DEPARTMENT OF DEVELOPMENTAL SERVICES
1600 NINTH STREET, Room 320, MS 3-9
SACRAMENTO, CA 95814
TDD 654-2054 (For the Hearing Impaired)
(916) 654-1958

June 16, 2011

TO: **REGIONAL CENTER DIRECTORS AND BOARD PRESIDENTS**

SUBJECT: **MARCH 2011 TRAILER BILL LANGUAGE AFFECTING REGIONAL CENTERS**

The purpose of this correspondence is to transmit a summary of the recently enacted Trailer Bill, SB 74 (Chapter 9, Statutes of 2011) that directly affects regional centers or the developmental services system. Trailer Bill Language (TBL) contains an urgency clause, and was therefore effective immediately upon passage, March 24, 2011. Regional centers should continue to educate their communities regarding these legislative changes. While this correspondence provides a high level summary of the TBL, a complete and thorough review of TBL (see www.leginfo.ca.gov) is imperative for regional centers' statutory compliance. While the effective date of the language in SB 74 is March 24, 2011, additional clarifying information regarding implementation is included in several areas below.

Regional Center Board Composition
TBL Section 2: Section 4622.5 was added to the Code, requiring by August 15 of each year, the governing board of each regional center to submit to the Department of Developmental Services (Department) detailed documentation, as determined by the Department, demonstrating that the composition of the board is in compliance with Section 4622.

Implementation: The Department will soon provide regional centers with a format for the reporting of all required information by August 15, 2011.

Regional Center Board Contracting Policy
TBL Section 3: Section 4625.5 was added to the Code, requiring the governing board of each regional center to adopt and maintain a written policy requiring the board to review and approve any regional center contract of two hundred fifty thousand dollars ($250,000) or more, before entering into the contract. No regional center contract of two hundred fifty thousand dollars ($250,000) or more is valid unless approved by the governing board of the regional center in compliance with its written policy. Contracts do not include vendor approval letters issued by regional centers pursuant to Title 17, California Code of Regulations (Title 17), section 54322.

Implementation: This statutory requirement for governing board review is applicable to contracts of $250,000, or more, entered into as of the effective date of the TBL, i.e., March 24, 2011. The law is applicable to all Operations and Purchase of Service contracts for, or over $250,000, whether multi-year or not.

Conflict of Interest

TBL Section 4: Section 4626 was amended requiring the Department to give a very high priority to ensuring that regional center board members and employees act in the course of their duties solely in the best interest of regional center consumers and their families without regard to the interests of any other organization with which they are associated or persons to whom they are related. Board members, employees, and others acting on the regional center's behalf, as defined in Title 17, must be free from conflicts of interest that could adversely influence their judgment, objectivity, or loyalty to the regional center, its consumers, or its mission. A person with a developmental disability who receives employment services through a regional center provider shall not be precluded from serving on the governing board of a regional center based solely upon receipt of these employment services.

The Department must ensure that no regional center employee or board member has a conflict of interest with an entity that receives regional center funding, including, but not limited to, a nonprofit housing organization and an organization qualified under Section 501(c)(3) of the Internal Revenue Code, that actively functions in a supporting relationship to the regional center.

The Department is required to develop and publish a standard conflict-of-interest reporting statement. The conflict-of-interest statement must be completed by each regional center governing board member and each regional center employee specified in Title 17 including, at a minimum, the executive director, and every administrator, program director, service coordinator, and employee who has decision-making or policymaking authority or authority to obligate the regional center's resources.

Every new regional center governing board member and regional center executive director must complete and file the conflict-of-interest statement described above with his or her respective governing board within 30 days of being selected, appointed, or elected. Every new regional center employee referenced above and every current regional center employee referenced above accepting a new position within the regional center must complete and file the conflict-of-interest statement with his or her respective regional center within 30 days of assuming the position. Every regional center board member and employee referenced above must complete and file the conflict-of-interest statement by August 1 of each year.

Every regional center board member and employee referenced above must complete and file a subsequent conflict-of-interest statement upon any change in status that creates a potential or present conflict of interest. A change in status includes, but is not limited to, a change in financial interests, legal commitment, regional center or board position or duties, or both, or outside position or duties, or both, whether compensated or not. The governing board must submit a copy of the completed conflict-of-interest statements of the governing board members and the regional center executive director to the Department within 10 days of receipt of the statements.

A person who knowingly provides false information on a conflict-of-interest statement will be subject to a civil penalty in an amount up to fifty thousand dollars ($50,000), in addition to any civil remedies available to the Department. An action for a civil penalty may be brought by the Department or any public prosecutor in the name of the people of the State of California.

The director of the regional center must review the conflict-of-interest statement of each regional center employee referenced above within 10 days of receipt of the statement. If a potential or present conflict of interest is identified for a regional center employee that cannot be eliminated, the regional center must, within 30 days of receipt of the statement, submit to the Department a copy of the conflict-of-interest statement and a plan that proposes mitigation measures, including timeframes and actions the regional center or the employee, or both, will take to mitigate the conflict of interest.

The Department and the regional center governing board must review the conflict-of-interest statement of the regional center executive director and each regional center board member to ensure that no conflicts of interest exist. If a present or potential conflict of interest is identified for a regional center director or a board member that cannot be eliminated, the regional center governing board must, within 30 days of receipt of the statement, submit to the Department and the State Council on Developmental Disabilities a copy of the conflict-of-interest statement and a plan that proposes mitigation measures, including timeframes and actions the regional center governing board or the individual, or both, will take to mitigate the conflict of interest.

<u>TBL Section 5</u>: Section 4626.5 was added to the Code requiring each regional center to submit a conflict-of-interest policy to the Department by July 1, 2011, and post the policy on its Internet Website by August 1, 2011. The policy must contain the elements in this paragraph and be consistent with applicable law; define conflicts of interest; identify positions within the regional center required to complete and file a conflict-of-interest statement; facilitate disclosure of information to identify conflicts of interest; require candidates for nomination, election, or appointment to a regional center board, and applicants for regional center director to disclose any potential or present conflicts of

interest prior to being appointed, elected, or confirmed for hire by the regional center or the governing board; and require the regional center and its governing board to regularly and consistently monitor and enforce compliance with its conflict-of-interest policy.

Implementation: Regional centers should assure they are taking action to comply with TBL and timeframes specified. Training for both employees and Board members is recommended. The Department is developing the required standard conflict-of-interest reporting statement, and it will soon be published.

TBL Section 6: Section 4627 was amended requiring the Department to monitor and ensure the regional centers' compliance with the laws governing conflict-of-interest. It also specifies that failure to disclose information required by these laws and related regulations may be considered grounds for removal from the board or for termination of employment. The Department is required to adopt emergency regulations by May 1, 2011, regarding conflict-of-interest reporting requirements.

Implementation: Emergency regulations are under development and will be promulgated shortly. The Department will monitor compliance through its fiscal audits and ongoing monitoring of regional centers.

Accountability and Transparency

TBL Section 7: Section 4629.5 was added to the Code, specifying that the Department's contract with a regional center must require the regional center to adopt, maintain, and post on its Internet Website a board-approved policy regarding transparency and access to public information. The transparency and public information policy must provide for timely public access to information, including, but not limited to, information regarding requests for proposals and contract awards, service provider rates, documentation related to establishment of negotiated rates, audits, and IRS Form 990. The transparency and public information policy must be in compliance with applicable law relating to the confidentiality of consumer service information and records, including, but not limited to, Section 4514.

To promote transparency, each regional center must include on its Internet Website, as expeditiously as possible, at least all of the following:

- Regional center annual independent audits.
- Biannual fiscal audits conducted by the Department.
- Regional center annual reports pursuant to Section 4639.5.
- Contract awards, including the organization or entity awarded the contract, and the amount and purpose of the award.
- Purchase of service policies.

- The names, types of service, and contact information of all vendors, except consumers or family members of consumers.
- Board meeting agendas and approved minutes of open meetings of the board and all committees of the board.
- Bylaws of the regional center governing board.
- The annual performance contract and year-end performance contract entered into with the Department.
- The biannual Home and Community-Based Services Waiver program review conducted by the Department and the State Department of Health Care Services.
- The board-approved transparency and public information policy.
- The board-approved conflict-of-interest policy.
- Reports required pursuant to Section 4639.5.

The Department is required to establish and maintain a transparency portal on its Internet Website that allows consumers, families, advocates, and others to access provider and regional center information. Posted information on the Department's Internet Website transparency portal must include, but need not be limited to, all of the following:

- A link to each regional center's Internet Website information referenced above.
- Biannual fiscal audits conducted by the Department.
- Vendor audits.
- Biannual Home and Community-Based Services Waiver program reviews conducted by the Department and the State Department of Health Care Services.
- Biannual targeted case management program and federal nursing home reform program reviews conducted by the Department.
- Early Start Program reviews conducted by the Department.
- Annual performance contract and year-end performance contract reports.

*<u>Implementation</u>: If not already posted, regional centers must take immediate action to post the above information on the regional center's Internet home page. This requirement applies to the most current documents in each category and future applicable documents. Also, the Department has been asked if only vendors who have been providing services within the last two years should be included on the regional center's Internet Website. To reiterate, the law requires the names, types of service, and contact information of **<u>all</u>** (emphasis added) vendors, except consumers or family members of consumers.*

<u>Fiscal Accountability</u>

<u>TBL Section 8</u>: Section 4629.7 was added to the Code requiring that all regional center contracts or agreements with service providers in which rates are determined through

negotiations between the regional center and the service provider expressly require that not more than 15 percent of regional center funds be spent on administrative costs. Direct service expenditures are those costs immediately associated with the services to consumers being offered by the provider. Administrative costs include, but are not limited to, any of the following:

- Salaries, wages, and employee benefits for managerial personnel whose primary purpose is the administrative management of the entity, including, but not limited to, directors and chief executive officers.
- Salaries, wages, and benefits of employees who perform administrative functions, including, but not limited to, payroll management, personnel functions, accounting, budgeting, and facility management.
- Facility and occupancy costs, directly associated with administrative functions.
- Maintenance and repair.
- Data processing and computer support services.
- Contract and procurement activities, except those provided by a direct service employee.
- Training directly associated with administrative functions.
- Travel directly associated with administrative functions.
- Licenses directly associated with administrative functions.
- Taxes.
- Interest.
- Property insurance.
- Personal liability insurance directly associated with administrative functions.
- Depreciation.
- General expenses, including, but not limited to, communication costs and supplies directly associated with administrative functions.

Implementation: All contracts or agreements with vendors with a negotiated rate must be amended to expressly require that not more than 15 percent of regional center funds be spent on administrative costs. This law is applicable to all negotiated rates and providers of such services, not just prospectively. Should it be determined that the negotiated rate is comprised of more than 15 percent administrative costs, adjustments must be made to comport with law.

With regard to the question of classifying profit, profit is revenue above cost and the statute only applies to cost. Typically, profit translates into a cost (i.e., wage/salary increase, bonus, etc.).

Section 4629.7 requires that all contracts between the Department and the regional centers require that not more than 15 percent of all funds appropriated through the regional center's operations budget be spent on administrative costs. "Direct services" includes, but is not limited to, service coordination, assessment and diagnosis, monitoring of consumer services, quality assurance, and clinical services. Administrative costs include, but are not limited to, any of the following:

- Salaries, wages, and employee benefits for managerial personnel whose primary purpose is the administrative management of the regional center, including, but not limited to, directors and chief executive officers.
- Salaries, wages, and benefits of employees who perform administrative functions, including, but not limited to, payroll management, personnel functions, accounting, budgeting, auditing, and facility management.
- Facility and occupancy costs, directly associated with administrative functions.
- Maintenance and repair.
- Data processing and computer support services.
- Contract and procurement activities, except those performed by direct service employees.
- Training directly associated with administrative functions.
- Travel directly associated with administrative functions.
- Licenses directly associated with administrative functions.
- Taxes.
- Interest.
- Property insurance.
- Personal liability insurance directly associated with administrative functions.
- Depreciation.
- General expenses, including, but not limited to, communication costs and supplies directly associated with administrative functions.

<u>Implementation</u>: The requirement that regional centers expend no more than 15 percent of their operations allocation on administrative costs became effective March 24, 2011. The Department will monitor compliance through its fiscal audits of regional centers. The addition of the required language in the Department's contracts with regional centers is pending upcoming contract negotiations with the ARCA Contract Negotiations Committee.

<u>TBL Section 9</u>: Section 4639 was amended to specify that, beginning in Fiscal Year (FY) 2011-12, the independent fiscal audit conducted pursuant to this section of law can not be completed by the same accounting firm more than five times in every 10 years.

<u>Implementation</u>: For the FY 2011-12 audit, the regional center may not use an independent accounting firm that has been used five or more times in the previous ten years.

TBL Section 13: Section 4652.5 was added to the Code, requiring any entity receiving payments from one or more regional centers to contract with an independent accounting firm for an audit or review of its financial statements subject to all of the following:

- When the amount received from the regional center(s) during the entity's fiscal year is more than or equal to two hundred fifty thousand dollars ($250,000) but less than five hundred thousand dollars ($500,000), the entity must obtain an independent audit or independent review report of its financial statements for the period. Consistent with Subchapter 21 (commencing with Section 58800) of Title 17, this also applies to work activity program providers receiving less than two hundred fifty thousand dollars ($250,000).
- When the amount received from the regional center(s) during the entity's fiscal year is equal to or more than five hundred thousand dollars ($500,000), the entity must obtain an independent audit of its financial statements for the period. This does not apply to payments made using usual and customary rates, as defined by Title 17, for services provided by regional centers, nor to state and local governmental agencies, the University of California, or the California State University.

An entity subject to the above must provide copies of the independent audit or independent review report and accompanying management letters, to the vendoring regional center within 30 days after completion of the audit or review. Regional centers receiving the audit or review reports must review and require resolution by the entity for issues identified in the report that have an impact on regional center services. Regional centers must also take appropriate action, up to termination of vendorization, for lack of adequate resolution of issues. Regional centers must notify the Department of all qualified opinion reports or reports noting significant issues that directly or indirectly impact regional center services within 30 days after receipt. The notification must include a plan for resolution of issues.

An independent review of financial statements must be performed by an independent accounting firm and must cover, at a minimum:

- An inquiry as to the entity's accounting principles and practices and methods used in applying them.
- An inquiry as to the entity's procedures for recording, classifying, and summarizing transactions and accumulating information.
- Analytical procedures designed to identify relationships or items that appear to be unusual.
- An inquiry about budgetary actions taken at meetings of the board of directors or other comparable meetings.
- An inquiry about whether the financial statements have been properly prepared in conformity with generally accepted accounting principles and whether any

events subsequent to the date of the financial statements would have a material effect on the statements under review; and,

- Working papers prepared in connection with a review of financial statements describing the items covered as well as any unusual items, including their disposition.

An independent review report must cover, at a minimum:

- Certification that the review was performed in accordance with standards established by the American Institute of Certified Public Accountants.
- Certification that the statements are the representations of management.
- Certification that the review consisted of inquiries and analytical procedures that are lesser in scope than those of an audit; and,
- Certification that the accountant is not aware of any material modifications that need to be made to the statements for them to be in conformity with generally accepted accounting principles.

This new section also prohibits the Department from considering a request for adjustments to rates submitted in accordance with Title 17 by an entity receiving payments from one or more regional centers solely to fund either anticipated or unanticipated changes required to comply with the above requirements.

<u>Implementation</u>: The Department will be sending a letter to vendored entities/providers, based on a Uniform Fiscal System (UFS) data run, that are subject to this law. This letter will be posted on the Department's homepage and regional centers are encouraged to either post the letter on their Internet Websites, or link to it. Regional centers may have other communication avenues with service providers through which they will additionally want to disseminate this information.

Vendor (and regional center) compliance with these requirements will be monitored through audits. Revisions are being made to the Department's vendor audit protocols for the monitoring of compliance with this statute. Corresponding revisions to the DDS-ARCA Regional Center Vendor Audit Protocol, will be discussed for incorporation and regional center use in monitoring providers of residential services receiving funding from regional centers at the qualifying thresholds, or monitoring other vendors with the Department's approval pursuant to audit thresholds in regional centers' contract with the Department.

Lastly, to assist regional centers, the Department will send to regional centers an annual UFS data run identifying vendors/entities, subject to these statutory provisions. This run will be based on the prior State fiscal year expenditures in UFS although the statutory *requirements and dollar thresholds for a fiscal review or audit, are based on the "entity's fiscal year". Given the Department does not have information on each impacted vendor's established fiscal year, the run to be sent to regional centers is simply to be a tool for indentifying an impacted vendor when conducting audits.*

Regional Center Staffing

TBL Section 10: Section 4640.6 was amended extending the date that specific consumer to service coordinator caseload ratios do not apply. The caseload ratio of 1:66 is lifted until June 30, 2012 for consumers who have not moved from the developmental centers to the community since April 14, 1993, who are three years of age and older, and who are not enrolled in the Home and Community-Based Services Waiver program for persons with developmental disabilities.

This section was also amended to extend until June 30, 2012, suspension of the requirement that regional centers must 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.
- Special education expertise to assist the regional center in providing advocacy and support to families seeking appropriate educational services from a school district.
- Family support expertise to assist the regional center in maximizing the effectiveness of support and services provided to families.
- Housing expertise to assist the regional center in accessing affordable housing for consumers in independent or supportive living arrangements.
- Community integration expertise to assist consumers and families in accessing integrated services and supports and improved opportunities to participate in community life.
- Quality assurance expertise, to assist the regional center to provide the necessary coordination and cooperation with the area board in conducting quality-of-life assessments and coordinating the regional center quality assurance efforts.

Medicaid Integrity

TBL Section 11: Section 4648.12 was added to the Code, immediately following Section 4648.1, stating that under federal and state law, certain individuals and entities are ineligible to provide Medicaid services. An individual, partnership, group association, corporation, institution, or entity, and the officers, directors, owners, managing employees, or agents thereof, that has been convicted of any felony or misdemeanor involving fraud or abuse in any government program, or related to neglect or abuse of an elder or dependent adult or child, or in connection with the interference with, or obstruction of, any investigation into health care related fraud or abuse, or that has been found liable for fraud or abuse in any civil proceeding, or that has entered into a settlement in lieu of conviction for fraud or abuse in any government program, within the previous 10 years, is ineligible to be a regional center vendor. The regional center can not deny vendorization to an otherwise qualified applicant whose felony or misdemeanor charges did not result in a conviction solely on the basis of the prior charges.

This new section requires that to ensure compliance with federal disclosure requirements and to preserve federal funding of consumer services, the Department must:

- Adopt emergency regulations to amend provider and vendor eligibility and disclosure criteria to meet federal participation requirements. The emergency regulations must address, at a minimum, disclosure requirements of current and prospective vendors, including information about entity ownership and control, contracting interests, and criminal convictions or civil proceedings involving fraud or abuse in any government program, or abuse or neglect of an elder, dependent adult, or child.
- Adopt emergency regulations to meet federal requirements applicable to vouchered services.
- Adopt nonemergency regulations to implement the terms of the above two sets of regulations within 18 months of the adoption of these emergency regulations.

Implementation: Emergency regulations are under development and will be promulgated shortly. Pursuant to the statutory language effective March 24, 2011, regional centers should not vendor any new applicants who are listed on either of the Internet Websites below:

Link to the State's Suspended and Ineligible Provider List - http://files.medi-cal.ca.gov/pubsdoco/manuals_menu.asp

Link to the Federal Office of Inspector General "exclusions database" - http://exclusions.oig.hhs.gov/

Statewide Collaboration for Administrative Actions

TBL Section 12: Section 4648.14 was added to the Code, immediately preceding Section 4648.2, requiring the State Department of Social Services and the State Department of Public Health to notify the Department of any administrative action initiated against a licensee serving consumers with developmental disabilities. "Administrative action" includes, but is not limited to, all of the following:

- The issuance of a citation requiring corrective action for a health and safety violation.
- The temporary or other suspension or revocation of a license.
- The issuance of a temporary restraining order; and,
- The appointment of a temporary receiver pursuant to Section 1327 of the Health and Safety Code.

Third-Party Liability
TBL Section 14: Article 2.6 (commencing with Section 4659.10) was added to Chapter 5 of Division 4.5 of the Code.

The provisions in this Article granted regional centers and the Department authority, such as Department of Health Care Services' has under the Medi-Cal program, to pursue third party recovery of the reasonable value of the service provided by the regional center. Third party liability (and subsequently, recovery) includes not only health insurance and health care services plans but also third parties and carriers who may be liable for an injury or wrongful death of a consumer.

Implementation: *Effective March 24, 2011, regional centers and the Department have the authority to pursue third party recovery as specified in statute. Additional information regarding this change in law and implementation will be sent out shortly to regional centers under separate cover.*

Service Provider Relief
TBL Section 15: Section 4791 was amended extending the sunset date until June 30, 2012, the provision that regional centers may temporarily modify personnel requirements, functions, or qualifications, or staff training requirements for providers, except for licensed or certified residential providers, whose payments are reduced by 4.25 percent pursuant to the amendments to Section 10 of Chapter 13 of the Third Extraordinary Session of the Statutes of 2009, as amended by Section 164 of Chapter 717 of the Statutes of 2010.

A temporary modification, effective during any agreed upon period of time between July 1, 2010, and June 30, 2012, may only be approved when the regional center determines that the change will not do any of the following:

- Adversely affect the health and safety of a consumer receiving services or supports from the provider.
- Result in a consumer receiving services in a more restrictive environment.
- Negatively impact the availability of federal financial participation.

- Violate any state licensing or labor laws or other provisions of Title 17 of the California Code of Regulations not eligible for modification pursuant to this section.

A temporary modification must be described in a written services contract between the regional center purchasing the services and the provider, and a copy of the written services contract and any related documentation shall be retained by the provider and the regional center purchasing the services from the provider.

TBL also continued the suspension until June 30, 2012, the requirements described in Sections 56732 and 56800 of Title 17 requiring community-based day programs and in-home respite agencies to conduct annual reviews and to submit written reports to vendoring regional centers, user regional centers, and the Department. Also, from July 1, 2010, to June 30, 2012, a residential service provider, vendored by a regional center and whose payment is reduced by 4.25 percent pursuant to the amendments to Section 10 of Chapter 13 of the Third Extraordinary Session of the Statutes of 2009, as amended by Section 164 of Chapter 717 of the Statutes of 2010, is not required to complete quarterly and semiannual progress reports required in subdivisions (b) and (c) of Section 56026 of Title 17. During program review, the provider must inform the regional center case manager of the consumer's progress and any barrier to the implementation of the individual program plan for each consumer residing in the residence.

4.25 Percent Payment Reduction

TBL Section 16: Section 10 of Chapter 13 of the Third Extraordinary Session of the Statutes of 2009, as amended by Section 164 of Chapter 717 of the Statutes of 2010, was amended providing that to implement changes in the level of funding for regional center purchase of services, regional centers must reduce payments for services and supports provided pursuant to Title 14 (commencing with Section 95000) of the Government Code and Division 4.1 (commencing with Section 4400) and Division 4.5 (commencing with Section 4500) of the Code. From February 1, 2009, to June 30, 2010, regional centers were required to reduce all payments for these services and supports paid from purchase of services funds for services delivered on or after February 1, 2009, by 3 percent, and from July 1, 2010, to June 30, 2012, by 4.25 percent, unless the regional center demonstrates that a nonreduced payment is necessary to protect the health and safety of the individual for whom the services and supports are proposed to be purchased, and the Department has granted prior written approval.

Regional centers can not reduce payments for:

- Supported employment services with rates set by Section 4860.

- Services with "usual and customary" rates established pursuant to Section 57210 of Title 17 of the California Code of Regulations; and,
- Payments to offset reductions in Supplemental Security Income/State Supplementary Payment (SSI/SSP) benefits for consumers receiving supported and independent living services.

Best Practices

TBL Section 1: Section 4620.3 was added to the Code, requiring the Department, in collaboration with stakeholders, to develop best practices for the administrative management of regional centers and for regional centers to use when purchasing services for consumers and families.

The Purchase Of Service best practices may vary by service category and may do all of the following: establish criteria determining the type, scope, amount, duration, location, and intensity of services and supports purchased by regional centers for consumers and their families; modify payment rates; and reflect family and consumer responsibilities, pursuant to Sections 4646.4, 4659, 4677, 4782, 4783, and 4784, and Government Code Section 95004.

The Department must ensure that implementation of best practices that impact individual services and supports are made through the individual program planning or individualized family service planning processes, and that consumers and families are notified of any exceptions or exemptions to the best practices and their appeal rights established in Section 4701.

This section also required the Department to submit the proposed best practices to the fiscal and applicable policy committees of the Legislature by no later than May 15, 2011.

Implementation: The Department completed the development of the proposals to achieve the required general fund savings following a lengthy stakeholder input process. The TBL for implementation of these General Fund savings proposals were submitted to the Legislature. Enactment of these proposals will occur through adoption of the State Budget for FY 2011-12. A list of the proposals submitted to the Legislature is enclosed and the Department will send additional correspondence once the State Budget has been enacted.

If you have any questions regarding this correspondence, please contact Brian Winfield, Manager, Regional Center Operations Section, at (916) 654-1569.

Sincerely,

Original Signed By

RITA WALKER
Deputy Director
Community Operations Division

Enclosure

cc: Robert Baldo, ARCA

FOR LEGISLATIVE REVIEW

PROPOSALS TO ACHIEVE $174 MILLION GENERAL FUND SAVINGS PURSUANT TO WELFARE & INSTITUTIONS CODE SECTION 4620.3

DEPARTMENT OF DEVELOPMENTAL SERVICES

MAY 16, 2011

DEPARTMENT OF DEVELOPMENTAL SERVICES
PROPOSALS TO ACHIEVE $174 MILLION GENERAL FUND SAVINGS
MAY 16, 2011

INTRODUCTION

The Department of Developmental Services (the Department) is currently responsible under the Lanterman Developmental Disabilities Services Act (Lanterman Act) for ensuring that nearly 245,000 persons with developmental disabilities receive the services and support they require to lead more independent and productive lives and to make choices and decisions about their lives.

California provides services and supports to individuals with developmental disabilities in two ways: the vast majority of people live in their families' homes or other community settings and receive state-funded services that are coordinated by one of 21 non-profit corporations known as regional centers. A small number of individuals live in four state-operated developmental centers and one state-operated community facility. The number of consumers with developmental disabilities in the community served by regional centers is expected to grow in Fiscal Year (FY) 2011-12 to nearly 250,000. The number of consumers living in state-operated residential facilities is expected to decrease by the end of FY 2011-12 to 1,691.

As a result of the on-going fiscal crisis in California over the last few years, the Department's budget, along with the budgets for many other state departments, has been reduced. To address prior fiscal pressures, service rates established by statute or by the Department have been frozen for many years and rates negotiated by the regional centers were limited in 2008 with the establishment of median rate caps for new providers. During the development of the FY 2009-10 and FY 2010-11 Governor's Budgets, the Department with input from a workgroup comprised of regional centers, service provider representatives, advocacy groups, consumers and family members, and legislative staff developed proposals to reduce or restrict General Fund (GF) growth in the Department's budget. In FY 2009-10, the Department developed proposals that resulted in approximately $334 million in GF savings and an additional $200 million in FY 2010-11. Savings proposals impacted both the developmental centers and regional centers, and included a variety of strategies such as restructuring, reducing or suspending various services; restricting eligibility for certain services; and maximizing other available funding sources, primarily federal funds. Most proposals achieved some or all of the savings, with changes to respite exceeding the savings anticipated. In addition to these proposals, payments for regional center operations and to providers of consumer services were reduced by 3 percent in FY 2009-10 and an additional 1.25 percent in FY 2010-11.

Due to continuing and significant pressure on the GF, the Department's budget for FY 2011-12 was decreased by $576.9 million GF, in addition to other reductions achieved through statewide budget items (e.g. state workforce reductions). Most of the changes necessary to achieve the savings have been identified and adopted by the Legislature. The reductions made to the Department's budget, totaling $402.9 million GF, will be achieved through continuation of the 4.25 percent payment reduction for regional center operations and purchase of services, additional federal and other alternative funding, administrative cost limits for regional centers and service providers, enhanced auditing, third-party collections and accountability measures, reduced funding for developmental centers, reduced funding for the Prevention Program serving infants and toddlers at risk of a developmental delay or disability, and additional regional center operations reductions.

In addition to reductions in community services, the developmental center budget has continued to decline through closure of state-operated facilities, living unit consolidations, delays in infrastructure repairs, and through cost saving personnel initiatives. In the FY 2011-12 budget, the developmental centers budget was decreased through additional residence consolidations; staffing reductions; delay in infrastructure repairs; additional federal funding; an unallocated reduction; and statewide budget items such as hiring freezes, furloughs, and wage reductions. The Department's headquarters budget has also decreased significantly over the last several years and for the FY 2011-12 budget is impacted by the statewide budget items referenced previously.

This left $174 million in GF reductions to be achieved through proposals developed by the Department and submitted to the Legislature for consideration. These proposals must be adopted by the Legislature before they can be implemented.

Consistent with the Department's on-going efforts to better align its budget with actual expenditures, a review of the most current expenditure information has identified a savings of $55.6 million GF available in FY 2011-12 that further reduces the amount necessary to be achieved through legislative proposals. This review of expenditure information also identified $28.5 million of one-time savings in the current year that will bridge the costs associated with implementation delays of the various proposals being submitted to the Legislature for the budget year.

To achieve the $174 million savings, the Department considered reductions in headquarters and regional center operations. The Department identified reductions of $39.3 million associated with contracts administered by the Department, proposals for increased federal financial participation, and additional reductions in regional center operations funding. After accounting for these proposed reductions, $79.1 million remained to be achieved through other proposals. All of the proposals are presented later in this document.

Throughout the process, there were many ideas and concepts that were discussed that have significant benefits to our system, but either could not be achieved within the short timeframe or would not generate immediate savings in the budget year. For example, the workgroups discussed: the need to reform the rate-setting systems; the potential benefit to restructuring the service codes used for billing; the need for more direct service providers doing background checks, coupled with increased training and vendorization changes; the value of having a designated benefits coordinator at each regional center; the need for federal, state and local governments to improve coordination of programs and funding; and the benefits and efficiencies of using technological advancements. The Department is committed to pursuing these ideas in the future, as the State's fiscal situation stabilizes and focus can be shifted to long-term improvements in the delivery of services.

PROCESS FOR DEVELOPING PROPOSALS

As the Department bridges this fiscal crisis, we remain committed to maintaining the Lanterman Act entitlement to community-based services and the preservation of the individualized planning process mandated in the Lanterman and Early Intervention Services Acts. For the development of the savings proposals, also referred to in statute as best practices, the Department has undertaken a significant effort to ensure full input was received from consumers, family members, advocates, service providers, regional centers, and the community.

Initial input was received through a statewide survey that was made available through the Department's website, as well as e-mails and letters from over 9,000 interested individuals and organizations. Eight workgroups were subsequently established to provide advice to the Department on savings proposals in the topic areas of behavioral services; day/supported employment/work activity program services; Early Start Program services; health care and therapeutic services; independent and supported living services; residential services; respite services; and transportation services. Representation on each of the eight workgroups included consumers, family members, service providers, advocacy organizations and regional center representatives. The representatives were selected by six statewide organizations with broad interest in regional center services[1], the Association of Regional Center Agencies[2], statewide organizations who

[1] Statewide organizations with broad interest appointed a consumer/family member, a service provider and an organization representative. These organizations included Disability Rights California, State Council on Developmental Disabilities, People First of California, The ARC of California, State Employees International Union, and California Disability Community Action Network.
[2] ARCA appointed an organization representative, a regional center employee involved in direct service delivery and an Executive Director or Board Member of a regional center.

represent service providers in the specific topic areas[3], and three organizations representing other aspects of our system[4]. Legislative staff also attended the workgroup meetings. The workgroup meetings began in March and continued through mid-April and included over 70 hours of discussion. The Department greatly appreciates the active participation of the workgroup members and their efforts to maintain the system while bridging these difficult budget times.

The savings proposals are intended to provide more uniformity and consistency in the administrative practices and services of the 21 regional centers, promote appropriateness of services, maximize efficiency of funding, and improve cost effectiveness. The Department considered the following in the development of the savings proposals: eligibility, duration, frequency, efficacy, community integration, service provider qualifications and performance, rates, parental and consumer responsibilities, and self-directed service options.

Changes in services based on the proposals will continue to be made through the individual program plan (IPP) or individualized family service plan (IFSP) processes. Consideration was given to the impacts of prior reductions in the specific service areas on consumers, families, and providers. For example, respite services were significantly impacted by the reductions made in 2009-10 to the extent there are no proposals directly associated with this service area.

PUBLIC FORUMS

Following completion of the efforts by the eight workgroups, the Department developed savings proposals based on the discussions in the topic area workgroups, survey results, and other input received from the community. The Department presented these proposals at three public forums held in Los Angeles on May 5, 2011; Sacramento on May 6, 2011; and Oakland on May 9, 2011. Additional input from the community was received and considered, especially regarding the impacts of the proposals. Accessibility by teleconference was provided at each of the forums for those individuals interested in providing input but who were unable to attend the meetings in person.

The public forums were attended by over 1,000 participants with another 170 individuals joining by teleconference. The Department heard testimony from nearly 300 stakeholders during the three forums and received over 150 written comments. Based upon the input received at the public forums and further program and fiscal analysis, revisions were made to the proposals that had previously been published on the DDS website and provided to the public. Following are the final proposals for your consideration and approval.

[3] Topic specific organizations appointed a consumer/family member, a service provider and an organization representative.

[4] These organizations appointed one representative and included the DDS Consumer Advisory Committee, University Centers of Excellence in Developmental Disabilities and an association representing individuals in Developmental Centers (CASHPCR)

PROPOSALS FOR ACHIEVING SAVINGS

1. INCREASING FEDERAL FUNDS FOR REGIONAL CENTER PURCHASED CONSUMER SERVICES.

Summary:

Federal financial participation in the funding of regional center consumer services is a critical component of the State's budget. Currently, federal funding comprises nearly $1.7 billion of the funding for regional center services. Through this proposal additional federal financial participation in the delivery of regional center consumer services is achieved, with a corresponding decrease in needed State GF dollars.

The Department, through the regional center system, operates a federally approved 1915 (c) Home and Community-Based Services Waiver (Waiver) with a projected 91,933 enrollees in FY 2011-12. Federal reimbursements for the Waiver program in FY 2011-12 are $1.032 billion (includes Waiver services, clinical teams at regional centers, and administrative costs) per the January 2011 budget. The Department submitted a 1915 (i) State Plan Amendment (SPA) to the federal government in December 2009, with an October 1, 2009 effective date. Through this SPA, the Department will receive federal financial participation in the funding of services received by active regional center consumers (an estimated 40,000) with Medi-Cal benefits who do not meet the level of care criteria for the Waiver. The January 2011 budget reflects an estimated $160.8 million in federal reimbursement for regional center expenditures associated with the 40,000 consumers projected for coverage under this federal program. Federal funding is also received for the cost of day and transportation services provided to regional center consumers residing in intermediate care facilities. The January 2011 budget includes an estimated $52.8 million in federal reimbursements associated with the cost of these services for the approximately 7,000 regional center consumers residing in these facilities. The Department also receives federal funding through the Money Follows the Person (MFP) Grant related to individuals moving from developmental centers. MFP funding is available to assist individuals in transitioning out of institutions, such as Lanterman Developmental Center, and provides 12 months of service funding upon relocation into a community setting, at an enhanced federal share. The May Revision budget updates federal funds to reflect implementation of the proposals included in this package.

Workgroup participants discussed possible new funding options through the federal 1915 (k) Community Living Options which becomes available to states in October 2011, as well as ways to expand receipt of federal funding through the Department's Home and Community-based Waiver, the 1915(i) SPA, and the federal MFP Grant in which the Department participates. This proposal assumes increased federal funding in all of these areas. Workgroup members also recommended consumers and families provide a copy of their Medi-Cal, Medicare, and insurance cards at the time of the IPP to ensure federal and other resources are maximized. The Department's proposal includes this recommendation.

Savings:

<u>FY 2011-12 savings</u>

Total Funds (TF):	$0 (fund shift)
GF:	$20,932,000

<u>FY 2012-13 savings</u>

TF:	$0 (fund shift)
GF:	$22,515,000

This proposal assumes more federal funding in the Department's budget by adding Voucher – Nursing Services to the Waiver ($.5 million GF); claiming federal money at an enhanced federal match for the first 12 months of services under the MFP Grant for consumers moving from intermediate care, nursing and sub-acute facilities to integrated community living arrangements ($3.4 million GF annually, $1.9 million GF in FY 2011-12); capturing an additional 6 percent of federal funding for 12 months under the 1915 (k) option for eligible consumer services if such services are added to the State Medicaid Plan ($1.2 million GF); receiving federal matching funds for the purchase of infant development programs for Early Start consumers with Medi-Cal ($13.2 million GF); and obtaining additional federal funding based on updated expenditures for the 1915 (i) SPA ($4.1 million GF).

Implementation:

This proposal will be effective upon approval of the Legislature. The Department will include in its Waiver renewal request the addition of Voucher- Nursing Services for federal approval, effective October 1, 2011. Implementation of the proposals relative to the 1915 (k) option and obtaining federal financial participation for Early Start infant development programs will require approval of the federal government. Legislation will be needed to require the submittal of benefit cards.

Anticipated Impacts:

Additional federal funds will be applied for and received reducing the use of General Fund. To maximize federal financial participation (FFP) and other funding sources, consumers and families will be requested to provide health care benefit cards to the regional centers for possible third-party billing for consumer services.

2. DECREASING DEPARTMENT OF DEVELOPMENTAL SERVICES HEADQUARTERS CONTRACTS

Summary:

The Department contracts with a number of organizations to implement programs and projects that provide support, services, and technical assistance across all regional centers. The January 2011 budget included $24.1 million ($21.0 million GF) for system wide contracts. In addition to statewide reductions to the headquarters' budget, such as hiring freezes, furloughs, and wage reductions, the Department proposes to reduce six contracts and discontinue one non-mission critical projects, as follows:

<u>Information Technology</u>: The Department's contract with the state-operated data center for support of data systems and data processing will be reduced from $4,517,000 to $3,972,000, consistent with a similar reduction made in the current year due to operational efficiencies. This proposal and will save $545,000 GF.

<u>Clients' Rights Advocacy</u>: The Department's contract with Disability Rights California to provide consultation, representation, training, investigation, and compliance with clients' rights will be held at the current year funding level of $5.295 million for a savings of $250,000 ($200,000 GF).

<u>Quality Assessment</u>: The Department contracts with independent organizations to conduct surveys and analyses of consumers and family members about satisfaction with services and personal outcomes. This project will be reduced to $3.235 million which does not reduce the contracts below their current year funding. In FY 2009-10, the Department achieved GF savings of $2.287 million by consolidating Life Quality Assessment and Movers Study into one improved quality assurance project. This proposal will save $530,000 ($424,000 GF).

<u>Direct Support Professional Training (DSPT):</u> The Department contracts with the California Department of Education to administer the DSPT training and testing through the Regional Occupational Programs. This contract will be reduced from $3.582 million to $3.442 million. This reduction will not affect the Department's ability to schedule DSPT trainings at Lanterman Developmental Center for staff that choose to work in the community. This proposal will save $140,000 ($85,000 GF).

<u>Office of Administrative Hearings:</u> The Department contracts with the Office of Administrative Hearings to conduct fair hearings required by the Lanterman Act and mediation and fair hearing services required by the California Early Intervention Services Act. The current year level of funding, $3.15 million, will be maintained without affecting the rights of consumers and families to the fair hearing and mediation processes. This proposal will save $250,000 ($200,000 GF).

Special Incident Reporting/Risk Management: To maintain and increase federal Home and Community-Based Services Waiver funding, the Department contracts with an independent entity to conduct data analysis, training, site reviews, and provides data, training, and analytical services that mitigate and reduce special incidents. The Department will prioritize the work of this contractor such that federal concerns are addressed while achieving savings. This contract will be reduced from $940,000 to $840,000 and achieve savings of $100,000 GF.

Self-Directed Services - Training and Development: The Department will reprioritize existing resources to develop and conduct the anticipated training associated with the Self-Directed Services Waiver, if and when it is approved by the federal government. The Waiver was submitted in 2008. This proposal will save $200,000 GF.

Savings:

FY 2011-12 savings

TF: $2,015,000
GF: $1,754,000

FY 2012-13 savings

TF: $2,015,000
GF: $1,754,000

Implementation:

These proposals will be effective upon approval of the Legislature. No statutory changes are required.

Anticipated Impacts:

The savings will be achieved through the reduction of six statewide contracts and discontinuation of one non-mission critical project that will have no direct impact on consumers, families or service providers.

3. REDUCTIONS AND EFFICIENCY IN REGIONAL CENTER OPERATIONS FUNDING

Summary:

The Department contracts with 21 private, nonprofit regional centers to provide, among other activities specified in law, intake and assessment and life long voluntary case management services to eligible individuals pursuant to the Lanterman Act. Regional centers were created in statute to provide fixed points of contact in the community for persons with developmental disabilities and their families so they may have access to the services and supports best suited to them throughout their lifetime. In FY 2011-12, the regional centers are expected to serve over 250,000 consumers. The law requires that 85 percent of a regional center's operations funding is used for the provision of direct services.

Regional centers play a critical role in the Department's ability to receive and maintain federal funding for the delivery of consumer services. Currently, over $1.7 billion in federal funding is included in the budget for regional center services. It is through the regional center system that the Department meets the federal requirements for the approved Home and Community-Based Services Waiver program. Regional centers are responsible for ensuring that eligible consumers who want to participate on the Waiver are enrolled, service providers meet the qualifications for providing Waiver services, individual program plans are developed and monitored, consumer health and welfare is addressed, and financial accountability is assured. Regional centers also play a similar role in meeting the federal requirements for the Department's receipt of federal funding in the day and transportation services of approximately 7,000 consumers residing in intermediate care facilities, and the 1915 (i) SPA under review by the Centers for Medicare and Medicaid Services.

The workgroup participants called for reductions to regional center operations as a component of the Department's reduction proposals. There was discussion regarding the implementation of efficiencies that would reduce regional center funding and staffing needs. This proposal achieves reductions through the implementation of provider electronic billing; the elimination of regional center staff positions[5]; funding for one-time costs associated with office relocations or modifications; and funding allocated to regional centers for accelerated enrollment of new Waiver participants (since under the 1915 (i) SPA the Department will receive federal funding for services to virtually all of the remaining Medi-Cal beneficiaries served by the regional centers who reside in non-institutional settings as defined by the federal government, and are not otherwise covered by another federal program). In addition, the proposal assumes an unallocated reduction to the operations budget.

Reductions to regional center operations of $13.7 million were a component of proposals to achieve the $334 reduction in FY 2009-10. Funding was eliminated for triennial quality assurance reviews, one-time funding was reduced for office relocations and modifications, and funding was reduced based on eligibility changes in the Early Start Program and the subsequent implementation of the Prevention Program. In addition, the FY 2011-12 budget for regional center operations was reduced by actions already taken by the Legislature totaling $27.7 million ($27.4 million GF) including continuation of the 4.25 percent

[5] Regional center staff-related reductions include elimination of the positions associated with implementation of the Self-Directed Services Waiver for which federal approval has been pending since 2008; savings associated with the Department's overestimated need for community placement plan resources; and rollback of prior year staffing increases.

payment reduction, administrative cost limits, auditing requirements, conflict of interest requirements, staffing reductions, and increased federal funding.

Savings:

<u>FY 2011-12 savings</u>

TF: $14,565,000
GF: $14,132,000

<u>FY 2012-13 savings</u>

TF: $15,881,000
GF: $15,015,000

The savings will be achieved through staff reductions, efficiencies and an unallocated reduction in operations, as follows:

- Self Directed Services Waiver Reduced Staffing ($0.9 million GF)
- Community Placement Plan Reduced Staffing ($0.3 million GF) – described later in this document under the Community Placement Plan proposal.
- Roll Back of Prior Year Staffing Increase ($1.9 million GF)
- Reduced Accelerated Waiver Enrollment Funding ($1.8 million GF)
- Administrative Efficiency - Electronic Billing Process to All Providers ($2.6 million TF, $1.8 million GF; FY 2011-12 savings due to implementation lags are $1.3 million TF, $0.9 million GF)
- Eliminate Costs for Office Relocations and Modifications ($3.0 million GF)
- Unallocated Reduction ($5.4 million GF)

Implementation:

This proposal will be effective upon approval of the Legislature. Legislation will be needed to implement the electronic billing administrative efficiencies.

Anticipated Impacts:

The accumulated impact of reductions in regional center operations can impact the responsiveness to consumers, families and service providers; could result in increased case manager caseloads; and could impact the regional centers' ability to meet federal requirements for receipt of federal funding.

4. COMMUNITY PLACEMENT PLAN FUNDING

Summary:

As described in Welfare and Institutions Code section 4418.25, the Department has a statutory responsibility to ensure that individuals with developmental disabilities live in the least restrictive setting, appropriate to their needs. The law establishes a Community Placement Plan (CPP) process designed to assist regional centers in providing the necessary services and supports for individuals to move from developmental centers. It also provides the resources necessary to stabilize the community living arrangements of individuals who are at risk of placements in a developmental center (deflection).

Under the CPP process, each regional center develops and submits an annual CPP to the Department based on the needed resources, services, and supports for consumers moving from a developmental center, as well as the resources needed to prevent developmental center admission. The Department requests CPP funding through the budget process. CPP has to be implemented in accordance with the plan approved by the Department.

CPP has resulted in more people moving from, and reduced admissions to, the developmental centers. In the past five years, regional centers have facilitated the placement of 1,168 consumers and have reduced admissions. For example, in FY 2005-06, sixty-six (66) consumers were admitted to developmental centers with thirty-four (34) consumers admitted in FY 2009-10.

The Department closed Agnews Developmental Center in FY 2008-09 and the state-operated community facility, Sierra Vista, in FY 2009-10. The Department is in the process of closing Lanterman Developmental Center.

As part of the planning process, regional centers must forecast the dates consumers will move into the community as well as when resources will come on line. Often new vendors are needed and development of individualized resources, especially licensed residential arrangements, can take longer than anticipated. Consequently, the Department and each regional center are continuously harmonizing the amount of funds needed to implement the CPP.

The Department has conducted an extensive analysis of the funds budgeted, allocated, and expended and has determined that CPP can be reduced by $10 million ($7.3 million GF) by funding CPP closer to the amount actually needed in the current and immediately prior FYs. Of this amount, $315,000 is reflected in the proposal to reduce regional center operations funding. This will result in maintaining the level of placements, deflections, start-up activities, and the operational resources needed to design and implement the very individualized CPP. This reduction will <u>not</u> impact the Department and regional center efforts to facilitate consumers moving from a developmental center or prevent admissions to a developmental center.

There were no changes to the CPP in the FY 2009-10 budget reduction process. CPP was not the subject of workgroup discussion.

Savings:

<u>FY 2011-12 savings</u>[6]

TF: $9,685,000
GF: $6,966,000

<u>FY 2012-13 savings</u>[6]

TF: $9,685,000
GF: $6,966,000

Implementation:

This proposal will be effective upon approval of the Legislature.

Anticipated Impacts:

CPP funds will be reduced to reflect actual annual expenditures based on review and analysis of the past two years of regional center needs to ensure continued placements of individuals residing in developmental centers into the community or the deflection from placement into institutions. This reduction will <u>not</u> impact the Department and regional center efforts to facilitate consumers moving from a developmental center or prevent admissions to a developmental center.

5. RATE EQUITY AND NEGOTIATED RATE CONTROL

Summary:

The rate setting methodologies for services funded by regional centers are specified in law. These methodologies include: negotiations resulting in a rate that does not exceed the regional center's median rate for that service, or the statewide median, whichever is lower, and the provider's usual and customary rate (U&C), which means the rate they charge the members of the general public to whom they are providing services. A 4.25 percent payment reduction to regional center funded services went into effect July 1, 2010 (a 3 percent reduction was previously in effect commencing February 2009), but did not apply to service providers with a U&C rate. The intent of the U&C exemption was for businesses that serve the general public without specialty in services for persons with developmental disabilities. This proposal clarifies that the exemption to the 4.25 percent payment reductions does not apply to providers specializing in services to persons with developmental disabilities. This proposal also calls for the Department to update the calculation of the regional center and statewide median rates, established as part of the 2008-09 budget reductions, applicable to new vendors providing services for which rates are set through negotiation. The

[6] The remaining $315,000 GF is reflected in the proposal, Reductions and Efficiency in Regional Center Operations Funding.

proposal only impacts providers who were not previously impacted by the 4.25 percent payment reduction and new providers of negotiated rate services.

This proposal is consistent with workgroup discussions regarding the U&C modification and suggestions that any rate changes be focused on new or higher rate providers.

Savings:

<u>FY 2011-12 savings</u>

TF: $6,008,000
GF: $3,432,000

<u>FY 2012-13 savings</u>

TF: $14,312,000
GF: $ 9,568,000

Savings Detail:

<u>4.25 Percent Payment Reduction for Usual and Customary Rates</u>

- Annual Savings: $1.0 million ($0.8 million GF)
- FY 2011-12 Savings: The annual savings is achievable in FY 2011-12 for savings of $1.0 million ($0.8 million GF)

<u>Median Rates</u>

- Annual Savings: $13.3 million ($7.0 million GF)
- FY 2011-12 Savings: $5.0 million ($2.6 million GF)

Implementation:

This proposal will be effective upon approval of the Legislature. The 4.25 percent payment reduction can be implemented immediately and the Department will update the median rates used by regional centers for new providers of applicable services effective October 1, 2011.

Anticipated Impacts:

The proposal only impacts providers who were not previously impacted by the 4.25 percent payment reduction and new providers of negotiated rate services.

6. Annual Family Program Fee

Summary:

There are currently two family participation programs in the Department. The first is a Parental Fee for families with children ages 0 through 17 who have been placed out of the family home. The second is the Family Cost Participation Program (FCPP) for families of children ages 0 through17 who receive day care, respite, and camping services. In response to State budget pressures, both programs were recently changed to increase parental participation.

This proposal establishes an annual family program fee in the amount of $150 or $200, depending on family income, that will be assessed for families of consumers receiving services from the regional centers who meet the following criteria:

- The child is under age 18.
- The child lives at home with their parent(s).
- The child is not eligible for Medi-Cal.
- The family's income is at or above 400 percent of the Federal Poverty Level (FPL) based upon family size.
- The child or family receives services beyond eligibility determination, needs assessment, and case management. Families of consumers who <u>only</u> receive respite, day care, and/or camping services are also excluded under the Annual Family Program Fee if assessed separately in the Family Cost Participation Program (FCPP).

The authorizing legislation would include an exemption process for families with special circumstances. Families with two or more children receiving regional center services would be charged only one fee.

Savings:

<u>FY 2011-12 savings</u>

TF: $3,600,000
GF: $3,600,000

<u>FY 2012-13 savings</u>

TF: $7,200,000
GF: $7,200,000

Implementation:

This proposal will be effective upon approval of the Legislature. The annual family program fee will be assessed by regional centers at the time of the development of the IPP/IFSP, but no later than June 30, 2012, and annually thereafter. Legislation will be required for implementation and federal approval may be required for consumers in the Early Start Program.

Anticipated Impacts:

It is estimated that there will be over 42,000 families responsible for paying an Annual Family Program Fee. Families of consumers, ages 0 through 17, will be required to pay the fee when they receive services from a regional center, with the exception of eligibility determination, needs assessment, and case management services. If a family only receives respite, day care and camping services, they will not be subject to the fee, as they participate in the Family Cost Participation Program when receiving these services. An exemption process for families with special circumstances would be outlined in the authorizing legislation. Families with two or more children receiving regional center services would be charged only one fee.

7. MAINTAINING THE CONSUMER'S HOME OF CHOICE – MIXED PAYMENT RATES IN RESIDENTIAL FACILITIES WITH ALTERNATIVE RESIDENTIAL MODEL (ARM) RATES

Summary:

Rather than a consumer having to leave their preferred residential living arrangement because their service and support needs have changed, this proposal allows for regional center payment of a lower rate that meets the needs of the individual while leaving intact the higher level of services and support for the other individuals residing in that home and the facility's ARM service level designation.

Current regulations for ARM facilities (Title 17, Section 56902) allow regional centers to negotiate a level of payment for its consumers that is lower than the vendored rate established by the Department (ARM rate). However, the vendor must still provide the same level of service (i.e. staffing ratios and hours, and consultant services) for which they are vendored (i.e. the designated ARM service level for the facility). This proposal would allow, pursuant to the consumer's IPP, and a written agreement between the regional center and residential provider, a lower payment rate for a consumer whose needs have changed but wants to maintain their residency in the home, without impacting the facility's ARM service level designation.

This concept was discussed in the Residential Services Workgroup for potential cost savings.

The majority of consumers living in 24-hour residential care reside in ARM facilities. The FY 2011-12 budget includes $871.1 million to fund residential services for over 21,000 consumers living in over 4,700 community care facilities.

In the FY 2009-10 adopted budget reduction proposals, residential services were impacted by the implementation of the Uniform Holiday Schedule for Day Programs. When programs impacted by the holiday schedule were closed, residential facilities had associated increased staffing costs.

Savings:

FY 2011-12 savings

TF: $2,255,000
GF: $1,364,000

FY 2012-13 savings

TF: $4,176,000
TF: $2,526, 000

Implementation:

This proposal will be effective upon approval of the Legislature. For the consumer, a change in the level of residential services would be done through the IPP process, and subsequently through a contract between the regional center and residential service provider. If a consumer's needs subsequently increase, the services and the corresponding rate will be adjusted accordingly.

Anticipated Impacts:

Consumers will be able to stay in their home of choice. For the consumer, a change in the level of residential services would be done through the IPP process, and subsequently through a written agreement between the regional center and the residential provider. Although the rate for the service will decrease, the service provider staffing requirements would also be adjusted.

8. MAXIMIZE UTILIZATION OF GENERIC RESOURCES - EDUCATION SERVICES

Summary:

Publicly funded school services are available to regional center consumers to age 22. The Lanterman Act requires the use of generic services to meet the needs of the consumers, as applicable, and further states that regional centers shall pursue all possible sources of funding for consumers receiving regional center services, including school districts (Welfare and Institutions Code section 4659). The California Education Code addresses education and related services to pupils 18 to 22 years of age. The Education Code lists services provided by the school system, including orientation and mobility services, school transition services, specialized driver training instruction, specifically designed vocational education and career development, and transportation. For consumers who remain eligible for services through the public school system, this proposal requires the regional centers to use the generic education resources in lieu of purchasing day program, work/employment, independent living, mobility training and associated transportation services on their behalf. Regional centers may encourage schools to use existing vendors to meet consumer needs.

Workgroup participants recommended greater reliance on the educational system for services, as appropriate. Participants expressed the need to maximize service provision through the mandated transition plan for individuals with special education needs.

The budget reductions in FY 2009-10 required regional centers to use generic educational services for minor school aged children, with exceptions in statute.

Savings:

FY 2011-12 savings

TF: $13,696,000
GF: $10,236,000

FY 2012-13 savings

TF: $18,188,000
GF: $13,593,000

Implementation:

This proposal will be effective upon approval of the Legislature. The IPPs of consumers 18 to 22 years of age receiving regional center funded day, independent living, and/or associated transportation services potentially impacted by the implementation of this proposal will need to be reviewed to determine eligibility for the generic educational services. The estimate assumes the use of generic education resources will be addressed through the IPP for consumers currently receiving the identified services through the regional center. All changes to existing plans will be done through the IPP process.

Anticipated Impacts:

Consumers, ages 18 to 22, based upon the services identified in their IPP, will receive generic education services through the public education system, rather than the regional centers.

9. SUPPORTED LIVING SERVICES: MAXIMIZING RESOURCES

Summary:

Supported Living Services (SLS) is a community living option that supports adult consumers who choose to live in homes they control through ownership, lease, or rental agreement. In supported living, a consumer pays for living expenses (e.g. rent, utilities, food, and entertainment) out of Social Security Income, work earnings or other personal resources. The regional center pays the vendor to provide the SLS. The consumer may also receive other kinds of publicly-funded services like Medi-Cal, mental health services, vocational services, and In-Home Supportive Services (IHSS).

It is estimated that for FY 2011-12, 9,803 consumers will receive SLS at a total cost of approximately $383 million. In the past five years, the number of consumers using SLS has increased by 33 percent and expenditures have grown by 83 percent.

During workgroup meetings, participants discussed ways to maximize regional center funded services while maintaining the individualized nature of SLS. Consumers who share a household with other adults may also share common tasks. Savings for SLS could be accomplished through identifying the shared tasks that can be provided at the same time, provided each person's needs are met. Identifying, during IPP meetings, shared tasks, such as meal preparation and clean up, menu planning, laundry, shopping, general household tasks, and errands, would enable the SLS provider to provide efficiencies in SLS services.

A second area of discussion among participants was how the amount and type of SLS service is determined. Currently, most providers conduct this assessment as an important component of getting to know the consumer they will be supporting. The workgroup discussed the value of conducting an independent assessment when service needs are significant, while preserving the need for the provider to have a comprehensive understanding of the type and amount of services needed.

To maximize resources in SLS, this proposal would require regional centers to assess during IPP meetings whether there are tasks that can be shared by consumers who live with roommates. Secondly, an independent needs assessment will be required for all consumers who have SLS costs that exceed 125 percent of the annual statewide average cost of providing supported living service. The assessment would be completed by an entity other than the SLS agency providing service and be used during IPP meetings to determine the services provided are necessary and sufficient and that the most cost effective methods of service are utilized.

As part of FY 2009-10 reductions, SLS achieved savings of $22.9 million in Total Funds and $15.1 million in GF. Savings were associated with SLS vendors helping consumers get IHSS within five days of moving into supported living; regional centers reviewing SLS rates and only supplementing consumer's rent in extraordinary circumstances; and having consumers using SLS who share a home use the same SLS provider if possible.

Savings:

<u>FY 2011-12 savings</u>

TF: $9,948,000
GF: $5,461,000

<u>FY 2012-13 savings</u>

TF: $19,896,000
GF: $10,924,000

Savings Detail:

<u>SLS – Independent Assessments</u>

- Annual Savings: $12.2 million ($6.7 million GF)

- FY 2011-12 Savings: The savings will be phased-in throughout the first year; therefore, 50 percent of the annual savings is assumed in FY 2011-12 for $6.1 million ($3.4 million GF).

<u>SLS – Shared Tasks</u>

- Annual Savings: $7.7 million ($4.2 million GF)

- FY 2011-12 Savings: The savings will be phased-in throughout the first year; therefore, 50 percent of the annual savings is assumed in FY 2011-12 for $3.8 million ($2.1 million GF).

Implementation:

This proposal will be effective upon approval of the necessary statutory changes by the Legislature. Changes to an individual's SLS will be made through the IPP process.

Anticipated Impacts:

Consumers will receive SLS services as identified in their IPP. In some instances and where appropriate, some SLS services may be shared with roommates. The independent assessment will be utilized by the IPP team when determining the appropriate level of services based on the consumer's needs.

10. Individual Choice Day Services

Summary:

Over the past several years there has been extensive community discussion regarding best practices for delivery of day services. Consumers, family members, regional center staff, and vendors have publicly testified that the current array of day services options is insufficient to meet changing consumer needs. Young consumers want the opportunity to attend college and to develop the job skills necessary to get stable employment. Other adults want the opportunity to contribute to their community through volunteerism or simply have the flexibility to tailor when, where, and how often they attend a day program. A number of consumers want the opportunity to direct their day services.

Twenty-five percent of the regional center purchase of service budget is spent on Day Program and Habilitation Services (i.e., work services.) The Department estimates expenditures of nearly $930 million in FY 2011-12 for these programs.

To achieve savings in FY 2009-10, the Department proposed three strategies that impacted day program services: expansion of the Uniform Holiday Schedule, an option for reduced programming for Seniors, and Custom Endeavor Option (CEO) to allow for more individualized services. The proposed GF savings were Uniform Holiday Schedule $16.3 million; Senior Option $1 million; and CEO $12.7 million. However, only the Uniform Holiday Schedule change achieved savings. Virtually no savings were achieved for the Senior or CEO Options.

During recent workgroup meetings, the Senior and CEO Options, and the barriers associated with implementing them, were discussed. The workgroup members conveyed to the Department that savings were difficult to achieve due to regulatory restrictions on staffing ratios, not being able to backfill if a consumer chose a different option, and the difficulty of implementing the options within the current rate structure. Workgroup participants advised the Department to review individualized day program service options and address the barriers surrounding fixed staffing ratios and operating costs when proposing any individual choice options. The Residential Services workgroup raised concerns about the practice of some day programs ending the program day very early and returning consumers to their residence after a few hours, thereby shifting costs.

The Department considered the input from the workgroups and community concerning the importance of consumers having alternative choices to traditional day programs in its development of the FY 2011-12 proposals. Two of the proposals presented by the Department address the community's eagerness for greater consumer choice in day services. These proposals also deal with the barriers expressed by providers in implementing the FY 2009-10 proposals.

Tailored Day Program Service Option (TDS): TDS is designed to meet the needs of consumers who choose a program focused on their individualized needs and interests to develop or maintain employment and/or volunteer activities; maximize consumer direction of the service; permit pursuit of post secondary education; and increase the consumer's ability to lead an integrated and inclusive life. In this option, a consumer can choose to attend fewer program days, choose the hours of participation, or change the location. Through the IPP process, the consumer, vendor, and regional center can create a program tailored to the consumer's needs. Once the type and amount of service desired by the consumer is determined, the regional center and vendor can negotiate the appropriate hourly or daily rate. Staffing may be adjusted but must meet all health and safety requirements for the consumer and meet the consumer's tailored needs. Consumers currently engaged in Senior and CEO options will remain in those options, but regional centers will no longer be able to refer to those options.

Vouchered Community-Based Training Service Option (VCTS)**:** VCTS is designed for consumers and/or parents who choose to directly hire a support worker to develop functional skills to achieve community integration, pursue post secondary education, employment, or participation in volunteer activities. A Financial Management Services entity will be available to assist the consumer in payroll activities and up to 150 hours of services are available each quarter.

Modified Full and Half-Day Program Attendance Billing: The proposal modifies the current billing for day programs that bill a daily rate. A full day of service is defined as at least 75 percent of the declared and approved program day; a half day of service is any attendance less than a full day of service. Currently, regulations governing the provision of day programs are silent on what constitutes a full or half-day for billing purposes. This proposal would ensure the consumer is receiving the level of services purchased. This requirement will not apply to TDS or VCTS services.

Savings:

FY 2011-12 savings

TF:	$12,839,000
GF:	$ 9,629,000

FY 2012-13 savings

TF:	$16,477,000
GF:	$12,358,000

The individual choice day service and modified billing proposals combined are designed to achieve the expected but unachieved savings associated with the Senior and CEO Options enacted in the 2009-10 budget process.

Savings Detail:

Tailored Day Program Service Option

- Annual Savings: $9.4 million ($7.0 million GF)

- FY 2011-12 Savings: The savings in FY 2011-12 assumes nine months of savings to address delays in identifying and implementing the various consumer driven options. This results in FY 2011-12 savings of $7.0 million ($5.3 million GF)

Vouchered Community-Based Training Service Option

- Annual Savings: $5.2 million ($3.9 million GF)

- FY 2011-12 Savings: The savings in FY 2011-12 assumes nine months of savings to address delays in identifying and implementing the various consumer driven options. This results in FY 2011-12 savings of $3.9 million ($2.9 million GF)

Modified Full and Half-Day Program Attendance

- Annual Savings: $1.9 million ($1.4 million GF)

- FY 2011-12 Savings: The annual savings is achievable in FY 2011-12 for savings of $1.9 million ($1.4 million GF)

Implementation:

This proposal will be effective upon approval of the necessary statutory changes by the Legislature. Implementation of the TDS and VCTS options will be individualized and phased in through the IPP process. Federal approval will be needed to receive federal funding for the VCTS program.

Anticipated Impacts:

Based upon their IPP, some consumers will elect to receive TDS or VCTS services for opportunities to develop or maintain employment and/or volunteer activities; maximize direction of their service; pursue post secondary education; and increase their ability to lead an integrated and inclusive life. The proposal regarding half-day billings will ensure service providers are paid for the services they provide, based on the consumer’s actual attendance.

11. Maximizing Resources for Behavioral Services

Summary:

Behavioral Services are services that provide instruction and environmental modifications to promote positive behaviors and reduce behaviors that interfere with learning and social interaction. Behavioral Services can include designing, implementing and evaluating teaching methods, consultation with specialists, and behavioral interventions. It can also include training for consumers and/or parents on the use of behavioral intervention techniques and home-based behavioral intervention programs that are implemented by parents for their children. Department regulations establish the qualifications for the various professionals delivering these services.

This proposal would require parents to verify receipt of Behavioral Services provided to their child. This proposal would also authorize the Department to promulgate emergency regulations to establish a new service to address the use of paraprofessionals in group practice behavioral intervention services and establish a rate.

Spending on Behavioral Services has increased steadily. Last year, nearly $249 million was spent to provide services to over 20,000 consumers. This year, the Department anticipates spending over $291 million on Behavioral Services.

During recent workgroup meetings, participants discussed whether having parents confirm the provision of Behavioral Services would reduce the unintended occurrence of incorrect billings. Behavioral Services provided to children are often frequent in occurrence, increasing the possibility of inaccurate billings.

Additionally, workgroup members felt that allowing qualified paraprofessionals to provide intervention services could result in cost savings. Participants considered that undergraduates studying in a field relevant to behavioral intervention and other individuals with experience working with people with developmental disabilities could, with sufficient supervision and training, provide some intervention services. Because these workers would be paraprofessionals operating with a group practice, the rate of pay could be lower while maintaining the quality and consistency of the service.

In FY 2009-10, the Department implemented statute calling for regional centers to purchase Behavioral Services consistent with evidence-based practices and addressing the role of parents in the treatment plan. The usefulness of an intervention plan is now reviewed on a regular basis to ensure goals and objectives are met. These strategies were estimated to save $21 million in GF ($30 million in Total Funds). Savings were partially achieved.

Savings:

<u>FY 2011-12 savings</u>
TF: $4,893,000
GF: $3,852,000

<u>FY 2012-13 savings</u>
TF: $4,893,000
GF: $3,852,000

Savings Detail:

<u>Parent Verification of Receipt of Services</u>

- Annual Savings: $2.7 million ($2.0 million GF)

- FY 2011-12 Savings: The annual savings is achievable in FY 2011-12 for savings of $2.7 million ($2.0 million GF)

<u>Establish Paraprofessional Service</u>

- Annual Savings: $2.5 million ($1.9 million GF)

- FY 2011-12 Savings: The annual savings is achievable in FY 2011-12 for savings of $2.5 million ($1.9 million GF)

Implementation:

This proposal will be effective upon approval of the Legislature. Statutory changes will be required to implement the parental verification. Regulations will be developed to add the paraprofessional services.

Anticipated Impacts:

A new paraprofessional option will be available to provide behavioral services at a lower rate. Parents will be required to confirm the provision of behavioral services.

12. Transfer Reduced Scope Prevention Program to the Family Resource Centers

Summary:

The Prevention Program was established on October 1, 2009, to provide services in the form of intake, assessment, case management, and referral to generic agencies for those infants and toddlers, 0 to 2 years of age, who are not eligible for Early Start services but who are at risk for developmental delay. The program was established subsequent to changing eligibility for the Early Start program to what is required for receipt of grant funding under the federal Individuals with Disabilities Education Act (IDEA), Part C. Prevention Program services are provided through the regional centers.

As of March 2011, there were 3,258 children in the Prevention Program. Regional centers are funded through a block grant, based on caseload. In FY 2010-11, $18,150,000 of GF was allocated. The Prevention Program is currently budgeted at $12 million for FY 2011-12.

This proposal would decrease the required functions of the Prevention Program to information, resource, outreach, and referral; transfer responsibility for these functions to Family Resource Centers (FRC); and reduce funding to $4.5 million in FY 2011-12 and $2 million in FY 2012-13. Since approximately 3,200 children remain in the Prevention Program, this proposal assumes $2.5 million for regional centers to complete services to the existing caseload and $2 million for FRCs to serve new referrals. Beginning July 1, 2012, the program would be completely transferred to the FRCs through a contract between the Department and the Family Resource Center Network of California, or a similar entity.

Regional centers will continue to provide intake, assessment, and evaluation for the Early Start Program. Infants and toddlers ineligible for the Early Start or Lanterman Act Programs would be referred, with parental consent, to the FRCs.

The workgroup participants discussed the under utilization of the Prevention Program and suggested review for cost and program effectiveness.

In FY 2009-10, budget savings of $54.5 million were achieved through narrowing the criteria for eligibility for the Early Start Program to what is required for the federal IDEA, Part C funding. Additional legislation was passed to discontinue the provision of non-federally required services. Parents were also required to use private insurance, if available, for services.

Savings:

<u>FY 2011-12 savings</u>

TF: $7,500,000
GF: $7,500,000

<u>FY 2012-13 savings</u>

TF: $10,000,000
GF: $10,000,000

The savings assumes a transition period for individuals currently in the Prevention Program and referral of new infants and toddlers to FRCs.

Implementation:

This proposal will be effective upon approval of the necessary statutory changes by the Legislature.

Anticipated Impacts:

Infants and toddlers, 0 through 2 years of age, who are not eligible for Early Start services will be referred to Family Resource Centers for services. Infants and toddlers who would have been receiving services in the Prevention Program administered by the regional center, will not receive case management services.

13. ENHANCING COMMUNITY INTEGRATION AND PARTICIPATION – DEVELOPMENT OF TRANSPORTATION ACCESS PLANS

Summary:

Current law provides that regional centers will not fund private, specialized transportation services for an adult consumer who can safely access and utilize public transportation when that transportation modality is available and will purchase the least expensive transportation modality that meets a consumer's needs as set forth in the IPP/IFSP. To maximize consumer community integration and participation and to address barriers to the most integrated transportation services, a transportation access plan would be developed at the time of the IPP, for consumers for whom the regional center is purchasing specialized transportation services or vendored transportation services from the consumer's day, residential or other provider receiving regional center funding to transport the consumer to and from day programs, work and/or day activities. The plan would address the services needed to assist the consumer in developing skills to access the most inclusive transportation option that can meet the consumer's needs. The Transportation Workgroup recommended the requirement for the development of transportation access plans.

The FY 2009-10 reduction proposals resulted in annual savings of $39.9 million in Total Funds and $36.6 million in General Funds in the area of transportation. In addition to the statutory provision above regarding the funding of private, specialized transportation services, the law specifies that the regional centers may now only fund transportation for a minor child living in the family residence if the family provides sufficient written documentation to demonstrate that it is unable to provide transportation for the child.

Savings:

FY 2011-12 savings

TF:	$1,473,000
GF:	$1,075,000

FY 2012-13 savings

TF:	$2,945,000
GF:	$2,150,000

In addition to this proposal, transportation savings are also identified in the “Individual Choice Day Services” proposal and the “Maximize Utilization of Generic Resources - Education Services” proposal.

Implementation:

This proposal will be effective upon approval of the Legislature. Through the IPP process, transportation access plans will be developed for consumers as appropriate.

Anticipated Impacts:

Based upon their IPP, adult consumers currently receiving specialized or vendored transportation services will have a transportation plan for developing skills to access the most inclusive transportation option that meets the consumer’s needs.

IMPLEMENTING LEGISLATION

Proposed legislation to implement these proposals is attached.

Department of Developmental Services
Proposals to Achieve $174 Million in General Fund Savings

	2011-12 TF	2011-12 GF	Annual TF	Annual GF
Reduced Expenditure Savings that Allow Reduction in Savings Required through Proposals	**$ 55,603,000**	**$ 55,603,000**	**$ 55,603,000**	**$ 55,603,000**
1. Increasing Federal Funding for Regional Center Purchased Consumer Services	**$ -**	**$ 20,932,000**	**$ -**	**$ 22,515,000**
● Add Voucher - Nursing Services to the HCBS Waiver	$ -	$ 528,000	$ -	$ 528,000
● Money Follows the Person for Residents of Institutional Settings	$ -	$ 1,881,000	$ -	$ 3,464,000
● Enhanced Funding from 1915(k) Medicaid State Plan	$ -	$ 1,200,000	$ -	$ 1,200,000
● Obtain Federal Funding for Infant Development Program	$ -	$ 13,223,000	$ -	$ 13,223,000
● 1915(i) New Expenditures	$ -	$ 4,100,000	$ -	$ 4,100,000
2. Decreasing Department of Developmental Services Headquarters Contracts	**$ 2,015,000**	**$ 1,754,000**	**$ 2,015,000**	**$ 1,754,000**
● Information Technology	$ 545,000	$ 545,000	$ 545,000	$ 545,000
● Clients' Rights Advocacy	$ 250,000	$ 200,000	$ 250,000	$ 200,000
● Quality Assessment	$ 530,000	$ 424,000	$ 530,000	$ 424,000
● Direct Support Professional Training	$ 140,000	$ 85,000	$ 140,000	$ 85,000
● Office of Administrative Hearings	$ 250,000	$ 200,000	$ 250,000	$ 200,000
● Risk Management	$ 100,000	$ 100,000	$ 100,000	$ 100,000
● Self Directed Services Training	$ 200,000	$ 200,000	$ 200,000	$ 200,000
3. Reduction and Efficiency in Regional Center Operations Funding	**$ 14,565,000**	**$ 14,132,000**	**$ 15,881,000**	**$ 15,015,000**
● Self Directed Services Waiver Reduced Staffing	$ 861,000	$ 861,000	$ 861,000	$ 861,000
● Community Placement Plan Reduced Staffing	$ 315,000	$ 315,000	$ 315,000	$ 315,000
● Roll Back of Prior Year Staffing Increase	$ 1,902,000	$ 1,902,000	$ 1,902,000	$ 1,902,000
● Reduced Accelerated Waiver Enrollment Funding	$ 1,771,000	$ 1,771,000	$ 1,771,000	$ 1,771,000
● Administrative Efficiency - Electronic Billing Process to All Providers	$ 1,316,000	$ 883,000	$ 2,632,000	$ 1,766,000
● Eliminate One-Time Costs for Office Relocations and Modifications	$ 3,000,000	$ 3,000,000	$ 3,000,000	$ 3,000,000
● Unallocated Reduction	$ 5,400,000	$ 5,400,000	$ 5,400,000	$ 5,400,000
Proposals Associated with Purchase of Consumer Services	**$ 71,897,000**	**$ 53,115,000**	**$ 107,772,000**	**$ 79,137,000**
4. Community Placement Plan Funding	**$ 9,685,000**	**$ 6,966,000**	**$ 9,685,000**	**$ 6,966,000**
5. Rate Equity and Negotiated Rate Control	**$ 6,008,000**	**$ 3,432,000**	**$ 14,312,000**	**$ 9,568,000**
6. Annual Family Program Fee	**$ 3,600,000**	**$ 3,600,000**	**$ 7,200,000**	**$ 7,200,000**
7. Maintaining the Consumer's Home of Choice - Mixed Payment Rates in Residential Facilities with Alternative Residential Model (ARM) Rates	**$ 2,255,000**	**$ 1,364,000**	**$ 4,176,000**	**$ 2,526,000**
8. Maximize Utilization of Generic Resources - Education Services	**$ 13,696,000**	**$ 10,236,000**	**$ 18,188,000**	**$ 13,593,000**
9. Supported Living Services: Maximize Resources	**$ 9,948,000**	**$ 5,461,000**	**$ 19,896,000**	**$ 10,924,000**
10. Individual Choice Day Services	**$ 12,839,000**	**$ 9,629,000**	**$ 16,477,000**	**$ 12,358,000**
11. Maximizing Resources for Behavioral Services	**$ 4,893,000**	**$ 3,852,000**	**$ 4,893,000**	**$ 3,852,000**
12. Transfer Reduced Scope Prevention Program to the Family Resource Centers	**$ 7,500,000**	**$ 7,500,000**	**$ 10,000,000**	**$ 10,000,000**
13. Enhancing Community Integration and Participation - Development of Transportation Access Plans	**$ 1,473,000**	**$ 1,075,000**	**$ 2,945,000**	**$ 2,150,000**
Total Reductions	**$ 144,080,000**	**$ 145,536,000**	**$ 181,271,000**	**$ 174,024,000**