources is very time intensive. There is transition activity for each individual to assure they are safe in the community. DDS has increased calls to weekly in order to review progress on SDC closure.
- Federally Qualified Health Clinic – NBRC has received applicants for the \$2.5M Federally Qualified Health Clinic project. Members of Sonoma County and Parent Hospital Association (PHA) will assist in making a selection.

*Dave Johnson - Chief Financial Officer*

- Operations and Purchase of Service is currently in good shape.
- Union Negotiations are in process. Contract expires the end of February. Management and Union Reps have met three times so far.
- CalPERS Retirement Plan is underfunded by close to 25%. They lowered their return projections. Rates could possibly double as gains fall far short of their goals.

**LIAISON REPORTS:**

**A. Association of Regional Center Agencies – Bob Hamilton**

- Last ARCA meeting was held on January 19-20.
- The new homes being developed for the SDC closure that Courtney Singleton reported on require regulations as they are licensed homes. NBRC is awaiting final regulations.
- NBRC is also developing community crisis homes and the regulations are almost ready to be published. Providers are responding to Requests for Proposal (RFPs) but there are no regulations to understand what will be required.
- Eileen Richey, Executive Director of ARCA, has resigned affective February 28<sup>th</sup>. The ARCA Board has selected a recruitment committee to find a new director.
- Rick Rollins, ARCA, Legislative Analyst, is focused on four committees that affect the Regional Center system.

**B. State Council on Developmental Disabilities - North Bay Regional Office – Lisa Hooks – No report.**

**GENERAL PUBLIC COMMENT** - Sign-up sheet (two minutes per person unless otherwise allowed by Board Chairperson). Public invited to comment on any matter. Public comment will also be invited on each Action item after the Board has discussed the item and prior to a motion.

**GOOD OF THE ORDER:** Mike Thompson will tour NBRC's new Napa Offices on February 21, 2017. Board members were invited to attend.

**ADJOURNMENT - M/S/C (Phillips/Edmonds-Norris) Move to adjourn the meeting at 6:47 p.m. UNANIMOUS**

**NEXT MEETING ANNOUNCEMENT:** The next Board meeting will be a regular business meeting scheduled for March 1, 2017 at Solano County Office of Education, 5100 Business Center Drive, Fairfield, CA at 5:00 p.m.



**North Bay Regional Center  
Franklin Philips Horne NBRC Treasurers' Report  
For the Month of May 2017**

In March 2017 NBRC's board money market account increased by \$24 to end the month with a balance of \$47,379.

The board checking account ended the month with a balance of \$3,334, A decrease of \$73 from last month.

**North Bay Regional Center  
Finance Dashboard FY 2016/17**

75% of the year elapsed

As of March 31, 2017

			%			Total YTD	Total
	<u>Allocation/C-2</u>	<u>YTD Actual</u>	<u>Total</u>	<u>Var/ Alloc</u>	<u>Forecast</u>	<u>Actual + Fcst</u>	<u>Surplus (Deficit)</u>
							<u>From Allocation</u>
<b>Purchase of Services (POS)</b>							
Day Programs	\$ 29,437,500	\$ 29,335,361	22%	\$ 102,139	\$ 10,000,000	\$ 39,335,361	\$ (85,361)
Supported Living Services	36,000,000	36,007,233	27%	(7,233)	12,000,000	48,007,233	\$ (7,233)
Community Care Facilities	28,687,500	29,052,323	22%	(364,823)	9,250,000	38,302,323	\$ (52,323)
Behavioral Services	17,625,000	17,954,730	13%	(329,730)	5,500,000	23,454,730	\$ 45,270
Other	24,668,589	19,886,810	15%	4,781,779	7,000,000	26,886,810	6,004,642
<b>Total POS services</b>	<b>\$ 136,418,589</b>	<b>\$ 132,236,457</b>	<b>99%</b>	<b>4,182,132</b>	<b>\$ 43,750,000</b>	<b>\$ 175,986,457</b>	<b>\$ 5,904,995</b>
Receipts from ICFs for SPA services	(4,200,000)	(4,376,142)	-3%	176,142	(1,260,000)	(5,636,142)	636,142
Community Placement Plan (CPP)	8,940,413	1,920,120	1%	7,020,293	10,000,000	11,920,120	430
<b>Total POS &amp; CPP Services</b>	<b>\$ 141,159,002</b>	<b>\$ 134,156,577</b>	<b>100%</b>	<b>\$ 7,002,425</b>	<b>\$ 52,490,000</b>	<b>\$ 182,270,435</b>	<b>\$ 6,541,567</b>
<b>Operations Expense (OPS)</b>							
Personnel	\$ 9,356,250	\$ 9,228,331	57%	127,919	\$ 3,300,000	\$ 12,528,331	\$ (53,331)
Benefits	3,187,500	3,154,969	20%	32,531	1,122,000	4,276,969	(26,969)
Facilities/Insurance	1,143,750	1,133,509	7%	10,241	390,000	1,523,509	1,491
Equipment / General office	412,500	443,523	3%	(31,023)	95,000	538,523	11,477
Consultants	337,500	300,274	2%	37,226	150,000	450,274	(274)
Mileage	191,250	180,689	1%	10,561	74,000	254,689	311
Legal	187,500	195,718	1%	(8,218)	90,000	285,718	(35,718)
Communications	112,500	112,848	1%	(348)	37,500	150,348	(348)
Other Expenses	41,810	(117,815)	-1%	159,625	125,000	7,185	48,561
<b>Total Operations Expense</b>	<b>\$ 14,970,560</b>	<b>\$ 14,632,046</b>	<b>91%</b>	<b>338,514</b>	<b>\$ 5,383,500</b>	<b>\$ 20,015,546</b>	<b>\$ (54,800)</b>
Community Placement Plan (CPP)	1,529,475	1,454,194	9%	75,281	585,000	2,039,194	106
<b>Total OPS &amp; CPP Expenses</b>	<b>\$ 16,500,035</b>	<b>\$ 16,086,240</b>	<b>100%</b>	<b>413,795</b>	<b>\$ 5,968,500</b>	<b>\$ 22,054,740</b>	<b>\$ (54,694)</b>
<b>Total</b>	<b>\$ 157,659,036</b>	<b>\$ 150,242,817</b>		<b>\$ 7,416,219</b>	<b>\$ 58,458,500</b>	<b>\$ 204,325,175</b>	<b>\$ 6,486,873</b>

<b>DDS Contract Allocations 2016/17</b>	<b>Date Received</b>	<b>POS</b>	<b>Operations</b>	<b>CPP Ops only</b>	<b>Total</b>	
Preliminary Allocation	5/19/2016	\$ 127,322,114	\$ 14,451,195		\$ 141,773,309	67%
C-Prelim ABX-1			1,386,403		1,386,403	1%
1st Amendment C-1	8/26/2016	48,969,338	3,922,560		52,891,898	25%
1st Amendment C-1 CPP	8/26/2016	11,920,550	-	1,528,825	13,449,375	6%
2nd Amendment C-2	4/10/2017	-	200,588	510,475	711,063	0%
<b>Total Allocation</b>		<b>\$ 188,212,002</b>	<b>\$ 19,960,746</b>	<b>\$ 2,039,300</b>	<b>\$ 210,212,048</b>	<b>100%</b>

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610 Airpark Road. Napa, CA 94558  
Phone: (707) 256-1100 • TTY (707) 252-0213

2351 Mendocino Avenue, Santa Rosa, CA 95403  
Phone: (707) 569-2000 • TTY (707) 525-1239

**FAIR HEARING & MEDIATION UPDATE  
MARCH 1 – APRIL 30, 2017**

Eligibility (16-29)	<u>Reason for Appeal:</u> Claimant appeals denial of eligibility. <u>Ruling:</u> Withdrawn without Prejudice
Respite (17-01)	<u>Reason for Appeal:</u> Claimant appeals denial of respite. <u>Ruling:</u> Withdrawn
Eligibility (17-02)	<u>Reason for Appeal:</u> Claimant appeals denial of eligibility. <u>Ruling:</u> Fair Hearing request pending.
Eligibility (17-03)	<u>Reason for Appeal:</u> Claimant appeals denial of eligibility. <u>Ruling:</u> Fair Hearing request pending.
Respite (17-05)	<u>Reason for Appeal:</u> Claimant appeals denial of respite. <u>Ruling:</u> Fair Hearing decision denied Claimants request.
Respite (17-07)	<u>Reason for Appeal:</u> Claimant appeals denial of respite. <u>Ruling:</u> Withdrawn
Eligibility (17-09)	<u>Reason for Appeal:</u> Claimant appeals denial of eligibility. <u>Ruling:</u> Fair Hearing request pending.
SLS (17-10)	<u>Reason for Appeal:</u> Claimant appeals denial of SLS. <u>Ruling:</u> Fair Hearing request pending.
Respite (17-11)	<u>Reason for Appeal:</u> Claimant appeals denial of respite. <u>Ruling:</u> Fair Hearing request pending.
Respite (17-12)	<u>Reason for Appeal:</u> Claimant appeals denial of respite. <u>Ruling:</u> Fair Hearing request pending.
Respite (17-13)	<u>Reason for Appeal:</u> Claimant appeals denial of respite. <u>Ruling:</u> Fair Hearing request pending.
Respite (17-14)	<u>Reason for Appeal:</u> Claimant appeals denial of respite. <u>Ruling:</u> Fair Hearing request pending.

## **Consumer Advocate Report**

**April 1, 2017 – April 30, 2017**

I'm am commencing additional self-advocacy/support groups beginning in May using the educational materials on self-advocacy. Consumers/Clients seem to be getting more interested in having groups now.

The Napa County IHSS Advisory Committee is sponsoring an Educational Appreciation Luncheon at the Elk Lodge in Napa for IHSS providers and consumers on April 28th . The theme is "Building the Future Together". Speakers include Casey Rockwood – Napa County Aging and Disability Program Manager,; Karen Keesler, Executive Director, California Association of IHSS Public Authorities. There will be a panel on "Napa's Readiness and Response to Potential Changes in the IHSS Program'. The event is from 11 – 2:30.

I continue to assist service coordinators with their cases and I am still the DDS Conservator designee.

Thank you

Submitted by:

Randy Kitch

AGE RANGE	NUMBER	% TO TOTAL	GENDER	NUMBER	% TO TOTAL	RESIDENCE TYPE	NUMBER	% TO TOTAL
0 - 2	1,300	14.3 %	MALES	5,751	63.6 %	OWN HOME	6,326	69.9 %
3 - 17	2,563	28.3 %	FEMALES	3,290	36.3 %	ILS	594	6.5 %
18 - 40	3,240	35.8 %			SLS	716	7.9 %	
41 - 60	1,319	14.5 %			DC	91	1.0 %	
61 - 80	589	6.5 %			SNF	56	.6 %	
					ICF	241	2.6 %	
80 & OLDER	30	.3 %			CCF	751	8.3 %	
					FOSTER CARE	187	2.0 %	
					OTHER	79	.8 %	
TOTAL:	9,041	100.0 %	TOTAL:	9,041	100.0 %	TOTAL:	9,041	100.0 %

ETHNICITY	NUMBER	% TO TOTAL	DISABILITY	NUMBER	% TO TOTAL	COUNTY	NUMBER	% TO TOTAL
MIXED	710	7.8 %	AUTISM	2,010	22.2 %	28. NAPA	1,134	12.5 %
ASIAN	219	2.4 %	EPILEPSY	1,106	12.2 %	48. SOLANO	3,782	41.8 %
BLACK	840	9.2 %	CEREBRAL PALSY	901	9.9 %	49. SONOMA	3,986	44.0 %
FILIPINO	330	3.6 %	MENTAL RETARDATION	4,847	53.6 %			.0 %
NATIVE AMERICAN	34	.3 %	OTHER	1,022	11.3 %			.0 %
POLYNESIAN		.0 %						.0 %
SPANISH/LATIN	2,116	23.4 %	CONSUMERS MAY HAVE MULTIPLE DIAGNOSES					.0 %
WHITE	4,340	48.0 %						.0 %
OTHER	133	1.4 %						.0 %
UNKNOWN	319	3.5 %						.0 %
						OTHER	139	1.5 %
TOTAL:	9,041	100.0 %				TOTAL:	9,041	100.0 %

PRIMARY LANGUAGE	NUMBER	% TO TOTAL	Status	Count	% TO TOTAL
SIGN LANGUAGE	25	.2 %	0	465	5.1
ENGLISH	7,391	81.7 %	P		
SPANISH	1,484	16.4 %	1	1,068	
OTHER LATIN LANG.		.0 %	2	7,417	
CANTONESE CHINESE	8	.0 %	3		
MADARIN CHINESE	5	.0 %	8	91	
JAPANESE	2	.0 %			
VIETNAMESE	12	.1 %			
KOREAN	3	.0 %			
LAOTIAN	5	.0 %			
CAMBODIAN	3	.0 %			
OTHER ASIAN LANG.	4	.0 %			
RUSSIAN	2	.0 %			
ALL OTHER LANG.	97	1.0 %			
TOTAL	9,041	100.0 %	TOTAL	9,041	100.0

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**Federal Revenue Department Board Report for Quarter 3,  
Jan-Feb-Mar 2017**

- **HCBS Medicaid Waiver program:**

**Goals:** Our annual target for the 2016/17 fiscal year has not yet been established. At this time, NBRC is assuring that more clients are added to the Waiver, than terminated to demonstrate continual adds to the Waiver. Missing our target or not adding monthly can result in the withholding of federal funds in our operations budget and less POS (purchase of service) reimbursement.

**Status:** As of 3/31/17, NBRC has 3852 individuals enrolled in the Medicaid Waiver program. This represents 52% of all active clients eligible for Federal Financial Participation (FFP).

- **1915 (i) SPA program:**

The 1915(i) SPA will allow California to receive federal funding for POS services for individuals who may not qualify for Medicaid Waiver, but will not provide funds for operational expenditures for Centers at this time. DDS has approved the enrollment of clients into this program for all Regional Centers.

**Status:** NBRC has received the SANDIS system upgrade and have continued to enroll all clients identified. DDS has identified approx. 1500 potential adds to the SPA and RC staff are reviewing them for Medicaid Waiver eligibility prior to SPA enrollment in order to capture as much FFP as possible

- **Audits:**

**HCBS Audit**

California's Department of Developmental Services (DDS) and Department of Health Care Services (DHCS) has scheduled the biannual HCBS Medicaid Waiver audit May 15<sup>th</sup>- 26<sup>th</sup> at NBRC. Federal Revenue unit staff, Service Coordinators, Quality Assurance Monitors and support staff are preparing for this audit, as well as identified vendors.

**Independent Audit**

The Independent Audit, conducted by an outside CPA firm, was completed last fall, 2016, The Federal Revenue team assisted in gathering client charts and information requested by the auditors.

- **Training:** Department Manager and Federal Revenue staff provided New Employee and unit trainings for Service Coordinators in the 3<sup>rd</sup> quarter of the 16/17 fiscal year, to include:

- An overview of General Audit Checklist requirements

- The Federal Definition of Case Management
  - Title 19/Targeted Case Management (TCM) notes
  - Completion of the Annual IPP Review form, as required per regulation
  - Client Development and Evaluation Reports (CDER) requirements and instructions
  - Generic Benefits
  - Self Determination Program options
- **DDS/NBRC updates:**

**CMS HCBS Settings Rule:**

*Please refer to HCBS Settings Fact Sheet and HCBS Final Rule Informational Piece*

**Status:** DDS hosted an Advisory Group meeting on March 30th, 2017 that included agenda items such as: Department of Health Care Services update-Statewide Transition Plan, HCBS Provider Funding Concept Proposals, and Proposed Budget Trailer Bill language. NBRC was represented at this meeting by the Program Evaluator, Julie Parrish.

**Self Determination Program**

The NBRC Self Determination Advisory Committee met on January 18<sup>th</sup>, 2017 at NBRC in both the Napa and Santa Rosa offices. For this meeting, Committee members proposed the following Agenda Items:

- Update on the Self Determination Program Waiver
- Sub Committee reports (Outreach and Financial)
- Update of DDS created trainings for Regional Center staff

DDS has completed most of the training modules of the components of the SDP for identified RC staff. RC staff will be notified about trainings offered as soon as they are finalized and have the option of tailoring these trainings for the clients that are chosen by DDS for the first 3 years of this program.

CMS has still not approved this Waiver, however DDS has submitted responses to all questions and anticipate open communication with CMS in order to answer any more questions that could arise.

Focus of most SDP Advisory Committees throughout all Centers is outreach and education to staff and clients. NBRC has provided training to all case management units as well as Quality Assurance and Resource Development teams and plans to provide an update to staff once more information is provided by DDS.

**Nursing Home Reform**

DDS is now capturing additional FFP by requesting LTC facilities to request Pre Admission Screening and Resident Reviews (PASRRs) to be conducted by Centers, upon discharges, not just upon admission. The additional workload of processing these Level II PASRRs has not been significant and is absorbed by the Federal Revenue unit.

- **NBRC Agency Support:** The Federal Revenue Department now consists of a Department Manager, Supervisor, 2.5 FTE Internal Quality Monitors and 2 FTE Client Services Assistants who continue to provide trainings and support to service coordinators and supervisors in order to assist with compliance requirements and Federal regulations. The Federal Revenue Department will do so by:
  - Providing support with ongoing Medicaid Waiver enrollment
  - Providing support with ongoing 1915(i) State Plan Amendment (SPA) enrollment
  - Track the Client Development Evaluation Report (CDER)
  - Provide ongoing support to staff during all audits
  - Focus on proper Targeted Case Management notes
  - Outreach and trainings regarding the Self Determination Program option for both NBRC staff and community partners
  - Outreach and trainings regarding the CMS HCBS Final Settings Rule in collaboration with the Quality Assurance team



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January 10, 2014

**Fact Sheet: Summary of Key Provisions of the Home and Community-Based  
Services (HCBS) Settings Final Rule  
(CMS 2249-F/2296-F)**

This final rule establishes requirements for the qualities of settings that are eligible for reimbursement for the Medicaid home and community-based services (HCBS) provided under sections 1915(c), 1915(i) and 1915(k) of the Medicaid statute. Over the past five years, CMS has engaged in ongoing discussions with stakeholders, states and federal partners about the qualities of community-based settings that distinguish them from institutional settings. As part of this stakeholder engagement, CMS issued an Advanced Notice of Proposed Rule Making (ANPRM) and various proposed rules relating to home and community-based services authorized by different sections of the Medicaid law, including 1915(c) HCBS waivers, 1915(i) State Plan HCBS and 1915(k) Community First Choice State Plans. CMS' definition of home and community-based settings has benefited from and evolved as a result of this stakeholder engagement.

In this final rule, CMS is moving away from defining home and community-based settings by “what they are not,” and toward defining them by the nature and quality of individuals’ experiences. The home and community-based setting provisions in this final rule establish a more outcome-oriented definition of home and community-based settings, rather than one based solely on a setting’s location, geography, or physical characteristics. The changes related to clarification of home and community-based settings will maximize the opportunities for participants in HCBS programs to have access to the benefits of community living and to receive services in the most integrated setting and will effectuate the law’s intention for Medicaid HCBS to provide alternatives to services provided in institutions.

***Overview of the Settings Provision***

The final rule requires that all home and community-based settings meet certain qualifications. These include:

- The setting is integrated in and supports full access to the greater community;
- Is selected by the individual from among setting options;
- Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint;
- Optimizes autonomy and independence in making life choices; and
- Facilitates choice regarding services and who provides them.

The final rule also includes additional requirements for provider-owned or controlled home and community-based residential settings. These requirements include:

- The individual has a lease or other legally enforceable agreement providing similar protections;

- The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate the unit;
- The individual controls his/her own schedule including access to food at any time;
- The individual can have visitors at any time; and
- The setting is physically accessible.

Any modification to these additional requirements for provider-owned home and community-based residential settings must be supported by a specific assessed need and justified in the person-centered service plan.

The final rule excludes certain settings as permissible settings for the provision of Medicaid home and community-based services. These excluded settings include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals. Other Medicaid funding authorities support services provided in these institutional settings.

The final rule identifies other settings that are presumed to have institutional qualities, and do not meet the threshold for Medicaid HCBS. These settings include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS. If states seek to include such settings in Medicaid HCBS programs, a determination will be made through heightened scrutiny, based on information presented by the state demonstrating that the setting is home and community-based and does not have the qualities of an institution. This process is intended to be transparent and includes input and information from the public. CMS will be issuing future guidance describing the process for the review of settings subject to heightened scrutiny through either the transition plan process (for settings already in states' HCBS programs) or the HCBS waiver review processes (for settings states seek to add to their HCBS programs).

The final rule includes a transitional process for states to ensure that their waivers and state plans meet the HCBS settings requirements. New 1915(c) waivers or 1915(i) state plans must meet the new requirements to be approved. For currently approved 1915(c) waivers and 1915(i) state plans, states must evaluate the settings currently in their 1915(c) waivers and 1915(i) state plan programs and, if there are settings that do not fully meet the final regulation's home and community-based settings requirements, work with CMS to develop a plan to bring their program into compliance. The public will have an opportunity to provide input on states' transition plans. CMS expects states to transition to the new settings requirements in as brief a period as possible and to demonstrate substantial progress during any transition period. CMS will afford states a maximum of a one year period to submit a transition plan for compliance with the home and community-based settings requirements of the final rule, and CMS may approve transition plans for a period of up to five years, as supported by individual states' circumstances, to effectuate full compliance.

States submitting a 1915(c) waiver renewal or waiver amendment within the first year of the effective date of the rule may need to develop a transition plan to ensure that specific waiver or state plan meets the settings requirements. Within 120 days of the submission of that 1915(c) waiver renewal or waiver amendment, the state needs to submit a plan that lays out timeframes and benchmarks for developing a transition plan for all the state's approved 1915(c) waiver and 1915(i) HCBS state plan programs. CMS will work closely with states as they consider how to best implement these provisions and will be issuing future guidance on requirements for transition plans.

## *Changes in the Final Rule*

The final rule clarifies several major areas of confusion and concern expressed by some commenters and stakeholders engaged throughout the processes of rulemaking regarding the requirements for home and community-based settings. While CMS' responses to the specific comments are contained in the preamble to the final rule, below is a summary of the areas of the rule that received the most feedback and the changes in the final rule that address those comments:

- **Disability specific complex.** The proposed rule included “disability specific complex” in the list of settings presumed not to be home and community-based settings. Comments on the proposed rules suggested that the phrase “disability specific complex” had multiple meanings, and the continued use of the phrase could have unintended adverse impacts on affordable housing options. To avoid those consequences, CMS eliminated the use of the phrase from the final rule. The final rule includes the following language on other settings: “any other setting that has the effect of discouraging integration of individuals from the broader community...”
- **Rebuttable presumption.** The proposed rule indicated that CMS would exercise a “rebuttable presumption” that certain settings are not home and community-based. CMS has removed this phrase from the final rule and clarified in the final rule that certain settings are presumed to have institutional characteristics and will be subjected to heightened scrutiny if states seek to include these settings in their HCBS programs. The rule allows the state to present evidence to CMS that the setting is actually home and community-based in nature and does not have the qualities of an institution. CMS will consider input from stakeholders, as well as its own reviews, in applying heightened scrutiny. This process will require the state to solicit public input.
- **Choice of provider in provider owned or controlled settings.** The final rule clarifies that when an individual chooses to receive home and community-based services in a provider owned or controlled setting where the provider is paid a single rate to provide a bundle of services, the individual is choosing that provider, and cannot choose an alternative provider, to deliver all services that are included in the bundled rate. For any services that are not included in the bundled rate, the individual may choose any qualified provider, including the provider who controls or owns the setting if the provider offers the service separate from the bundle. For example, if a residential program provides habilitation connected with daily living and on-site supervision under a bundled rate, an individual is choosing the residential provider for those two services when he or she chooses the residence. The individual has free choice of providers for any other services in his or her service plan, such as employment services and other community supports.
- **Private rooms and roommate choice.** The final rule clarifies that states, as opposed to individual providers, have the responsibility for ensuring that individuals have options available for both private and shared residential units within HCBS programs. The rule further clarifies that an individual's needs, preferences and resources are relevant to his/her options for shared versus private residential units. Provider owned or operated residential settings will be responsible to facilitate individuals having choice regarding roommate selection within a residential setting.

- **Application of home and community-based settings requirements to non-residential settings.** CMS has clarified that the rule applies to all settings where HCBS are delivered, not just to residential settings. CMS will be providing additional information about how states should apply the standards to non-residential settings, such as day program and pre-vocational training settings.



## FOR CONSUMERS AND FAMILIES:

People with intellectual and developmental disabilities are provided many services because of the Lanterman Act. Many services people receive are paid for with state and federal money from the federal Centers for Medicare and Medicaid Services (CMS). Therefore, California must comply with what is called the Home and Community-Based Services (HCBS) Final Rule. This rule sets requirements for HCBS settings, which are places where people live or receive services. Each state has until March 2019 to help providers comply with the HCBS Final Rule.

### The HCBS Final Rule Applies to:

- Residential and non-residential settings; including certified and licensed homes
- Day programs, and other day-type services
- Employment options and work programs

### The HCBS Final Rule Does NOT Apply to:

- Nursing homes
- Hospitals
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
- Institutions for mental diseases (IMD)

### What is the Goal of the HCBS Final Rule?

To enhance the quality of services provided by:

- Maximizing opportunities and choices for individuals
- Promoting community integration by making sure individuals have full access to the community
- Making sure individuals have the opportunity to work and spend time with other people in their community who do not have disabilities
- Ensuring individual preferences are supported and rights are protected
- Establishing person-centered service planning requirements, which includes a process driven and directed by the individual to identify needed services and supports

### All Settings

The Final Rule requires that you can:

- Spend time in, and being a part of, your community
- Work alongside people who do not have disabilities
- Have choices regarding services and supports, and who provides them
- Have control of your schedule and activities

### Residential Settings

#### Provider Owned or Controlled

In addition to the requirements applicable to all settings, the Final Rule requires that you have:

- Choice about your roommates
- Privacy in your room, including a lock on your door
- Control of your schedule and activities
- The ability to have visitors of your choosing, at any time
- Freedom to furnish and decorate your room
- A lease or other legal agreement, protecting you from eviction

## Home and Community-Based Services (HCBS)

### Final Rule

## FOR PROVIDERS:

### How will your service as a provider change?

If you are a service provider who provides services to multiple consumers in the same location, we have to make sure these services do not isolate individuals from the community. The Final Rule says that settings must be integrated and support full access to the community. As a provider, you may need to modify where and how your service is delivered to meet the HCBS Final Rule. Policies and program designs may need to be changed and training to your staff may be necessary to assure their understanding of the new expectations.

### Assessing Provider Settings

All providers will soon be required to complete a self-assessment survey that will help determine whether or not a setting complies with the HCBS Final Rule or if modifications are needed. For settings that require changes, there will be time to develop transition plans. Training will be provided on the self-assessment process and expectations, and additional information will be posted on the DDS webpage.

### Where can I find more information?

To ask a question, make a comment, or get more information about the HCBS Final Rule, email [HCBSregs@dds.ca.gov](mailto:HCBSregs@dds.ca.gov).

For more detailed information on the HCBS Final Rule and California's Statewide Transition Plan, please visit:

<http://www.dds.ca.gov/HCBS/>

<http://www.dhcs.ca.gov/services/ltc/Pages/HCBSStatewideTransitionPlan.aspx>

<https://www.medicaid.gov/medicaid/hcbs/index.html>



### CMS' HCBS Final Rule Requirements

#### The setting:

1. Is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community to the same degree of access as individuals not receiving Medicaid HCBS.
2. Is selected by the individual from among setting options including non-disability-specific settings and an option for a private unit in a residential setting.
3. Ensures an individual's rights of privacy, dignity and respect, as well as freedom from coercion and restraint.
4. Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to: daily activities, physical environment, and with whom to interact.
5. Facilitates individual choice regarding services and supports, and who provides them.

#### In provider-owned or controlled residential settings:

6. The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services.
7. Each individual has privacy in their sleeping or living unit; including doors lockable by the individual, choice of a roommate if sharing a unit, and the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
8. Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.
9. Individuals are able to have visitors of their choosing at any time.
10. The setting is physically accessible to the individual.

**Vendor Advisory Committee**  
**Report to the NBDDS Board of Directors**  
**May 3, 2017**  
**Submitted by**  
**Linda Plourde**

The VAC met on Tuesday, April 11, 2017.

January Crane presented information regarding the Center for Medicaid Services (CMS) Settings Rule. The DDS website provides details of this rule and can be found at: <http://www.dds.ca.gov/waiver/index.cfm>. Each regional center employs a liaison to DDS for the purposes of gathering information that is pertinent to the application of this rule. Julie Parish, Program Evaluator, is that person for NBRC. NBRC Vendors submitted grant proposals. Twenty day programs applied and five were awarded. Two work programs applied and both were awarded. NBRC received \$1.3 million of the \$15 available.

Beginning at our next meeting in May 2017, Mary Eble of the North Bay Housing Coalition, will present legislative information on bills that affect housing. She will provide vendors with more in depth information on each bill so that we can better advocate for results that will benefit our clients.

Ali Tabatabai, New Leaf, will disseminate information to all vendors on "end of life planning". Ali has also volunteered to bring forth current Assembly/Senate Bills for the VAC's review.

Dr. Michi Gates, NBRC, reported that meetings to discuss SLS requests for funding and services will begin April 19, 2017, with Courtney Singleton and Deanna Heibel representing NBRC, and in collaboration with VAC members : Bayberry, Connections for Life, and Becoming Independent.

Dr. Gates also reported that Denyse Curtwright, DDS, will be at the NBRC May board meeting and will present on the Blue Print for CIE.

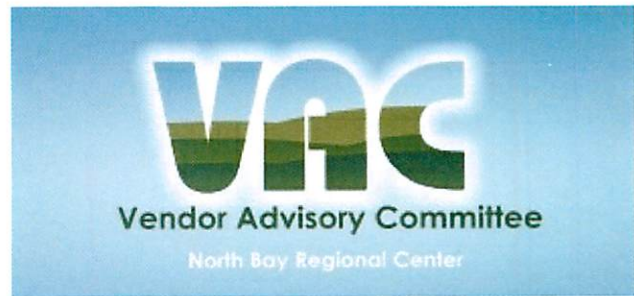
NBRC will modify its payment to SLS Vendors to ensure that payment is made for services rendered. In the past, NBRC has paid the authorized amount for services even when the vendor did not provide all the necessary hours for that authorized amount. It is critical that vendors communicate with the fiscal department regarding any change in the hours provided for a client. A pattern of providing less hours for a client may result in an amendment to the POS.

Please refer to the minutes for further detail. The next VAC meeting is Tuesday, May 9, 2017.

# VAC Meeting Minutes

Vendor Advisory Committee Meeting Minutes  
North Bay Regional Center, Napa

April 11, 2017



1. <b>Attendance</b>	
a. Call to order	VAC Meeting held April 11, 2017 was called to order at 10:00 AM (PST). Chaired by Linda Plourde.
b. Roll call Quorum met?  <input checked="" type="checkbox"/> quorum was met  March minutes approved: Kelley /David MSC U  Agenda Approval:  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  With items added below Under items #2.	<p><u>VAC Membership</u></p> <input checked="" type="checkbox"/> Darelyn Pazdel (PRIDE Industries) <input checked="" type="checkbox"/> Karen Farnsworth (CPA) <input checked="" type="checkbox"/> Lauren Meikeljohn (Becoming Independent) <input checked="" type="checkbox"/> Karen Lustig (Aldea Supported Living Services) <input checked="" type="checkbox"/> Linda Plourde (Bayberry, Inc.) <input type="checkbox"/> Holly Pagel (Connections for Life) <input checked="" type="checkbox"/> Kelley Hanson (PACE Solano) <input checked="" type="checkbox"/> Ali Tabatabai (New Leaf) <input type="checkbox"/> Andrea Mendoza (REI/CHDC) <input checked="" type="checkbox"/> David Mauger (C. House) <input checked="" type="checkbox"/> Michelle Ramirez (On My Own) <input type="checkbox"/> Mike Lisenko (UCP of the North Bay)



<b>2. Agenda changes/Additions</b>		
	Dr. Gates: policy update DDS audit compliance Joetta: EFT	
<b>3. Feature Presentation</b>	<b>Summary</b>	<b>Action/Follow-Up</b>
	January Crane – Distributed a CMS Settings rule handout. Link to DDS website for information on the settings rule: <a href="http://www.dds.ca.gov/waiver/index.cfm">http://www.dds.ca.gov/waiver/index.cfm</a> . Each regional center is assigned a liaison by DDS to gather information. For NBRC, this liaison is Julie Parish, Program Evaluator. Funding proposal (\$15mil) should be out by mid-May. There is another \$15 mil in the next budget proposal. This funding impacts all day programs. \$1.3 mil of the 15 million grants were written by vendors of NBRC. 20 Day Programs applied, 5 received funding 2 Work Programs applied, 2 received funding	
<b>4. Community Concerns</b>	<b>Summary</b>	<b>Action/Follow-Up</b>
	<ul style="list-style-type: none"> <li>• Courtney Singleton, NBRC – R&amp;D follow-up – R&amp;D wants to ensure communications remain open. Please contact Courtney Singleton if you are unable to resolve issues/concerns regarding transportation.</li> <li>• Ali Tabatabai, New Leaf – update on Payee for Death benefits – End of life planning is easy to set up and Ali will send an email to us with the contact information.</li> <li>• Ali Tabatabai, New Leaf – Legislative Update: Ali referred to emailed list of Senate and Assembly Bills along with summary. AB 279, the Holden Bill, relates to increasing minimum wage in some California Counties. It proposes increased funding to support the minimum wage increases. CSLN is holding a legislative breakfast at the CSLN conference in San Diego for the specific purpose of advocating for this bill.</li> <li>• JoAnne Redican, Connections for Life – Trainings, resources for DSPs. JoAnne requested to work with training staff from other agencies to establish shared resources for Direct Support Professionals. If interested in this collaboration, please contact her at <a href="mailto:jredican@connections4life.org">jredican@connections4life.org</a>.</li> <li>• Training Resources – On line training has not proven to be effective for retention. There are few groups remaining that provide training for administrators.</li> </ul>	
<b>5. Group Reports</b>		<b>Action/Follow-Up</b>
	<ul style="list-style-type: none"> <li>• Napa Solano Vendor – no meeting this month.</li> <li>• Sonoma Vendor Group – Stan Higgins – Discussed CIE and DDS audits.</li> <li>• State Council – Lisa Hooks – No presentation from Lisa this month. Maura reported that the State Council has a Request for Proposal for a grant valued at \$260K for six goals. Please check their website for further information.</li> <li>• Housing – Mary Eble – LHA (housing alliance) effort to provide a statewide housing plan. Mary will add an expanded view of legislation related to housing for future meetings.</li> <li>• <a href="https://www.housingca.org/our-positions-on-current-bills">https://www.housingca.org/our-positions-on-current-bills</a></li> <li>• CDSA – No report this month.</li> </ul>	

	<ul style="list-style-type: none"> <li>• ANCOR / CSLN – Linda Plourde – The CSLN annual conference is April 13 and 14 in San Diego. The Director of Governmental Affairs, ANCOR, will present on the current legislative activity in Washington DC, and the potential threats to our services. All vendors are encouraged to partner with a state or national association to become informed about legislative changes at both the state and federal levels.</li> <li>• ARC –Linda Plourde – The ARC Public Policy Conference was held in Sacramento on March 26 -28, 2017. Tony Anderson was honored for his time as Executive Director of the ARC, and congratulated on his new position as Executive Director of Valley Mountain Regional Center. In addition, the ARC welcomed its new ED, Jordan Lindsey, and honored several legislators for their work in supporting our field of service. Senator Jim Beall, Assembly Members Shannon Grove and Tony Thurmond.</li> <li>• UCP – No report this month.</li> <li>• NBRC Board Report – Bob Hamilton – NBRC Board meeting was cancelled due to lack of a Quorum.</li> <li>• Dr. Michi Gates NBRC update: Michi spoke of the monies awarded to regional centers for vendor proposals. She expressed gratitude for the vendor submission of well written proposals.</li> <li>• SLS vendor meetings – These meetings will begin April 19, 2017, with Courtney Singleton and Deanna Heibel representing NBRC, and in collaboration with VAC members: Bayberry, Connections for Life, and Becoming Independent.</li> <li>• Denyse Curtwright, DDS, will be at the NBRC May board meeting and will present on the Blue Print for CIE.</li> <li>• Staff changes – Pam Porter and Linda Wheeler are both retiring in June.</li> <li>• The annual Medicaid Waiver Audit is scheduled for May. Julie Parish – DDS will be in the community visiting programs May 22-26. She will send out the list of vendors who will be audited once she confirms addresses, etc.</li> <li>• Courtney – SLS contracts – SLS vendors must return their SLS Contracts with all accompanying documents. Currently out of 35 SLS providers, 10 or 15 housing surveys are still outstanding.</li> </ul>	
<b>6. Report</b>	<b>Summary</b>	<b>Action/Follow-Up</b>
<b>Policies Procedures Practices or Trends.</b>	<p>Isabel – SLS billing –The finance team reviewed the email document that was sent to vendors in 2014 when NBRC converted to ebilling. DDS audited NBRC as well as six vendors. Finding was that NBRC has not been properly funding services. Hours were found to be less than authorized in some cases. NBRC continued to pay the tier even if the hours were not used. This has shown an overpayment in the tiers. Effective immediately, NBRC will fund only hours of service provided. NBRC will notify providers of discrepancies in the authorized amount of hours with the actual hours provided. There is an appeal process if the provider disagrees with NBRC’s decision to reduce payment according to documented number of hours provided vs. the authorized amount. This will, in the long run, protect the vendor during the audit. The authorizations will not change. This is only a payment mechanism to match the payments to the services received. Vendors should use the comment button in the ebilling to indicate when a client is on vacation, in the hospital etc. Prorating – doesn’t change. Divide by 30.44 for the daily rate.</p> <p>Stan asked whether billing needs to be adjusted for permanent changes in hours provided. What are the chances of changing from a tier to an hourly method of payment? Isabel indicated that there is a meeting scheduled with another regional center that has made the transition from</p>	

	tier to hourly method of payment. Courtney indicated that vendors can ask for an hourly rate if the person served falls below tier A. It is a reduced rate, however. Contact Isabel with any questions. Reminder: even though the system is set up for submission please wait until the 1 <sup>st</sup> to add the hours. Vendors should not bill prior to the service being rendered.	
<b>7. New Business</b>		
	Joetta Griffin, Impact – Joetta inquired on how to submit billing entries when a client is in the hospital.	
<b>8. Report</b>	<b>Summary</b>	<b>Action/Follow-Up</b>
<b>Announcements</b>	<ul style="list-style-type: none"> <li>• Maura – One step remains to the CIE incentive program which is fiscal in nature and must to be staffed with NBRC employees. This should take place this week.</li> <li>• Courtney – Federally qualified health center in City of Santa Rosa. Santa Rosa Community Health Center on Dutton was chosen and should be ready to go in December. There will be dental, however, no hospital dental. There will be vendors for in-home dental services. More to follow. Bob Hamilton – in May there will be a revise with language that would allow head of department to use funds for community services as well as funding for individuals who go from DCs to community and perhaps back to DCs for resources.</li> <li>• VAC members met following this meeting. The VAC is accepting applications for new members.</li> </ul>	
<b>9. Adjournment</b>		
	Meeting adjourned at 11:30 AM	

Minutes submitted by: Darelyn Pazdel