



Harbor Regional Center *Self-Determination Advisory Committee*

November 8, 2017

1. Call to order – 6:06 pm.
Roll Call: Ray Ceragioli, Miriam Kang, Linda Chan Rapp, Rosalinda Garcia, David Gauthier, Deaka McClain, Mariano Sanz; Christofer Arroyo, Mary Hernandez, Liz Cohen-Zeboulon, Diana Sandoval, Judy Taimi
2. Introduction of committee members and welcome to our guests, especially 24Hr Homecare representatives Stephanie Medina, Stephanie Alvarez and Johnny Ortiz.
3. Quorum established – Minutes were approved.
4. Regional Center Update: Mary H.
 - a. Harbor Regional Center [HRC] has identified four service coordinators who will focus on serving clients in the Self-Determination Program once it begins:
Diana Sandoval, José Cerna, Akila Makalani, Lisa Sanchez.
Their supervisors: Liz Cohen-Zebulon (Adult Client Services) and Judy Taimi (Child Client Services).
 - b. RC training notes
Outreach Plans – informational meetings to help people learn about Self Determination [SD] and sign up for the candidate pool list if they are interested: hope to hold 10 trainings over the next 6 months, specifically reaching out to the Hispanic, Korean and Japanese communities and other groups.
 - Diana S. will be leading a training in Spanish in Long Beach for Unidad y Fuerza at Miller’s Children’s Hospital
 - Suggestions: possible Saturday trainings; additional trainings by the State Council on Developmental Disabilities; make materials about S-D available at various Walk-a-thons
 - Those who have already attended informational meetings led by Mary H. and who want to sign up for the candidate pool can contact her.
 - Names have already begun being collected and sent in to Sacramento for the candidate pool, and Harbor RC should be reaching their quota *number* by the end of the week (although random selection will also be based on *demographics*). Portals on

the SD page of the DDS website should be up by mid-November so clients will be able to confirm their registration.

- Linda C-R. led an informational meeting for Region 17 VIP Soccer with families from 4 different RCs. Of the 13 signups for the SD candidate pool, 8 were from HRC. On 11/13 Club 21 South Bay (formerly Down Syndrome Association) + Autism Society LA will hold an informational meeting at Mychals Learning Place.
- If anyone on the committee learns about an SD informational meeting, please let Mary know so that it can be promoted by HRC.

5. The Self Determination Workgroup met on 10/30/2017, and the highlights of the Workgroup Notes (by Sidney Jackson; in the Dropbox) were summarized.
 - a. Mid-November the Department of Developmental Services [DDS] is planning a conference call with the Center for Medicaid and Medicare Services [CMS] to discuss the outstanding questions CMS has regarding the California waiver application for federal funding for the SD program.
 - Miriam K. noted that the questions under discussion have not significantly changed over the past year.
 - b. Unlike the Medicare Waiver, from the outset the SD Program needs to meet the settings rules of the Home and Community Based Services (HCBS), that is, to promote inclusion and integration in the community as opposed to segregated settings.
 - c. DDS is currently working on simplifying the language of the informational training slideshow. This slideshow is a template which can be modified.
 - Committee members noted that the slides on fiscal management need to be clarified and expanded.
 - d. In the SD Workgroup meeting, the need for training of the Independent Facilitator was discussed, and the workgroup suggested that the local advisory committee could help.
 - Although our committee recognizes the need for Independent Facilitator training, Mariano S. questioned whether supervising such training fell under our mandate as a local advisory committee.
 - The State Council on Developmental Disabilities has held such trainings in Southern California, and Chris A. was among the trainers. He observed that the Department of Developmental Services apparently has “borrowed” from this curriculum almost intact, augmenting their presentation only with a segment on changing from the medical model to the social rights model in serving persons with disabilities.
 - e. Maximum monthly payment for Financial Management Services [FMS] was established depending on what support model is selected:
Fiscal Agent model - \$100 (The FMS provider is the bill payer/check writer only)

Fiscal Employer Agent model - \$150 (The participant is the actual employer and the FMS provider helps the participant with specific employment tasks and processes payroll/withholds taxes)

Co-Employer model - \$165 (The FMS provider is the Employer of Record, and has the employer responsibility/liability; shares employer roles with the participant)

- Chris A. noted that whether the federal government will allow FMS costs to come from client budget is unclear

f. Who will front the costs to start up SD program services is under debate. The Association of Regional Center Agencies claims advancing funds for the program will create a huge cash flow problem. Some workgroup members stated without having start up money for the FMS to operate will doom the program to failure. The Association of Regional Center Agencies and DDS will talk over this issue before the next SD Workgroup meeting on 12/6.

- Liz C-Z. observed that FMS providers are for-profit organizations, so why can't they front the costs for SD program?
- Ray C. asked what the pilot program did to front the money?

g. Declining participation in some of the local SD Advisory Committees due to uncertainty of an SD implementation date was addressed by the workgroup.

- Miriam K. said this did not seem to be a problem in our local committee. Although our clients' rights advocates have changed due to job movement, our other members have been faithfully serving. Carola Maranon has just resigned because she is moving away, but she will continue to be involved in SD in her new location.
- Mary H. announced that Marsha Johnson, our clients' rights advocate has moved on, so interviews to fill her slot have taken place.

6. Additional resources:

a. Handouts noted in the Dropbox:

- *Fiscal Rate Recommendations*
- *Selecting a Broker* (= Independent Facilitator)

b. State Council on Developmental Disabilities has a e-news blast that comes out every two weeks with news on SD meetings across the state, trainings, and more

7. FMS Services: Current vs. Self Determination – 24 Hour Homecare

24 Hour Homecare is the FMS provider currently associated with Harbor regional Center and 12 other RCs. After an overview of its current services, 24Hr Homecare representatives described the worker intake, credentialing, and the background check process. Additionally they discussed services 24 Hr Homecare would offer under SD, both for the employer agent model [the participant handles taxes, workers' compensation insurance, and withholding, etc] and the co-employer model [24Hr. Homecare handles taxes, workers' compensation insurance, and withholding, etc. and is co-employer with the participant].

- Mary H. – the monthly fee under SD would probably be similar to current FMS costs, \$96.88/month.

- Ray C. asked what background checks would entail? Fingerprinting and records from 7 yrs back. According to Senate Bill 468 (SD legislation) the money for back background checks would be paid by the participant's budget. Medina noted that potential hires can go to 24Hr Homecare for fingerprinting.

- Mary H. noted that segregated services would not be eligible for SD budgets. E.g. an aide for an inclusive camp could be paid for by FMS but not tuition for a segregated camp.

- Linda C-R. asked budgeting specialized speech therapy needs through a non-generic speech-language therapist. Chris A. responded that although such speech services generally would not be covered because they are a generic service, there are cases in which specific demonstration of particular needs and unique qualifications of a specific provider to address that need have occasionally been funded.

- Miriam K. noted that there is a third FMS model; 24Hr Homecare discussed only the employer agent and co-employer models.

- Deaka M. asked why someone would go to all the paperwork and responsibility of negotiating rates, looking for your own workers etc. under SD? Rosalinda G. pointed out that with SD, you could hire a non-vendored worker (and you are not limited to existing RC options). David G. added that with FMS you don't have to pay people directly.

- Could you have your own Finance person act as your FMS? If you want your own FMS provider that person would need to be vendored through RC. HRC is committed to working through 24 Hour Homecare as its FMS.

7. Additional business:

- a. Miriam K. reminded committee members to RSVP their attendance promptly when the meeting reminder first comes out!
- b. Our committee voted unanimously to go dark in December.
- c. Chris A. has invited an independent facilitator with the Pilot SD Program to speak to us in January.
- d. Public comments were solicited.

8. Our next meeting: January 10, 2018, 6-8pm

Location: if possible we will meet in the Long Beach office of HRC.

9. 7:37pm – meeting was adjourned.

Abbreviations:

CMS Center for Medicaid and Medicare Services

DDS Department of Developmental Services

FMS financial (fiscal) management service

HCBS Home and Community Based Services

RC regional center (HRC = Harbor Regional Center)

SD self-determination