Self-Determination Advisory Committee

Harbor Regional Center
Minutes, June 13, 2018

Present: Miriam Kang, Linda Chan Rapp, Sandy Farah, Rosalinda Garcia, David Gauthier Mariano Sanz;
State Council on Developmental Disabilities staff – Sofia Cervantes and Melody Goodman;
Harbor Regional staff – Mary Hernandez, Liz Cohen-Zebulon, Judy Wada
Absent: Deaka McClain

1. 6:13 Call to Order – quorum established

2. Welcome: Introduction of committee members and guests, including Judy Wada, chief financial officer of Harbor Regional Center (HRC) and Victor Lira and Yvette Torres from Premier Healthcare Services.

3. Presentation: Financial Management Services (FMS), Victor Lira, Premier Healthcare.

A. *The role of the FMS provider under self-determination* (SD)

1. The FMS assists the participant in managing/directing funds in the individual budget, and distributing and tracking funds in the participant's budget. Note: The SD budget does not affect the client's income. The FMS provides the participant and regional center (RC) with a monthly individual budget statement to monitor expenditures and help individuals stay within their budget.
2. The FMS verifies the provider credentials and qualifications to verify that they have all applicable state licenses, certifications or other documentation and are not on the federal excluded list and meet the Home and Community Based Services regulations, both initially and ongoing.
3. The FMS is a required, RC-vendored service paid from the individual's budget, with fees directly related to the number of services to be provided. However the FMS is paid even if no service provider payments are made in a given month.

B. *The 3 FMS models* (see comparison chart in the hand out)

1. **FMS as Bill Payer** (also known as Fiscal Agent Model): FMS only writes the checks to pay the bills for services in the budget. There is very little contact between the participant and FMS.
2. **Participant as Sole Employer** (Fiscal/Employer Agent model): The consumer is the actual employer (would get an EIN#). The FMS provider helps the participant with specific employment tasks and processes payroll and withholds taxes. The consumer would need to get any required insurance (such as workers comp) for providers.

3. **Co-employer**: the FMS is the Employer of Record and maintains employer responsibility and

liability and the required insurance, while the consumer maintains the ability to hire and terminate providers. The consumer piggybacks on the FMS infrastructure.

Notes: [1] Typically **FMS As Bill Payer** incurs the least number of services, so the monthly FMS fees will be less than the either the **Participant as Sole Employer** or the **Co-Employer** model.

[2] Hiring a current provider away from an agency as a private provider is not recommended. However negotiating with an agency to reduce fees if you want to work with a current provider under SD is okay. Best: hiring someone directly to avoid contractual limitations, then negotiate payment, insurance and withholding.

[3] Premier Healthcare Services will work with either the Bill Payer or Co-Employer models.

C. *The relationship between the FMS provider and other members of the self-determination team:*

1. **Consumer**: FMS provider is selected from RC-vendorized agencies by the participant. Amount of support, contact, and duties vary according to the model chosen as detailed in 3B above.
2. **RC**: HRC manages the vendorization process of FMS providers and both provides and monitors the participant's budget which is based on funds utilized (not just authorized) in the last fiscal year.
   Note: Unmet needs, changes, and new circumstances can also be considered.
   In addition to monitoring for quality control, RC may supply certain facilitator services if the participant does not designate one externally.
3. **Facilitator**: Amount of contact between the FMS and facilitator also depends on the model chosen as detailed in 3B above. A good facilitator is an incredible asset. The facilitator finds resources and providers to be included in the budget, negotiates fees and contracts. Copies of the contracts will be on file with FMS. The facilitator is paid from the budget, but **if the participant's parent is acting as facilitator, that parent can *Not* be paid**.

Discussion

D. *Background checks* – Providers are required to be pay for their own Life Scan screening ($60-70) which can be part of FMS services. Miriam Kang noted that SD Program providers' Life Scan results will be on file with Department of Developmental Services (DDS), so they won't have to undergo new background checks each time they contract to work with a new SD program client.

E. *Billing and other forms* – DDS is working with certain RCs to pilot billing procedures, to be documented in the DDS database. Also, by the end of June, SD Program subgroups will be finalizing forms on settings and services assessment.

F. *Will a catalog of providers be available to clients?* Uncertain at this time – but the thought behind SD is to get beyond lists… Miriam K. brought up the question of criteria for providers, and the question of alternative therapy in the budget.

G. *Hours*: Workers who are on the job more than 29.9 hours are entitled to insurance provided by the employer. Workers are not supposed to work more than 40 hours.

4. Minutes from 5/9/2018 were approved.

5. HRC Update – Mary Hernandez

A. With the approval of the SD waiver 6/7/2018, HRC has been gearing up for SD program to roll out probably in late fall. Of the 10 service coordinators who will be dedicated to working with SD program participants, five will serve children ages 3 up to 22, and five will serve those who are older than 22.

Managers are being certified in Person-Centered-Planning. Mary also reported that she has personally submitted 161 names so far and the demographic criteria has been met already within this sample. Vendors serving both traditional and SD program participants will need to know which clients are in which program.

B. *Informational meetings* – At the recent informational training in Spanish, 3 RSVP'd but 9 showed up. HRC is committed to continue holding informationals to get the word out about SD right up to the cutoff date for submitting names. There will be another informational meeting 6/18/2018, and there will be a training in July in English with a translator.

C. *Other Meeting notes*: Association of Regional Center Agencies (ARCA) met, but Jim Knight did not attend. The SD advisory workgroup met; and proposed timelines should be announced by June 18, including the deadline for signing up for the participant drawing for the soft roll-out of the SD Program. There is a focus on standardizing forms and materials. Updates from these subwork groups are needed.

D. *Questions*: The law says that RC service coordinator may serve as a participant's facilitator at no charge. What will it look like if a RC service coordinator is asked to do so? The answer is not yet clear. RC staff will be trained in person-centered planning but is doubtful if a service coordinator will be able to search out resources, providers and negotiate contracts as effectively as an externally hired facilitator because of other workload constraints.

6. State Council Update – Sofia Cervantes

A. We welcomed Sofia Cervantes from the State Council for Developmental Disabilities (SCDD); she has stepped into SCDD's community training and liaison role, and is bilingual.

B. She announced that the SCDD is hosting a free training on June 16, 10 am - 12 noon, in South Gate entitled *Two of the Keys to Successful Self-Determination: Person-Centered Planning and Facilitation*. Christofer Arroyo will present.

C. SCDD will also host an all-day Wrightslaw *From Emotions to Advocacy* conference on 9/7/2018 at the California Endowment in Los Angeles.

7. Announcements and New Business

A. This advisory committee voted to take hiatus in July since we would not achieve a quorum due to 3 members attending the National Down Syndrome Congress convention in Dallas and other committee member family travels.

B. Miriam Kang was appointed as official SD advisory committee chair.

C. Office of Client's Rights Advocates open house: 1-6 pm in their Cerritos Office on July 11, 2018.

D. Linda Chan Rapp will fill in for Miriam Kang at the State SD Advisory Committee 7/19/2018.

E. Our next meeting: August 8, 2018, from 6-8 pm at the Torrance office of Harbor Regional Center.

Abbreviations

DDS	Department of Developmental Services	RC	Regional Center
HRC	Harbor Regional Center	SCDD	State Council on Developmental Disabilities
FMS	Financial Management Services	SD	Self-Determination

Minutes submitted by Linda Chan Rapp