A Report to the Community
September 2013

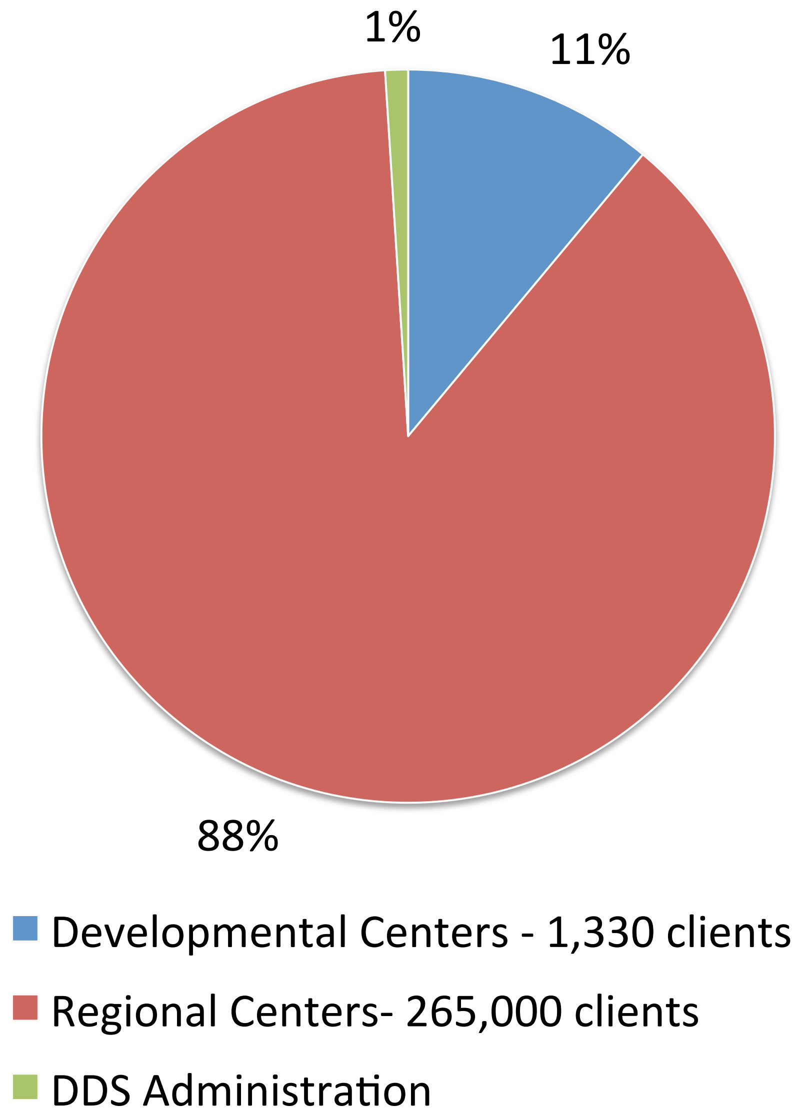
2013 Budget Update
Proposed 2014 Performance Plan
Projected Results of 2013 Plan
Changes to the Lanterman Act

Frank D. Lanterman Regional Center
8/15/13

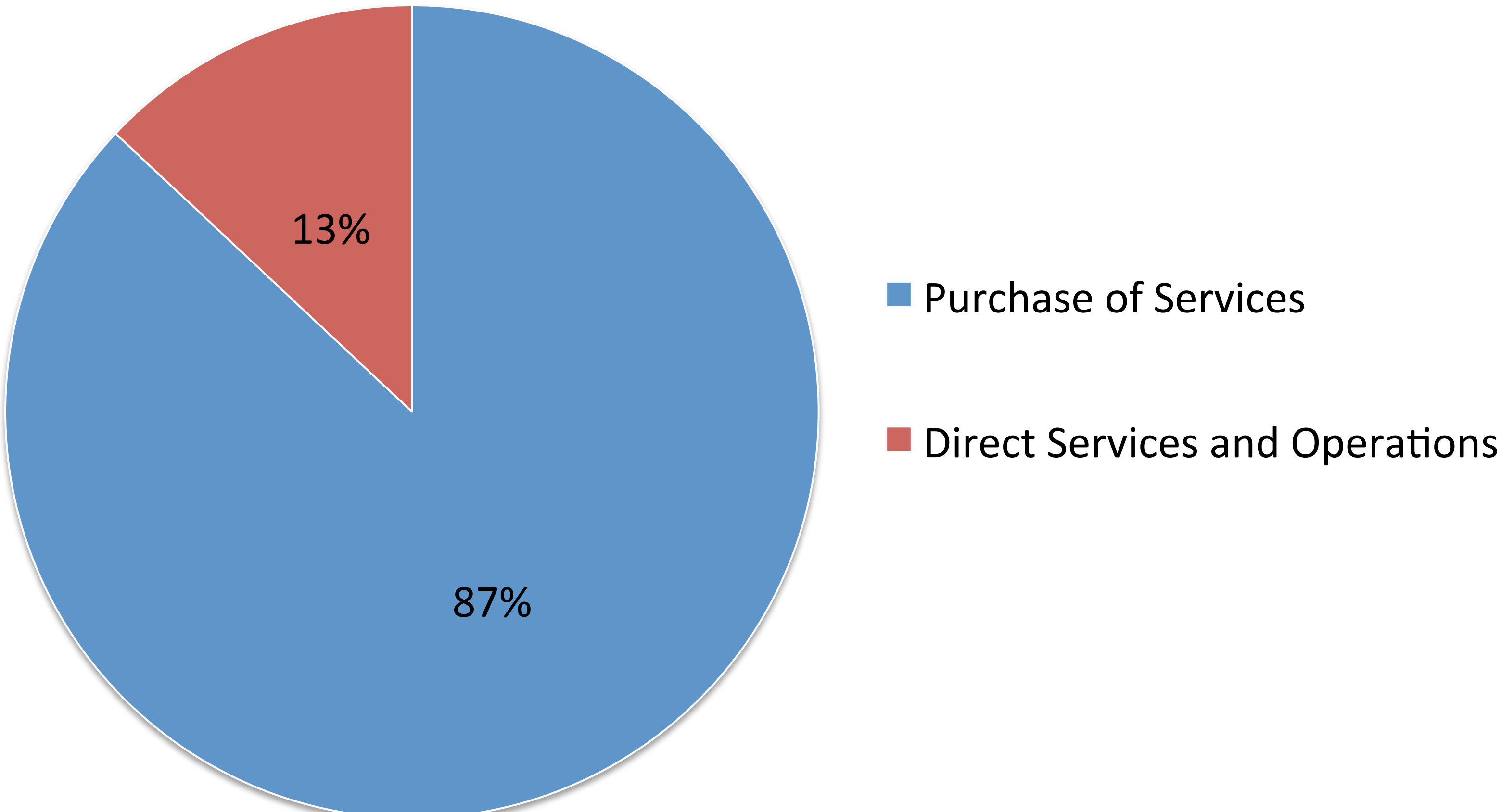
The Budget:
Its Impact on the Regional Center

Changes Over Time and the Current Situation

2013-14 Budget: 5.0 Billion System-Wide

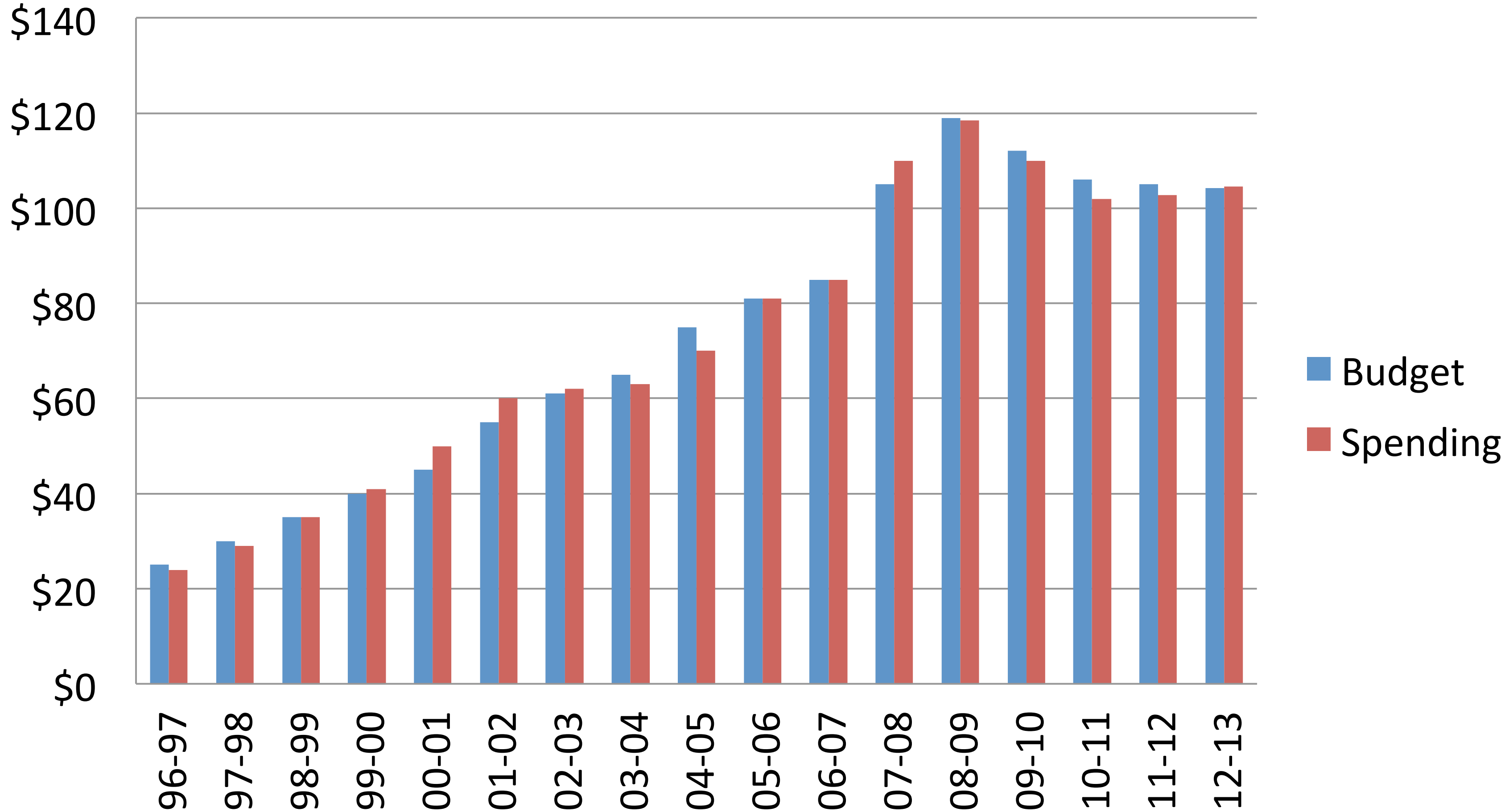


Regional Center Contracts

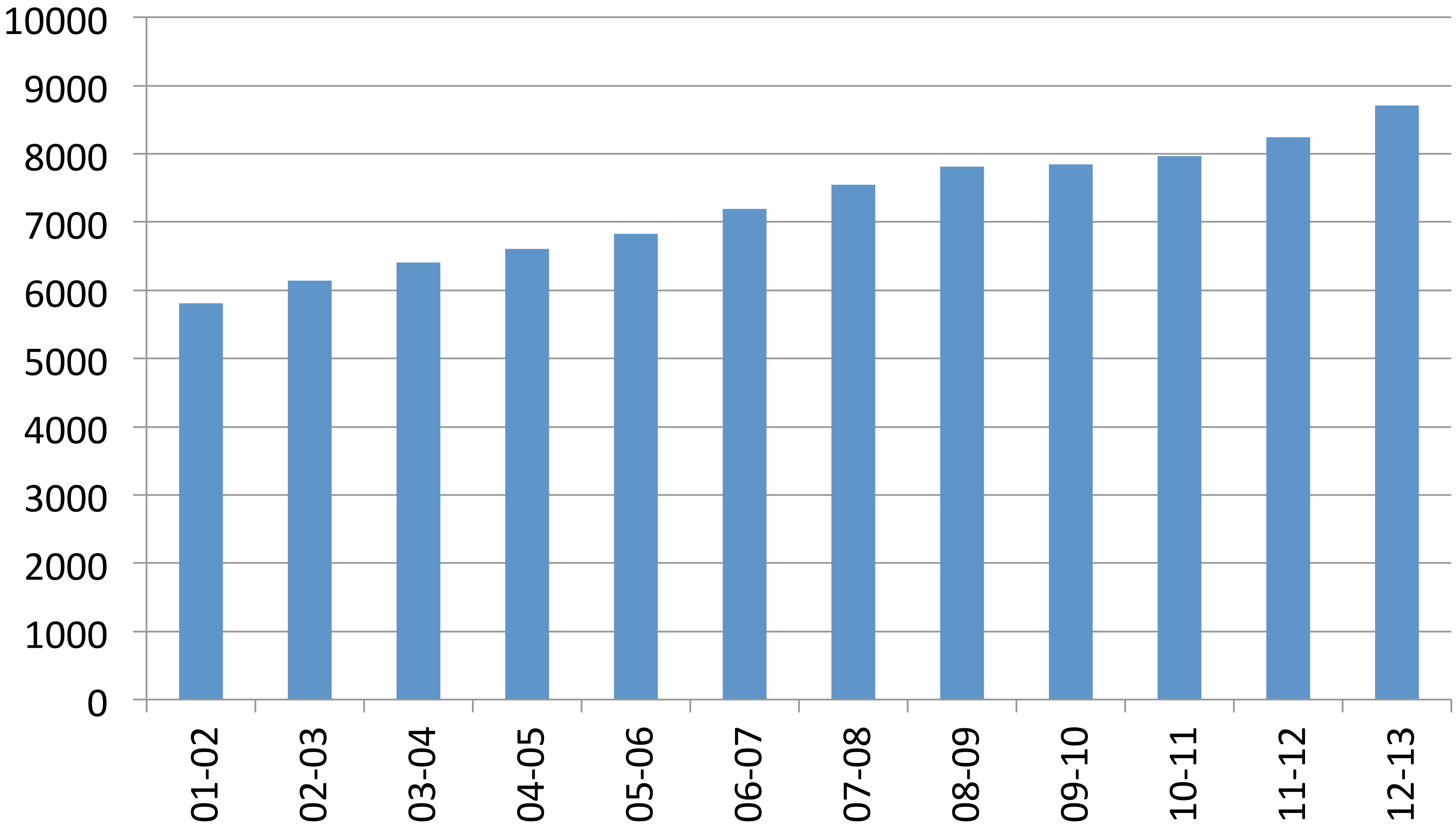


No more than 15% of the total operations budget (about 2% of total RC budget) may be spent for administrative purposes, which are defined in law.

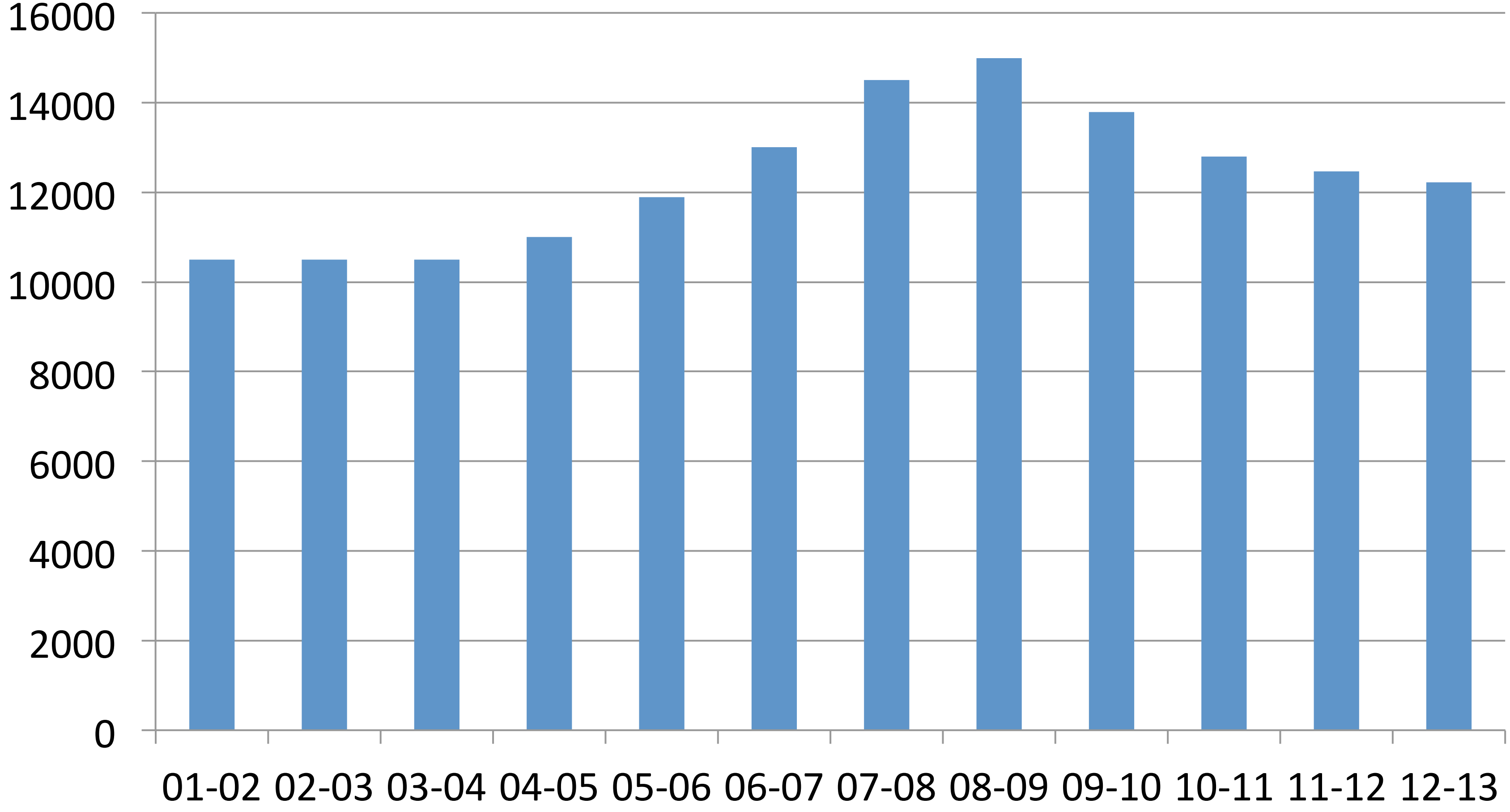
FDLRC POS Budget and Spending 1996-97 to 2012-13



FDLRC Client Population Growth
2001-02 to 2012-13



FDLRC Annual Per Client POS Spending 2001-02 to 2012-13



What Has Happened Over Time

- The state is slowly recovering from the fiscal crisis, but many of the cutbacks and restrictions of the past few years have not been restored.
- Since the 1990s, allocations for both POS and Operations have been reduced through a variety of initiatives over the years.
- Rate caps and the elimination of start-up funds continue to affect service providers; quality suffers and some providers have gone out of business.
- The restoration of the prior 4.25% reduction in 13-14 brings provider rates to 2009 levels, which were inadequate at the time.
- 44% of regional center funding comes from the federal government; state policy decisions are often driven by the potential receipt of federal dollars which bring with them significant additional requirements and workload impacts but no additional staff resources.

The Current Situation for FDLRC

- Lower caseload growth and timely implementation of Trailer Bill language resulted in POS spending being reduced in both 09-10 and 10-11 compared to prior years. For 12-13, caseload growth increased dramatically but additional funding initiatives resulted in a smaller than expected spending increase.
- The center continues to budget conservatively for operations, and has implemented cost saving measures to live within its allocations for both OPS and POS wherever possible.
- Caseloads remain high as the staffing formula used by the state is inadequate; salaries in the formula are nowhere what is needed to pay competitively so as a result the center has fewer staff than are budgeted for.

In Summary

- Regional Center operations and service providers continue to struggle with funding reductions and lack of rate increases.
- The basic entitlement to services is shrinking as we see limitations put in place as a result of past trailer bills.
- Given the uncertainty of the financial situation on both the federal and state levels, it is questionable how the current service model can be sustained.
- New models for service delivery need to be explored.

The Lanterman Performance Plan

Proposed Objectives for 2014
Expected Achievements for 2013

Goal #1: Decrease the number of clients in the developmental center.

2014 Objectives:

- Develop 2 new living options for clients moving out of Lanterman developmental center.
- Assist 5 previously identified clients to move out of the developmental center into the community.

Goal #2: Maintain the number of children residing with families.

2014 Objectives:

- Provide technical assistance to support groups.
- Provide families with peer support partners.
- Increase number of users of the KYRC library.
- Maintain at least the current level of requests for information and referral.
- Provide parents with SCAT training to help them become more effective advocates for their children.

Goal #3: Increase the number of adults living in home settings.

2014 Objective:

- Promote the use of Family Home Agencies by conducting two educational sessions with service coordinators and families.

Goal #4: Minimize the number of minors living in homes serving more than 6 people.

2014 Objective:

- Annually review service needs of each child residing in a home serving more than 6 clients to determine whether there is a smaller, more homelike living option available for that child.

Goal #5: Minimize the number of adults living in homes serving more than 6 people.

2014 Objective:

- Identify clients living in skilled nursing facilities and evaluate them to determine if they could move to a more appropriate living option for them.

Goal #6: Increase the number of adults who are employed.

2014 Objectives:

- Work with SELPAs, Department of Rehabilitation and supported employment providers to ensure that clients transition from school to work.
- Conduct training of SCs to help them promote employment of clients at day and work activity programs.
- Participate in LAUSD and Foothill SELPA transition fairs.
- Hold at least one joint training session for LRC SCs and teachers from each school district to discuss transition from school to work.

Goal #7: Increase the average wage of adults who are employed.

2014 Objective:

- Conduct training for ongoing units to include wage information on the client's CDER so LRC can start using the data.
- Promote movement of clients from work activity programs and group supported employment to individual supported employment.

Goal #8: Ensure all clients have access to appropriate health care.

2014 Objectives -

- Coordinate comprehensive health assessments for clients who are unable to access primary medical care.
- Conduct 3 Women's Reproductive Health and Self Advocacy training programs.
- Promote good oral health by continuing screenings and referrals, education of caregivers and clients, and referral to dental professionals.

Goal #8: Ensure all clients have access to appropriate health care.

2014 Objectives -

- Maintain access to psychiatric services through use of the Lanterman/UCLA-NPI Special Clinic.
- Work with LA Care and HeathNet to ensure that clients are accessing appropriate health care for both MediCal and MediCare.

Goal #9: Minimize the incidence of abuse among regional center clients.

2014 Objectives:

- Conduct training of service providers on client rights and mandatory abuse reporting.
- Develop a “Zero Tolerance Policy” regarding client abuse and neglect.
- Review all special incident reports and ensure appropriate follow-up on abuse issues.
- Conduct 4 training programs focused on personal safety and on sexual abuse and exploitation risk reduction.

Compliance Indicators

To be continued from 2013:

- Achieve an audit outcome with no first tier findings.
- Demonstrate substantial compliance with DDS fiscal audit.
- Make accurate POS fiscal projections.
- Operate within the center's operations budget.
- Maintain certification to participate in Medicaid Waiver.
- Demonstrate compliance with vendor audit requirements.

Compliance Indicators

To be continued from 2013:

- Complete CDERs and Early Start Reports within required timeframes.
- Complete intake/assessments and IFSP/IPPs within required timeframes for all new clients, 0-3 and over age 3.
- Demonstrate compliance with IPP development requirements in the Welfare and Institutions Code.
- Demonstrate compliance with IFSP development requirements in Title 17.

What is satisfactory performance?

A regional center's performance is defined as satisfactory if any of the following is true:

- It is an improvement over the prior year,
- Performance is better than the average of all regional centers, *or*
- It meets or exceeds the standard for that objective set by DDS.

Projected Achievements for 2013

We anticipate achieving all of our 2013 objectives.

An Alternative Staffing Model

Lanterman Regional Center's Proposal

Staffing Requirement

- The Lanterman Act specifies the maximum number of clients that should be assigned to a service coordinator (SC).
- ***As an average***, SCs are supposed to have no more than 66 clients. For clients on the Medicaid Waiver Program or in Early Start, the number is 62 clients per SC, and for clients moving out of the developmental center, the maximum number is 45 per SC.
- These provisions were waived during the fiscal crisis but have been reinstated.

The Challenge

All regional centers are finding it nearly impossible, even with the use of alternative staffing models, to maintain the average of 66 clients per SC because the formula that the state uses to fund SC positions is not adequate.

Changes to Required Staffing

- If a regional center wants to use an alternative staffing arrangement that changes the average number (i.e., use SC positions for other purposes) they must submit a proposal for DDS's approval after it has been approved by the community. This must be done each year.
- LRC's request for an alternative staffing model has been approved on a regular basis for many years. We propose to use this type of model again.

Impact of An Alternative Model

The state says that the alternative staffing model must:

- Clearly benefit clients and families, *and*
- Be supported by people who will be affected, including clients, families, service providers, advocates and staff.

The LRC Model As It Has Been includes four staff in the service coordination ratios:

Two staff people in the Koch-Young Resource Center that provide support to families through the provision of classes, support groups, and information

Two staff people in the Community Services Unit that perform service provider quality assurance and monitoring functions.

2014 Staffing Model

We propose keeping the same Alternative Staffing Plan, as the functions of the four individual involved are activities that would typically be done by service coordinators.

New July, 2014 Trailer Bill Language Brings Changes to the Lanterman Act

Establishes a Closure Date for Lanterman Developmental Center

- December 31, 2014
  - FDLRC currently serves 23 people at the developmental center.
  - We expect to help at least 13 of them move this fiscal year.

Calls for a Master Plan for the future of Developmental Centers

- Submit plan to the Legislature by November 15, 2013
- Submit progress report by January 10, 2014
  - Address service needs of all DC residents
  - Fiscal and budget implications (declining population, aging infrastructure, staffing and resource constraints, community resource development, timeline for future closures and needed statutory and regulatory changes to ensure cost-effective, integrated and quality services

Requires use of family health plans

- RC may pay co-pays or co-insurance for a service that is in the IPP when the family annual gross income does not exceed 400% of the federal poverty level
- The family will need to verify income, which is similar to FCPP
- There are exceptions that relate to funds being needed to maintain the client in the family home, catastrophic losses, and other extraordinary events including significant unreimbursed medical costs
- Regional centers are prohibited from paying deductibles

Places restrictions on the use of certain community residential facilities known as IMDs (Institutes of Mental Disease)

- Stays are limited to 180 days, with one renewal of another 180 days. These timelines are reduced for minor clients
- Regional centers must complete assessments for any client in an IMD as of July 1, 2013
- Lanterman currently has 22 clients in these types of facilities

Calls for the Continuation of the Annual Family Program Fee

- Eliminated the sunset date, which means this program, in existence since 2011-12, will be ongoing

Disparity Meetings

- Regional Centers need to notice DDS and Community 30 days before these annual community meetings.
  – Post on website
  – Email blasts
  – Notice ‘groups representing underserved communities’