

Welcome



HRC Board Meeting

September 21, 2021





SEPTEMBER MEETING OF THE BOARD OF TRUSTEES

TUESDAY, September 21, 2021 @ 6:30 p.m.

Via ZOOM Webinar

https://us06web.zoom.us/webinar/register/WN_kUyKilHWRDOdSjQ1JmiDyw

A G E N D A

- 1. CALL TO ORDER & INTRODUCTIONS.....CHRISTOPHER PATAY, President**
- 2. MINUTESRON BERGMANN, Secretary
OF THE JULY 20, 2021 MEETING**
- 3. TREASURER'S REPORT.....FU-TIEN CHIOU, Treasurer**
- 4. EXECUTIVE REPORT.....PATRICK RUPPE, Executive Director**
- 5. COMMITTEE REPORTS:**
 - a) ARCA.....JOE CZARSKA, LIAISON**
 - b) AUDIT.....LAVELLE GATES, CHAIRPERSON**
 - c) BOARD DEVELOPMENTJOE CZARSKA, CHAIRPERSON**
 - d) BOARD PLANNING.....KIM VUONG, CHAIRPERSON**
 - e) CLIENT ADVISORY.DAVID GAUTHIER, CHAIRPERSON**
 - f) CLIENT SERVICES.....FU-TIEN CHIOU, CHAIRPERSON**
 - g) COMMUNITY RELATIONS.....ANN LEE, CHAIRPERSON**
 - h) RETIREMENT.....FU-TIEN CHIOU, CHAIRPERSON**
 - i) SELF-DETERMINATION.....ANTOINETTE PEREZ, LIAISON**
 - j) SERVICE PROVIDER ADVISORY.....PAUL QUIROZ, CHAIRPERSON**
- 6. PUBLIC INPUT/ANNOUNCEMENTS**
- 7. EXECUTIVE SESSION.....CHRISTOPHER PATAY, President**
- 8. ADJOURNMENT – 8:00 p.m.**

***indicates “action”**

cc: All Board members
HRC Receptionist



Ron Bergmann

MINUTES July 20, 2021



**MINUTES OF THE JULY 20, 2021 MEETING OF THE BOARD OF TRUSTEES OF THE
HARBOR DEVELOPMENTAL DISABILITIES FOUNDATION**

BOARD PRESENT:

Mr. Ron Bergmann, *Secretary*
Mr. Fu-Tien Chiou, *Treasurer*
Dr. James Flores, Board Member
Dr. Marco Garcia, Board Member
Mr. La Velle Gates, Board Member
Mr. David Gauthier, Board Member
Mr. Jeffrey Herrera, Board Member
Ms. Ann Lee, Ph.D, *Vice-President*
Mr. Christopher Patay, *President*
Ms. Jackie Solorio, Board Member
Ms. Kim Vuong, Board Member

BOARD ABSENT:

Mr. Joe Czarske, Board Member
Ms. Paul Quiroz, Board Member
Ms. Latisha Taylor, Board Member

STAFF PRESENT:

Mr. Patrick Ruppe, Executive Director
Ms. Nancy Spiegel, Director of Information & Development
Ms. Judy Wada, Chief Financial Officer
Ms. Mary Hernandez, Director of Case Management Support Services
Ms. LaWanna Blair, Director of Early Childhood Services
Ms. Antoinette Perez, Director of Children's Services
Ms. Judy Samana Taimi, Director of Adult Services
Mr. Mike Ikegami, Director of IT
Ms. Jennifer Lauro, Executive Assistant
Mr. Jesus Jimenez, Executive Team Assistant

GUESTS:

Ms. Kathy Sanders Platnick, HRC Parent
Ms. Vianey Gomes, HRC Parent
Ms. Luz Maria Ortiz Ortega, HRC Parent
Ms. Jamie Van Dusen, DDS
Ms. Alexis Soto, SEIU
Ms. Ashley Brown, HRC Client Services Manager

CALL TO ORDER

Mr. Patay called the Board to order at 6:30 p.m.

PRESIDENT'S REPORT

Mr. Patay welcomed Board members, guest and staff and took roll call of Board Members and HRC Staff with a special welcome to our new Board Members, Dr. Marco Garcia and Jackie Solorio. A quorum was established.

Mr. Patay reviewed with visitors the various zoom instructions and how to use the interpretation feature.

Mr. Patay encouraged any visitors who wish to address the Board at the end of our meeting during the time we have set aside for public comment to please make a request through the Chat.

Mr. Patay reminded the Board Members that our annual Board Retreat is scheduled for Saturday, October 9, 2021 and will take place at HRC in conference rooms A1 and 2 beginning at 9:00 am and followed by a recognition dinner.

Mr. Patay advised that we will now proceed with our regular agenda.

PRESENTATION OF MINUTES

Mr. Bergmann presented the minutes of the May 18, 2021 meeting of our Board which were included in the board packet provided to all Board members and posted for the general public on the HRC website.

The MINUTES OF THE MAY 18, 2021 BOARD MEETING were received and filed.

PRESENTATION OF FINANCIALS

Mr. Chiou reviewed the following financial statements, which were received and filed:

- Harbor Regional Center Monthly Financial Report Fiscal Year 2020-21, dated April 2021
- Harbor Regional Center Functional Expenditures, dated April 2021
- Harbor Regional Center Line Item Report, dated April 2021
- Harbor Regional Center POS Contract Summary, April 2021
- Harbor Regional Center Monthly Financial Report Fiscal Year 2020-21, dated May 2021
- Harbor Regional Center Functional Expenditures, dated May 2021
- Harbor Regional Center Line Item Report, dated May 2021
- Harbor Regional Center POS Contract Summary, dated May 2021

EXECUTIVE REPORT

1. CORONA VIRUS UPDATES:

Mr. Ruppe informed the Board of the latest COVID 19 State and Harbor Regional Center trends and also the most current demographic data available through June. Mr. Ruppe reminded the Board that HRC has been operating a vaccine clinic at our Torrance office since Mid-March in partnership with our Service Provider, OXFORD HomeHealth Care where we have helped approximately 5000 individuals access the Vaccine. In addition to our site based clinic, HRC helped to coordinate home vaccinations for families and clients that were not able to come to a site.

2. HOME & COMMUNITY BASED SERVICE (HCBS) GRANTS:

Mr. Ruppe advised the Board that Home and Community Based Service Grants, or HCBS Grants, are financial grants to service providers to assist them in coming into compliance with the HCBS Final Rule. The Final Rule requires that service providers provide individuals with disabilities full access to the benefits of community living and that they offer supports and services in settings that are integrated in the community. Mr. Ruppe informed that this year HRC submitted seven (7) grant requests and had five (5) approved. Grants this year have been targeted to assist providers in addressing client's accessibility issues, both in the community and in their homes, with a total awards in the amount of \$514,360.

3. CPP/CRDP AWARDS:

Mr. Ruppe called the Board's attention to another source of available funding through the Community Placement Plan/Community Resource Development Plan or CPP/CRDP to assist Regional Centers in developing new resources to meet the community's needs. Regional Centers are required to conduct outreach activities to seek input from community stakeholders to identify resource needs. Mr. Ruppe informed that this past year, HRC identified four (4) areas of need in our community and submitted the projects to DDS for Start-up Funding. This year funding was approved for four (4) projects: The first award is for a site based infant program to provide services in the northeastern part of our service area. The second award is for a mobile dental clinic to serve individuals in historically underserved communities. The third award is for a specialized supported living program designed to provide services to clients with forensic involvement. The fourth award is for a technology lending library. The department allocated \$1,050,000 for this project to be divided between the seven Los Angeles area Regional Centers.

4. CONTRACTS – PURCHASE OF SERVICE (APPLE TREE EARLY INTERVENTION PROGRAM):

Mr. Ruppe advised that the Lanterman Act requires any regional center contract which exceeds \$250,000 be approved by the regional center board. Apple Tree Early Intervention Program is a global infant program serving children 0-3 in the north eastern section of our service area.

Description of Services: Site Based Global Infant Program

1.	Fully Executed Contract	\$70,000
2.	HRC Approved Service Design	\$30,000
3.	HRC Approved Site Signed Lease	\$50,000
4.	HRC and City Planning Approved Renovations	\$50,000
5.	HRC Approved Director & Clinical Staff/Consultants Hired	\$50,000
6.	DDS Cost Statement Approved	\$50,000
7.	Vendorization of Program by HRC	\$50,000

Projected Annual Amount: total CPP/CRD start-up funds not to exceed \$350,000.00

Ms. Vuong moved to approve the Purchase of Service Contract for Professional Services, in the projected annual amount and not to exceed \$350,000.00 and Dr. Flores seconded the motion which was unanimously approved by the Board, with no opposition or abstentions.

5. BOARD COMMITTEES REQUIRING BOARD APPROVAL:

Mr. Ruppe informed that each year board committee assignments may change for a variety of reasons. The Bylaws of Harbor Developmental Disability Foundation Corporation require that certain Board Member committee membership be approved by the full board of Trustees. The following slate of Board Members are submitted for your review and approval:

AUDIT COMMITTEE Hddf Bylaws Section 6.3
 Chairperson LaVelle Gates
 Board Joe Czarske
 Board Paul Quiroz

Dr. Flores moved to approve the slate of board of trustees for the Audit Committee and Dr. Lee seconded the motion which was unanimously approved by the Board, with no opposition or abstentions.

BOARD DEVELOPMENT COMMITTEE Hddf Bylaws Section 6.5
 Chairperson Joe Czarske
 Board Ron Bergmann
 Board LaVelle Gates
 Board Chris Patay
 Board Paul Quiroz
 Board Ann Lee, Ph.D.

Mr. Bergmann moved to approve the slate of board of trustees for the Board Development Committee and Mr. Chiou seconded the motion which was unanimously approved by the Board, with no opposition or abstentions.

BOARD PLANNING COMMITTEE Hddf Bylaws Section 6.6
 Chairperson Kim Vuong
 Board Ron Bergmann
 Board Jackie Solorio

Dr. Garcia moved to approve the slate of board of trustees for the Board Planning Committee and Ms. Solorio seconded the motion which was unanimously approved by the Board, with no opposition or abstentions.

6. HARBOR DEVELOPMENTAL DISABILITIES FOUNDATION DBA: HRC INSURANCE SCHEDULE AS OF JULY 12, 2021

Mr. Ruppe called the Board's attention to the Harbor Developmental Disabilities Foundation DBA: HRC Insurance Schedule as of July 12, 2021 that was provided in their board packet and informed that the annual schedule covers information concerning type of coverage, coverage limits and annual premiums.

7. STATE BUDGET FY 2021-22

Mr. Ruppe shared with the Board the current status of the budget and informed that the C-Preliminary Allocation for Operations is \$31,455,192 and for POS is \$220,058,448 with the total Preliminary Allocation being \$251,513,640.

8. STATE BUDGET HIGHLIGHTS

Mr. Ruppe provided a brief summary of the State Budget FY 2021-22 Highlights that included the following: Elimination of the Uniform Holiday Schedule, Elimination of Temporary Rate Sunsets, Provider Rate Increase, DSP Training and Development, Bilingual Differential for DSP, Social/Recreational Programs, Performance Incentives, Enhanced Caseload Ratio for Underserved Clients, Self-Determination Supports, Deaf Community Specialist, Emergency Coordinators, Community Navigators and Provisional Eligibility.

9. PRESENTATION ON 'INTAKE ANALYSIS & OVERVIEW'

Mr. Ruppe referred the Board to Ms. LaWanna Blair, Director of Early Childhood Department who will share a presentation on our Intake process with analysis and overview.

COMMITTEE REPORTS

A. ARCA

In Mr. Czarske's absence, Mr. Ruppe informed that ARCA held their annual meeting on July 13th. ARCA's financials indicate that ARCA is financially stable. ARCA announced the retirement of ALTA Regional Center's Executive Director Phil Bonnet and another announcement that Board Member Joe Czarske was nominated to be ARCA's incoming Vice President. Mr. Ruppe congratulated Mr. Czarske on his appointment as the Vice President. ARCA's next meeting will be in August.

B. AUDIT

Ms. Wada informed that we are now in our third year with our auditors, AGT who we are providing preliminary documents for them to start work on our annual report.

C. BOARD DEVELOPMENT

Mr. Bergmann reported that the Board Development Committee met on June 9th via zoom and reviewed the following: current board term status and action plan for 2021-22, current composition and action plan for 2021-22, continued board recruitment, service provider advisory committee recruitment and board mentor discussion of onboarding new trustees.

D. BOARD PLANNING

In Mr. Czarske's absence, Ms. Spiegel reported that the committee discussed two initiatives at HRC that are currently underway during this time of heightened interest, awareness and concern. Those initiatives are 'Building Relationships with Law Enforcement Agencies' and 'Training Plans: Diversity, Equity and Inclusion'. Lastly, the Committee was informed that HRC received continued funding approval for a Bilingual Spanish Speaking Community Outreach Specialist and HRC will continue the Parent/Mentor Navigators program.

E. CLIENT ADVISORY

Mr. Gauthier reported that the Committee last met in May and were provided updates on the members on HRC and the community.

F. CLIENT SERVICES

Mr. Chiou informed that the Committee will meet later in the month and a report will be submitted for the September Board meeting.

G. COMMUNITY RELATIONS

Ms. Spiegel summarized the main topics of the June 8th Community Relations meeting which focused on Vaccine Advocacy Support and on Legislation Advocacy.

H. RETIREMENT

Mr. Chiou reported that the Retirement will meet later in the month and a report will be submitted for the September Board meeting for the Retirement Plan balances ending June 30th.

I. SELF-DETERMINATION ADVISORY

Ms. Perez advised the Board that the Self-Determination Advisory continues to meet monthly via zoom and provided an update on the May and June meetings.

J. SERVICE PROVIDER ADVISORY

Mr. Quiroz reported that the Service Provider Advisory Committee met on June 1st via zoom and were provided information on the following topics: update on COVID-19, budget and rates, alternative service rates (ASDM), updates on Self-Determination, on Re-Engagement planning for Day Programs, HCBS updates, HRC Disparity funding, community engagement and lastly on the importance of Grass Roots Day.

PUBLIC COMMENT

Mr. Patay advised that public input was next on the agenda. Mr. Patay stated that he will call upon each person who has asked to address the Board and requested that he or she limit their comments to two minutes in order to accommodate everyone.

Mr. Patay indicated that we had no attendees request to address the Board through the Zoom Chat this evening.

EXECUTIVE SESSION

Mr. Patay advised that there will be no executive session tonight.

ADJOURNMENT (8:11 pm)

Mr. Patay thanked all those who participated in our Board meeting tonight. Mr. Patay reminded Board members that we do not meet in August and our next regular business meeting will be on September 21, 2021 via zoom webinar.

Submitted by: _____

Ron Bergmann, Secretary
Board of Trustees
Harbor Developmental Disabilities Foundation



Fu-Tien Chiou

FINANCIAL STATEMENTS

**HARBOR REGIONAL CENTER
MONTHLY FINANCIAL REPORT
FISCAL YEAR 2020-21
Jun-21**

	B-3 Allocation	Month Exp	Y-T-D Expenses	Proj. Annual Expenses*	Proj. Funds Available
Operations					
Salaries & Benefits	\$27,634,023	\$2,299,036	\$26,676,363	\$27,634,023	\$0
Operating Expenses**	\$9,348,952	\$1,651,078	\$8,423,268	\$9,394,190	(\$45,238)
less other income	<u>(\$924,062)</u>	<u>(\$398,602)</u>	<u>(\$924,062)</u>	<u>(\$924,062)</u>	\$0
Total Operations	\$36,058,914	\$3,551,511	\$34,175,569	\$36,104,152	(\$45,238)
Purchase of Service					
Regular*	\$254,452,035	\$21,607,319	\$237,417,111	\$246,798,666	\$7,653,369
Compliance with HCBS Regulations	\$514,360	\$0	\$0	\$514,360	\$0
less other income	<u>(\$2,865,353)</u>	<u>(\$210,085)</u>	<u>(\$2,865,353)</u>	<u>(\$2,865,353)</u>	\$0
Subtotal Regular	\$252,101,042	\$21,397,234	\$234,551,758	\$244,447,673	\$7,653,369
CPP/CDRP	<u>\$760,969</u>	<u>\$47,378</u>	<u>\$131,112</u>	<u>\$760,969</u>	\$0
Total Purchase of Service	\$252,862,011	\$21,444,612	\$234,682,870	\$245,208,642	\$7,653,369
TOTAL	\$288,920,925	\$24,996,123	\$268,858,439	\$281,312,794	\$7,608,131
% of Budget	100.00%	8.65%	93.06%	97.37%	

* The Projected Annual Expenses for Regular POS is based on actual expenditures through June and estimated late bills. POS includes an offset for other income for ICF SPA expenditures. ICF SPA expenditures are not funded through the contracted with DDS but billed separately. The Projected Expenses increased by approximately \$1.6 million from the prior month financial report.

** On June 23, 2021, DDS notified HRC of a pending allocation of Community Placement Program (CPP) Operations funding of \$45,238.

**HARBOR REGIONAL CENTER
FUNCTIONAL EXPENDITURES
Jun-21**

	B-3	Purchase of Service		Salaries & Benefits		Operating Expenses		Total Expended	
	Allocation	Month	Y-T-D	Month	Y-T-D	Month	Y-T-D	Month	Y-T-D
PROGRAM SERVICES									
Intake	6,235,330			387,617	4,497,635	278,372	1,420,163	665,989	5,917,798
Case Management	23,987,158			1,491,155	17,302,289	1,070,889	5,463,332	2,562,044	22,765,621
Program Development	821,022			51,039	592,215	36,654	186,997	87,693	779,212
Other Client Services	1,867,640			116,101	1,347,156	83,379	425,375	199,481	1,772,531
Out-of-Home Living *	104,562,579	8,843,125	99,970,017					8,843,125	99,970,017
Day Programs	75,815,102	5,981,347	71,879,991					5,981,347	71,879,991
Transportation	8,635,584	586,953	7,996,551					586,953	7,996,551
Other Services	44,667,652	4,023,228	38,383,535					4,023,228	38,383,535
COVID-19 Related	20,771,118	2,172,666	19,187,017					2,172,666	19,187,017
CPP/CDRP, Other	760,969	47,378	131,112					47,378	131,112
Total Program Services	288,124,153	21,654,697	237,548,222	2,045,912	23,739,296	1,469,294	7,495,866	25,169,903	268,783,384
SUPPORTING SERVICES									
Administration	4,071,826			253,124	2,937,068	181,784	927,402	434,908	3,864,469
SUBTOTAL	292,195,979	21,654,697	237,548,222	2,299,036	26,676,363	1,651,078	8,423,268	25,604,811	272,647,854
Revenue								(608,688)	(3,789,414)
TOTAL	288,406,565							24,996,123	268,858,439

*Net of Client Support

HARBOR REGIONAL CENTER
LINE ITEM REPORT
Jun-21

	FY 2020-21	Net Expended		Projected	Proj Annual	Proj. Funds
	B-3	Month	Y-T-D	Expenses	Expenses	Available
	Allocation					
PURCHASE OF SERVICE						
Regular						
320** Out-of-Home	104,562,579	8,843,125	99,970,017	1,447,545	101,417,562	3,145,017
430** Day Programs	75,815,102	5,981,347	71,879,991	1,654,756	73,534,747	2,280,355
6505* Transportation	8,635,584	586,953	7,996,551	379,293	8,375,844	259,740
650** Other Services	44,667,652	4,023,228	38,383,535	4,940,611	43,324,145	1,343,507
Various COVID-19 Related	20,771,118	2,172,666	19,187,017	959,351	20,146,368	624,750
TBD HCBS Compliance	<u>514,360</u>	<u>0</u>	<u>0</u>	<u>514,360</u>	<u>514,360</u>	<u>0</u>
Subtotal Regular POS	254,966,395	21,607,319	237,417,111	9,895,916	247,313,026	7,653,369
Community Placement & Program Development						
32010 Start Up	650,000	0	0	650,000	650,000	0
6507* Surge Capacity Start Up	103,433	47,378	131,112	(27,679)	103,433	0
65*** Placement/Assessment	<u>7,536</u>	<u>0</u>	<u>0</u>	<u>7,536</u>	<u>7,536</u>	<u>0</u>
Subtotal CPP/CDRP	760,969	47,378	131,112	629,857	760,969	0
Revenue						
20090 ICF SPA Income	(2,865,353)	(210,085)	(2,865,353)	(0)	(2,865,353)	0
TOTAL PURCHASE OF SERVICE	252,862,011	21,444,612	234,682,870	10,525,772	245,208,642	7,653,369
OPERATIONS						
Salaries & Benefits						
2501- Salaries and Wages	21,598,365	2,032,656	20,915,577	682,788	21,598,365	0
2503- Benefits	<u>6,035,658</u>	<u>266,380</u>	<u>5,760,786</u>	<u>274,872</u>	<u>6,035,658</u>	<u>0</u>
Subtotal Salaries & Benefits	27,634,023	2,299,036	26,676,363	957,660	27,634,023	0
Operating Expenses						
30020 Equipment Maint	418,490	50,496	335,901	82,589	418,490	0
30030 Facility Rental	4,712,364	209,227	4,712,364	(0)	4,712,364	0
30035 Facility Rent Subleases	247,002	9,339	247,002	(0)	247,002	0
30040 Facility Maint	383,794	122,580	299,746	84,048	383,794	0
30050 Communication	528,223	69,277	473,095	55,128	528,223	0
30060 General Office Exp	151,725	7,882	87,188	64,537	151,725	0
30070 Printing	126,592	4,503	80,069	46,523	126,592	0
30080 Insurance	193,924	10,030	188,955	4,969	193,924	0
30090 Utilities	12,894	1,010	10,206	2,688	12,894	0
30110 Data Processing Maint	107,860	22,800	74,144	33,716	107,860	0
30123 Interest/Bank Expense	16,093	477	13,597	2,496	16,093	0
30140 Legal Fees	64,653	22,296	53,036	11,617	64,653	0
30150 Board of Dir. Exp	2,000	657	1,521	479	2,000	0
30160 Accounting Fees	55,800	0	49,000	6,800	55,800	0
30170 Equipment Purchases	360,759	110,436	275,838	84,921	360,759	0
30180 Contr/Consult Services	76,205	58,000	68,460	7,745	76,205	0
30184 Clinical Services	128,646	25,164	114,707	13,939	128,646	0
30185 Employee Conferences	7,260	250	3,508	3,752	7,260	0
30220 Travel in State	6,354	0	435	5,919	6,354	0
30223 Staff Mileage	15,000	591	1,383	13,617	15,000	0
30230 ARCA Dues	80,458	0	80,458	0	80,458	0
30240 General Expenses	501,736	275,715	446,677	100,297	546,974	(45,238)
30241 Diversity Funding	192,473	0	0	192,473	192,473	0
30247 General Exp C19 SOE	<u>852,273</u>	<u>650,347</u>	<u>805,976</u>	<u>46,297</u>	<u>852,273</u>	<u>0</u>
Subtotal Operating Expenses	9,348,952	1,651,078	8,423,268	970,922	9,394,190	(45,238)
Other Revenue						
20040 Interest Income	(113,132)	0	(113,131)	(0)	(113,132)	0
20050 Other Income	(8,719)	(4,134)	(8,719)	(0)	(8,719)	0
20055 Other Income-Subleases	(190,951)	(6,356)	(190,951)	0	(190,951)	0
20100 ICF SPA Admin Fee	(58,987)	8,531	(58,987)	0	(58,987)	0
TBD Provider Relief Fund	<u>(552,273)</u>	<u>(396,644)</u>	<u>(552,273)</u>	<u>0</u>	<u>(552,273)</u>	<u>0</u>
Subtotal Other Revenue	(924,062)	(398,602)	(924,062)	0	(924,062)	0
TOTAL OPERATIONS	36,058,914	3,551,511	34,175,569	1,928,582	36,104,152	(45,238)
TOTAL	288,920,925	24,996,123	268,858,439	12,454,355	281,312,794	7,608,131
% of Budget	100.00%	8.65%	93.06%	4.31%	97.37%	2.63%

**HARBOR REGIONAL CENTER
POS CONTRACT SUMMARY
Jun-21**

Fiscal Year	Contract	Fund	POS Budget	POS Claimed	Current Balance/ (Deficit)	Projected Expenses	Projected Balance/ (Deficit)
2020-21	B-3	Reg POS	\$251,586,681	\$214,805,177	\$36,781,504	\$29,128,136	\$7,653,368
		CPP/CDRP	\$760,969	\$96,881	\$664,088	\$664,088	\$0
		HCBS Compliance	<u>\$514,360</u>	<u>\$0</u>	<u>\$514,360</u>	<u>\$514,360</u>	<u>\$0</u>
		TOTAL	\$252,862,010	\$214,902,059	\$37,959,951	\$30,306,584	\$7,653,368
2019-20	A-7	Reg POS	\$223,767,932	\$219,515,609	\$4,252,323	\$454,827	\$3,797,496
		CPP	\$2,452,990	\$978,462	\$1,474,528	\$1,474,528	\$0
		HCBS Compliance	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
		TOTAL	\$226,220,922	\$220,494,072	\$5,726,850	\$1,929,355	\$3,797,496
2018-19	E-5	Reg POS	\$197,513,157	\$195,695,644	\$1,817,513	\$9,462	\$1,808,051
		PDF	\$77,443	\$0	\$77,443	\$77,443	\$0
		CPP	\$3,299,838	\$3,012,832	\$287,006	\$287,006	\$0
		HCBS Compliance	<u>\$50,001</u>	<u>\$50,000</u>	<u>\$1</u>	<u>\$1</u>	<u>\$0</u>
		TOTAL	\$200,940,439	\$198,758,476	\$2,181,963	\$373,912	\$1,808,051

**HARBOR REGIONAL CENTER
MONTHLY FINANCIAL REPORT
FISCAL YEAR 2021-22
Jul-21**

	C Preliminary Allocation	Month Exp	Y-T-D Expenses	Proj. Annual Expenses*	Proj. Funds Available
Operations					
Salaries & Benefits	\$24,620,500	\$2,924,151	\$2,924,151	\$29,802,743	(\$5,182,243)
Operating Expenses	\$6,895,050	\$1,066,964	\$1,066,964	\$7,263,723	(\$368,673)
less other income	<u>(\$60,358)</u>	<u>(\$43,263)</u>	<u>(\$43,263)</u>	<u>(\$60,358)</u>	<u>\$0</u>
Total Operations	\$31,455,192	\$3,947,851	\$3,947,851	\$37,006,108	(\$5,550,916)
Purchase of Service					
Regular*	\$222,923,801	\$15,389,166	\$15,389,166	\$271,620,934	(\$48,697,133)
Compliance with HCBS Regulations	\$0	\$0	\$0	\$0	\$0
less other income	<u>(\$2,865,353)</u>	<u>(\$212,361)</u>	<u>(\$212,361)</u>	<u>(\$2,865,353)</u>	<u>\$0</u>
Subtotal Regular	\$220,058,448	\$15,176,805	\$15,176,805	\$268,755,581	(\$48,697,133)
CPP/CDRP**	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$1,135,020</u>	<u>(\$1,135,020)</u>
Total Purchase of Service	\$220,058,448	\$15,176,805	\$15,176,805	\$269,890,601	(\$49,832,153)
TOTAL	\$251,513,640	\$19,124,656	\$19,124,656	\$306,896,709	(\$55,383,069)
% of Budget	100.00%	7.60%	7.60%	122.02%	

* This is a very preliminary budget. The Preliminary Allocation for FY 2021-22 was received from DDS on June 7, 2021. The 1st Amendment is pending.

The Explanation of Items states that the Preliminary Contract Amendment allocated 85% of the FY 2021-22 proposed Regular Operations base funds available for regional center allocation per the 2021 May Revision. The Operations Projected Annual Expenses assumes that the remaining 15% will be allocated.

The Explanation of Items states that the Preliminary Contract Amendment allocated 80% of FY 2021-22 Regular Purchase of Service base funds available per the 2021 May Revision. The Regular POS Projected Annual Expenses reflects a 10% increase to the prior fiscal year (FY 2020-21) spending.

** On August 31, 2021, HRC was informed by DDS that the Department is approving two CPP Start-up projects. DDS authorizes up to \$300,000 for the development of a Crisis Support Service called "START Team" and up to \$835,020 for The Center for Start Services to support the development of a Crisis Support Services Program.

**HARBOR REGIONAL CENTER
FUNCTIONAL EXPENDITURES
Jul-21**

	C Preliminary	Purchase of Service		Salaries & Benefits		Operating Expenses		Total Expended	
	Allocation	Month	Y-T-D	Month	Y-T-D	Month	Y-T-D	Month	Y-T-D
PROGRAM SERVICES									
Intake	5,313,522			493,012	493,012	179,890	179,890	672,902	672,902
Case Management	20,440,986			1,896,604	1,896,604	692,033	692,033	2,588,637	2,588,637
Program Development	699,645			64,916	64,916	23,687	23,687	88,603	88,603
Other Client Services	1,591,535			147,670	147,670	53,882	53,882	201,551	201,551
Out-of-Home Living *	91,190,442	7,435,123	7,435,123					7,435,123	7,435,123
Day Programs	66,538,752	5,247,055	5,247,055					5,247,055	5,247,055
Transportation	7,485,254	521,421	521,421					521,421	521,421
Other Services	39,201,778	2,076,269	2,076,269					2,076,269	2,076,269
COVID-19 Related	18,507,575	109,298	109,298					109,298	109,298
CPP/CDRP, Other	0	0	0					0	0
Total Program Services	250,969,489	15,389,166	15,389,166	2,602,202	2,602,202	949,491	949,491	18,940,859	18,940,859
SUPPORTING SERVICES									
Administration	3,469,862			321,949	321,949	117,473	117,473	439,422	439,422
SUBTOTAL	254,439,351	15,389,166	15,389,166	2,924,151	2,924,151	1,066,964	1,066,964	19,380,281	19,380,281
Revenue	(2,925,711)							(255,625)	(255,625)
TOTAL	251,513,640							19,124,656	19,124,656

*Net of Client Support

HARBOR REGIONAL CENTER
LINE ITEM REPORT
Jul-21

	FY 2021-22 C Preliminary Allocation	Net Expended Month	Y-T-D	Projected Expenses	Proj Annual Expenses	Proj. Funds Available
PURCHASE OF SERVICE						
Regular						
320** Out-of-Home	91,190,442	7,435,123	7,435,123	103,675,637	111,110,760	(19,920,318)
430** Day Programs	66,538,752	5,247,055	5,247,055	75,826,917	81,073,972	(14,535,220)
6505* Transportation	7,485,254	521,421	521,421	8,598,967	9,120,388	(1,635,134)
650** Other Services	39,201,778	2,076,269	2,076,269	47,739,083	49,815,352	(10,613,574)
Various COVID-19 Related	18,507,575	109,298	109,298	20,391,164	20,500,462	(1,992,887)
TBD HCBS Compliance	0	0	0	0	0	0
Subtotal Regular POS	222,923,801	15,389,166	15,389,166	256,231,768	271,620,934	(48,697,133)
Community Placement & Program Development						
32010 Start Up	0	0	0	1,135,020	1,135,020	(1,135,020)
6507* Surge Capacity Start Up	0	0	0	0	0	0
65*** Placement/Assessment	0	0	0	0	0	0
Subtotal CPP/CDRP	0	0	0	1,135,020	1,135,020	(1,135,020)
Revenue						
20090 ICF SPA Income	(2,865,353)	(212,361)	(212,361)	(2,652,992)	(2,865,353)	0
TOTAL PURCHASE OF SERVICE	220,058,448	15,176,805	15,176,805	254,713,796	269,890,601	(49,832,153)
OPERATIONS						
Salaries & Benefits						
2501- Salaries and Wages	19,143,878	2,126,734	2,126,734	21,046,640	23,173,374	(4,029,496)
2503- Benefits	5,476,622	797,417	797,417	5,831,952	6,629,369	(1,152,747)
Subtotal Salaries & Benefits	24,620,500	2,924,151	2,924,151	26,878,592	29,802,743	(5,182,243)
Operating Expenses						
30020 Equipment Maint	305,485	18,558	18,558	351,228	369,786	(64,301)
30030 Facility Rental	4,106,642	771,330	771,330	3,335,312	4,106,642	0
30035 Facility Rent Subleases	94,981	30,443	30,443	64,538	94,981	0
30040 Facility Maint	182,280	11,394	11,394	209,254	220,648	(38,368)
30050 Communication	386,570	43,726	43,726	424,103	467,829	(81,259)
30060 General Office Exp	84,042	6,577	6,577	94,964	101,541	(17,499)
30070 Printing	72,819	11,797	11,797	76,349	88,146	(15,327)
30080 Insurance	216,634	146,269	146,269	70,365	216,634	0
30090 Utilities	9,281	1,552	1,552	9,683	11,235	(1,954)
30110 Data Processing Maint	67,430	4,185	4,185	77,439	81,624	(14,194)
30123 Interest/Bank Expense	12,366	452	452	14,517	14,969	(2,603)
30140 Legal Fees	54,017	0	0	65,387	65,387	(11,370)
30150 Board of Dir. Exp	1,867	0	0	2,260	2,260	(393)
30160 Accounting Fees	48,560	0	0	48,560	48,560	0
30170 Equipment Purchases	258,490	854	854	312,042	312,896	(54,406)
30180 Contr/Consult Services	39,907	0	0	48,306	48,306	(8,399)
30184 Clinical Services	115,161	0	0	139,401	139,401	(24,240)
30185 Employee Conferences	3,371	0	0	4,081	4,081	(710)
30220 Travel in State	9,156	0	0	10,937	10,937	(1,781)
30223 Staff Mileage	21,150	0	0	25,602	25,602	(4,452)
30230 ARCA Dues	73,172	0	0	88,574	88,574	(15,402)
30240 General Expenses	231,669	16,019	16,019	227,665	243,684	(12,015)
30241 Diversity Funding	0	0	0	0	0	0
30247 General Exp C19 SOE	500,000	3,807	3,807	496,193	500,000	0
Subtotal Operating Expenses	6,895,050	1,066,964	1,066,964	6,196,759	7,263,723	(368,673)
Other Revenue						
20040 Interest Income	(104,494)	(6,056)	(6,056)	(98,438)	(104,494)	0
20050 Other Income	(6,439)	(2,239)	(2,239)	(4,200)	(6,439)	0
20055 Other Income-Subleases	109,562	(29,382)	(29,382)	138,944	109,562	0
20100 ICF SPA Admin Fee	(58,987)	(5,587)	(5,587)	(53,401)	(58,987)	0
TBD Provider Relief Fund	0	0	0	0	0	0
Subtotal Other Revenue	(60,358)	(43,263)	(43,263)	(17,095)	(60,358)	0
TOTAL OPERATIONS	31,455,192	3,947,851	3,947,851	33,058,257	37,006,108	(5,550,916)
TOTAL	251,513,640	19,124,656	19,124,656	287,772,053	306,896,709	(55,383,069)
% of Budget	100.00%	7.60%	7.60%	114.42%	122.02%	-22.02%

**HARBOR REGIONAL CENTER
POS CONTRACT SUMMARY
Jul-21**

Fiscal Year	Contract	Fund	POS Budget	POS Claimed	Current Balance/ (Deficit)	Projected Expenses	Projected Balance/ (Deficit)
2021-22	C-Preliminary	Reg POS	\$220,058,448	\$15,176,805	\$204,881,643	\$253,578,776	(\$48,697,133)
		CPP/CDRP	\$0	\$0	\$0	\$1,135,020	(\$1,135,020)
		HCBS Compliance	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
		TOTAL	\$220,058,448	\$15,176,805	\$204,881,643	\$254,713,796	(\$49,832,153)
2020-21	B-3	Reg POS	\$251,586,681	\$239,103,656	\$12,483,025	\$4,959,113	\$7,523,912
		CPP/CDRP	\$760,969	\$118,279	\$642,690	\$642,690	\$0
		HCBS Compliance	<u>\$514,360</u>	<u>\$0</u>	<u>\$514,360</u>	<u>\$514,360</u>	<u>\$0</u>
		TOTAL	\$252,862,010	\$239,221,935	\$13,640,075	\$6,116,163	\$7,523,912
2019-20	A-7	Reg POS	\$223,767,932	\$219,515,609	\$4,252,323	\$354,827	\$3,897,496
		CPP	\$2,452,990	\$978,462	\$1,474,528	\$1,474,528	\$0
		HCBS Compliance	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
		TOTAL	\$226,220,922	\$220,494,072	\$5,726,850	\$1,829,355	\$3,897,496

**Harbor Developmental Disabilities Foundation
Harbor Help Fund**

**Statement of Activities
Fiscal Year 2020-21**

	FY 2019-20 TOTAL	FY 2020-21 QTR to date June 30, 2021	FY 2020-21 YTD TOTAL
Income			
Donations			
Employee Donations	\$ 11,588	\$ 2,253	\$ 11,091
Employee Donations - masks	4,330	-	480
Gift cards - in kind	4,225	-	-
General Donations	12,080	1,229	11,660
Staff Appreciation Day	5,000	-	-
Holiday Donations	26,570	-	61,423
Needy Families Campaign	27,390	-	12,993
Total Donations	<u>91,183</u>	<u>3,482</u>	<u>97,646</u>
Interest	4,048	(70)	351
Total Income	<u>95,231</u>	<u>3,412</u>	<u>97,997</u>
Expenses			
Holiday Giving Campaign	39,997	-	487
Needy Families - Gift cards	17,525	(1,175)	83,071
Mask purchase	1,500	-	-
Grants to Clients	1,000	-	-
Total Expenses	<u>60,022</u>	<u>(1,175)</u>	<u>83,558</u>
Net Increase/(Decrease)	<u>\$ 35,210</u>	<u>\$ 4,587</u>	<u>\$ 14,439</u>
Beginning Balance	\$ 185,565	\$ 230,626	\$ 220,774
Income	95,231	3,412	97,997
Expenses	60,022	(1,175)	83,558
Ending Balance	<u>\$ 220,774</u>	<u>\$ 235,214</u>	<u>\$ 235,214</u>
Ending Balance Detail			
Cash	\$ 94,285	\$ 102,847	\$ 102,847
CD	100,939	100,342	100,342
Gift card inventory	25,200	31,675	31,675 ^A
Receivables	350	350	350
Total Balance	<u>\$ 220,774</u>	<u>\$ 235,214</u>	<u>\$ 235,214</u>

^A Needy Families Campaign includes gift cards purchased but not yet distributed.



Patrick Ruppe

EXECUTIVE REPORT

September 21, 2021



Harbor Regional Center DEPARTMENT OF COMMUNITY SERVICES

- ✚ I am very pleased to announce the appointment of Heather Diaz to the position of Director of Community Services. Heather most recently served as the State Director of Quality Improvement and Corporate Liaison for Aacres, a HRC Service Provider.
- ✚ Heather also brings with her substantial Regional Center experience as she worked at San Gabriel Pomona Regional Center (SGPRC) for nine years.
- ✚ We are so very fortunate to welcome a Regional Center veteran and skilled manager into the important role as Director of Community Services as part of our senior management team at HRC.

Please join me in welcoming Heather Diaz to HRC!



**Harbor Regional Center
BOARD DEVELOPMENT COMMITTEE
September 8, 2021**

- ✚ Due to the resignation of a Trustee, the Board Development Committee reviewed applications on file to fill the seat. Well-qualified candidates were selected and interviewed by the committee on September 8, 2021.
- ✚ The Board Development Committee is pleased to recommend the following candidate to serve on the Board: **Patricia Jordan**
- ✚ If elected, Ms. Jordan's term of service will be through June 30, 2023.



COVID 19 TRENDS

➤ State (through September 1, 2021)

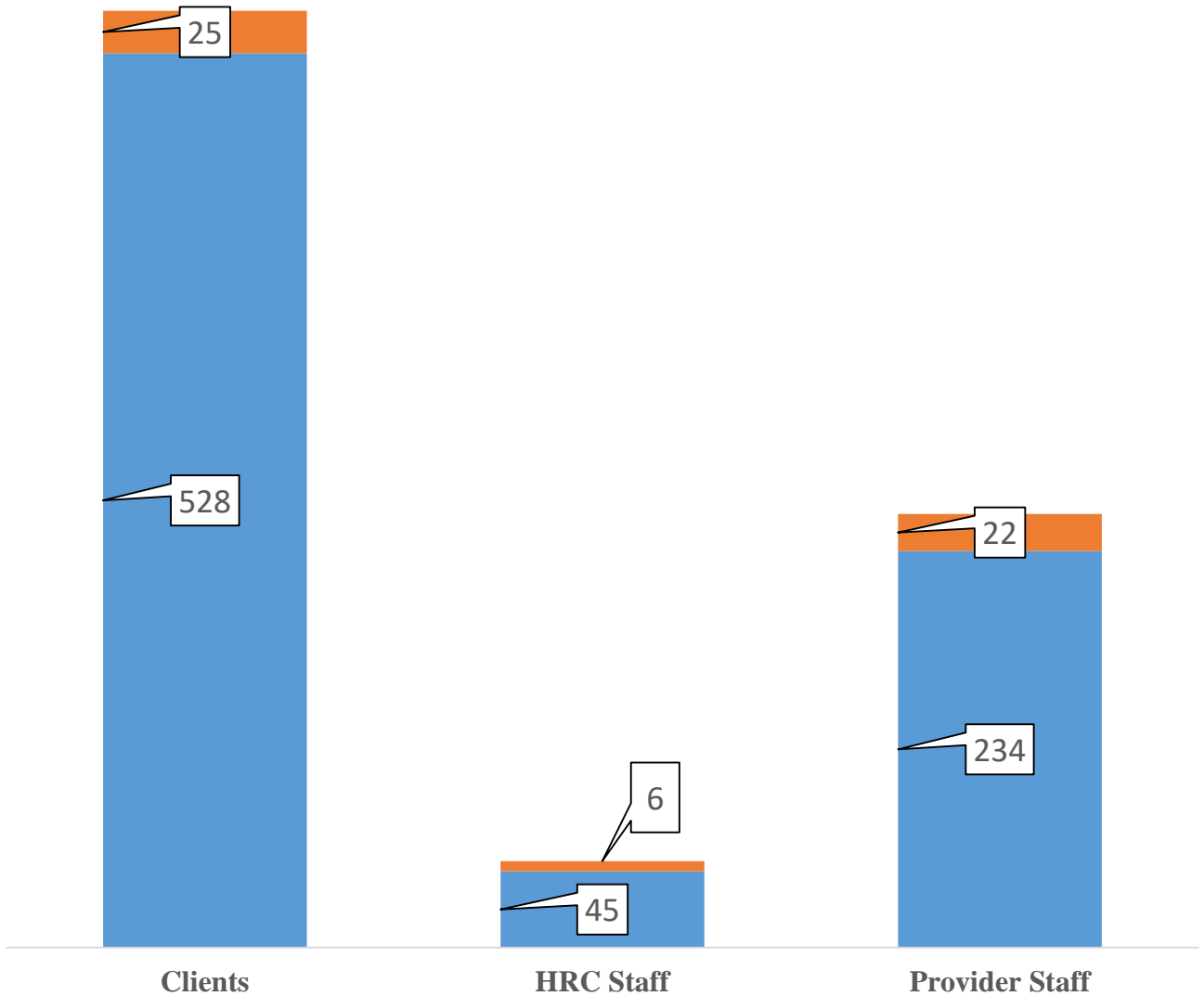
CONSUMERS REPORTED AS COVID-19-POSITIVE, BY REGIONAL CENTER				
REGIONAL CENTER	NUMBER OF CONSUMERS	THIS REGIONAL CENTER AS A SHARE OF ALL CONSUMERS REPORTED AS COVID-19 POSITIVE	FOR COMPARISON: NUMBER OF CONSUMERS AT ALL REGIONAL CENTERS	FOR COMPARISON: THIS GROUP AS A SHARE OF ALL CONSUMERS
ACRC	906	5%	26,385	7%
CVRC	1,234	7%	22,393	6%
ELARC	877	5%	12,721	3%
FDLRC	724	4%	11,001	3%
FNRC	368	2%	8,233	2%
GGRC	369	2%	9,693	3%
HRC	545	3%	15,567	4%
IRC	2,271	12%	39,211	11%
KRC	553	3%	10,697	3%
NBRC	400	2%	9,329	3%
NLACRC	1,277	7%	27,670	8%
RCEB	683	4%	22,420	6%
RCOC	1,176	6%	22,916	6%
RCRC	114	1%	4,100	1%
SARC	909	5%	17,660	5%
SCLARC	1,284	7%	18,161	5%
SDRC	1,717	9%	33,058	9%
SGPRC	1,216	6%	13,911	4%
TCRC	954	5%	15,739	4%
VMRC	776	4%	16,106	4%
WRC	494	3%	9,209	3%
Total	18,847	100%	366,180	100%

COVID 19 TRENDS

➤ Harbor Regional Center (through August 31, 2021)

COVID 19 Positivity: August 31, 2021

■ 4/1/20-6/30/21 ■ Since July 1, 2021





COVID 19 TRENDS

➤ Vaccination Updates

- ✓ HRC has a 67% vaccination rate through September 10, 2021
- ✓ Los Angeles County Department of Public Health Directive August 12, 2021
- ✓ Federal Mandates for employers



BARBARA FERRER, Ph.D., M.P.H., M.Ed.
Director

MUNTU DAVIS, M.D., M.P.H.
County Health Officer

MEGAN McCLAIRE, M.S.P.H.
Chief Deputy Director

313 North Figueroa Street, Room 808
Los Angeles, California 90012
TEL (213) 288-8769 • FAX (213) 975-9601

www.publichealth.lacounty.gov



BOARD OF SUPERVISORS

Hilda L. Solis
First District

Holly J. Mitchell
Second District

Sheila Kuehl
Third District

Jarvis Mohr
Fourth District

Kathryn Barger
Fifth District

September 9, 2021

Dear Regional Center Administrators:

SUBJECT: NEW LOS ANGELES COUNTY ORDER REGARDING VACCINATION OF HEALTH CARE WORKERS

On August 12, 2021, a Health Officer Order was issued by the Los Angeles County Department of Public Health requiring health care or home care workers who work in or routinely visit high risk or residential care settings to be vaccinated against COVID-19 and document their vaccination status by September 30, 2021. This order applies to all individuals who are either paid or unpaid and work in indoor or other settings where care is provided to patients, patients have access for any purpose, or home care or daily living assistance is provided to residents. The requirements also apply to employees with a remote or hybrid work agreement since those who work remotely may need to visit a facility location from time to time.

Any Regional Center staff that meet these criteria specified in the order would be required to adhere to this order.

For more specific details, please review the Health Care Worker Vaccination Order and Frequently Asked Questions online at reopeninglacounty.com.

Sincerely,

Muntu Davis, M.D., M.P.H.
County Health Officer

MD:msl

BUDGET UPDATE:

➤ C-1 Allocation distributed to Regional Centers on September 9, 2021

	2021-22		DDS Allocation Assumption	DDS C-1 Allocation Decisions
	General Fund	Total Fund		
Deaf Community Specialists	1,636	2,379	1 Per RC	1 position per RC
Performance Incentive	2,500	3,676	Staffing at RCs for implementation	No allocation on this item in C-1
Emergency Coordinators	1,372	2,017	1 Per RC	1 position per RC
Enhanced Caseload Ratios for Low-No POS	10,000	12,800	Supervision not included. Assumes 4,200 consumers statewide, 105 positions statewide.	Small RCs 4 positions, Medium-sized RCs 5 positions, Large RCs 6 positions
Lanterman Act Provisional Eligibility (substantial disability in 2 areas)	7,600	7,600	Assuming 3,500 children statewide, allocations would go to RCs for service coordination at 1 to 66 and supervisors.	Pro rata by Early Start caseload for last quarter of FY 20-21
Self-Determination Supports (amounts per year for three years)	5,200	7,800	Approximately 3 per RC	Allocation of 2 positions per RC in C-1 with more to follow in future allocations
Forensic Diversion	363	534	5 for the 21 RCs	No allocation on this item in C-1
Rate Model Implementation	8,600	12,647	Reflects approximately 4 additional staff per RC to support vendorization, service authorization and IT workload	Allocation of 3 positions per RC in C-1 with more to follow in future allocations
FY 22-23 Caseload Ratio Relief	-	-	Based on ARCA's assessment of the need for 921 SCs in FY 20-21	
DSP Training and Development	2,900	4,300	Contracted support/project managed by DDS	
Early Start Outreach to Tribal Communities	500	500	Contract Staff	
Implicit Bias Training	5,553	7,029	Contract Staff	
Language Access and Cultural Competency Orientations and Training	10,000	16,667	Contract Staff	
Community Navigators	3,200	5,300	Contract with FRCs	
Emergency Preparedness	4,300	4,300	Contract Staff	
Employment Grant	10,000	14,706	Contract Staff	
START Training	3,973	5,675	Contract Staff	
Total OPS Policy Increase	\$ 77,697	\$ 107,930		
Health and Safety Waiver Assistance	3,000	TBD	Staffing at RCs for implementation	1 position per RC (\$88k salary)



Contracts Requiring Board Approval

PURCHASE OF SERVICE

The Lanterman Act requires that any regional center contract which exceeds \$250,000 be approved by the Board of Trustees. Typically, our clinical services is in excess of \$250,000, thus the Executive Committee is recommending a motion to approve the following purchase of service contract:

➤ **The University of New Hampshire Institute on Disability:\$835,020**

The University of New Hampshire Institute on Disability will provide consultation services to Harbor Regional Center Staff to aide in the development of a START program. START Crisis Intervention Services will be available as needed for all Harbor Regional Center Clients. The START model has shone demonstrated reductions in emergency services utilization, and clinical mental health symptoms, as well as increases in well-being and satisfaction with the mental health system of support. Services are provided across different systems: home, school, work, medical, mental health, and developmental disability systems.

CONTRACTS REQUIRING BOARD APPROVAL

Harbor Regional Center
Meeting of the Board of Trustees
September 21, 2021

PURCHASE OF SERVICE

Consultant Services

University of New Hampshire Institute on Disability
57 Regional Drive, Unit 8
Concord, NH 03301

Description of Services: Consultation Services to develop a START (Systemic, Therapeutic, Assessment, Resources, and Treatment) crisis intervention program in Harbor Regional Center's service area.

Start Up Funds: \$835,020.00

The University of New Hampshire Institute on Disability will provide consultation services to Harbor Regional Center Staff to aide in the development of a START program. START Crisis Intervention Services will be available as needed for all Harbor Regional Center Clients. The START model has shone demonstrated reductions in emergency services utilization, and clinical mental health symptoms, as well as increases in well-being and satisfaction with the mental health system of support. Services are provided across different systems: home, school, work, medical, mental health, and developmental disability systems.

CERTIFICATION

I, the undersigned, _____ of Harbor Regional Center do certify that the foregoing is a true, exact and correct copy of the contract(s) presented to and approved by the Board of Trustees on the _____ day of _____, _____

Signature: _____ Date: _____



Contracts Requiring Board Approval

PURCHASE OF SERVICE

The Lanterman Act requires that any regional center contract which exceeds \$250,000 be approved by the Board of Trustees. Typically, our clinical services is in excess of \$250,000, thus the Executive Committee is recommending a motion to approve the following purchase of service contract:

➤ **D'Escoto West: Total \$549,900.00**

Initial Estimate Amount: \$507,000.00 (hard costs), \$42,900.00 (soft costs)

Lobby Remodel located on the first floor of 21231 Hawthorne Blvd. This is a tenant improvement of 2,600 sf, consisting of a full renovation of the existing lobby and receptionist area providing enhanced visibility and security, the addition of a new entry and ADA accessible ramp from the parking lot, and new finishes for eight (8) consultation rooms and one (1) conference room. Security enhancements include key card access to assessment/conference room area and increased points of egress for staff and visitors. Exterior improvements will include new indirect lighting within the courtyard and new exterior lighting in the parking area for illumination and security. Signage will also be included for wayfinding within the building and to the newly reconfigured entry.

CONTRACT REQUIRING BOARD APPROVAL

Harbor Regional Center
Meeting of the Board of Trustees
September 21, 2021

OPERATIONS

Professional Services

D'Escoto West
8687 Melrose Ave., Suite BM-34
Los Angeles, CA 90069

Description of Services: Lobby Remodel located on the first floor of 21231 Hawthorne Blvd. This is a tenant improvement of 2,600 sf, consisting of a full renovation of the existing lobby and receptionist area providing enhanced visibility and security, the addition of a new entry and ADA accessible ramp from the parking lot, and new finishes for eight (8) consultation rooms and one (1) conference room. Security enhancements include key card access to assessment/conference room area and increased points of egress for staff and visitors. Exterior improvements will include new indirect lighting within the courtyard and new exterior lighting in the parking area for illumination and security. Signage will also be included for wayfinding within the building and to the newly reconfigured entry.

Contract Period: start October 2021
Initial Estimate Amount: \$507,000.00 (hard costs), \$42,900.00 (soft costs) = Total \$549,900.00

CERTIFICATION

I, the undersigned, _____ of Harbor Regional Center do certify that the foregoing is a true, exact, and correct copy of the contract(s) presented to and approved by the Board of Trustees on the _____ day of _____, _____.



HOLIDAY GIVING

We are getting ready early again this year to begin our campaign to provide assistance to needy families during the holidays. As always, we give thanks to those of you who are personally able to support this effort financially. We ask that the Board as a whole consider a gift from the Harbor Help Fund in the amount of \$60,000 with which we will purchase gift certificates for those in need this year. We thank you all in advance for your thoughtfulness and your kind generosity as we try to ensure that our neediest families will have a joyous holiday season.





CALIFORNIA / DDS ITEMS

➤ **MEDI-CAL PROVIDER ENROLLMENT:**

- ✓ In December 2019, the Department of Developmental Services (Department) notified regional centers of the requirement to enroll as Medicaid (Medi-Cal) providers (Enclosure A). All regional centers successfully completed enrollment as of May 2020.
- ✓ Regional Centers are required to report any changes of “an officer or director of a disclosing entity that is organized as a corporation” which includes the regional center executive director and board members.
- ✓ Consistent with regional centers’ disclosure of executive director and board members during initial Medi-Cal provider enrollment, reporting of changes in these positions includes providing names, birthdates, addresses, and social security numbers.
- ✓ We will be prepared to answer and questions you may have at the Board meeting and we will provide each Board member with the necessary documents for completion and execution.

DEPARTMENT OF DEVELOPMENTAL SERVICES

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



July 14, 2021

TO: REGIONAL CENTER EXECUTIVE DIRECTORS AND BOARD
PRESIDENTS

SUBJECT: MEDI-CAL PROVIDER ONGOING ENROLLMENT REQUIREMENTS

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

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

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

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

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

"Building Partnerships, Supporting Choices"

Regional Center Executive Directors and Board Presidents
July 14, 2021
Page two

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

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

Sincerely,

Original Signed by:

BRIAN WINFIELD
Chief Deputy Director

Enclosures

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

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 240, MS 2-13
SACRAMENTO, CA 95814
TTY (916) 654-2054 (For the Hearing Impaired)
(916) 654-1897



December 4, 2019

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: MEDI-CAL PROVIDER ENROLLMENT

Given that regional centers coordinate and provide services for consumers (e.g., case management) for which federal funding is received, the Centers for Medicare and Medicaid Services (CMS) is requiring regional centers to enroll as Medicaid (Medi-Cal) providers. Approximately 40 percent of the Department of Developmental Services' (Department) regional center budget is attributed to federal funding, and regional center Medi-Cal provider enrollment is necessary to maintain this funding. The purpose of this correspondence is to provide information on the process for regional centers to meet the Medi-Cal provider enrollment requirements.

The Department, working with the Department of Health Care Services (DHCS) determined that initial Medi-Cal provider enrollment will be done through DHCS by completion of the enclosed provider enrollment forms. Completion and submission of these forms does not change the relationships between the Department, DHCS and regional centers. Rather, this accomplishes compliance with federal provider enrollment requirements only.

Enclosed is the enrollment application package, which consists of the following forms:

- Medi-Cal Provider Application (DHCS 6204)
- Medi-Cal Disclosure Statement (DHCS 6207)
- Medi-Cal Provider Agreement (DHCS 6208)

Please complete and submit the enclosed enrollment application package to the Department by December 31, 2019. Original forms must be mailed/delivered to:

Department of Developmental Services
1600 9th Street, Room 320, MS 3-8
Sacramento, CA 95814
Attn: Erik Anderson
Confidential-to be opened by Erik Anderson only

“Building Partnerships, Supporting Choices”

Regional Center Executive Directors
December 4, 2019
Page two

The Department understands that confidential information is required in these forms, and we will ensure the information is protected and handled securely. The information required includes names, birthdates, and social security numbers of *“an officer or director of a disclosing entity that is organized as a corporation,”* which includes regional center executive directors and board members.

The Department will hand deliver initial enrollment application packages to DHCS. At DHCS, the forms will be scanned to a secured drive and the hard copies will be stored in a locked location. Any subsequent updates (e.g., a change in a regional center office location, board members, etc.) required to maintain enrollment will be processed by the Department.

The Department and DHCS are committed to answering questions timely and are available to provide technical assistance, as needed. To assist with completion of these forms, the Department, in conjunction with DHCS, will host three conference calls on the dates below:

- December 16, 2019, at 1:00 PM;
- December 19, 2019, at 12:30 PM; and,
- December 20, 2019, at 1:00 PM.

The call-in information for these calls is (866) 590-5055, passcode 6542759.

Thank you for your cooperation. If you have any questions regarding this correspondence, please contact Erik Anderson at (916) 654-1775 or erik.anderson@dds.ca.gov.

Sincerely,

Original signed by:

BRIAN WINFIELD
Chief Deputy Director

Enclosures

cc: Regional Center Board Members via Board Presidents
Regional Center Administrators
Regional Center Community Services Directors
Regional Center Directors of Consumer Services
Association of Regional Center Agencies
Nancy Bargmann, Department of Developmental Services
John Doyle, Department of Developmental Services



State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

Dear Provider:

Thank you for your recent request for the *Medi-Cal Supplemental Changes* form (DHCS 6209, Rev. 2/18). Please complete the enclosed form and return it to:

Department of Health Care Services
Provider Enrollment Division
MS 4704
P.O. Box 997412
Sacramento, CA 95899-7412

Please read all the instructions included in the DHCS 6209 form carefully and complete each item requested. Incomplete forms will be returned.

PLEASE NOTE: Applicants and providers are required to submit their National Provider Identifier (NPI) with each Medi-Cal provider application package. Applicants are required to attach a copy of the Centers for Medicare & Medicaid Services (CMS)/National Plan and Provider Enumeration System (NPPES) confirmation for each NPI listed in the application package. If providers are not eligible to receive an NPI, they should instead enter the word “atypical” in any NPI fields. These “atypical providers” will receive a unique Medi-Cal provider number once the application is approved.

It is your responsibility to report to DHCS any modifications to information previously submitted within 35 days from the date of the change. Most changes may be reported on a DHCS 6209 form. However, you must complete a new application package if you are reporting a change of ownership of 50 percent or more, a change of business address, or one of the other changes identified in *California Code of Regulations* (CCR), Title 22, Section 51000.30, subsections (a) through (b).

If you are planning to sell your business or buy an existing business, you may find it helpful to refer to the Provider Enrollment page of the Medi-Cal website at www.medi-cal.ca.gov. The Provider Enrollment page contains information about enrollment options available to you whenever there is a sale or purchase of a Medi-Cal enrolled provider or business, including the option to submit a *Successor Liability with Joint and Several Liability Agreement* form (DHCS 6217, Rev. 5/17).

If you have any additional enrollment questions, please contact the Provider Enrollment Message Center at (916) 323-1945, or submit your question(s) to the address below or via email at PEDCorr@dhcs.ca.gov.

Please visit the Medi-Cal website at www.medi-cal.ca.gov for information on submitting claims electronically. A submitter number is not transferable. A new submitter number must be obtained each time a new Medi-Cal provider number is issued by DHCS. If you have any questions about obtaining an electronic billing submitter number, call the Telephone Service Center (TSC) at 1-800-541-5555 and select the option for Computer Media Claims (CMC).

Provider Enrollment Division

Enclosures

(Rev. 6/18)

INSTRUCTIONS FOR COMPLETION OF THE MEDI-CAL SUPPLEMENTAL CHANGES

DO NOT USE correction tape, white out, or highlighter pen or ink of a similar type on this form. If you must make corrections, please line through, date, and initial in ink.

This form is a means to inform the Department of Health Care Services (DHCS) of any changes to previously submitted provider information and documentation. Applicants or providers may be subject to an on-site inspection prior to enrollment.

Omission of any required information or documentation on this form, including not signing the form may result in your records with Medi-Cal not being updated as requested.

You must attach copies of Centers for Medicare and Medicaid Services/National Plan and Provider Enumeration System (CMS/NPPES) confirmation for any National Provider Identifier (NPI) added with this form. Any change in an NPI for an enrolled location requires that the confirmation reflect the enrolled location's address. You may not submit an NPI for use in Medi-Cal billing unless that NPI is appropriately registered with CMS and is in compliance with all NPI requirements established by CMS at the time of submission.

Enter the legal provider name as listed with the Internal Revenue Service (IRS).

Enter your provider number (NPI or Denti-Cal provider number as applicable) in the space provided.

Enter the date you are completing the application.

Provider type: Enter your provider type in one of the boxes provided.

Action requested: Check the applicable action you would like made to the provider master file.

“Deactivate provider number” will deactivate all enrolled locations using the provider number submitted. To deactivate an enrolled provider type or location, please attach a cover letter specifying the deactivation request.

Please complete only those boxes necessary to provide the information you are adding, changing, or deleting or to complete the action requested. Be sure to complete boxes 40-45; complete box 46, if applicable.

GENERAL INFORMATION

1. “Business name” – enter the name of the applicant or provider if different than legal name. If this is a fictitious business name, provide a copy of the Fictitious Business Name Statement or Fictitious Name Permit number and effective date.
2. “Business telephone number” – enter the primary business telephone number used at the business address. A beeper number, cell phone, answering service, pager, facsimile machine, biller or billing service, or answering machine shall not be used as the primary business telephone.
3. “Pay-to address” – enter the address at which the applicant or provider wishes to receive payment. The pay-to address should include, as applicable, the number, street name, room, suite number or letter, P.O. box number, city, state, and nine-digit ZIP code. **An applicant or provider may assign only one pay-to-address per NPI. Please note, substance use disorder clinics may not use the DHCS 6209 to update their “Pay-to Address.”**
4. “Mailing address” – enter the address where the applicant or provider wishes to receive general Medi-Cal correspondence including Provider Bulletins and Provider Manual updates.
5. a. Insert the Clinical Laboratory Improvement Amendment (CLIA) certificate number. Attach a legible copy of the CLIA Certificate.
b. Insert the State Laboratory License/Registration number. Attach a legible copy to the application.

6. Insert any additional NPI for the entity indicated in number 1. Attach CMS/NPPES confirmation for each. Providers not eligible to receive an NPI (atypical providers) must submit a Medicare billing number.
7. Insert the Seller's Permit number issued by the State Board of Equalization. Attach a legible copy of the Seller's Permit.
8. Insert any local business license, permit, or certificate numbers for any city and/or county where you conduct your business activities and attach legible copies to the application.
9. a. Insert the specialty code(s) to be added or deleted, if applicable (see Physician/Non-Physician Practitioner Specialty Codes on page 19).
b. Insert the taxonomy code(s) to be added or deleted from your NPI. These taxonomy codes must already be registered with NPPES prior to submission to Medi-Cal. Attach additional sheets if necessary.

CHANGE OF OWNERSHIP OR CONTROL INTERESTS

10. For a change of ownership or control interests of less than 50 percent, list the new ownership information in this space and submit Sections III and IV of the Medi-Cal Disclosure Statement (DHCS 6207) for all new owners, managing employees, or control interests. If there is a cumulative change of 50 percent or more in the person(s) with an ownership or control interest, as defined in Section 51000.15, since the information provided in the last complete application that was approved for enrollment, a complete application package must be submitted pursuant to California Code of Regulations, Title 22, Section 51000.30(b).

CHANGE IN HOURS OF OPERATION

11. "Hours of operation"—enter the business days and hours the provider is available for service to Medi-Cal beneficiaries.

FOR DURABLE MEDICAL EQUIPMENT AND PHARMACY PROVIDERS ONLY

12. Check the appropriate box indicating whether the applicant provides "custom rehabilitation equipment" and "custom rehabilitation technology services" to Medi-Cal beneficiaries. If you answer yes, check the appropriate box whether the applicant has on staff, either as an employee or independent contractor, or the applicant has a contractual relationship with, a "qualified rehabilitation professional" who was directly involved in determining the specific custom rehabilitation equipment needs of the patient and was directly involved with, or closely supervised, the final fitting and delivery of the custom rehabilitation equipment.

"Custom rehabilitation equipment" means any item, piece of equipment, or product system, whether modified or customized, that is used to increase, maintain, or improve functional capabilities with respect to mobility and reduce anatomical degradation and complications of individuals with disabilities. Custom rehabilitation equipment includes, but is not limited to, nonstandard manual wheelchairs, power wheelchairs and seating systems, power scooters that are specially configured, ordered, and measured based on patient height, weight, and disability, specialized wheelchair electronics and cushions, custom bath equipment, standers, gait trainers, and specialized strollers.

"Custom rehabilitation technology services" means the application of enabling technology systems designed and assembled to meet the needs of a specific person experiencing any permanent or long-term loss or abnormality of physical or anatomical structure or function with respect to mobility. These services include, but are not limited to, the evaluation of the needs of a patient with a disability, including an assessment of the patient for the purpose of ensuring that the proposed equipment is appropriate, the documentation of medical necessity, the selection, fit, customization, maintenance, assembly, repair replacement, pickup and delivery, and testing of equipment and parts, and the training of an assistant caregiver and of a patient who will use the equipment or individuals who will assist the patient in using the equipment.

“Qualified rehabilitation professional” means an individual to whom any one of the following applies:

- (a) The individual is a physical therapist licensed pursuant to the Business and Professions Code, occupational therapist licensed pursuant to the Business and Professions Code, or other qualified health care professional recognized by the Department.
 - (b) The individual is a registered member in good standing of the National Registry of Rehabilitation Technology Suppliers, or other credentialing organization recognized by the Department.
 - (c) The individual has successfully passed one of the following credentialing examinations administered by the Rehabilitation Engineering and Assistive Technology Society of North America:
 - (i) The Assistive Technology Supplier examination.
 - (ii) The Assistive Technology Practitioner examination.
 - (iii) The Rehabilitation Engineering Technologist examination.
13. Enter the change in the business activity you are adding and the licensing information, if applicable. Complete and submit question 21 of the Medi-Cal Pharmacy Provider Application (DHCS 6205) or question 24 of the Medi-Cal Durable Medical Equipment Provider Application (DHCS 6205). Attach legible copies of any licenses, certificates, or permits required. If you have questions regarding the Bureau of Home Furnishings license, please call the Bureau at (916) 574-0280; or for the Home Medical Device Retailers license call the Food and Drug Branch at (916) 650-6518. To calculate percentages of business activities, refer to the Medi-Cal Durable Medical Equipment Provider Application (DHCS 6201). If deleting incontinence medical supplies, check the box.
14. Check the appropriate boxes and complete all requested information.

FOR TRANSPORTATION PROVIDERS ONLY

15. “Geographic Area(s) Served” - enter those areas in which the provider will be transporting Medi-Cal beneficiaries. Attach a copy of the city/county business license/permit with the application. If the city/county does not require a license/permit, you must attach a letter from that city/county with the application which states the city/county does not require a license/permit. It is the applicant’s or provider’s responsibility to verify with the city/county in which transportation services will be provided for vehicle and driver’s permits. If you intend to conduct business in either the City of Los Angeles or the City of San Diego, you must apply for their vehicle and driver’s permits. For more information, contact either the City of Los Angeles Department of Transportation or the San Diego Metropolitan Transit Development Board.

16. Provide the following information and attach legible copies, if applicable:

Ambulance:

- Certificate number issued by the California Highway Patrol (CHP) - attach a legible copy of the certificate to the application
- Issue date
- Vehicle Identification Number (VIN) of each vehicle that will be used to transport beneficiaries
- Make and model of vehicle
- Year of vehicle
- License plate number of vehicle
- EMS verification

Driver:

- Full legal name of driver
- Driver's license number
- Driver's license year of expiration
- Ambulance Driver Certificate number
- MCSA-5875 and MCSA-5876 effective and expiration dates (for driver's only)

17. Provide the following information and attach legible copies, if applicable:

Aircraft:

- Certificate number issued by the Federal Aviation Administration (FAA) - attach a legible copy of the certificate to the application
- Name and address where the aircraft is hangared - This statement must also be on your company letterhead and be attached to the application
- EMS verification

Pilot:

- Full legal name of pilot
- Pilot's driver's license number or state issued identification card
- Pilot's license number with year of expiration
- Copy of FAA pilot's license for each pilot
- Copy of pilot's driver's license or state issued identification card

18. Provide the following information and attach legible copies, if applicable:

Vehicle Information (litter and/or wheelchair van or non-medical transportation vehicle):

- VIN of each vehicle that will be used to transport beneficiaries
- Photographs of vehicle (i.e., view of inside, back exit door, side exit door, and view of business name)
- Make and model of vehicle
- Year of vehicle
- License plate number of vehicle
- DMV vehicle registration
- Proof of vehicle insurance
- Brake and lamp certificate (litter and/or wheelchair van only)
- Special vehicle permit (if applicable)

Driver Information:

- Full legal name of driver
- Driver's license number
- DMV driving record printout for each driver
- Certificates for first aid and CPR for each driver
- Standard pre-employment drug and alcohol tests lab results for each driver
- California driver's license for each driver
- Special driver's permit (if applicable)
- MCSA-5875 and MCSA-5876 forms signed by authorized personnel for each driver

FOR PHARMACIES ONLY

19. Insert the last, first, and middle name of the pharmacist-in-charge at the business location.
20. Provide the social security number of the pharmacist-in-charge.
21. Insert the license number of the pharmacist-in-charge. Attach a legible copy of license renewal, if applicable.
22. Provide the driver's license or state-issued identification number and state of issuance of the pharmacist-in-charge. Attach a legible copy of the driver's license or state-issued identification card to this application.
23. - 28. Answer all questions as they pertain to the pharmacist-in-charge. If any answers are checked yes, list all details to include license number, dates, licensing agency, Medi-Cal provider information and numbers, etc., in number 29.
29. Provide all details to any yes answers for numbers 23 – 28 and attach supporting documents.

PROVIDERS OF SUBSTANCE USE DISORDER TREATMENT SERVICES ONLY

Substance Use Disorder Medical Director

30. Provide the following information and attach copies:

- Full legal name
- Provider Number (NPI)
- Business address
- Medical License Number (attach a legible copy of license)
- Check whether the individual is being deleted or added as Medical Director at the business address indicated

Substance Use Disorder Treatment Professional/Licensed Substance Use Disorder Treatment Professional/Substance Use Disorder Non-Physician Medical Practitioner/Other Physician Making Medically Necessary Determinations

31. Provide the following information and attach copies if applicable:

- Full legal name
- Provider Number (NPI) if applicable
- Provider Type (see CCR, Title 22, Section 51051)
- License, Certification, or Registration Number (attach a legible copy of license/certification/registration)
- Check whether the individual is being deleted or added

Service Modality(ies)

32. Enter all services to be provided by the DMC clinic, including existing services and additional services or program types being requested by this application. Note – DMC residential services require a residential alcoholism or drug use recovery treatment facility license issued by DHCS. A Narcotic Treatment Program (NTP) license issued by DHCS is required to provide NTP or Heroin Detoxification services. If adding Heroin Detoxification services, please submit a Medi-Cal Provider Agreement (DHCS 6208). Facility licensing and NTP information and applications are available on the DHCS website.

FACILITY-BASED PROVIDERS ONLY

33. Provide the requested information and attach a copy of the attestation letter(s) (see provider bulletin titled *Requirements and Procedures for Enrollment as a "Facility-Based Provider"*). Attach additional sheets if adding or deleting more than one facility.

NATIONAL PROVIDER IDENTIFIER (NPI) SUBPARTING

34. See instructions for subparting information.

OTHER INFORMATION

35. Check the appropriate box.
36. Provide all details regarding the addition(s) or change(s) if you answered yes to the previous question.
37. Check the appropriate box.
38. Provide all details regarding the addition(s) or change(s) if you answered yes to the previous question. (See CCR, Title 22, Sections 51000.30 and 51000.40).

INFORMATION ABOUT PROVIDER

39. Printed name of provider signing this form - enter the last, first, and middle name of the provider as the sole proprietor, partner, corporate officer, or government official when applying to DHCS for enrollment or continued enrollment as a provider in the Medi-Cal program.
40. Enter the date of birth of the individual named in number 39.
41. Check the gender of the individual named in number 39.
42. Provide the driver's license or state-issued identification number and state of issuance of the individual listed in number 39. Attach a legible copy to the application. The driver's license or state-issued identification number shall be issued within the 50 United States or the District of Columbia.
43. Provide the social security number of the individual named in number 39. Provision of the social security number is required (see Privacy Statement page 18).
44. An original signature of the individual listed in number 39 is required. Also provide the title of the person signing the application who is the sole proprietor, partner, corporate officer, or by an official representative of a governmental entity or nonprofit organization who has the authority to legally bind the applicant or provider. Include the city, state, and the date where and when the application was signed. **See CCR, Title 22, Section 51000.30(a)(2)(B) to determine whether you have the authority to sign this form.**
45. Applicants and providers licensed pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, the Osteopathic Initiative Act, or the Chiropractic Initiative Act ARE NOT REQUIRED to have this form notarized. If it must be notarized, the Certificate of Acknowledgement signed by the Notary Public must be in the form specified in Section 1189 of the Civil Code.

Contact Person's Information

46. To assist in the timely processing of the supplemental form, enter the name, gender, title/position, e-mail address, and telephone number of the individual who can be contacted by staff to answer questions regarding the form. Failure to include this information may result in the supplemental form being returned deficient for item(s) that an applicant can readily provide by fax or telephone.

Attach a legible copy of the following, if applicable:

- National Provider Identifier (NPI) verification (CMS/NPPES confirmation)
- Fictitious Business Name Statement or Fictitious Name Permit
- TIN verification
- CLIA Certificate
- State Laboratory License/Registration
- Seller's Permit
- Professional license, permit, or certificate
- Business license, permit, or certificate
- Licenses associated with business activities
- Bureau of Home Furnishings License
- Furniture and Bedding License
- Furniture License
- Bedding License
- Home Medical Device Retailer License
- Home Medical Device Retailer Exemptee License
- Other licenses, certificates, permits, etc.
- Pharmacist-in-Charge License
- Pharmacist-in-Charge driver's license or identification card
- Medical Director License
- Certificates for first aid and CPR for each new driver
- Driver's license for each new driver
- MCSA-5875 and MCSA-5876 forms signed by authorized personnel for each new driver
- Standard pre-employment drug and alcohol tests lab results for each new driver
- DMV driving history printout for each new driver
- Driver's license or identification card of person signing application
- Proof of insurance
- Brake and Lamp Certificate
- FAA certificate
- FAA pilot's license for each new pilot
- Signed Medi-Cal Disclosure Statement (DHCS 6207)
- Medicare enrollment verification
- Residential License issued by the DHCS
- Narcotic Treatment Program License issued by the DHCS
- Signed Medi-Cal Provider Agreement (DHCS 6208), if adding Heroin Detoxification services
- Substance use disorder medical director professional license
- Driver's license for each substance use disorder treatment professional, licensed substance use disorder treatment professional, substance use disorder non-physician medical practitioner providing counseling services, and physician making medical necessity determinations
- Facility-based provider attestation letter



MEDI-CAL SUPPLEMENTAL CHANGES

For State Use Only

Important:

- Read all instructions before completing the application.
- Type of print clearly, in ink.
- If you must make corrections, please line through, date and initial in ink.
- For Medi-Cal, return completed forms to:
Department of Health Care Services
Provider Enrollment Division
MS 4704
P.O. Box 997412
Sacramento, CA 95899-7412
(916) 323-1945
- For Denti-Cal, return completed forms to:
Medi-Cal Dental Program (Denti-Cal)
Provider Enrollment
P.O. Box 15609
Sacramento, CA 95852-0609
(800) 423-0507
- **This is not the correct form for reporting a change in business address.**

Legal provider name (as listed with the IRS)	Provider number (NPI or Denti-Cal provider number, as applicable)	Date
--	---	------

PROVIDER TYPE (check one)

- | | |
|--|---|
| <input type="checkbox"/> Dentist
<input type="checkbox"/> DME
<input type="checkbox"/> Laboratory
<input type="checkbox"/> Orthotic and Prosthetic
<input type="checkbox"/> Pharmacy | <input type="checkbox"/> Substance Use Disorder Clinic
<input type="checkbox"/> Physician
<input type="checkbox"/> Provider Group
<input type="checkbox"/> Registered Dental Hygienist Alternative Practice
<input type="checkbox"/> Transportation
<input type="checkbox"/> Other provider type (please describe) |
|--|---|

ACTION REQUESTED (check all that apply)

Add:

- Business Activity
- Clinical Laboratory Improvement Amendment (CLIA)
- Doing-Business-As (DBA) name
- Licenses, permits, certificates, etc.
- Transportation vehicle, driver or pilot
- Seller's Permit
- Medicare/Other NPI
- Specialty Code
- Taxonomy Code
- Facility(ies) (facility-based providers only)

Delete:

- Clinical Laboratory Improvement Amendment (CLIA)
- Transportation vehicle, driver or pilot
- Specialty Code
- Facility(ies) (facility-based providers only)

Change:

- NPI assigned to one or more locations – **see page 16**
- Address and/or phone (pay-to or mailing only)
List any provider numbers the change is associated with: _____
- Transportation vehicle, driver, pilot or geographic area served
- Pharmacist-in-charge

Change (continued):

- Persons with ownership or control interest less than 50 percent
- Managing employee
- Hours of operation
- Business activities
- Other information previously submitted in an application package
- Service Modality(ies) (substance use disorder clinic only)
- Substance use disorder medical director (substance use disorder clinic only)
- Substance use disorder treatment professional, licensed substance use disorder treatment professional, or substance use disorder non-physician medical practitioner providing counseling services, or physician making medical necessity determinations (substance use disorder clinic only)

Miscellaneous:

PIN (Provider Identification Number)

- Issuance (new PIN)
Note: Providers of substance use disorder treatment services may not use this form for PIN reissuance.
- Confirmation (existing PIN)
- Deactivate provider number:

- Deactivate provider type/location (attach letter specifying change)

Complete only the boxes specific to the action requested. Complete boxes 39-44. Complete box 45, if applicable.

General Information

1. Business name, if different		2. Business telephone number		
Is this a fictitious business name? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list the Fictitious Business Name Statement/Permit number (Attach a legible copy)		Effective date
3. Pay-to address (number, street, suite and/or room, or P.O. Box number)		City	State	ZIP code (9-digit)
4. Mailing address (number, street, P.O. Box number)		City	State	ZIP code (9-digit)
5a. Clinical Laboratory Improvement Agreement (CLIA) (Attach a legible copy)	5b. State Laboratory License/Registration number (Attach a legible copy)	6. Medicare/Other NPI/Medicare Billing Number (see instructions)		

7. Seller's Permit number (Attach a legible copy)	8. Any local business license, permit, or certificate numbers (Attach a legible copy)	9a. Specialty code(s), if applicable Add: Delete:
--	--	---

9b. Taxonomy Codes (Attach additional sheets if necessary)			
Add:			
Delete:			

10. Change of Ownership or Control Interests – For a change of less than 50% cumulative changes since last complete application approved for this provider number, list the new owner, managing employee, or control interest information and submit the Medi-Cal Disclosure Statement (DHCS 6207) Sections III and IV for all new owners, managing employees, or control interests.

Type of entity (check one)

<input type="checkbox"/> Sole proprietor	<input type="checkbox"/> Partnership (Attach legible copy of agreement)	<input type="checkbox"/> Government Corporation	<input type="checkbox"/> Nonprofit
<input type="checkbox"/> Limited liability company			<input type="checkbox"/> Other: _____

Are you adding owners, managing employees, or change in interest? If so, please provide the following information:

Name	Social security number	Date of birth	Title	Ownership percentage

Are you deleting owners? If so, please provide the following information:

Name	Social security number	Date of birth	Title	Ownership percentage

11. Change in Hours of Operation
 The business days and hours of operation are:
 Days: _____ Hours: _____

For Durable Medical Equipment and Pharmacy Providers Only

12. Do you provide custom rehabilitation equipment and custom rehabilitation technology services to Medi-Cal beneficiaries? Yes No
 If yes, do you have on staff, either as an employee or independent contractor, or do you have a contractual relationship with, a qualified rehabilitation professional who was directly involved in determining the specific custom rehabilitation equipment needs of the patient and was directly involved with, or closely supervised, the final fitting and delivery of the custom rehabilitation equipment? Yes No

13. **Change in Business Activities** – Complete and submit question 21 of the Medi-Cal Pharmacy Provider Application (DHCS 6205) or question 24 of the Medi-Cal Durable Medical Equipment Provider Application (DHCS 6201).

Add (please describe activities and percentages to equal 100%. Attach additional page):

If you are adding a business activity which requires any type of license, certificate, permit, etc., please list the information here and attach a legible copy of the license to this application:

Bureau of Home Furnishings License (see instructions):

Furniture and Bedding or Furniture Retailer License number (Attach a legible copy): _____

Registry number: _____

(If you are a DME provider and are renting beds, your license must bear a Registry number)

Issuance date: _____ Expiration date: _____

Home Medical Device Retailer License number (Attach a legible copy): _____

Issuance date: _____ Expiration date: _____

Home Medical Device Retailer Exemptee License number (Attach a legible copy): _____

Issuance date: _____ Expiration date: _____

Other license, certificate, permit, etc. (Attach a legible copy): _____

Delete incontinence medical supplies

14. Do you sell, rent, or lease durable medical equipment, incontinence medical supplies and/or supply items? Yes No
 If yes, do you have a retail business open and available to the general public which meets all local laws and ordinances regarding business licensing and operation? Yes No

If no, please explain: _____

Are your equipment and/or supplies:

A. In stock on the premises, or

B. In a warehouse under the applicant's or provider's direct control.

Business days and hours of operation: Days: _____ Hours: _____

If B is checked, provide the following information for the warehouse:

Address (number, street)	City	State	ZIP code (9-digit)
--------------------------	------	-------	--------------------

Who holds an ownership interest in the warehouse? (Use additional sheets if necessary)

Name		Telephone number	
Address	City	State	ZIP code (9-digit)

For Transportation Providers Only

15. Geographic area(s) served (list city/county – Attach a copy of permit/license)

--	--	--

16. Ambulance and Driver Information – Attach ambulance certificate issued by CHP
(Attach a separate sheet, if necessary)

Ambulance Information

CHP Certificate Number	Issue Date	Vehicle Identification Number	Make and Model of Vehicle	Year	License Plate Number	Add (✓)	Delete (✓)
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Ensure legible copies of the following documents for each ambulance are attached to the application:

- CHP 301 Certificate EMS Certificate, local CHP 360A Ambulance license

Driver Information (Attach a legible copy(ies) of driver’s license(s), MCSA-5875, MCSA-5876(s))

Driver’s Name	Driver’s License Number	Year of Expiration	Ambulance Driver Certificate Number	MCSA-5875/5876 (Driver’s Only)		Add (✓)	Delete (✓)
				Eff. Date	Expiration Date		
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

17. Aircraft and Pilot Information – see instructions (Attach a separate sheet, if necessary)

Aircraft Information

FAA Certificate Number	Name and Address Where Aircraft is Hangared	Add (✓)	Delete (✓)
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Ensure a legible copy of the following document for each aircraft is attached to the application:

- FAA Certificate EMS Certificate

Pilot Information (Attach a legible copy(ies) of pilot’s license(s))

Pilot’s Name	Driver’s License Number or State-Issued Identification Number	Pilot’s License Number	Year of Expiration	Add (✓)	Delete (✓)
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Ensure a legible copy of the following documents are attached to the application (as applicable):

- FAA pilot’s license for each pilot Driver’s license or state-issued identification card

18. Vehicle and Driver Information – see instructions (Attach a separate sheet, if necessary)

Litter and/or Wheelchair Van Vehicle Information

Vehicle Identification Number	Make and Model of Vehicle	Year	License Plate Number	Add (✓)	Delete (✓)
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Ensure legible copies of the following documents for each vehicle are attached to the application:
 DMV Vehicle Registration Proof of Vehicle Insurance Brake and Lamp Certificate Special Vehicle Permit (if applicable)

Non-Medical Transportation Vehicle Information

Vehicle Identification Number	Make and Model of Vehicle	Year	License Plate Number	Add (✓)	Delete (✓)
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Ensure legible copies of the following documents for each vehicle are attached to the application:
 DMV Vehicle Registration Proof of Vehicle Insurance

Driver Information

Driver's Name	California Driver's License Number	Add (✓)	Delete (✓)
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Ensure legible copies of the following documents for each new driver are attached to the application:
 DMV driving record printout California Driver's License MCSA 5875/5876
 Certificates for first aid and CPR Special driver permit (if applicable)
 Standard pre-employment drug test (which lists the drugs tested for) and alcohol test lab results

For Pharmacies Only

New Pharmacist-in-Charge (PIC)

19. Printed name (last, first, middle)

20. PIC social security number (required)

21. PIC license number (Attach a legible copy of license and renewal, if applicable)

22. Driver's license or state-issued identification card number (Attach a copy)

State of issuance

If you answer yes to questions 23-28, give details to include license number, dates, licensing agency, Medi-Cal provider information and numbers, etc. in number 29 (see instructions)

23. Has the PIC's individual license, certificate, or other approval to provide health care ever been suspended or revoked?

Yes **No**

24. Has the PIC's individual license, certificate, or other approval to provide health care ever been lost or surrendered?

25. Does the PIC have an ownership or control interest in any other medical or Medi-Cal health care provider?

26. Has the PIC previously participated in the Medi-Cal program?

27. Has the PIC ever participated in another State's Medicaid program?

28. Has the PIC ever been suspended from a Medicare or Medicaid program?

29. Details for questions 23-28 (Attach supporting documents, see instructions):

Service Modalities

32. Identify the service modality(ies) and treatment component(s) (non-perinatal or perinatal) requested for the site. Include service modality(ies) and treatment component(s) that the provider wishes to continue as well as those to be added.

Applicants for residential services must first obtain a residential license issued by the DHCS prior to application submission for DMC residential services. A Narcotic Treatment Program (NTP) license issued by DHCS is required to provide NTP or Heroin Detoxification services (Attach a copy of the NTP license). If adding Heroin Detoxification services, please submit a Medi-Cal Provider Agreement (DHCS 6208).

Type of Services	Current and/or Requested Treatment Component	
Narcotic Treatment Program (NTP) License #: _____ (Attach a copy)	<input type="checkbox"/> Non-Perinatal	<input type="checkbox"/> Perinatal
Intensive Outpatient Treatment (IOT)	<input type="checkbox"/> Non-Perinatal	<input type="checkbox"/> Perinatal
Outpatient Drug Free (ODF)	<input type="checkbox"/> Non-Perinatal	<input type="checkbox"/> Perinatal
Residential License #: _____ (Attach a copy)	<input type="checkbox"/> Non-Perinatal	<input type="checkbox"/> Perinatal
Naltrexone	<input type="checkbox"/> Non-Perinatal	<input type="checkbox"/> Perinatal
Heroin Detoxification Program	<input type="checkbox"/> Non-Perinatal	<input type="checkbox"/> Perinatal

For Facility-Based Providers Only

33. Complete information below (Attach required attestation letter(s) for each licensed health care facility added. Attach additional sheets if adding or deleting more than one facility.)

Add Facility Delete Facility Telephone Number: _____

Legal Name of Licensed Health Care Facility: _____

Business Address of Facility: _____

NPI to be used by the Facility-Based Provider at this location: _____

Mailing Address to be used for this location: _____

Business Name to be used for this location: _____

Pay-to Address to be used for this NPI: _____

National Provider Identifier (NPI) Subparting

General Subparting Instructions

The table below is intended for applicants and providers who have subparted and wish to change an NPI assigned to one or more Medi-Cal enrolled locations. An applicant or provider must determine whether or not to subpart based on their business practices, billing practices and federal requirements including the NPI Final Rule.

A subpart is a component of a health care organizational provider, such as a provider group, that is not a person. A subpart furnishes health care and might:

- i. Conduct standard transactions
- ii. Be required by Federal regulations to have a Federal billing number (e.g., Medicare billing number)
- iii. Be certified/licensed separately from the covered organization
- iv. Have a location different from the covered organization
- v. Be a member of a chain
- vi. Be a DMEPOS provider

If you are an individual sole proprietor (unincorporated) health care provider such as a physician, dentist, nurse, chiropractor, etc., you do not qualify to subpart. When you receive your NPI you will be identified with an Entity Type Code 1 (Health care providers who are individual human beings, including sole proprietors).

If you are an organization, you may subpart. When you receive your NPI you will be identified with an Entity Type Code 2 (Health care provider who is other than an individual human being). Examples of organizations are hospitals; individuals who have incorporated; home health agencies; clinics; nursing homes; residential treatment centers; laboratories; emergency and non-emergency medical transportation companies; group practices; suppliers of durable medical equipment; prosthetics and orthotics providers; and pharmacies.

For additional information, please see the Centers for Medicare and Medicaid Services website for comprehensive information regarding subparting and general NPI implementation.

34. Subpart Designation Table

“Enrolled business location”—You must be currently enrolled at this location.

“NPI currently on file”—Indicate the NPI assigned to the enrolled business location at the time this form is submitted. “New NPI being assigned to the location”—Indicate the new NPI you wish to have assigned to the enrolled business location listed.

Enrolled Business Location			NPI currently on file	New NPI being assigned to the location
Number and Street	City	ZIP Code		

Attach additional sheets if necessary. Remember to attach verification of any new NPIs assigned. **Any change in an NPI for an enrolled location requires that the confirmation reflect the enrolled location’s address.**

Other Information

35. Are you reporting any addition(s) or change(s) in information to a pending application? Yes No

36. If you answer yes to the prior question, please explain:

37. Are you reporting any addition(s) or change(s) in information submitted in a prior application other than information covered elsewhere in this form that does not require the submission of a new application package? Yes No

38. If you answer yes to the prior question, please explain:

Information About Provider

39. Printed name (last, first, middle)	40. Date of birth	41. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
42. Driver's license or state-issued identification number and state of issuance (Attach a legible copy)	43. Social security number (Required, see privacy statement below)	

44. I declare under penalty of perjury under the laws of the State of California that the foregoing information in this document, in the attachments, the disclosure statement, and provider agreement are true, accurate, and complete to the best of my knowledge and belief. I declare that I have the authority to legally bind the applicant or provider pursuant to Title 22, CCR Section 51000.30(a)(2)(B).

Signature of provider	Title
Executed at: _____, _____ (City) (State)	on _____ (Date)

45. Notary Public – Please see instructions under number 45 for who must have their form signed by a Notary Public in the form specified by Section 1189 of the Civil Code.

46. Contact Person's Information

Check here if you are the same person identified in number 39. If you checked the box, provide only the e-mail address and telephone number below.

Contact person's name (last, first, middle)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Title/Position	E-mail address	Telephone number

Privacy Statement (Civil Code Section 1798 et seq.)

All information requested on the application, the disclosure statement, and the provider agreement is mandatory. This information is required by the California Department of Health Care Services and any other California State Departments that are delegated responsibility to administer the Medi-Cal program, by the authority of the Welfare and Institutions Code, Sections 14043 - 14043.75, the California Code of Regulations, Title 22, Sections 51000 – 51451 and the Code of Federal Regulations, Title 42, Part 455. The consequences of not supplying the mandatory information requested are denial of enrollment as a Medi-Cal provider and or denial of continued enrollment as a provider and deactivation of all provider numbers used by the provider to obtain reimbursement from the Medi-Cal program. Some or all of this information may also be provided to the California State Controller's Office, the California Department of Justice, the California Department of Consumer Affairs, the California Department of Corporations, the California Franchise Tax Board or other California state or local agencies as appropriate, fiscal intermediaries, managed care plans, the Federal Bureau of Investigation, the Internal Revenue Service, Medicare Fiscal Intermediaries, Centers for Medicare and Medicaid Services, Office of the Inspector General, Medicaid, or as required or permitted by law. For more information or access to records containing your personal information maintained by this agency, contact the Provider Enrollment Division at (916) 323-1945 or contact Denti-Cal at (800) 423-0507.

PHYSICIAN/NON-PHYSICIAN MEDICAL PRACTITIONER SPECIALTY CODES

Specialty	Code	Specialty	Code
Allergy	03	Pediatrics	40
Anesthesiology	05	Pharmacology-Clinical	91
Aviation (MD Only)	11	Physical Medicine & Rehabilitation	25
Cardiovascular Disease (MD Only)	06	Plastic Surgery	24
Clinics-Mixed Specialty	70	Proctology (Colon & Rectal)	28
Dermatology	07	Psychiatry	36
Emergency Medicine (Urgent Care)	66	Psychiatry-Child	26
Endocrinology	67	Public Health	44
Family Practice-House Calls	08	Pulmonary Diseases (MD only)	29
Gastroenterology (MD Only)	10	Radiology	30
General Practice (General Medicine)	01	Rheumatology	83
General Surgery	02	Surgery-Head & Neck	84
Geriatrics	38	Surgery-Traumatic	89
Hand Surgery	46	Thoracic Surgery	33
Hematology	68	Unknown	99
Infectious Disease	77	Urology, Urological Surgery	34
Internal Medicine	41		
Miscellaneous	47	Specific to Osteopathic Physicians Only	
Neoplastic Diseases	78	Gynecology	09
Nephrology (Renal-Kidney)	45	Manipulative Therapy	12
Neurological Surgery	14	Ophthalmology, Otolaryngology, Rhinology	17
Neurology (MD Only)	13	Pathologic Anatomy, Clinical Pathology	21
Neurology-Child	79	Peripheral Vascular Disease or Surgery	23
Nuclear Medicine	42	Psychiatry Neurology	27
Obstetrics	15	Peripheral Vascular Disease or Surgery	23
Obstetrics-Gynecology (MD Only) Neonatal	16	Radiation Therapy	32
Oncology	78	Roentgenology, Radiology	31
Ophthalmology	18		
Orthopedic Surgery	20	Non-Physician Medical Practitioner	
Otology, Laryngology, Rhinology (ENT)	04	Nurse Practitioner	2
Pathology (MD Only)	22	Physician Assistant	3
Pathology-Forensic	90	Nurse Midwife	4
Pediatric Allergy	43		
Pediatric Cardiology (MD Only)	35		

**Department of Developmental Services
Ongoing Requirements for Regional Center Enrollment as Medi-Cal Providers
Frequently Asked Questions**

General Questions

**1. Why are regional centers required to be enrolled as Medi-Cal providers?
What changed in CMS' requirements?**

Following a 2016 audit, the federal Centers for Medicare and Medicaid Services (CMS) requires the Department of Developmental Services, regional centers, and qualifying vendors to enroll as Medi-Cal providers. Enrollment is essential as Medicaid funding accounts for approximately 40% of total regional center funding.

Furthermore, the 21st Century Cures Act amended Section 1902(a) of the Social Security Act to add subsection 1902(a)(78), requiring state Medicaid programs to enroll all providers who furnish Medicaid services.

2. What is required for regional centers to maintain active enrollment status as Medi-Cal providers?

Regional centers are required to report changes to specific information provided during initial enrollment. Regional centers are required to submit an original (paper) form DHCS 6209 (Medi-Cal supplemental changes) with the Executive Director or an authorized individual's signature. The form must be notarized. Changes are required to be reported within 35 days of the change. Changes to the following information is required to be reported:

- Regional center mailing address
- Regional center telephone number
- Executive Director, Managing Employees, or Board Members
- License, permit, or certificates
- Regional Center name (DBA)

These five items apply to regional centers and are the more likely items for a regional center to report a change in via the DHCS 6209. An exhaustive list of change items to report can be found here: [Title 22 CCR § 51000.40](#). Please note that many items in the exhaustive list in Title 22 regulations apply to other types of Medi-Cal providers and do not apply to regional centers.

3. Does a reporting entity include an Executive Director in an Interim position?

There is a 35-day requirement to report changes in "managing employees", so an interim/acting ED would need to be reported if in an interim/acting capacity for at least 35 days.

4. When are regional centers required to revalidate Medi-Cal provider enrollment?

Regional centers are required to submit an application packet, forms DHCS 6204 (application), 6207 (disclosure statement), and 6208 (provider agreement), to revalidate Medi-Cal provider enrollment. This is the same packet regional centers submitted for initial enrollment.

The application packet is required to be submitted every five years or sooner when any of the following circumstances apply:

- A new Taxpayer Identification (ID) Number is issued by the IRS.
- There is a cumulative change of 50 percent or more in the person(s) with an ownership or control interest (executive directors or board members) since the information provided in the last complete application package that was approved for enrollment.
- The two examples above are the most likely circumstances for a regional center to complete a new application, an exhausted list can be found here: [Title 22 CCR § 51000.30.](#)

Upon approval of application packet, enrollment is revalidated for five years.

5. Due to significant concerns about board members having to share SSNs, is there another way to satisfy the CMS requirement without having board members provide their SSNs?

No. Title 42 of the Code of Federal Regulations, section 455.104(b)(1) and California Welfare and Institutions Code section 14043.2(a) require all individuals with an ownership or control interest in a Medicaid provider to disclose their social security number.

6. Is there a way for board members to provide just the last four digits of their SSNs?

No. Both federal and state law require disclosure of the entire social security number.

7. If a board member does not have an SSN, does this exclude him or her from participating on a regional center board?

No, individuals without Tax Identification Numbers (employer identification numbers or social security numbers) can still participate on a regional center board by following the procedure described on pages 28-29 of the CMS Medicaid Provider Enrollment Compendium, available at:

<https://www.medicaid.gov/sites/default/files/2019-12/mpec-7242018.pdf>

Regional centers should submit this information to DDS. DDS will communicate this information to DHCS when the application is completed.

8. How will DDS/DHCS ensure security and confidentiality of all forms received from regional centers?

DDS has identified specific employees who will have access to the forms provided by regional centers. Once received, the forms will be saved on a secure drive by DDS. The physical applications will be kept in a locked, fireproof safe at DDS until the changes are approved. Once approved, physical documents will be securely disposed of.

For information provided to DHCS to conduct background checks or re-enrollment, it will be delivered to DHCS by encrypted email. DHCS then scans and saves the forms to their provider enrollment secure drive. DHCS secures this drive to federal security standards, with access only available to authorized employees within the DHCS provider enrollment and legal teams.

DHCS 6209 Medi-Cal Supplemental Changes

1. What sections apply to regional centers on form DHCS 6209 (Medi-Cal Supplemental Changes)?

Each time a regional center reports information changes using the DHCS 6209, pages 8 and 18 are required to be completed. For pages 9-17, questions #1-38, regional centers only complete the questions that pertain to the changes being reported. If the question does not pertain to the change being reported, N/A should be entered in the field.

The enclosed DHCS 6209 template includes highlighting of the specific items that apply to regional centers. Green highlighting indicates information required to be provided regardless of the change in information being reported. Yellow highlighted items are those that are only required to be completed when they are directly related to the information change being reported. Regional centers are not required to complete the items that are not highlighted.

2. Are any additional attachments required when submitting the DHCS 6209?

Yes, when applicable. When an item requests additional information be attached (e.g., item #42, attach legible copy of driver's license or state-issued identification number of the individual signing the form), it is required for submission of the form.

3. On Page 8, do regional centers need to provide an NPI number?

No. Per the Medi-Cal Program Enrollment Approval letter received after initial enrollment, the requirement to register a National Provider Identifier (NPI) with the Medi-Cal program is waived.

4. A) On page 10 under “Change of Ownership or Control Interests”, does this pertain to changes in “entities” or “individuals”?

The purpose of this section is to report any changes to Section III (entities), if applicable, and Section IV (individuals) on form DHCS 6207 (Disclosure Statement). An entity would be considered distinct and separate from the regional center that has any ownership/control interest in the regional center. (Please note that DDS is not considered to have any ownership/control interest of regional centers.) Additional information on entities can be found on pages 11-12 of the Medicaid provider enrollment compendium, available at: <https://www.medicaid.gov/sites/default/files/2019-12/mpec-7242018.pdf>. Individuals include executive directors, managing employees, and board members. If there are only changes to either Section III or Section IV, only that specific section is required to be provided.

B) What information is required when there is a change of ownership or control interest in either “entities” or “individuals”?

When there is a change to Section III (entities) of form DHCS 6207 (Disclosure Statement), question 10 of the DHCS 6209 must be completed. Additionally, an updated page 6-8 of DHCS 6207 must be completed. (Please note that pages 7-8 will need to be completed for each new entity.)

When there is a change to Section IV (Individuals) of form DHCS 6207 (Disclosure Statement), question 10 of the DHCS 6209 must be completed. Additionally, an updated page 9-12 of DHCS 6207 must be completed. (Please note that pages 10-12 will need to be completed for each new individual.)

5. When adding a new individual with ownership or control interest, how should percent of ownership or control interest be assigned?

The control percentage for new board members and managing employees should be entered as zero percent.

6. What happens if a new board member or managing employee refuses to comply with the disclosure requirements?

Regional centers are required to stay enrolled as a Medi-Cal provider, therefore, the regional center would need to replace the Board member or managing employee with an individual willing to comply with disclosure requirements.

IV. OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (INDIV.) *(Continued)*

B. Identification Information – for Individuals with Ownership or Control Interest, Officers, Directors, Managing Employees, Partners and/or Agents of the Partnership, Group Association, Corporation, Institution or Entity.

1. Full legal name (Last) (Jr., Sr., etc.) (First) (Middle)

2. Residence address (number, street) City State ZIP code (9-digit)

3. Social security number (required) 4. Date of birth 5. Driver's license number or state-issued identification number (Attach a current and legible copy)

6. Is the above individual related to any individual listed in Section IV, Table A (Page 9)? If yes, check the appropriate box and list name of individual: Yes No

Spouse Parent Child Sibling Other (explain): _____

Name of individual: _____

7. If the above individual is **directly** associated with the entity identified in Section I, what is the individual's relationship with the applicant/provider? Check all that apply.

5% or greater owner Partner Managing employee Agent
 Director/officer, title: _____ Other (specify): _____

8. If the above individual is **directly** associated with an entity identified in Section III, indicate the name of that entity in the space below:

a. Legal business name of entity as listed in Section III, Part A

b. What is this individual's role with the entity reported in Section III? Check all that apply.

5% or greater owner Partner Managing employee Agent
 Director/officer, title: _____ Other (specify): _____

C. Respond to the following questions:

1. **Within ten years from the date of this statement**, has the above individual been convicted of any felony or misdemeanor involving fraud or abuse in any government program? Yes No

If yes, provide the date of the conviction (mm/dd/yyyy): _____

2. **Within ten years from the date of this statement**, has the above individual been found liable for fraud or abuse involving any government program in any civil proceeding? Yes No

If yes, provide the date of the final judgment (mm/dd/yyyy): _____

Do not leave any questions, boxes, lines, etc., blank.

IV. OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (INDIV.) *(Continued)*

Name of individual listed in Section IV, Part B, Item 1: _____

3. **Within ten years from the date of this statement**, has the above individual entered into a settlement in lieu of a conviction for fraud or abuse involving any government program? Yes No
If yes, provide the date of the settlement (mm/dd/yyyy): _____

4. Does the above individual currently participate, or has he or she ever participated, as a provider in the Medi-Cal program or in another state's Medicaid program? If yes, provide the following information: Yes No

State	Name(s) (Legal and DBA)	NPI and/or Provider Number(s)

5. Has the above individual **ever** been suspended from a Medicare, Medicaid, or Medi-Cal program? If yes, attach verification of reinstatement and provide the following information: Yes No

Check Applicable Program	NPI and/or Provider Number(s)	Effective Date(s) of Suspension	Date(s) of Reinstatement(s), as applicable
<input type="checkbox"/> Medi-Cal			
<input type="checkbox"/> Medicaid			
<input type="checkbox"/> Medicare			
<input type="checkbox"/> Medi-Cal			
<input type="checkbox"/> Medicaid			
<input type="checkbox"/> Medicare			

6. Has the above individual's license, certificate, or other approval to provide health care **ever** been suspended or revoked? Yes No

If yes, include copies of licensing authority's decision(s) and written confirmation from them that his or her professional privileges have been restored and provide the following information:

Where Action(s) was Taken	Action(s) Taken	Effective Date(s) of Licensing Authority's Action(s)

Do not leave any questions, boxes, lines, etc., blank.

IV. OWNERSHIP INTEREST AND/OR MANAGING CONTROL INFORMATION (INDIV.) *(Continued)*

Name of individual listed in Section IV, Part B, Item 1: _____

7. Has the above individual otherwise lost or surrendered his or her license, certificate, or other approval to provide health care while a disciplinary hearing was pending? Yes No

If yes, attach a copy of the written confirmation from the licensing authority that his or her professional privileges have been restored and provide the following information:

Where Action(s) was Taken	Action(s) Taken	Effective Date(s) of Licensing Authority's Action(s)

8. Has the above individual's license, certificate, or other approval to provide health care **ever** been disciplined by any licensing authority? Yes No

If yes, include copies of licensing authority decision(s) including any terms and conditions for each decision and provide the following information:

Where Action(s) was Taken	Action(s) Taken	Effective Date(s) of Licensing Authority's Action(s)

9. List the name and address of all health care providers, participating or not participating in Medi-Cal, in which the above individual also has an ownership or control interest.

If none, check here

If additional space is needed, attach additional page (label "Additional Section IV, Part C, Item 9"). Number of pages attached: _____

a. Full legal name of health care provider (include any fictitious business names)

b. Address (number, street)	City	State	ZIP code (9-digit)

- Proceed to Section V.

Do not leave any questions, boxes, lines, etc., blank.



CALIFORNIA / DDS ITEMS

➤ **2021 EARLY START AUDIT**

❖ Audit Dates: June 7 – June 11, 2021

❖ 40 Client Records Reviewed

❖ Recommendations:

HRC to align practices/procedures related to:

✓ Conducting assessments to determine service needs

✓ Participants that need to be included in the development of the IFSP

✓ Timely provision of services

✓ Documenting frequency, length, and location of provision of services on the IFSP

**EARLY START MONITORING REPORT SUMMARY
HARBOR REGIONAL CENTER**

DATE OF REVIEW: JUNE 7-11, 2021
FINAL REPORT DATE: AUGUST 23, 2021

ITEMS AT 100% COMPLIANCE				
	REQUIREMENT	RECORDS IN COMPLIANCE	TOTAL RECORDS REVIEWED	COMPLIANCE PERCENTAGE
R1	Obtained written parental consent for evaluation/assessment. 34 Code of Federal Regulations (CFR), §303.321(a) and 34 CFR, §303.420(a)(2)	40	40	100%
R2	Initial evaluation determined the infant's or toddler's level of functioning in all five developmental domains, including hearing, vision, and health. 34 CFR, §303.21(a)(1) and 34 CFR, §303.321	40	40	100%
R5	Initial Individualized Family Services Plan (IFSP) meeting was conducted within the 45-day timeline. 34 CFR, §303.342(a)	40	40	100%
R8	Early intervention services are provided in the natural environment or the IFSP contains an appropriate justification when services are not provided in a natural environment. 34 CFR, §303.344(d)(1)(ii)	40	40	100%
T4	The Local Education Agency (LEA) was invited to the transition conference. 34 CFR, §303.209(c)(1)	40	40	100%

**EARLY START MONITORING REPORT SUMMARY
HARBOR REGIONAL CENTER**

DATE OF REVIEW: JUNE 7-11, 2021
FINAL REPORT DATE: AUGUST 23, 2021

CLEARED FINDINGS

Findings cleared prior to the issuance of the report. No further action is required.

REQUIREMENT		ORIGINAL RECORDS IN COMPLIANCE	TOTAL RECORDS REVIEWED	ORIGINAL COMPLIANCE PERCENTAGE	SUBSEQUENT RECORDS IN COMPLIANCE	TOTAL SUBSEQUENT RECORDS REVIEWED	SUBSEQUENT COMPLIANCE PERCENTAGE	PRONG 1 (CHILD-SPECIFIC)		PRONG 2 (SYSTEMIC)	
								CLEARED	OUTSTANDING	CLEARED	OUTSTANDING
R4	Written notice of the IFSP meeting. 34 CFR, §303.342(d)(2)	38	40	95.0%	3	3	100.0%	X		X	
T1	The IFSP included transition steps and services. 34 CFR, §303.209(d) & (e); 34 CFR, §303.344(h)(1) & (2)	38	40	95.0%	3	3	100.0%	X		X	
T3	Transition Conference occurred in a timely manner. 34 CFR, §303.209(c)(1)	38	40	95.0%	3	3	100.0%	X		X	

EARLY START MONITORING REPORT SUMMARY HARBOR REGIONAL CENTER

DATE OF REVIEW: JUNE 7-11, 2021
FINAL REPORT DATE: AUGUST 23, 2021

NONCOMPLIANCE

Harbor Regional Center must clear findings on both the child-specific and systemic levels as soon as possible but no later than one year from the final report date.

REQUIREMENT		RECORDS IN COMPLIANCE	TOTAL RECORDS REVIEWED	COMPLIANCE PERCENTAGE	PRONG 1 (CHILD-SPECIFIC)		PRONG 2 (SYSTEMIC)	
					CLEARED	OUTSTANDING	CLEARED	OUTSTANDING
R3	Initial assessment for service planning identified unique strengths and service needs in all five developmental domains, including hearing, vision, and health, prior to the initial IFSP. 34 CFR, §303.21(a)(1) and 34 CFR, §303.321	33	40	82.5%		X		X
R6	Timely provision of services. (45 days of signed IFSP) 34 CFR, §303.344(f)(1)	31	40	77.5%		X		X
R7	The IFSP included the frequency and length for all early intervention services. 34 CFR, §303.344(d)	27	40	67.5%		X		X
T2	Timely referral to LEA. 34 CFR, §303.209(b) and 34 CFR, §303.401(d)	36	40	90.0%	X			X
O1	IFSP includes services necessary to meet needs of child & family. 34 CFR, §303.344(d)(1)	39	40	97.5%	X			X
O4	Location of all services is specified on the IFSP. 34 CFR, §303.344(d)(1)(iii)	33	40	82.5%		X		X
O5	Periodic Review completed when early intervention services added or changed. 34 CFR, §303.342(b)(1)(ii)	39	40	97.5%	X			X

Key:

R- "Regular" corresponds to the Regular Review Tool item, followed by the number of the Regular Review Tool item (ex.- R1 refers to the Regular Review Tool item number 1).

T- "Transition" corresponds to the Transition Review Tool item, followed by the number of the Transition Review Tool item (ex.- T3 refers to the Transition Review Tool item number 3).

O- "Other" refers to an additional finding, not included in the Regular or Transition review tools.

EARLY START MONITORING REPORT SUMMARY HARBOR REGIONAL CENTER

DATE OF REVIEW: JUNE 7-11, 2021

FINAL REPORT DATE: AUGUST 23, 2021

RECOMMENDATIONS

During the monitoring review, the Department of Developmental Services (DDS) reviewed multiple records where:

- parents' concerns related to the child's developmental needs with feeding and autism were not addressed prior to the initial IFSP meeting;
- families were not afforded the opportunity to participate in all decisions pertaining to their child's services;
- services did not begin as soon as possible after consent was obtained;
- frequency, length, and location were missing on the IFSP; and,
- other required services funded by the parents' insurance or other sources were not documented on the IFSP.

Considering what is outlined above, DDS recommends HRC to align practices/procedures related to:

- conducting assessments to determine service needs,
- participants that need to be included in the development of the IFSP,
- timely provision of services, and,
- documenting frequency, length, and location of provision of services on the IFSP;

as required by: 34, CFR, §§303.310, 303.321, 303.340, 303.343, 303.344(d)(1)(i), 303.344 (e)(1), 303.344 (f)(1); Government Code (GC)§95016; and California Code of Regulations (CCR) §§52084 and 52106

EARLY START MONITORING REPORT SUMMARY
HARBOR REGIONAL CENTER

DATE OF REVIEW: JUNE 7-11, 2021
FINAL REPORT DATE: AUGUST 23, 2021

OUTSTANDING INDIVIDUAL FINDINGS (PRONG 1)

#	UCI	Item 3 Assessment	Item 6 Timely Service	Item 7 Frequency/Length	Other 4 Service Location on IFSP
4	8339092	X			
5	8339397	X			
6	8339275			X	
7	8339262			X	
21	8339075		X		
23	8339149			X	X
25	8339086			X	X



CALIFORNIA / DDS ITEMS

➤ 2021 Caseload Ratio Report

- ❖ Caseload Ratio Requirements (WIC 4640.6)
- ❖ HRC Status
- ❖ Plan of correction required if caseload ratios are out of compliance in several required categories
 - ✓ HRC will monitor hiring on a quarterly basis.



August 30, 2021

Ernie Cruz, Assistant Deputy Director
Office of Community Operations Department of Developmental Services
1600 Ninth Street
Room 320, MS 3-9
Sacramento, CA 95814

Dear Mr. Cruz:

In a letter dated July 2, 2021, the Department of Developmental Services (DDS) notified me that Harbor Regional Center (HRC) did not meet caseload ratio requirements for the following categories of clients served: Clients enrolled in the Home and Community Based Services Waiver; Clients that have moved to the community from a developmental center over 24 months ago; Clients over the age of 3, that are not enrolled on the Home and Community Based Services Waiver; Clients with complex needs. This is HRC's plan of corrections as required by section WIC 4640.6(f) of the Welfare and Institutions Code. A copy of the July 2, 2021 letter from DDS is enclosed for your reference.

A draft of HRC's plan requesting input on how to rectify our caseload ratios has been sent via email to HRC's e-bulletin distribution list consisting of more than 21,000 families, service provider staff and other interested individuals & organizations who have registered to receive HRC electronic bulletins seeking their comments. The draft plan of correction was also posted on our website and emailed to the local representatives from the State Council on Developmental Disabilities and our Employee Union, SEIU Local 721. Copies of the July 2, 2021 letter from DDS and Section 4640.6 (f) of the W&I Code were enclosed with the draft.

HRC reported our caseload ratio data to the Department on March 1, 2021:

- For clients enrolled in the Home and Community Based Services Waiver, a caseload ratio of 1:74 was reported (the caseload ratio required is 1:62).
- For clients that have moved to the community from a developmental center over 24 months ago, HRC reported a ratio of 1:74 (the caseload ratio required is 1:62).
- For clients over the age of 3, that are not enrolled on the Home and Community Based Services Waiver, HRC reported a ratio of 1:76 (the caseload ratio required is 1:66).
- HRC also reported a caseload ratio of 1:27 for clients with complex needs (the caseload ratio required is 1:25).

As you are aware, many of the Regional Centers across the state have had difficulty in meeting the caseload ratio requirements outlined in the Lanterman Act due to budgetary constraints. In addition to the historic difficulty in meeting the required caseload ratios the COVID Pandemic has significantly affected our ability to accurately predict caseload growth and needed positions.

21231 Hawthorne Blvd.,
Torrance, California 90503
Main (310) 540-1711 • www.harborrc.org
patrick.ruppe@harborrc.org

However, the pandemic has not negatively affected the 2021-2022 state budget as initial assumptions had thought it would.

In response to the changing circumstances in the state, HRC plans to conduct robust hiring this coming fiscal year. In absence of any growth, HRC would need to hire approximately 27 service coordinators to meet the required ratios for the number of clients reported to DDS in March 2021. As we are still dealing with the effects from the pandemic on our growth and in light of recent legislative changes (i.e., provisional eligibility category), HRC will be reviewing our hiring needs on a quarterly basis. For the first quarter in the 21-22 fiscal year, HRC will be hiring 8 service coordinators, additional support staff and needed supervision. Subsequent hiring will be assessed quarterly to ensure that we are addressing expected caseload growth, as well as to ensure movement towards compliance with the caseload ratios required in the Lanterman Act.

In response to my request for input from the community, Harbor Regional Center did receive several emails indicating support for higher wages and lower caseloads for the service coordination staff.

If you have any questions, please feel free to contact me.

Sincerely,



Patrick Ruppe
Executive Director

ENCLOSURES:

- Letter from DDS dated July 2, 2021
- Letter requesting input from HRC Clients, Families, Employees, and Community Members, State Council on Developmental Disabilities, Service Employees International Union (SEIU) Local 721
- Draft HRC Caseload Plan of Correction
- Sections 4640.6 of the Welfare and Institutions Code
- Email Blast Requesting Public Input
- Public Input Received

c: Harbor Regional Center Board of Trustees
Amy Westling, Association of Regional Center Agencies

DEPARTMENT OF DEVELOPMENTAL SERVICES

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



July 2, 2021

Patrick Ruppe, Executive Director
 Harbor Regional Center
 21231 Hawthorne Boulevard
 Torrance, CA 90503

Dear Mr. Ruppe:

Thank you for your service coordinator caseload survey, emailed to the Department of Developmental Services (Department) on March 11, 2021. The data provided indicates that, as of March 1, 2021, Harbor Regional Center (HRC) did not meet all the required caseload ratios mandated by Welfare & Institutions (W&I) Code §4640.6(c). Specifically, HRC did not meet required caseload ratios for the highlighted categories. Of the highlighted categories, HRC caseload ratios for individuals enrolled in the Home and Community-Based Services waiver program, individuals who moved from a developmental center to the community and lived in the community for more than twenty-four months, individuals over three years old, non-waiver, non-mover individuals, and individuals with complex needs have been out of compliance for two consecutive reporting periods.

Regional Center	On Waiver*	Under 3 Years*	Movers Over 24 Months*	Movers Between 12 and 24 Months	Movers Within Last 12 Months	Over 3 Years, Non-Waiver, Non-Mover*	Complex Needs*
W&I Code Required Ratios	1:62	1:62	1:62	1:45	1:45	1:66	1:25
HRC Number of Individuals Served	4,978	1,623	104	0	1	8,509	68
HRC Ratios	1:74	1:59	1:74	N/A	1:7	1:76	1:27
CA Average	1:77	1:58	1:59	1:38	1:29	1:81	1:25

*Out of compliance for two consecutive reporting periods

“Building Partnerships, Supporting Choices”

Patrick Ruppe, Executive Director
July 2, 2021
Page two

This letter is to notify you that, as specified by W&I Code §4640.6(f), HRC is required to submit a plan of correction for the caseload ratio categories that were not met for two consecutive reporting periods. The plan of correction must be developed with input from the State Council on Developmental Disabilities, local organizations representing the individuals you serve, their family members, regional center employees, including recognized labor organizations, service providers, and other interested parties. Please include in your plan of correction how you incorporated feedback from all required stakeholders.

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

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

Email: OCO@dds.ca.gov

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

Sincerely,

Original signed by:

ERNIE CRUZ
Assistant Deputy Director
Office of Community Operations

cc: Chris Patay, Harbor Developmental Disabilities Foundation, Inc.
Amy Westling, Association of Regional Center Agencies
Brian Winfield, Department of Developmental Services
Erica Reimer Snell, Department of Developmental Services
LeeAnn Christian, Department of Developmental Services
Aaron Christian, Department of Developmental Services
Jacqueline Gaytan, Department of Developmental Services
Danielle Hurley, Department of Developmental Services



August 10, 2021

To: Harbor Regional Center Individuals Served, Families, Employees and Community Members, State Council on Developmental Disabilities, Service Employees International Union (SEIU) Local 721.

The Department of Developmental Services (DDS) has found the Harbor Regional Center (HRC) to be out of compliance with the requirements in Section 4640.6 (c) of the Welfare and Institutions (W&I) Code. This section in the law requires that regional centers maintain service coordinator-to-persons served caseload ratios at or below specified averages.

HRC reported our caseload ratio data to the Department on March 1, 2021.

- For clients enrolled in the Home and Community Based Services Waiver, a caseload ratio of 1:74 was reported (the caseload ratio required is 1:62).
- For clients that have moved to the community from a developmental center over 24 months ago, HRC reported a ratio of 1:74 (the caseload ratio required is 1:62).
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- HRC also reported a caseload ratio of 1:27 for clients with complex needs (the caseload ratio required is 1:25).

Section 4640.6 (f) of the W&I Code requires that a plan of correction be developed by a regional center that does not comply with the caseload ratio requirements for two consecutive reporting periods. The final plan will be developed following input from the State Council of Developmental Disabilities, local organizations representing persons served, family members, regional center employees, including recognized labor unions, service providers, and other interested parties.

Please read the draft caseload ratio plan of correction that I propose to send to DDS. Historically Harbor Regional Center has not received sufficient funds to meet the requirements in statute. Additionally, the COVID Pandemic has severely affected our ability to accurately predict caseload growth and hiring needs. In accordance with Section 4640.6 (f) of the W&I Code, your input is requested.

If you would like to provide input, please submit via e-mail to Ratioinput@harborrc.org , or via United States Postal Service (USPS) to Patrick Ruppe, Executive Director, Harbor Regional

Center, 21231 Hawthorne Blvd., Torrance, CA 90503. To be considered, HRC must receive your input on or before Friday, August 27, 2021.

Sincerely,

A handwritten signature in black ink, appearing to read "Patrick Ruppe". The signature is fluid and cursive, with the first name "Patrick" written in a larger, more prominent script than the last name "Ruppe".

Patrick Ruppe
Executive Director

ENCLOSURES:

- Letter requesting input from HRC Clients, Families, Employees and Community Members, State Council on Developmental Disabilities, Service Employees International Union (SEIU) Local 721.
- DRAFT HRC Caseload Ratio Plan of Correction
- Letter from DDS dated July 2, 2021
- Section 4640.6 of the Welfare and Institutions Code



DRAFT

August 10, 2021

Ernie Cruz, Assistant Deputy Director
Office of Community Operations Department of Developmental Services
1600 Ninth Street
Room 320, MS 3-9
Sacramento, CA 95814

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If you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads "Patrick Ruppe". The signature is written in a cursive style with a large initial "P".

Patrick Ruppe
Executive Director

Cc: Board of Trustees



State of California

WELFARE AND INSTITUTIONS CODE

Section 4640.6

4640.6. (a) In approving regional center contracts, the department shall ensure that regional center staffing patterns demonstrate that direct service coordination are the highest priority.

(b) Contracts between the department and regional centers shall require that regional centers implement an emergency response system that ensures that a regional center staff person will respond to a consumer, or individual acting on behalf of a consumer, within two hours of the time an emergency call is placed. This emergency response system shall be operational 24 hours per day, 365 days per year.

(c) Contracts between the department and regional centers shall require regional centers to have service coordinator-to-consumer ratios, as follows:

(1) An average service coordinator-to-consumer ratio of 1 to 62 for all consumers who have not moved from the developmental centers to the community since April 14, 1993. In no case shall a service coordinator for these consumers have an assigned caseload in excess of 79 consumers for more than 60 days.

(2) An average service coordinator-to-consumer ratio of 1 to 45 for all consumers who have moved from a developmental center to the community since April 14, 1993. In no case shall a service coordinator for these consumers have an assigned caseload in excess of 59 consumers for more than 60 days.

(3) Commencing January 1, 2004, the following coordinator-to-consumer ratios shall apply:

(A) All consumers three years of age and younger and for consumers enrolled in the Home and Community-based Services Waiver program for persons with developmental disabilities, an average service coordinator-to-consumer ratio of 1 to 62.

(B) All consumers who have moved from a developmental center to the community since April 14, 1993, and have lived continuously in the community for at least 12 months, an average service coordinator-to-consumer ratio of 1 to 62.

(C) All consumers who have not moved from the developmental

centers to the community since April 14, 1993, and who are not described in subparagraph (A), an average service coordinator-to-consumer ratio of 1 to 66.

(4) For purposes of paragraph (3), service coordinators may have a mixed caseload of consumers three years of age and younger, consumers enrolled in the Home and Community-based Services Waiver program for persons with developmental disabilities, and other consumers if the overall average caseload is weighted proportionately to ensure that overall regional center average service coordinator-to-consumer ratios as specified in paragraph (3) are met. For purposes of paragraph (3), in no case shall a service coordinator have an assigned caseload in excess of 84 for more than 60 days.

(d) For purposes of this section, “service coordinator” means a regional center employee whose primary responsibility includes preparing, implementing, and monitoring consumers’ individual program plans, securing and coordinating consumer services and supports, and providing placement and monitoring activities.

(e) In order to ensure that caseload ratios are maintained pursuant to this section, each regional center shall provide service coordinator caseload data to the department, annually for each fiscal year. The data shall be submitted in the format, including the content, prescribed by the department. Within 30 days of receipt of data submitted pursuant to this subdivision, the department shall make a summary of the data available to the public upon request. The department shall verify the accuracy of the data when conducting regional center fiscal audits. Data submitted by regional centers pursuant to this subdivision shall:

(1) Only include data on service coordinator positions as defined in subdivision (d). Regional centers shall identify the number of positions that perform service coordinator duties on less than a full-time basis. Staffing ratios reported pursuant to this subdivision shall reflect the appropriate proportionality of these staff to consumers served.

(2) Be reported separately for service coordinators whose caseload includes any of the following:

(A) Consumers who are three years of age and older and who have not moved from the developmental center to the community since April 14, 1993.

(B) Consumers who have moved from a developmental center to the community since April 14, 1993.

(C) Consumers who are younger than three years of age.

(D) Consumers enrolled in the Home and Community-based Services Waiver program.

(3) Not include positions that are vacant for more than 60 days or new positions established within 60 days of the reporting month that are still

vacant.

(4) For purposes of calculating caseload ratios for consumers enrolled in the Home and Community-based Services Waiver program, vacancies shall not be included in the calculations.

(f) The department shall provide technical assistance and require a plan of correction for any regional center that, for two consecutive reporting periods, fails to maintain service coordinator caseload ratios required by this section or otherwise demonstrates an inability to maintain appropriate staffing patterns pursuant to this section. Plans of correction shall be developed following input from the state council, local organizations representing consumers, family members, regional center employees, including recognized labor organizations, and service providers, and other interested parties.

(g) Contracts between the department and regional center shall require the regional center to have, or contract for, all of the following areas: Criminal justice expertise to assist the regional center in providing services and support to consumers involved in the criminal justice system as a victim, defendant, inmate, or parolee.

(1) Special education expertise to assist the regional center in providing advocacy and support to families seeking appropriate educational services from a school district.

(2) Family support expertise to assist the regional center in maximizing the effectiveness of support and services provided to families.

(3) Housing expertise to assist the regional center in accessing affordable housing for consumers in independent or supportive living arrangements.

(4) Community integration expertise to assist consumers and families in accessing integrated services and supports and improved opportunities to participate in community life.

(5) Quality assurance expertise, to assist the regional center to provide the necessary coordination and cooperation with the state council, in conducting quality- of-life assessments and coordinating the regional center quality assurance efforts.

(6) Each regional center shall employ at least one consumer advocate who is a person with developmental disabilities.

(7) Other staffing arrangements related to the delivery of services that the department determines are necessary to ensure maximum cost-effectiveness and to ensure that the service needs of consumers and families are met.

(h) Any regional center proposing a staffing arrangement that substantially deviates from the requirements of this section shall request a waiver from the department. Prior to granting a waiver, the department shall require a detailed staffing proposal, including, but not limited to,

how the proposed staffing arrangement will benefit consumers and families served, and shall demonstrate clear and convincing support for the proposed staffing arrangement from constituencies served and impacted, that include, but are not limited to, consumers, families, providers, advocates, and recognized labor organizations. In addition, the regional center shall submit to the department any written opposition to the proposal from organizations or individuals, including, but not limited to, consumers, families, providers, and advocates, including recognized labor organizations. The department may grant waivers to regional centers that sufficiently demonstrate that the proposed staffing arrangement is in the best interest of consumers and families served, complies with the requirements of this chapter, and does not violate any contractual requirements. A waiver shall be approved by the department for up to 12 months, at which time a regional center may submit a new request pursuant to this subdivision.

(i) From February 1, 2009, to June 30, 2010, inclusive, the following shall not apply:

(1) The service coordinator-to-consumer ratio requirements of paragraph (1), and subparagraph (C) of paragraph (3), of subdivision (c).

(2) The requirements of subdivision (e). The regional centers shall, instead, maintain sufficient service coordinator caseload data to document compliance with the service coordinator-to-consumer ratio requirements in effect pursuant to this section.

(3) The requirements of paragraphs (1) to (6), inclusive, of subdivision (g).

(j) From July 1, 2010, until June 30, 2013, the following shall not apply:

(1) The service coordinator-to-consumer ratio requirements of paragraph (1), and subparagraph (C) of paragraph (3), of subdivision (c).

(2) The requirements of paragraphs (1) to (6), inclusive, of subdivision (g).

(k) (1) Any contract between the department and a regional center entered into on and after January 1, 2003, shall require that all employment contracts entered into with regional center staff or contractors be available to the public for review, upon request. For purposes of this subdivision, an employment contract or portion thereof may not be deemed confidential nor unavailable for public review.

(2) Notwithstanding paragraph (1), the social security number of the contracting party may not be disclosed.

(3) The term of the employment contract between the regional center and an employee or contractor shall not exceed the term of the state's contract with the regional center.

(Amended by Stats. 2014, Ch. 409, Sec. 43. (AB 1595) Effective January 1, 2015.)

From: [Harbor Regional Center](#)
To: [Jennifer Lauro](#)
Subject: Your Input is requested on HRC Draft Caseload Ratio Plan
Date: Tuesday, August 10, 2021 6:46:38 PM



Harbor Regional Center Caseload Ratio

To: Harbor Regional Center Individuals Served, Families, Employees and Community Members, State Council on Developmental Disabilities, Service Employees International Union (SEIU) Local 721.

The Department of Developmental Services (DDS) has found the Harbor

Regional Center (HRC) to be out of compliance with the requirements in Section 4640.6 (c) of the Welfare and Institutions (W&I) Code. This section in the law requires that regional centers maintain service coordinator-to-persons served caseload ratios at or below specified averages.

HRC reported our caseload ratio data to the department on March 1, 2021.

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Section 4640.6 (f) of the W&I Code requires that a plan of correction be developed by a regional center that does not comply with the caseload ratio requirements for two consecutive reporting periods. The final plan will be developed following input from the State Council of Developmental Disabilities, local organizations representing persons served, family members, regional center employees, including recognized labor unions, service providers, and other interested parties.

Please read the draft caseload ratio plan of correction that I propose to send to DDS. Historically Harbor Regional Center has not received sufficient funds to meet the requirements in statute. Additionally, the COVID Pandemic has severely affected our ability to accurately predict caseload growth and hiring needs. In accordance with Section 4640.6 (f) of the W&I Code, your input is requested.

If you would like to provide input, please submit via e-mail to Ratioinput@harborrc.org, or via United States Postal Service (USPS) to:

**Patrick Ruppe, Executive Director
Harbor Regional Center
21231 Hawthorne Blvd.
Torrance, CA 90503**

To be considered, HRC must receive your input on or before Friday, August 27, 2021.

Sincerely,
Patrick Ruppe Executive Director

[Review Attachment containing the following:](#)

- Letter requesting input from HRC Clients, Families, Employees and Community Members, State Council on Developmental Disabilities, Service Employees International Union (SEIU) Local 721.
- DRAFT HRC Caseload Ratio Plan of Correction
- Letter from DDS dated July 2, 2021
- Section 4640.6 of the Welfare and Institutions Code

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From: [James \[REDACTED\]](#)
To: [Ratio Input](#)
Subject: Case Load
Date: Tuesday, August 10, 2021 8:38:59 PM

The caseload numbers are the first time hearing about them.

If this is an accurate statement then something is terribly wrong.

Never in the 16 years we have been with Harbor Regional Torrance, have we felt we have not been properly served.

We have a Downs Syndrome individual since birth.

The Harbor Regional has always been there for us.

Our Representative is Mr Harry Zang. He is a stellar individual, with high ideals and hopes for his clients.

Mr Harry's integrity is above reproach. What he says he does. What he does is above the norm.

I feel the Harbor Regional in Torrance is filled with the likes of Mr Zang.

As for the caseload, we do not see it.

If there is a case load variable, look to pay and proper staffing, and relieve the burden of too many for one to handle.

Respectfully Submitted

Jim [REDACTED]

Parent of a 33 year old Down's Syndrome son.

Retired Military 40 years service

From: [Bonnie](#) [REDACTED]
To: [Ratio Input](#)
Cc: [Bonnie](#) [REDACTED]
Subject: HRC Caseload Ratio comments
Date: Wednesday, August 25, 2021 2:19:09 PM

Dear Mr. Ruppe:

I am a [REDACTED]. I am also the parent of twin boys, Barry and Jeffrey [REDACTED] who have autism. They were born in 198 [REDACTED] and have been clients of HRC since they were two years old.

As far as I can tell, it seems that the main issue to comment on is about understaffing at HRC. I noticed that there is something about a hiring search. That sounds like it may lead to some concrete solutions. I doubt that caseworkers came to work at HRC with the understanding that they would be expected to do more than one full-time job. And if I am on the right track here, have they been rewarded in any way? Overtime? Raises? Something for the self esteem and their resumes - like upgrade from "caseworker" to "senior caseworker" or something like that?

I don't like the expression "out of compliance". If HRC is rising to the challenge to provide services to an over-populated agency, that phrase makes it sound like a criticism. Shouldn't there be applause?

By the way, our current caseworker, Harry Zhang, is excellent. I recommend that he get a raise, a plaque, more vacation, and a title upgrade!

I hope that I have not misinterpreted the issue, and that my comments will be helpful.

Sincerely,

Bonnie [REDACTED] & Parent

From: [karen](#)
To: [Ratio Input](#)
Subject: just a thought
Date: Thursday, August 12, 2021 1:21:42 AM

for whatever this is worth!

while the letter addresses the ratio compliance issue I don't know if it explains the root cause of non-compliance, budgetary concerns and what will happen if there is a decline in clients.

While there is some information that shows where the increase of clients are, there is insufficient data to state whether or not this is a trend and perhaps require a bigger strategy. While there is an increase for 2 quarters, what part of the trend is it over the last 3-5 years.

Budget is always a concerns — so will hiring more staff take away from services that clients receive? there is a passing comment that the budget was not as bad as thought from the pandemic - unclear if that means there was sufficient funds for requested services or that services were denied. Is there a request to increase budget? If there is more staff to help clients, one would assume that more personal attention would mean more services be authorized.

hope this helps.

cheers and good luck

Karen, mom of adult HRC client

From: [REDACTED]
To: [Ratio Input](#)
Subject: Ratio Input
Date: Wednesday, August 11, 2021 9:15:56 AM

Good morning,

My input for Early Childhood Department is that we change the cap of having to receive 40 cases a month per team prior to being able to send cases to other teams. My reasoning is that the Early Childhood East Team has remained at a high case load ratio for almost a year now. Every Service Coordinator should have a max case load and no Service Coordinator should have 10 cases more than the Service Coordinator with the lowest (no matter the team). When some service coordinators have a caseloads in the 70's and others in the 90's... it is harder for those with higher case load to avoid burnout which leads to mistakes and/or turnover. Creating a floater team that can assist teams when a team reaches a certain number could also be another solution.

Looking into data with city, county officials or local Universities and community organizers to look at growth could be a solution to predict growth.

Thank you, for your time.

Best regards,

[REDACTED]
Service Coordinator
Early Childhood Services [REDACTED]
Direct: [REDACTED] [REDACTED] [REDACTED]



“The end of all education should surely be service to others.” – Cesar Chavez

From: [Annamarie](#) [REDACTED]
To: [Ratio Input](#)
Subject: Ratio/input
Date: Tuesday, August 10, 2021 7:06:44 PM

Sirs/Madams

In respect to the caseloads, I am a supporter of lower case loads. Lower case loads will provide the extra support families need. Case managers will be able to better provide for each individual families needs. I know from my perspective, I feel like I'm a guppy in a huge fish bowl, trying to get help for my daughter. I am often faced with solving the many issues relating to her needs as an adult with little to no assistance. Please allow the case managers to decrease their loads by 20%, this way our adults who need the extra help can get it and not have to struggle to remain at the top of a pile
Of papers

Respectfully,
Annamarie [REDACTED], Mother of Ashley [REDACTED]
Sent from my iPhone

From: [Tim \[REDACTED\]](#)
To: [Ratio Input](#)
Subject: We support increasing HRC's Request for more funding to bring caseloads into Compliance with DSS Requirements
Date: Monday, August 23, 2021 3:05:14 PM

Dear Mr. Ruppe,

As parents of our adult son who is currently receiving client services from HRC (and has for the previous eight years), we strongly support your draft response to DSS to "conduct robust (staff) hiring this coming fiscal year."

It is our understanding that the HRC budget, and several other Regional Centers, have not received adequate state funding for too long, thus resulting in caseload ratios that have not meet state mandates.

Therefore, the ability for HRC to meet their required caseload ratios is contingent on a commensurate increase to their budget.

We support all efforts to increase the budget of HRC in order to bring it's caseload ratio into compliance.

Thank you for your consideration,

Mr. and Ms. Timothy [REDACTED]



PERFORMANCE CONTRACT *status*

Pursuant to Welfare & Institutions Code Section 4629:

- (a) The state shall enter into five-year contracts with regional centers, subject to the annual appropriation of funds by the Legislature.
- (b) The contracts shall include a provision requiring each RC to render services in accordance with applicable provision of state laws and regulations.
- (c) (1) the contracts shall include annual performance objectives that the department determines are necessary to ensure each RC is complying with the requirement specified in subdivision (b) and be developed through a **PUBLIC PROCESS** that includes, but is not limited to, all of the following:
 - (i.) Providing information to the community about RC services and supports, including budget information and baseline data on services and supports and RC operations.
 - (ii.) Conducting a public meeting where participants can provide input on performance objectives and using focus groups or surveys to collect information from the community.

HRC held a PUBLIC MEETING on SEPTEMBER 8, 2021 and the presentations are available in English and Spanish on our website: www.harborrc.org/pod/planning-2022

HRC posted this information on our website and will make a presentation to our board on HRC's draft 2022 performance plan at our next public board meeting on November 16, 2021.



NATIONAL CORE INDICATORS *status*

Pursuant to Welfare & Institutions Code Section 4571:

(h)(1) Each Regional Center (RC) shall annually present data collected from and the findings of the quality assurance instrument described in subdivision (b) for the RC at a **PUBLIC MEETING** of its governing board in order to assess the comparative performance of the RC and identify needed improvements in services for clients. Notice of this meeting shall also be posted on the RC's website at least 30 days prior to the meeting and shall be sent to RC clients, families and individual stakeholders at least 30 days prior to the meeting. The governing board shall provide a sufficient public comment period so members of the public may provide comments.

HRC posted the latest NCI Survey results (The Child Family Survey 2018-19 report) on our website:

<https://www.harborrc.org/post/national-core-indicators-study>

Nancy Spiegel, Director of Information and Development will make a presentation to our board summarizing the key findings of this most recent survey at our November 16, 2021 public board meeting.



COMMITTEE REPORTS

- ARCA Joe Czarske
- Audit LaVelle Gates
- Board Development* Joe Czarske
- Board Planning Nancy Spiegel
- Client Advisory David Gauthier
- Community Relations Nancy Spiegel
- Retirement Fu-Tien Chiou
- Self-Determination Antoinette Perez
- Service Provider Advisory Paul Quiroz

*Indicates Action Required

Harbor Regional Center
Board Development Committee Meeting

July 14, 2021

Meeting Minutes

In attendance: Ron Bergmann, Joe Czarske (Chair), LaVelle Gates, Paul Quiroz, Patrick Ruppe (Executive Director), and Jennifer Lauro (Executive Assistant)

Absent: Chris Patay, Ann Lee

Minutes:

The Board Development Committee held a meeting on July 14, 2021 at 10:00 am via zoom and reviewed the following:

- Current board term status and action plan for 2021-22
- Current composition and action plan for 2021-22
- Continued Board Recruitment; no new applications at this time.

Other Discussion on the following:

- Upcoming October Board Retreat
- Board Development Meeting 2021-2022 Meeting Schedule

Next Meeting: Scheduled for August 11, 2021

**Harbor Regional Center
Board Planning Committee
Community Relations Committee
Joint Meetings September 8 and September 15, 2021**

Planning Committee Members: Kim Vuong, Chair, Client/ Board Member; Patricia Jordan, Client/Board Member; Laurie Zalenski, Parent; April Stover, Senior Director of Programs, Ability First;

Community Relations Committee Members: Ann Lee, Chair, Board Member; Chris Patay, Parent/Board President; Jackie Solorio, Parent/Board Member; Dee Prescott, Service Provider, Easter Seals Southern California; April Rehrig, Parent; Osvaldo Robles, Parent; Laurie Zalenski, Parent;

Other Board Members in Attendance: Paul Quiroz, Chair, Service Provider Advisory Committee

On September 8th, committee members participated in a public meeting regarding the Harbor Regional Center Performance Plan, "What's Happening at Harbor Regional Center.

We provided a presentation to the community about regional center services and supports, including budget information, activity highlights for 2021, how these activities relate to our performance goals, our baseline performance thus far in 2021, and our performance goals for 2022.

Committee members heard input on regional center services and supports, performance objectives and planned activities from community participants.

On September 15th committee members are meeting to review the input from the community and offer input on the proposed Performance Plan, which is to be presented at the upcoming meeting of the Board of Trustees.

Harbor Regional Center
Client Advisory Committee
August 14, 2021 via ZOOM

Meeting Notes

***quorum not met to be official meeting**

Members Present: Debbie Howard, Kelly Sutton, Mead Dudley, and Deaka McClain

Guest: Kim Vuong (3rd meeting)

HRC Staff Present: Kris Zerhusen, Judy Taimi and Erika C. Landeros

Other: Jenelle Reyes, Life Steps Staff

Call to Order & Minutes Approved

Meeting commenced at 1:10 p.m.

The minutes were reviewed (voting/approval not held due to lack of quorum).

Welcome

- Judy Taimi introduced herself as the Director for Adult Services and thanked the CAC for having her explaining her role and history with Harbor Regional Center.
- Heather Diaz was introduced as our new Director of Community Services.

CAC Member Updates

HRC had a board meeting on May 18, 2021 however, David is not present to provide update as initially planned. Will add to next meeting agenda.

By Deaka: She attended DDS CAC meeting virtually, on June 20, 2021 where adding another training topic was discussed by the group. The subject that the group seemed to focus the most was Safety and Domestic Violence. The group agreed to look into topics to develop further training and present at their next meetings.

Deaka then presented CAC DDS training course “Think, Plan, DO...Managing My Money.” CAC Team viewed video together then went through the handouts having an interactive discussion on setting goals, developing a plan, and how to make a plan. Team discussed their financial goals with Kelly sharing she was interested in purchasing a computer. Erika will be mail forms/package to all CAC Members next week. Deaka ended her presentation with challenging CAC to work on focusing on their budget and setting goals.

Deaka also shared that her and Kim were working with the city of Long Beach advocating for inclusive playgrounds (they were featured in the newspaper as well).

HRC Updates

Kris updated the committee with the Self Determination and explained that it has been available to all HRC clients since June 7, 2021. All staff at HRC is trained with SD as well. Deaka reminded the CAC team that there is a link on HRC’s website in case anyone is interested in learning more about SD. The CAC then shared their views and opinions with SD vs traditional services and how it is an individual choice.

Kris then shared HRC’s philosophy on client privacy and the HIPPA law explaining that all Service Coordinator’s go through training regarding client confidentiality and how consents to release information are required.

Kris shared with the group that DDS directive still stands for face to face visits for quarterly and IPP meetings in both group homes and supportive living, if a client however elects, he/she can request meeting alternatively, i.e. via zoom.

COMMUNITY

Kelly Sutton then made a presentation on HRC's Resource Center as she is employed there! She shared that the Torrance resource center is now open to the public from 9 am to 4 pm via appointment only and stated that the resource center in Long Beach will be open soon by appointment only as well.

CAC Members then watched a virtual tour of the Ican Day Program that just opened up in the city of Long Beach and were encouraged to contact their Service Coordinators if they would like to be referred to it.

Items for next Meeting being held on 11/13/2021

- Invite Heather Diaz and Erika Segovia (community specialist)
- Cal Able Information requested

Adjournment

Meeting adjourned at 2:38 p.m.

Next CAC Meeting

The next CAC meeting will be held on Saturday, November 13, 2021 from 1:00 p.m.-3:00 p.m. Meeting to be held via ZOOM if the stay at home order within Los Angeles County is still in place; if the county allows in person meetings, then the meeting will be held at the Long Beach site with the option to ZOOM as requested by the CAC. Erika Landeros will communicate the location of meeting closer to the day of the meeting.

CLIENT SERVICES COMMITTEE

Virtually via Zoom – Tuesday July 27, 2021 6-8PM

Attendees: Kim Vuong, Guadalupe Nolasco, Patricia Jordan, Deaka McClain, Fu-Tien Chiou, April Rehrig, Maria Elena Walsh, Griselda Torres, LaWanna Blair and Lucy Paz (LRA – translator)

Welcome and introductions were made. LaWanna conducted a presentation on “Intake Analysis & Overview. The presentation included a comparison of the last two years to show how HRC was impacted by the COVID-19 pandemic. There was also discussion around the new laws, specifically provisional eligibility, continuation of remote services and the restoration of camp and social recreation services. There was also an update on the various trainings offered to families in response to parent concerns.

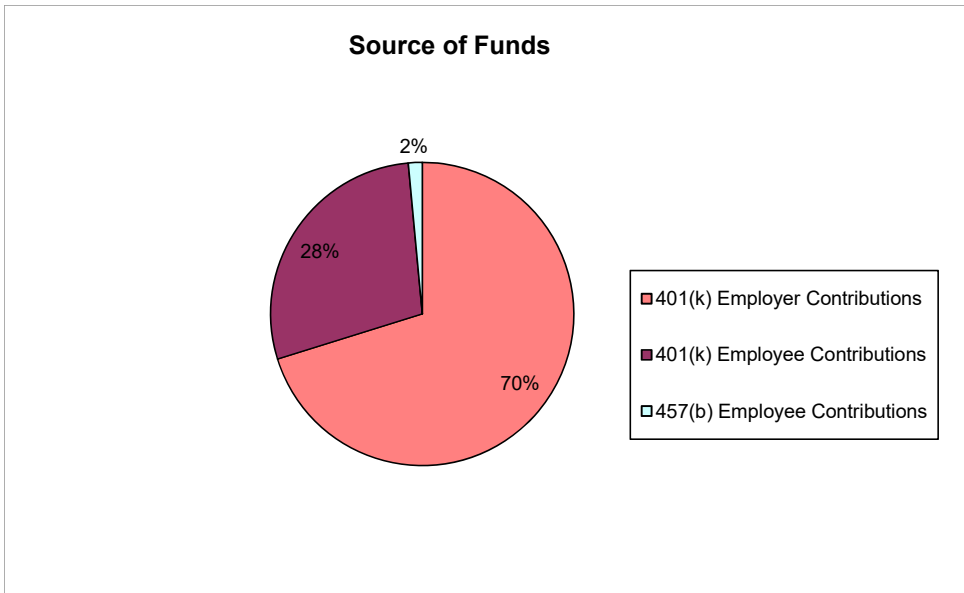
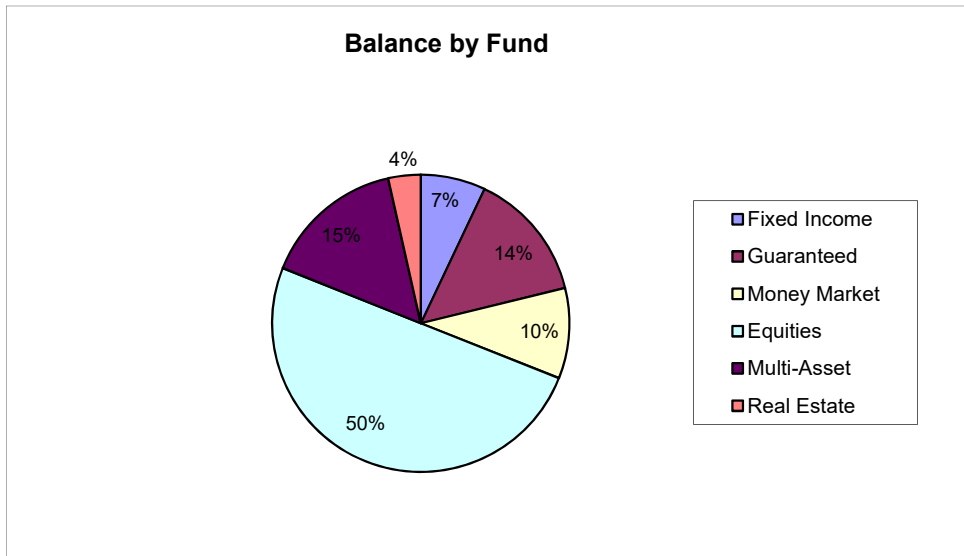
Maria Elena Walsh shared some updated information about the Family Resource Center, including information about HRC support groups. There was also discussion around creating an advocacy support group/workshop for young adults. Deaka and Kim expressed interest in being co-facilitators.

The next meeting is scheduled for **Tuesday September 28, 2021 from 6-8pm via zoom.**

**Harbor Regional Center
Retirement Plan Balances as of 6-30-2021**

	401(k) Employer Contributions	401(k) Employee Contributions	457(b) Employee Contributions	Total Balance
Fixed Income	\$3,010,188	\$1,148,662	\$22,728	\$4,181,578
Guaranteed	\$4,796,165	\$2,887,695	\$663,926	\$8,347,787
Money Market	\$4,643,845	\$1,158,665	\$13,027	\$5,815,537
Equities	\$20,846,777	\$8,688,806	\$50,767	\$29,586,350
Multi-Asset	\$6,850,098	\$2,142,042	\$120,655	\$9,112,795
Real Estate	<u>\$1,359,316</u>	<u>\$720,888</u>	<u>\$6,314</u>	<u>\$2,086,518</u>
Total	\$41,506,388	\$16,746,758	\$877,418	\$59,130,564

* Plan Balances include active and terminated employees still in the Retirement Plan.
 ** Employee Contributions include **\$1,377,946** in Rollover funds.



**Harbor Regional Center
Retirement Plan Balances as of 6-30-2021**

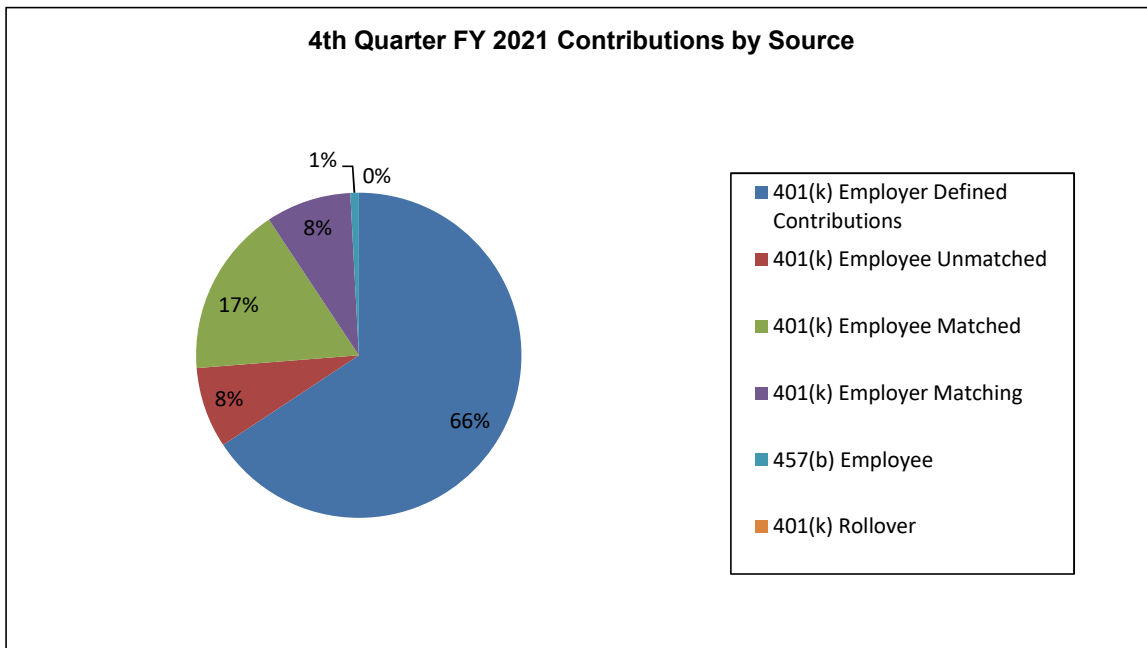
	<u>401(k)</u>	<u>457(b)</u>
Fund Balance 3/31/21	\$57,734,954	\$853,340
Activity 4/1/21 - 6/30/21		
Distributions	(\$3,463,057)	(\$881)
Contributions	<u>\$1,026,805</u>	<u>\$8,712</u>
Net	\$55,298,702	\$861,171
Fund Balance 6/30/21	\$58,253,146	\$877,418
Gain/(Loss)	\$2,954,444	\$16,246
% Gain/(Loss) for the Period	5.12%	1.90%

Participants

Active Employees in Retirement Plan	329	3	60%
Terminated Employees in Retirement Plan	218	5	40%
Active Employees Total Balance	\$38,627,719	\$229,887	66%
Terminated Employees Total Balance	\$19,625,427	\$647,531	34%

Contributions

Employer		
Defined (10%)	\$680,384	\$0
Matching (50% of Employee Matched)	\$87,716	\$0
Employee		
Matched (up to 6%)	\$175,432	\$0
Rollover	\$0	\$0
Unmatched	<u>\$83,274</u>	<u>\$8,712</u>
Total	\$1,026,805	\$8,712



**Harbor Regional Center
Retirement Plan Balances as of 6-30-2021**

<u>Loan Information</u>	<u>as of 3/31/2021</u>	<u>as of 6/30/2021</u>	<u>Increase/ (Decrease)</u>
Employees with Loans			
Active Employees with Loans	29	27	(2)
Terminated Employees with Loans	<u>3</u>	<u>4</u>	<u>1</u>
Total	32	31	(1)
Average Balance Amount	\$8,192	\$7,409	(\$783)
Loan Value Total	\$262,128	\$229,677	(\$32,451)

HARBOR REGIONAL CENTER
Self Determination Advisory Committee
Meeting Minutes
July 7, 2021

Opening:

The regular meeting of HRC Self Determination Advisory Committee was called to order at 6:07 PM on Wednesday, July 7, 2021 via Zoom. Quorum was established.

Committee Member Present

Linda Chan-Rapp, Parent
Deaka McClain, Client
David Oster, Client
Sunghee Park, Parent (BBT)
Miriam Kang, Parent
Johnanthony Alaimo, Office of Client Rights Advocacy Representative

Committee Members Absent

Patricia Jordan, Client
Julianna Martinez, Parent
Rosalinda Garcia, Parent

HRC Staff Present

Antoinette Perez – Director of Children's Services
Judy Taimi- Director of Adult Services
LaWanna Blair– Director of Early Childhood Services
Katy Granados- Client Services Manager
Donna Magana- Client Services Manager
Ashley Brown- Intake Manager
Liz Cohen-Zeboulon – Client Services Manager
Bjoern Peterson – Client Services Manager

HRC Staff Absent

Jessica Guzman-Client Services Manager
Josephina Cunningham – Client Services Manager

SCDD Staff Absent

Brianna Reynoso

Abbreviations

HRC: Harbor Regional Center
IF: Independent Facilitator
PCP: Person-Centered Plan
SCDD: State Council on Developmental Disabilities
SDP: Self-Determination Program
DVU: Disability Voices United
FMS: Financial Management Service

Visitors

Paul Quiroz Lucy Paz Jamie Van Dusen SE Jeanne Wu Shelia Jones
Susan Hadeishi Tanya Talley Doug Pascover Erin Hardimon Sajini Yogasund Gloria A.
Kyunghshil Choi Whitney Williams Reiko Sakuma

HARBOR REGIONAL CENTER
Self Determination Advisory Committee
Meeting Minutes
July 7, 2021

Welcome

Introductions of committee members and guests – Via Chat on Zoom

Approval of Minutes:

Quorum was established; 5 committee members present during the zoom meeting. June 2, 2021 minutes posted and available for viewing on HRC website. Katy Granados made corrections to typos and spelling errors. Deaka McClain made the first motion for approval of minutes, second motion was given by David Oster. Linda Chan-Rapp suggested corrections which were highlighted in yellow, corrections were made. Linda Chan-Rapp requested a motion to approve June minutes with changes. Deaka McClain approved minutes and Miriam Kang made the second motion to approve June minutes.

Harbor Regional Center Monthly Update – Katy Granados – Client Services Manager and Antoinette Perez, Director Children’s Services:

- Current number of SDP participants **95**
- # of Participants with completed PCP’s **23**
- # of Participants with approved Budgets **26 as of June 2021**
- # of Participants with completed Spending Plans **24**
- # of Participants who have gone live with SDP **24**, increase of 3 clients as on June 2021

- Orientations: HRC decided to uphold the original June 7th date and started orientations in May. 2 English and 2 Spanish held in May, 89 families completed orientation.
- 5 orientations in June (3 English- 2 Spanish), total of 209 families have completed the orientation, 85 from the adult department, the rest are from early childhood and children’s. As of today, 33 participants are enrolled in July orientations.
- 209 families that have completed the Orientation are new families and not from the original 95
- One of the things that we have notice, Spanish speaking families are attending the same orientations more than once to clearly understand all the information.
- Fair Hearings and Outcomes: We currently have two Fair Hearings – HRC prevailed on one case, still waiting on decision for the second case.
- Resource Development: Families continue to share resources and who they use to do their PCP, which IF and FMS they use. HCBS final rule is on the forefront for the Regional Centers, providing assurance that programs used for the SDP are meeting guidelines, forms are being standardize and will be shared with programs and families. Forms will be shared with Advisory Committee once they are completed.
- Update on Parent Modules: HRC CSM’s are reviewing and updating the modules, once done we will post and share with families and advisory committee. The Modules are written information about the SDP for reference. The Modules will be available in English and Spanish and other languages.

HARBOR REGIONAL CENTER
Self Determination Advisory Committee
Meeting Minutes
July 7, 2021

Skills4Care – Paul Quiroz:

- Reached out to 73 families that were initially interested in the mentor program: 10 Spanish, 1 Korean, 2 Japanese, 60 English, out of the 73; 32 are still interested and would like follow up call, 36 unable to reach and 5 no longer interested.
- The 32 that are interested, are still looking for more information, not sure if they want to go first.
- Do we know when we are going to start the Skills4Care program? Depends on the clients/family's needs, we are ready to start.
- Will continue identify families / potential candidates still interested in the mentor program
- Out of the 32 that are still interested only 13 stated that they would be interested in working with a mentor and moving on to the next step.
- Next step, we will be looking at the 209 that have completed the orientation, SC's will be contacting families to find out if additional help is needed.

Statewide Updates:

- Statewide Committee- Linda Chan Rapp
- Panel discussion on Best Practices for Regional Centers, FMS's and IF's.
- Fast track services that would pair individuals with IF or FMS is they were stuck on the spending plan.
- The secret to moving forward with the SDP is getting a well-planned PCP.
- Suggestion for the Regional Center: simplify the budget process, getting budget and having it approved, set up timelines. It should not take more than two days to get budget.
- Develop timelines for the SDP
- Staff training is an area that we are doing well, however knowledge of the SDP is lacking not all RC staff are knowledgeable.
- How do you get an IF that is a good match? Ask about their history, training, experience with PCP. Focus on the participant and support them with the transition.
- IF should be networking with other IF
- Knowledge of generic services
- Panel also addressed the difficulties with getting payments on time for the PCP and IF. Also payments from the FMS for services.
- Linda Chan Rapp suggested that the committee work on developing timelines, helping families connect with IF.

Partner updates:

Office of Clients and Rights Advocacy – Johnanthony Alaimo

- Upcoming training: Your Voice, Your choice.
- Presentation will only be available in English, will it be recorded?
- Johnanthony Alaimo – no to the recording
- Posted link in the chat

State Council – No representative at this meeting.

HARBOR REGIONAL CENTER
Self Determination Advisory Committee
Meeting Minutes
July 7, 2021

Action items:

- Miriam Kang, David Oster, Deaka McClain and Linda Chan – Rapp have volunteered to start brainstorming for ideas for the 2021-22 f funds, still at the beginning stages of gathering information. Starting to meet, will hopefully have more to present at August advisory committee meeting. Does the committee still want to use funds for training and mentor programs? No response from committee members.
- Need input from other committee members
- Linda suggested having a spotlight presentation at every advisory committee meeting. Linda is requesting that committee members and others give input in the chat room.
- Can look at previous minutes to get names of IF's and FMS agencies.

Spotlight presentation: Doug Pascover, Executive Director of Imagine:

- His personal journey and tips for hiring an IF
- The main thing to know; self-determination program is very different from traditional services, big learning curve and it's about empowering clients and families to take the lead, develop the type of program that works best for them.
- It takes time to understand SDP and families should be patient, it's not for everyone.
- You have to be prepared to take on some of the responsibilities that were once covered by the regional center and your SC.
- I think that it's really important that the IF understands that they are there to help and support, not make the decisions
- The best way to pick an IF is to take inventory of your needs. Find someone that can help with areas that are weak.
- Most important the thing about SDP, the client is the boss.
- You can do a hybrid: work with an agency and private hire, have the agency has a back up
- Doug will adjust his fee for IF based on client's budget.

Public Comments:

- **Next meeting:** August 4, 2021 via Zoom 6PM-8PM

Adjournment, Conclusion

Meeting was adjourned at 8:03 PM.

Minutes submitted by Liz Cohen-Zeboulon

HARBOR REGIONAL CENTER
Self Determination Advisory Committee
Meeting Minutes
August 4, 2021

Opening:

The regular meeting of HRC Self Determination Advisory Committee was called to order at 6:04 PM on Wednesday, August 4, 2021 via Zoom. Quorum was not established at start of meeting.

Committee Member Present

Rosalinda Garcia, Parent
Deaka McClain, Client
David Oster, Client
Sunghee Park, Parent (BBT)
Miriam Kang, Parent
Johnanthony Alaimo, Office of Client Rights Advocacy Representative

Committee Members Absent

Linda Chan-Rapp, Parent
Patricia Jordan, Client
Julianna Martinez, Parent

HRC Staff Present

Antoinette Perez – Director of Children's Services
Judy Taimi- Director of Adult Services
LaWanna Blair– Director of Early Childhood Services
Josephina Cunningham – Client Services Manager
Donna Magana- Client Services Manager
Ashley Brown- Intake Manager
Liz Cohen-Zeboulon – Client Services Manager
Bjoern Peterson – Client Services Manager

HRC Staff Absent

Jessica Guzman-Client Services Manager
Katy Granados- Client Services Manager

SCDD Staff Absent

Brianna Reynoso

Abbreviations

HRC: Harbor Regional Center
IF: Independent Facilitator
PCP: Person-Centered Plan
SCDD: State Council on Developmental Disabilities
SDP: Self-Determination Program
DVU: Disability Voices United
FMS: Financial Management Service

Visitors

Lucy Paz Jamie Van Dusen Erin Hardimon Kim Vuong Laruen O'Neil

HARBOR REGIONAL CENTER
Self Determination Advisory Committee
Meeting Minutes
August 4, 2021

Welcome

Introductions of committee members and guests – Via Chat on Zoom

Approval of Minutes:

Quorum was established; 5 committee members present during the zoom meeting. July 7, 2021 minutes posted and available for viewing on HRC website. No changes noted. Deaka McClain motioned to approved minutes and David Oster made the second motion to approve July minutes.

Harbor Regional Center Monthly Update – Josephina Cunningham – Client Services Manager and Antoinette Perez, Director Children’s Services:

- Current number of SDP participants **95**
- # of Participants with completed PCP’s **23**
- # of Participants with approved Budgets **26 as of June 2021**
- # of Participants with completed Spending Plans **24**
- # of Participants who have gone live with SDP **24**, numbers remain the same

- Orientations: HRC decided to uphold the original June 7th date and started orientations in May. 2 English and 2 Spanish held in May, 89 families completed orientation.
- Fair Hearings and Outcomes: HRC is in the process of completing a 3 part fair hearing, will not know outcome for another month.
- Resource Development: Families continue to share resources and who they use to do their PCP, which IF and FMS they use. Currently working on how PCP is going to be categorized.
- HRC roll-out update
 - Implementation Funds FY 20/21
 - Skills4care flyer outlining the purpose of the program and how mentor support will be provided shared with group. The referral process was sent to all SC and program available to all clients now. At this time, unknown of how many are interested and submitted those referrals

Statewide Updates:

- Statewide Committee- Rosalinda Garcia
 - Inquired about the new directive, however HRC does not know the details of the directive of how it will be implemented. We are assuming it will be 3 additional positions per regional center, but nothing is set in stone. We are currently awaiting more information

Partner updates:

Office of Clients and Rights Advocacy – Johnanthony Alaimo

- Upcoming webinar on Monday August 16th : Staff Attorney discussing COVID-19 and back to school, special education
- Gave overview and contact information on Office of Clients and Rights Advocacy State Council – No representative at this meeting.

HARBOR REGIONAL CENTER
Self Determination Advisory Committee
Meeting Minutes
August 4, 2021

Miriam King stated that she reached out to State Council about committee members not attending.

- Members indicated that translation was inaccurate and did not feel supported. Suggestion for meeting to be in Spanish and the rest of the audience to obtain translation
 - It was side noted that one of the more skilled translator is specifically picked to be a part of this meeting.
 - HRC conducts cafecitos in Spanish, translated in English as requested
 - Allow for SDP trainings to be in Spanish and welcomed to attend as many as possible
- Members need to reach out to representatives to determine if they will remain or not
- If continue to be no show and/or no response, SDAC need to go to state council (hopefully with recommendations) for replacement to be voted in
- Rosalinda Garcia will reach out to current representatives to determine follow up steps
- Rosalinda will reach out to Antoinette to get names and will follow up with Chris if more guidance is needed

Action items:

- **2021-2022 implementation Funds RFP update**
 - has not been decided on how it will be used. Linda leading a group for RFP. DDS stated there is no deadline, however RC is trying to reach deadline of end of September. Able to seek out assistance from community services, Angela Woods and Stacey Shaeffer.
- David Oster would like a more simplified PCP
- Miriam King- discussion of what we have heard out and about with SDP, good and bad happening here and at other regional centers
- A possible training on PCP vs IPP differences, possible training on understanding the value of PCP vs IPP
- What to do when you are unhappy with the people at you are hiring, what resources are there out to provide support.

Public Comments:

- **Next meeting:** September 1, 2021 via Zoom 6PM-8PM

Adjournment, Conclusion

Meeting was adjourned at 7: PM.

Minutes submitted by Josephina Cunningham

**Harbor Regional Center
 Service Provider Advisory Committee
 August 3, 2021 10:00 am
 Virtual via Zoom Meeting**

Committee Participants

Member Name	Organization
Paul Quiroz, Chairperson	Cambrian Homecare
April Stover	Ability First
Alex Saldana	Oxford Healthcare
Beverly Ruiz	InJOY Life Resources
Shelby Schultz	InJOY Life Resources
Catherine Bennage	Integrated Life
Angie Rodriguez	Social Vocational Services
Dee Prescott	Easter Seals
Diane Sanka	Easter Seals
Patricia Flores	Life Steps Foundation
Alex Saldana	Oxford Healthcare
Christine Grant	Dungarvin CA.
Anthony MacConnell	Dungarvin CA.
Jeri Miles	Mentor Network
Scott Elliott	ICAN California
Lindsey Stone	ICAN California
Ben Espitia	Goodwill Industries
Nancy Langdon	Canyon Verde
Harry Van Loon	ARC Long Beach
Melvin Randolph	Westview Services
Glenda Lang	Options for Birth and Family Services
Dana Simon	Peck House
Stephani Anderson	Momentum PTN

HRC Staff Participating

Staff Name	Title
Heather Diaz	Director of Community Services
Judy Wada	Chief Financial Officer
Nancy Spiegel	Director of Information and Development
Leticia Mendoza	Community Services Department Assistant
Steve Goclowski	Clinical Services Manager
Mercedes Lowery	Service Provider Relations Manager
Judy Taimi	Director of Adult Services
Mary Hernandez	Director of Case Management Support Services

Ute Czemmell	Controller
Tes Castillo	Assistant Controller

Call to Order

Paul Quiroz called the meeting to order at 10:05 a.m.

HRC Updates- New Staff:

Welcome Heather Diaz, Community Services Director

Welcome Erika Segovia, Manager of Diversity and Inclusion

Welcome New Physician Dr. Lam Nguyen

Welcome RN Consultants: Deborah Lewis, Lisa Hobart, Princess Njuguna

HRC Staff return to the office

- Managers in the office four times per week
- Service coordination return 1-2 days per week
- HRC is now offering Intake Assessments on site at Torrance and Long Beach offices
- Resource Center open by appointment

HRC Budget and Rates

Judy Wada, provided an update the budget for HRC and statewide.

For last fiscal year budget 2020-21 and current fiscal year 2021-2022 summarized as:

- FY 2020-21 POS Expenditure Projections Statewide & HRC Surplus
- HRC Total Projected Expenditures FY 2021-2022 \$251,513,640
- HRC Budget 19.8% Increase
- HRC Historical Data in 10 years, HRC grew about 5,000 clients

State Budget FY 2021-22 Highlights

- Enhanced Service Coordination for Underserved Clients
- Provisional Eligibility ages 3&4
- Self –Determination Supports
- Deaf Community Specialist
- Community Navigators (At Resource Centers)
- Emergency Coordinators
- Performance Incentives for Regional Centers

For Service Providers:

- Elimination of the Uniform Holiday Schedule
- Elimination of Temporary Rate Sunsets
- DSP Training and Development
- Bilingual Differential for Direct Service Professionals
- Self Determination supports continues

HCBS Spending Plan (American Rescue Plan Act)

- Social/Recreation Programs- Clients ages 3-17
- Modernize DDS /RC's Information Technology Systems
- Provider Rate Increases -Rate Study Implementation

Provider Rate Increases: Rate Study Background

- ABX2-1 in 2016
- Burns & Associates, Inc. awarded contract for Rate Study
- Rate Model Report submitted legislature in March 2019
- Provider Rate Recalculation
 - 2021 Updating Assumptions
 - Minimum Wage
 - Considering labor costs, real estate, travel costs
 - High-cost area factors

Provider Rate Increases: Rate Implementation

Increments:

- Regional Centers are working with DDS to figure out how to implement
- Rate Increases effective April 1, 2022 - June 30, 2022 is 25% “difference”
Rates maintains thru June 30, 2023
- Rate increase effective July 1, 2023 – June 30, 2025 is 50% of difference
- Rate increase effective July 1, 2025 – June 30, 2026 is 15% of difference
- 10% rate incentive /Quality timing TBD
- Hold Harmless on Rate thru 2025

Alternative Services Model Continues

Mercedes Lowery, provided an update on ASDM services.

- ASDM vs Traditional Services
- HRC hosted several meeting with provider staff
- Providers are encouraged to submit re-engagement plans to Elizabeth Garcia Moya
- Mitigation Plans to send to CCL & copy to HRC
- Providers are starting to see clients in decreased capacity
- Town Hall meetings hosted by some service providers were beneficial

Steve Goclowski provided update

COVID-19 Update

- 135% increase in case rate in LA and 288% increase in Long Beach
- 83% are Delta variant nationwide; 60% more transmittable
- Rates of people getting hospitalized are due to the non-vaccinated population
- Get vaccinated or get tested regularly
- Continue to report new cases and isolate if positive

- PPE still available in limited quantities. Residential programs is the priority.

Special Thank you recognition to Alex Saldana and Oxford HealthCare!!

- HRC help facilitate almost 5000 vaccinations to families and providers
- 4,100 Pfizer and Moderna vaccine doses administered at HRC clinic site
- 30 homebound individuals and their family members
- Last clinic at HRC was held on July 9th
- HRC in partnership with Ability First and ICC
- 20 homebound individuals referred for vaccine through Torrance Memorial mobile clinic
- Oxford has provided in partnership with other regional centers and their Long Beach and Cerritos clinics about 20,000 vaccinations
- Pop up clinics are available if needed for service providers. Providers encouraged to contact HRC if interested

Announcements: Disability Thrive Initiative: Next Free Webinar

- Changing role of the workforce supporting people with Disabilities Wednesday August 11, 2021 at 3:00pm
- Shifting from “providing care” to “supporting independence & community engagement”
- Developing the workforce through Competency-Based Education rather than just “training”
- Creating a culture that supports staff recruitment and retention
- More information available at scdd.ca.gov

Service Provider Sharing:

Dee Prescott, Easter Seals, Angie Rodriguez, SVS, April Stover, Ability First all shared the challenge to get staff to return to work and hiring qualified individuals. The number of applicants are extremely low. They have worked hard to offer incentives to individuals. However, the struggle remains across the board. They appreciate the support from HRC, service coordinators and families. Nancy Langdon, Canyon Verde shared that some families are interested in remaining virtual services. Angie shared that SVS is considering to mandate staff to be vaccinated. Heather Diaz, encouraged service providers to contact their Provider Relations Team staff to keep informed of what their current situations are.

Technology Lending Library RFP Award

- FY 2020-21 CPP/CRDP Startup Fund Grant awarded to Easter Seals
- In collaboration with 5 Regional Centers.

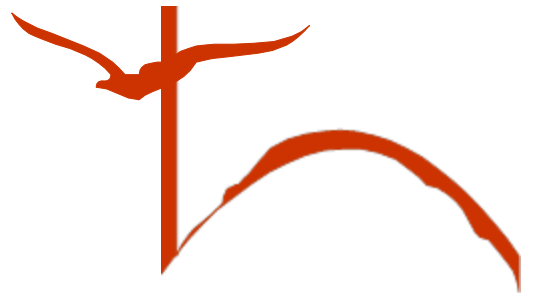
Adjournment

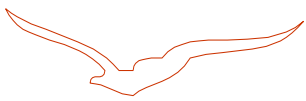
Next committee meeting is scheduled for October 5, 2021

Meeting adjourned at 11:00 a.m.

Public Comment

- We have arrived at the time on our agenda for public comment
- **Participants should now turn the “interpreter” at the bottom of your screen back to English.**
- We will call upon each person who has asked to address the Board through **CHAT**
- We request that you limit your comments to two minutes.





Contact Information

- **To contact the Executive Office/Para contactar la Oficina Ejecutiva:**
 - Patrick Ruppe, Executive Director (310) 543-0630
 - Jennifer Lauro, Executive Assistant (310) 543-0632
 - Jesus Jimenez, Bilingual Executive Office Team Assistant (310) 543-0606
- **To contact our Board, submit an email to/ Paraponerse en contacto con nuestra Junta, envíe un correo electrónico a: publicinput@harborrc.org**
- **To locate your Service Coordinator/Para localizar a su Coordinador de servicios:**
<https://www.harborrc.org/post/contact-our-staff>
- **To file a Complaint about HRC, or one of our employees or service providers, and/or to request a Fair Hearing, go to/Para presentar una queja sobre HRC, or uno de nuestros empleados o proveedores de servicios, y/o para solicitar una audiencia imparcial, vaya a:**
<https://www.harborrc.org/complaints>





Next Board Business Meeting - November 16, 2021

ADJOURNMENT

Thank You



HRC Board Meeting
September 21, 2021

