



## BOARD OF DIRECTORS MEETING

Wednesday, August 23, 2023  
6:00 PM – Board Business Promptly

Register in advance for this meeting/webinar:

[https://us02web.zoom.us/webinar/register/WN\\_cpqoOxvqSyepQ-Sv2Bhj8A](https://us02web.zoom.us/webinar/register/WN_cpqoOxvqSyepQ-Sv2Bhj8A)

After registering, you will receive a confirmation email containing information about joining the meeting/webinar.

ACTION ITEM	ORDER	GENERAL SESSION AGENDA	
	1	CALL TO ORDER	Louis Mitchell
	2	PUBLIC INPUT/ANNOUNCEMENTS	Louis Mitchell
ACTION	3	APPROVAL OF MINUTES <ul style="list-style-type: none"> <li>June 28, 2023</li> </ul>	Louis Mitchell
	4	BOARD EDUCATION <ul style="list-style-type: none"> <li>2022 Administrative Report – Clinical Services (Consent Procedures)</li> <li>2022 Administrative Report – Administrative Services (Emergency Services)</li> </ul>	Melinda Sullivan Gwen Jordan Kaye Quintero Claudia Ayala
ACTION	5	EXECUTIVE DIRECTOR'S REPORT <ul style="list-style-type: none"> <li>Annual Conflict of Interest Review</li> <li>July Board Training Debrief</li> <li>DDS Budget Summary</li> <li>Caseload Ratio Corrective Plan</li> <li>2023 Board Composition Survey</li> <li>KYRC at Brand</li> </ul>	Melinda Sullivan
	6	ARCA REPORT	Larry DeBoer Melinda Sullivan
ACTION ACTION	7	EXECUTIVE COMMITTEE <ul style="list-style-type: none"> <li>Contracts over \$250,000.</li> <li>SB 805- Insurance Coverage for Autism Services</li> </ul>	Melinda Sullivan Kaye Quintero
	8	ADMINISTRATIVE AFFAIRS COMMITTEE <ul style="list-style-type: none"> <li>Review of Financial Statements</li> </ul>	Larry DeBoer Kaye Quintero
	9	PROGRAMS AND SERVICE COMMITTEE <ul style="list-style-type: none"> <li>Fall Community Meetings</li> </ul>	Srbui Ovsepyan
CLOSED SESSION	10 ACTION	EXECUTIVE SESSION <ul style="list-style-type: none"> <li>Approval of Minutes</li> <li>Litigation</li> <li>Personnel</li> </ul>	Louis Mitchell Melinda Sullivan
	11	ADJOURNMENT	Louis Mitchell

# APPROVAL OF MINUTES

**LOS ANGELES COUNTY DEVELOPMENTAL SERVICES FOUNDATION**

**Board of Directors**

**June 28, 2023**

**MINUTES**

**PRESENT**

Gloria Leiva, Chair  
Elizabeth Beltran  
Anthony Brouwer  
Michael Cooney  
Tina Daley  
Larry DeBoer  
Danielle Dejean  
Weller Killebrew  
Dr. Alex Li  
Louis Mitchell  
Dee Prescott  
Jae Rhee  
Lili Romero  
Ana Villasenor

**NOT PRESENT**

Brigitte Sroujeh

**ADVISOR TO THE BOARD - PRESENT**

Al Marsella

**STAFF**

Rose Chacana  
Pablo Ibanez  
Srbui Ovsepyan  
Melinda Sullivan

**GUESTS**

Louise Bell  
Mayra Cervantes  
Kristina Gomez  
Natalie Lewis  
Kristianna Moralls  
Paul Quiroz

## **CALL TO ORDER**

Ms. Leiva called the meeting to order at 6:05 PM. The meeting was conducted in-person and via Zoom.

## **PUBLIC INPUT/ANNOUNCEMENTS**

Mr. Paul Quiroz of Cambrian Homecare introduced himself.

## **APPROVAL OF MINUTES**

**The minutes of May 24, 2023 were approved by consensus.**

## **BOARD EDUCATION**

### **2022 Administrative Report – Community Services**

As part of Board Education and Training, Mr. Ibanez, Director of Community Services gave a focused overview on the efforts surrounding the Deaf and Hard of Hearing initiative. Board members were given the opportunity to ask questions and discuss the content.

## **EXECUTIVE DIRECTOR'S REPORT**

### **Contracts over \$250,000.**

Ms. Sullivan reviewed with the Board the following contracts in accordance with the Board approved policy for approval of contracts:

- **Provider/Organization:** Columbus Medical Services, LLC

**Year:** July 1, 2023 – June 30, 2024

**Amount of contract:** \$1,368,696.

This organization provides the Center clinical professional staff in several areas of expertise. Staff includes nurses, psychologists, pharmacists, and dental coordinators. These professionals complete various clinical evaluations, consultations, recommendations for treatment, and technical assistance to Center staff. The contract currently includes the following clinical staff:

- (2) Nurse Consultant
- (3) Psychologist (1 bilingual)
- (1) Pharmacist
- (1) Dental Coordinator

Historically, the Center has contracted with Columbus Medical Services separately for each clinical professional. In order to simplify the process with the provider and ensure full transparency regarding our relationship with the provider, we are proposing a single contract to cover all of the clinical staff. The individual pay rates and projected number of hours needed are detailed in the contract. The total amount of the contract is \$1,368,696 funded through Purchase of Services funding.

**Mr. DeBoer moved to approve the contract with Columbus Medical Services, LLC. Ms. Villasenor seconded the motion, and it passed unanimously.**

- **Provider/Organization:** Gloria Howard, M.D.

**Year:** July 1, 2023 – June 30, 2024

**Amount of contract:** \$291,200.

Dr. Howard is a licensed physician, supporting the Center by providing consultations, recommendations for treatment, and technical assistance to Center staff. Dr. Howard has supported the Center for over 20 years in this capacity. The proposed contract renewal is at a rate of \$175/hour up to a maximum of 1,664 hours. The total amount of the contract is \$291,200 funded through Purchase of Services funding.

**Ms. Beltran moved to approve the contract with Gloria Howard, M.D. Ms. Dejean seconded the motion, and it passed unanimously.**

- **Provider/Organization:** Wendy Leskiw, M.D.

**Year:** July 1, 2023 – June 30, 2024

**Amount of contract:** \$281,400.

Dr. Leskiw is a licensed physician, supporting the Center in the same capacity as Dr. Howard by providing consultations, recommendations for treatment, and technical assistance to Center staff. Dr. Leskiw has also supported the Center for over 20 years in this capacity. The proposed contract renewal is at a rate of \$175/hour up to a maximum of 1,608 hours. The total amount of the contract is \$281,400 funded through Purchase of Services funding.

**Ms. Beltran moved to approve the contract with Wendy Leskiw, M.D. Ms. Romero seconded the motion, and it passed unanimously.**

### July Board Training – (For Information Only)

Ms. Sullivan reminded the Board of the upcoming in-person Board of Directors Training on July 26, 2023. Logistical details of the training will follow in July.

### ARCA REPORT

Mr. DeBoer advised the Board that he and Ms. Sullivan attended the ARCA meeting on June 15-16, 2023 and that the highlights from the meeting were in the packet for review.

### ADMINISTRATIVE AFFAIRS COMMITTEE

#### Line of Credit Renewal

Ms. Quintero advised the Board that the Center has negotiated with City National Bank to renew its line of credit for the next fiscal year. Although the Center continues to project it will have sufficient cash through the end of the fiscal year, the Center believes it is prudent to maintain this credit line as a safeguard in case there is a delay in the passing of the budget. The terms and credit limit remain unchanged for this year. A copy of the line of credit was in the packet for review.

**Dr. Li moved that the Board accept the terms of the Line of Credit as presented. Ms. Dejean seconded the motion, and it passed unanimously.**

#### Cash Flow

Ms. Quintero advised the Board that the projected cash flow analysis from June 1, 2023 through August 31, 2023 is positive. The Center is not anticipating the need to borrow from its line of credit and is projecting a balance of \$58,284,108.00

#### Review of Financial Statements

Mr. DeBoer reviewed the financial statements through April 2023 as follows:

#### *Fiscal Year to date 2022-2023 (D-2)*

In Operations (main contract) we have spent \$25,868,333 (76.5% of budget). In Purchase of services (main contract) we have spent \$218,241,714 before we add late bills. Including projected late bills, we will have spent \$223,413,686 (64.1% of budget).

*Fiscal Year 2021-2022 (C-4)*

This month we recorded \$493,567 in OPS and \$107,432 in POS. To date, we have spent 85.6% of our OPS and 89.6% of our POS allocations.

*Fiscal Year 2020-21 (B-5)*

This month we recorded \$0 in OPS and \$20,949 in POS. To date, we have spent 100% of our OPS and 99.3% of our POS allocations.

**NOMINATING COMMITTEE**

**Slate of Officers and Directors**

In accordance with the bylaws, Mr. Marsella presented the Slate of Officers and Directors for election as follows:

**Directors for Re-election:**

- Anthony Brouwer
- Alex Li
- Gloria Leiva
- Louis Mitchell
- Brigitte Sroujeh
- Ana Villasenor

**New Directors for election:**

- Mayra Cervantes
- Natalia Lewis
- Bradley Smith
- Simon Yang
- Minh Koha Tran

**Ms. Dejean moved to approve the Slate of Directors for election and re-election as presented. Ms. Romero seconded the motion, and it passed unanimously.**

Slate of Officers for election:

- President - Louis Mitchell
- 1<sup>st</sup> Vice President- Brigitte Sroujeh
- 2<sup>nd</sup> Vice President - Larry DeBoer
- Treasurer - Lili Romero
- Secretary - Tina Daley
- Immediate Past President - Gloria Leiva

**Ms. Dejean moved to approve the Slate of Officers for election as presented. Ms. Beltran seconded the motion, and it passed unanimously.**

#### **RECOGNITION OF OUTGOING MEMBERS**

Ms. Sullivan thanked and recognized outgoing Board members Elizabeth Beltran, Danielle Dejean, and Jae Rhee, for their commitment and service to the Board. Ms. Leiva was thanked for her two-year commitment serving as Board President.

#### **ADJOURNMENT FOR EXECUTIVE SESSION**

**Mr. Brouwer moved to suspend the General Session meeting at 7:10 p.m. for Executive Session to conduct business on Approval of Minutes, Litigation, and Executive Director's Performance Evaluation for June 2022-2023.**

#### **RECONVENE FOR GENERAL SESSION**

**The Board discussed in Executive Session the Approval of Minutes, Litigation, and Executive Director's Performance Evaluation for June 2022-2023.**

#### **ADJOURNMENT**

**The meeting was adjourn by consensus at 7:35 p.m.**

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Brigitte Sroujeh, Secretary

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## BOARD OF DIRECTORS

### ACTION LOG

June 28, 2023

	DESCRIPTION	ACTION	STATUS
	Approval of Minutes – May 24, 2023	<ul style="list-style-type: none"><li>• Approved</li></ul>	
	Contracts over \$250,000: <ul style="list-style-type: none"><li>• Columbus Medical Services, LLC</li><li>• Gloria Howard, M.D.</li><li>• Wendy Leskiw, M.D.</li></ul>	<ul style="list-style-type: none"><li>• Approved</li><li>• Approved</li><li>• Approved</li></ul>	
	Line of Credit Renewal – City National Bank	<ul style="list-style-type: none"><li>• Approved</li></ul>	
	Slate of Officers and Directors for Election - 2023	<ul style="list-style-type: none"><li>• Approved</li></ul>	

# BOARD EDUCATION

# ANNUAL ADMINISTRATIVE REPORT

## CLINICAL SERVICES

2022

This administrative report summarizes major activities and significant accomplishments of the Clinical Services Unit for the period of January 1 through December 31, 2022.

### *Overview*

The primary goal of Clinical Services is to assist clients and families to achieve and maintain their optimum health and wellbeing both in the areas of physical and behavioral health. It is generally recognized that the achievement of good health and wellbeing assists individuals to become active participants in their communities. To accomplish this goal, members of the clinical team assist clients, their families and other caregivers in accessing quality health care by referring clients to the most appropriate community based resources as well as providing consultation and monitoring of complex health concerns as appropriate.

Designated team members provide educational presentations and technical assistance to service coordination staff, direct care service provider staff in an array of community based living options as well as to family members for those individuals who reside in the family home. The purpose of such educational information and technical assistance is to enhance the skill set and increase the knowledge base of direct care givers, lay care givers as well as staff who coordinate services for clients. Information/education sessions are also offered to community based clinical professionals to provide information and updates concerning individuals served and to extend to them the opportunity to provide the specialized care for clients through establishing a working relationship with the Center.

### **Goal 1: Administration and Management:**

Clinical Services is comprised of six full time positions as described below:

- Clinical Services Director, who is a registered nurse
- Executive Assistant
- Two Federal Revenues Coordinators (also referred to as QIDP, Qualified Intellectual Disabilities Professional)
- Two nurse consultants

Additionally, within the unit are thirteen contract clinical consultants:

- Two clinical psychologists
- Two medical doctors
- One developmental pediatrician with experience in prescribing and monitoring adolescents in need of psychotropic medication.

- Three nurse consultants. One of which is a trained psychiatric nurse. One nurse consultant primarily monitors clients with Diabetes Mellitus Type II and one nurse consultant with experience in the Los Angeles County Department of Public Health (LACDPH)
- One Registered Dental Hygienist who functions as the Center's Dental Coordinator
- One part time Registered Dental Hygienist who is contracted solely for the purpose of guiding the Center's participation in a DDS grant project on providing orthodonture care for identified youngsters 6-9 years of age.
- Part-time consultants include a speech pathologist, an occupational therapist, and a pharmacist.

The Intake and Assessment Unit and Autism Team continue to be a part of the clinical department.

During 2022, Clinical Services team continued to provide coordination and oversight of various activities and/or projects. Included are:

- (1) The Center continues its relationship with Eisner Pediatric and Family Medical Center (EPFMC) a Federally Qualified Health Center (FQHC), where children and adults are able to receive health assessments and ongoing health care. Typically, clients referred to Eisner Medical Center are those individuals that are without medical insurance and/or a primary care provider. Also during 2022, the Center continued its work with Clinica Romero also an FQHC located near downtown Los Angeles. Clinical and Community Services staff worked collaboratively with Clinica Romero, with a focus on establishing a medical home for members of the Lanterman community.
- (2) Psychiatric evaluation, planning, medication monitoring and follow up for persons with diagnosed mental disorders and/or severe behavioral challenges are being provided by two experienced psychiatrists both of which provided services via a telepsychiatry program that is HIPPA compliant. Ongoing efforts to identify additional psychiatrists experienced in working with the ID/D community continue.
- (3) The promotion of oral health among persons with developmental disabilities continued to be an ongoing focus and includes activities such as screenings, educational sessions and trainings, remote technical assistance and consultations were also provided by the Center's dental coordinator. Educational trainings on techniques for providing proper oral care and the promotion of good oral health practices were presented to clients, their family members and direct care givers.

### Achievements of 2022 Work Plan

#### **Goal 2: Improve health outcomes for children and adults with developmental disabilities**

Activities implemented to achieve this goal included:

- (1) As stated above, the Center continued its relationship with Eisner Pediatric and Family Medical Center (EPFMC) as a service provider to perform medical assessments as well as ongoing health care for both children and adults. Additionally, the Center continued its work with Clinica Romero in establishing assess to comprehensive health clinic that is accessible for individuals who are less physically able. Although the State of Emergency caused several delays, the official opening occurred in early spring of 2022.

- (2) Promotion of preventative oral health among all clients continued to be an ongoing focus of the Center. While generically funded dental services are limited for adults who are recipients of Medicaid, the Center remains committed to promoting good oral health through education and preventative treatment. During the past year, in person screenings were scheduled for clients. These were primarily being held in community care homes and oral hygiene products such as toothbrushes, dental floss and toothpaste were also distributed. Among the homes visited were: Wyoming, Fairfax, Vagthol's #4 and Murphy Home. During the year, dental coordinator visited team meetings for all of the service coordination teams promoting oral health for clients. A presentation entitled Happy Teeth was provided for parents of children in Early Intervention; 24 parents attended. Dental coordinator continued to work with senior dental hygienist students from West Los Angeles Community College, the Adopt-A-Home program. Students visited community care homes, conducting educational sessions for direct care staff.

During 2022, accomplishments towards promoting preventative oral care include:

- Completed 112 screenings for children and adults during the year. 97 were in person screenings and 15 were held via zoom.
  - Dental coordinator along with Dr. Banner, DDS held a dental clinic during the year at a large ICF-DD facility and examined 30 clients.
  - Dental coordinator conducted 3 trainings on oral health for parents, two in English with 38 participants and one in Spanish with 34 participants.
  - Dental coordinator along with the clinical director and 3 vendored dentists met with the Medi-Cal Director, Dr. Nokelby to discuss concerns that several dentists were having accessing Medi-Cal codes which allow dentists to bill for additional time needed to treatment several clients.
  - In 2022, LRC in collaboration with SG/PRC was awarded a grant from DDS entitled Interceptive Orthodontics. This grant is a 2 year program that focuses on children from 6-9 years of age who are experiencing difficulty with eating/chewing and present with significant crowding of teeth and dentofacial discrepancies and facial asymmetries. Each Center will identify 10 children who meet the criteria for treatment. Progress will be tracked by the dental coordinator. In addition to the orthodontists, each child will have the benefit of accessing an occupational therapist who will assist with proper chewing and a BCBA who will assist the children with desensitization techniques to help avoid the use of sedation as appropriate. The dental practice that was awarded the project is Children's Dental Fun Zone owned by Dr. Rodef who has 2 dental practices, one in each Center's service area.
- (3) During the past year, the Autism Team, (AT) hosted 3 ABA provider meetings. 45 ABA agencies attended. During these meetings the provider list was updated and providers discussed challenges and successes they were experiencing. Obtaining and maintaining staff continues to be a concern. The Southern California Regional Centers and other entities California Autism Professionals Training and Information Network (CAPTAIN) continued. This group met virtually 3 times in 2022 the 4<sup>th</sup> meeting was an in person meeting. During these meetings, progress towards accomplishing the year's goals was discussed. In addition, AT continued facilitating behavioral treatment planning meetings with service coordination staff regarding individuals with challenging behavioral concerns. Typically, these multidisciplinary meetings are convened at the request of the service coordinator and provide an opportunity for discussion

of individual client cases. At the end of such meetings, the SC is provided a signed copy of identified issues discussed as well as recommendations of appropriate therapies/treatments for those individuals discussed. In 2022, 155 such meetings were held and reflects an increase of 5 from the previous year even though the team began holding these meetings twice weekly instead of once. Service coordinators are invited to return if concerns continue or if additional therapies/treatments are needed. Members of the AT provided individual case consultations; in the past year, 959 individual consults with accompanying ID notes. This represents an increase of 648 consultations from the previous year. Also AT conducted trainings for both service coordination staff as well as family members; reviewed program designs for 2 ABA programs requesting vendorization and provided clinical feedback to community services for each. Meetings were held throughout the year with Young Adult Institute (YAI), clinical and community services staff regarding the Systemic, Therapeutic, Assessment, Resources & Treatment (START) program and implementation for LRC clients who are experiencing mental health challenges. Discussions included the referral process and individuals targeted for referral. During the year, AT conducted presentations to parents and community members through the KYRC. Presentations were titled, “Coping with Change”, “ABA and DIR/Floortime”. Members of AT also conducted discussions at the Service Coordinator Brown Bag trainings on evidenced based treatments.

- Intake and assessment activities continued during the past year. There were 1781 referrals for Early Intervention services received and processed, an increase of 54 from the previous year. For individuals over 3 years of age there were 454 new referrals received and processed an increase of 61 from the previous year.
- Clinical team members continue to coordinate with Training and Development to produce videos on various subjects including Supplemental Staffing Needs in CCF’s, Restricted Health Care Plans; What Are They and When Are They Necessary; The Ever Increasing HCBS Waivers.
- **Goal 3: Improve access to medical, dental and mental health services**

A number of strategies were implemented to improve access to health services and to positively affect the health status of clients. These included:

- (1) Renewal of contracts for clinical consultants to the Center in the fields of medicine, nursing, clinical psychology, dental hygiene, speech pathology, occupational therapy and pharmacology.
- (2) In 2022 nurse consultants conducted 1426 visits with 817 of them being face-to-face encounters and 609 were held virtually. Accompanying ID notes and or written assessments were also provided. The majority of the virtual encounters being conducted via zoom which enabled the nurses to visualize the individual clients and thereby assess their physical status.
- (3) Multidisciplinary clinical review meetings continued to be held as the need was presented. Disciplines represented in these meetings are: clinical psychology, BCBA, nursing, medicine and dental consultation as needed. This case review process provides a forum where service coordinators may discuss concerns/service needs for clients with complex health, both physical and behavioral challenges. In 2022, there were 17 cases presented and discussed with the service coordinator and or the manager relative to complex physical health needs. Service coordinators were provided with recommendations on which to follow up on. The number of clinical reviews facilitated by the clinical team continued to

decrease as the Autism Team continues to facilitate clinical review meetings that deal exclusively with behavioral health concerns and challenges. Indicated clinical team members have participated as appropriate.

(4) During 2022, 932 consents for medical, dental procedures, surgeries as well as for the use of psychotropic medications were processed, representing a slight decline of 9 from the previous year.

(5) Referral of clients with diagnosed mental disorders and or behavioral challenges are followed by two psychiatrists with experience and expertise in treating special needs individuals with co-occurring mental disorders. In 2022, there were 6 new clients referred and 196 follow up visits were conducted.

(6) In 2022 the meetings were held weekly with the clinical director to provide an update on all clients known to be hospital inpatients. During these meetings, nurse and medical consultants presented updates on each client's condition as well as the necessary follow up by team members to insure that clients receive appropriate medical care and treatment to maximize their recovery. During the year, there were 539 client hospital admissions reported representing a slight decrease of 69 from the previous year; 426 of the admissions were for physical health and 113 for behavioral health. As was the case in prior years, the issue of hospitalizations will continue to be addressed in the upcoming year by continuing to provide educational sessions for direct providers of care as well as service coordination staff as appropriate. The purpose of which is to assist those who have direct contact with clients to enhance their observation and reporting skills to intervene at the appropriate time to possibly prevent hospital admissions. Staff will also continue to work collaboratively with Mission Analytics on strategies to identify and successfully decrease the high number of admissions.

(7) The health care community specialist who is a nurse consultant, monitored the health care needs of individuals who have transitioned to ARFPSHN (an adult residential facility that provides 24 hour health care in a home like setting) homes as well as those transitioning from locked facilities. This year, the nurse consultant conducted 257 visits; of this number, 248 were face-to-face visits and 9 via zoom. These numbers indicate a significant increase in the face-to-face visits by 112 and a decrease of 25 remote visits. The dramatic increase in the number of face-to-face visits over last year indicates that staff were able to return to conducting in person visits.

**Goal 4: Increase the number of qualified health professionals willing to provide primary health care for adults and children with developmental disabilities.**

(1) In 2022 key members of the clinical team continued to network with key persons from Department of Mental Health (DMH) service area IV to discuss ways in which the Center can work more collaboratively with DMH and DMH providers to increase their knowledge base of individuals served by regional centers as well as Center staff. During the year one of the DMH staff, Lisa Schoyer provided consultation and guidance to clinical and service coordination regarding psychiatric hospitalization particularly for adolescents.

- (2) Clinical Director continued with participation in quarterly meetings of Southern California Clinical Directors Group and the semiannual meetings of the statewide clinical Directors. She also attended quarterly meetings of Regional Centers Health Net meetings as well as the meetings of the LA Care Community Children's Health Advisory Committee.

**Goal 5: Evaluate the quality of health care provided to people with developmental disabilities:**

- (1) As a matter of routine, Clinical Services staff members participate on committees to provide clinical input as appropriate. Committees included weekly Community Living Options Review Committee and Bio-Ethics Committee meetings which are held on an as needed basis. Bio-Ethics meetings are typically held for clients whose treating physician or a family member initiates a DNR or expresses their medical opinion that the individual's status is determined to be irreversible, terminal and that further treatment would be futile. During 2022, there was 2 formal Bio Ethics Committee meeting held, however, clinical team members along with service coordination consulted with family members, at their request, on end of life care for their family member.
- (2) The Community Living Options Review Committee is a multidisciplinary committee that reviews referrals and makes recommendations for appropriate community placement. A nurse consultant participated in 45 of these meetings in 2022.
- (3) One nurse consultant follows the Center's clients who are known to carry the diagnosis of Diabetes Mellitus Type II. In 2022, 57 clients had visits by a nurse consultant with the majority of them being virtual visits. During such visits, in addition to discussing with the caregiver, the client's health status relative to Diabetes and other health concerns, there is also discussion/reminders provided regarding necessity scheduling preventative health medical visits. At times, the nurse has personally scheduled such appointments.

**Goal 6: Maintain Eligibility for Participation in the (HCBS) and other Federal Revenue Programs:**

- (1) Members of the clinical team are responsible for continued evaluation of clients for initial as well as continued eligibility for participation in the HCBS Program. Both QIPD's are also responsible for working with the HCBS coordinator who is the clinical director to insure that the Center reaches and maintains an enrollment of at least 3700 waiver participants. The Center strives to meet this goal even though DDS no longer assigns target goals to centers. In 2022, the Center continued to maintain an active enrollment of at least 3700 participants in the HCBS. This number does not include those individuals who are SDP participants. During the SOE many cases that had been terminated due to lack of qualifying deficits were reactivated in accordance with the CARES Act. However, centers have been notified that the CARES Act will be sunseting during the upcoming year and those individuals will, if sufficient qualifying deficits have not been identified, be terminated from HCBS waiver.



- (2) In January of 2022, the Center was subject to an audit conducted by DDS and The Centers for Medicare & Medicaid Services, the outcome yielded the result that the Center had been found to be overall in “substantial compliance” with regards to the components of the review. The next scheduled audit is slated for January, 2024. The QIDP’s continued with their assigned tasks of monitoring all of the Center's Federal Revenue Programs, this includes the PASSAR program and the Institutional Deeming program in addition to the HCBS program and most recently the SDP program. During the year 194 clients were added to the waiver, of that number 55 were added through the Institutionally Deeming process. 214 cases were terminated and 16 were reactivated. 19 cases were added to the SDP waiver. A total of 3,417 cases were recertified for continued eligibility. The QIDP’s attended the 3 times per year at statewide Federal Revenues Meetings these meetings help to promote the ability to keep current with mandates and regulations as well as provides a venue for meaningful discussion with peers as well as with various department heads in DDS.

**Goal 7: Expand knowledge among clients, family members, service providers and regional center staff about health-related issues.**

As mentioned earlier, Clinical Team members provided educational sessions to service coordination staff on specialists continue to provide educational and training sessions on health-related issues for service providers, parents and clients who represent the Lanterman Community. In 2022, there was continued focus on providing information on COVID-19 to families as well as service providers. However, there were educational sessions for staff and families on addressing the observed stress and anxiety associated with the pandemic. Further nurses were called upon to provide guidance, in accordance with the changing CDPH and CDC standards, to direct care staff at CCF’s. Also during year nurse consultants as well as the dental coordinator have re-entered residential facilities conducting face-to-face visits to assess clients as well as provide technical assistance. Nurse consultants participated in RSPO trainings for residential providers with the focus being on sharpening observation skills to timely identify changes in residents baseline conditions and then report such change in conditions to the appropriate persons at the Center. The QIDP’s conducted trainings for service coordination staff via zoom on the proper completion of the CDER as well as the basic tenants of HCBS waiver. Trainings focusing on the various waiver programs and the requirements of each were recorded and place on ARCA Learn for easy accessibility for service coordination staff. In addition, the clinical section of the Programs and Services Manual was finalized during the year.

**Goal 8: Advocate with health care providers and policy makers for quality of health care for people with developmental disabilities.**

- (1) To achieve this goal, the Center continues to develop and maintain relationships with key generic and community health care agencies such as Child Health Community Advisory Committee facilitated by LA Care staff, SPA 4 of the Department of Mental Health. In house clinical meetings/reviews are held regarding hospital admissions, review of special incident reports as well as mortality meetings to determine if there are possible trends to conduct a closer review.

- (2) Clinical Services team members provide periodic updates, as requested, to the Programs and Services Committee and participation on the center's Quality Management Committee.
- (3) During the past year clinical director also met periodically with the Special Incidents Coordinator and the clinical assistant to discuss the mortality SIR's with the focus on determining and addressing the reasons that some have not been closed. As in previous years, clinical director will expect to attend meetings with Mission Analytics to discuss trends in hospitalization of individuals supported by LRC.

## **ADMINISTRATIVE SERVICES DIVISION**

### **ANNUAL ADMINISTRATIVE REPORT**

**2022**

The Administrative Services Division of the Center consists of five distinct units - Accounting, Client Revenue Coordination, Information Systems, Contracts and Audits, and Operations Management. Each of these units has a manager. There were 30 staff positions in the Division during 2022, an increase of 4 positions over the prior year, which included an Accounting Supervisor, Operations Supervisor, Assistant IT Manager, and a Revenue Coordinator.

What follows are the highlights of the specific accomplishments in each of the areas of the division, by unit.

#### **ACCOUNTING**

This unit consists of two managers (the Controller and a newly added Accounting Supervisor), one Accountant, one Accounting Associate II, one Accounting Associate Specialist, five Accounting Associates, and one Purchase of Service (POS) Coordinator. The Accounting unit experienced heavy turnover and restructuring in 2022. In total, there were two resignations (including the Controller), two new hires and three promotions. The unit began the year with two vacant Accounting Associate positions. Recruiting for the Accounting Supervisor position began in October. Three Accounting Associate positions and the Accounting Supervisor position remained vacant at the end of the year. Temporary staff were employed to support the unit during this transition.

#### **BUDGETING AND TRACKING EXPENDITURES**

In the first quarter of each fiscal year, Purchase of Services (POS) expenditures are projected and an Operations budget is developed based upon the allocation received from DDS. These were developed and submitted to the Administrative Affairs Committee and the Board.

POS expenditure projections continued to reflect increased needs of clients and families as the State of Emergency remained in effect through the end of the year. Alternative service delivery and the suspension of cost participation programs continued in 2022. The implementation of the 2019 DDS study of service provider rates began this year. These rates are being implemented in phases, with the first phase completed in April 2022 and applied to over 700 service providers. Our projections were submitted to the Board and DDS beginning in the late fall, reflecting only a slight increase from the prior year given the anticipated reduction in supplemental supports for clients as traditional service delivery resumed. We also continued to account for expenditures related to the Community Placement Plan (CPP)/Community Resource Development Plan (CRDP) and the Family Resource Center (FRC) portion of our main contract.

Financial statements were prepared and distributed on a monthly basis, including detail for CPP/CRDP expenditures and financial activity relative to the Koch-Young FRC as differentiated from the main contract. This year the Center received additional grants funded by the American

Rescue Plan Act of 2021 (ARPA), which was also included on the monthly financial statements. Actual expenditures tracked well within 10% of projections for fiscal year 2021-22 and for fiscal year 2022-23 to date.

As part of the Operations budget, salary and benefit projections were prepared and updated during the fiscal year. In 2022, these projections included the estimated cost of scheduled salary increases outlined in the collective bargaining agreement and the addition of 45 positions. Increases in general office expenses, additional technology, and costs related to additional office space were also factored into the budget. These projections reflected an increase of 20% from the prior fiscal year.

The Center continued to monitor its POS funding process in line with current law and regulation through its Funding Committee. Internal audits of POS authorizations and payments continue to be conducted periodically by Accounting staff and no systemic problems have been noted.

All of the Center's insurance coverages were reviewed and renewed on schedule. There were slight increases in coverage costs this year, which were in line with the current market. Claims remained minimal, and our workers' compensation experience modification rate was lowered for the fourth year in a row because of a lower number of claims.

## **ACCOUNTING PROCESSES**

The Accounting Associate Specialist and the five Accounting Associates maintain all POS service authorizations and process all payments to service providers. The POS Coordinator carries the responsibility of coordinating the daily authorization, invoice, payment, and rate table maintenance processes. The accounting staff processed an average of 2,000 payments each month. The volume of new service authorization requests and requests to update existing service authorizations averaged approximately 4,500 per month (over 54,000 per year). Service coordination continues to submit these service requests electronically through the SANDIS case management program, which minimizes the amount of data entry needed from the accounting staff. Service providers also continue to bill for services electronically.

Electronic Fund Transfer (EFT) is the method of payment used for the vast majority of POS service providers, for many of the Operations vendors, and almost all employee payroll, travel and other expense payments. The Accounting unit continues to promote the EFT payment option to providers and Operations vendors with minimal need for off-cycle (manual) checks.

Payroll continued to be processed on a bi-weekly basis utilizing Paylocity. This product allows employees to manage their personal and benefits information on their own online or via the Paylocity device application. Employees also use the Paylocity system for timekeeping and to access pay statements.

All expenditures related to POS and Operations are claimed monthly to DDS, and contract advance requests are submitted timely where warranted.

The Self Determination Program (SDP) and Participant Directed Services (PDS) continued to expand this year. The Accounting Associate Specialist now maintains all authorizations and

processes all payments for SDP and PDS services, which are only billed by the Financial Management Service (FMS) providers.

Authorization maintenance workload continued to be heavier than it was before the pandemic as there continued to be a need for alternative service delivery and other state of emergency funding.

## **CASH MANAGEMENT**

The Controller prepared regular projections of the Center's cash flow and reported to management and the Administrative Affairs committee monthly. The Center secured a line of credit with City National Bank again this year. The terms and credit line remained unchanged at \$28 million. The Center had no need to draw on the line of credit, as the cash balance was sufficient to cover expenditures until the new fiscal year advance funds were received. The Center borrowed \$5.8 million in 2021. Interest earnings amounted to \$4,100, a decrease from \$21,300 earned in the fiscal year prior.

Cash flow continues to be impacted by the ICF SPA process, wherein the Center is reimbursed by ICF providers for POS day program and transportation services expenditures vs. by DDS through the regular state claiming process. Reimbursement for these service expenditures usually takes about three to four months, whereas the regular state reimbursement process takes approximately one month. Reimbursements through the ICF SPA process totaled just over \$532,000 for fiscal year 2021-22, which is down from the prior year of just over \$624,000.

## **AUDITS**

The Center's independent auditors, Windes, Inc., issued an unmodified opinion for the 2020-21 fiscal year, with no specific audit findings or items of concern noted. The auditors conducted their work on the 2021-22 report in the fall, which was delivered to the Administrative Affairs Committee in February 2023 with similar results. This marked the completion of the second audit report issued by Windes, Inc. since the Center was required to switch firms (DDS requires the Center not employ a firm more than five years in any ten-year period). Windes, Inc. is scheduled to conduct the audit for the fiscal year 2022-23 as well.

DDS completed their last biennial audit of the Center in the fall of 2020 and was scheduled to commence the next biennial audit in April 2023 (DDS conducted their fieldwork between April and June 2023).

## **BANKING AND OTHER ACTIVITIES**

The Center's banking relationship with City National Bank continues in a positive vein and bank services such as online banking services, automated fraud detection services, and account reconciliation services continue to serve us well.

The Accounting unit also monitors the results of endowment fund investment activity with the California Community Foundation. Separate accounts continue to be used at the Foundation for donor restricted and unrestricted contributions. The Administrative Affairs Committee continues to review the performance and management of the fund, and this year reviewed historical data

related to the performance of the fund. The fund endured losses in the first three quarters of 2022 but recovered in the fourth quarter.

## **AUDITS AND CONTRACTS**

This unit coordinates the development of all Operations and Purchase of Services contracts, completes all service provider fiscal reviews, provides service provider trainings, supports budget development for clients in the Self-Determination Program (SDP), and administers all Family Cost Participation Programs (FCPP). This unit consists of one manager and one Fiscal Monitor Associate. In May, this unit promoted the Fiscal Monitor Associate to the position of manager, as the previous long-term manager retired in late 2021.

The unit coordinated the development and tracked the status of 132 contracts in 2022, up from 118 in 2021. Some of the types of contracts include those for clinical services supports, Purchase of Service Supported Living Services agreements, and commitments for projects funded in the Center's contract (such as Community Placement Planning (CPP), projects to reduce disparities in service delivery, Home and Community-Based Services (HCBS) waiver compliance, and the development of Crisis Support Services (CSS) programs. Payment activity on these contracts are monitored by the manager.

DDS required the Center to complete ten service provider fiscal reviews in fiscal year 2021-22. The types of providers reviewed included an Early Start Therapeutic Services provider, licensed residential facilities, and independent and supported living services providers. The Center completed fourteen fiscal reviews, exceeding the number required. No appeals were filed relative to any of the audits. The Center is on track to complete the required nine (9) fiscal reviews for the 2022-23 fiscal year.

The Center continued transitioning clients into the Self Determination Program (SDP) in 2022. The Audit and Contracts unit is responsible for providing expenditure reports, calculating budgets used to develop client SDP spending plans, and amending budgets as necessary. The Fiscal Monitor Associate, Manager of Audits and Contracts, Director of Client and Family Services, Participant Choice Specialist, and the SDP Specialist are the members of the Center's SDP planning team. During this period, the unit supported the completion of 75 new client budgets that ultimately were transitioned into the SDP. At the end of 2022, we had 150 clients enrolled in the program.

The unit continued to defer coordination of the Family Cost Participation Program (FCPP) and Annual Family Program Fee (AFPF) program based on the DDS directive to waive all requirements related to these programs effective March 25, 2020 in response to COVID-19. This DDS directive is still currently in effect.

## **CLIENT REVENUE COORDINATION**

This unit manages \$10 million in trust for a little less than 750 individuals, and coordinates benefit applications and benefit eligibility redeterminations for these clients. Management of client benefits includes receiving monthly Supplemental Security Income (SSI) and other benefit payments, making regular disbursements to pay for rent and other living expenses, and keeping

the status of their eligibility current. This unit consists of a manager and two Revenue Coordinators. In the fiscal year 2022-23 staffing plan, a third Revenue Coordinator position was approved to address the increased number of inquiries and reporting requirements from both the Social Security Administration as well as Medi-Cal.

There were 21 SSI and Social Security benefit applications submitted this year, which is up from 2021 (18 in the prior year). Benefit redeterminations were up to 438 from 418 in 2021. The Social Security Administration (SSA) continues giving specific focus on validating the benefit status of SSI recipients. The number of accounts managed by the unit was 732 at the end of the reporting period, down 33 from the prior year. This decrease in accounts was primarily due to a larger number of clients passing away in 2022. Forty-six applications (up from seven in the prior year) and 189 redeterminations (down from 247 in the prior year) were processed for Medi-Cal benefits. The drastic increase in Medi-Cal benefit applications was due to changes in the law that expanded eligibility. In addition, the unit completed an additional 902 (up from 901) forms in response to requests for written information from the Social Security Administration and other entities.

<b>Activity</b>	<b>2021</b>	<b>2022</b>	<b>% Change</b>
Active Accounts	765	732	-4.3%
SSI/SS Benefit Applications	18	21	16.6%
SSI/SS Benefit Redeterminations	418	438	4.7%
Medi-Cal Benefit Applications	7	46	557.1%
Medi-Cal Benefit Redeterminations	247	189	-23.48%

The portion of the cost of placement in a licensed residential home paid out of an individual's benefits is sometimes paid by the Center as a loan during the benefit application process. These loans are to be paid back when the benefits are awarded. In 2022, loans totaling approximately \$145,000 were authorized and later reimbursed from client benefits. The total loan balance at the end of 2022 was \$147,449, a 29% increase over 2021. This is due to increased delays in the awarding of benefits from Social Security.

In addition to managing benefits received for our representative payee clients, the Revenue unit is responsible for coordinating the disbursement of some Purchase of Services funds for clients deemed ineligible for SSI benefits and those receiving SSI that live independently. In 2022, the Center funded the full cost of out-of-home placement for 70 clients ineligible for SSI benefits. Purchase of Services funds were also used to supplement SSI benefits for 247 clients living independently in 2022. The Revenue unit is also responsible for disbursing Supplemental Security Income/State Supplementary Payment (SSI/SSP) restoration payments to over 500 eligible clients. The frequency of these payments was switched from quarterly to monthly to serve these individuals better.

## **INFORMATION TECHNOLOGY**

These five individuals continue to manage and support all the Center's computer-related activities. This unit's responsibilities include all facets of the midrange computer system, including client

and financial data collection processes and various other system processes, as well as the Center's network and personal computers that the Center uses in the conduct of its business.

Remote access to the Center has become a permanent requirement for all staff to varying degrees even with the return of in person meetings and the return of staff to the Center offices. The need for the IT unit to support this hybrid work environment has forever changed how the unit operates. Stable, high-speed remote connectivity is essential, and the Center has put substantial effort into building up its infrastructure to support this new environment.

The Center is also improving its infrastructure to speed-up connectivity wherever possible. A new virtual server with increased storage and network connection was installed. The switch devices connecting all devices to the network were upgraded and will be installed in 2023. In preparation for a new phone system and deployment of Center issued cell phones, the Wi-Fi access points will also be changed to handle the increased traffic. The connections between floors are also scheduled for upgrade in 2023, along with the increasing of the Center's internet speed. These changes, along with the new firewall installed last year, complete the infrastructure improvements for 2022.

The Center is also working on improving software by switching to Microsoft 365, a cloud-based platform that will improve accessibility to email and facilitate document sharing. This will also allow staff to access email on multiple devices, including cell phones that will be issued to service coordination staff and others who work out in the field regularly.

Cyber security is a major IT focus. The Center introduced 2-factor authentication for network access and will expand this added layer of security to additional systems in 2023. Other end-point security systems will also be installed in the coming year to protect computers outside of the Center. Other complex systems are under review for improved security.

The influx of new staff and new positions continued, which required the IT unit to secure additional computer equipment and supplies in a time when supply was still uncertain. The availability of needed equipment and supplies did improve this year, with most items becoming readily available or with minimal delays.

The increase in staff and turnover meant the IT unit must dedicate a substantial amount of time configuring equipment for new users as well as resetting equipment when it is turned by staff who are leaving. Staff growth has also prompted restructuring units on the floors, moving or deploying equipment for new staff, and expanding the IT infrastructure. The IT unit needed to refocus resources on accomplishing these tasks in a timely manner. The need for additional support was evident, and a third Information Systems Specialist was approved in the Center's staffing plan.

Document imaging efforts at the Center have continued and expanded beyond just client records. Executive materials and accounting files have been converted to electronic records, and the structure of electronic vendor records was revamped. Several paper-based processes have been converted to an electronic process. The work continues to identify other processes. The Center completed the conversion of all client records into the document imaging system, which allows staff to access all records remotely. The IT staff continue to provide technical assistance and training for staff in this area.



## **OPERATIONS MANAGEMENT**

This unit has five full-time staff that support the Center in meeting all facility, supply, and non-computer equipment needs. This unit is also responsible for managing the Center's reception and mailroom duties and the administration of the security card system and telephone system. In the 2022-23 fiscal year staffing plan, the position of Operations Supervisor was approved to add to this unit. This position will oversee the day-to-day operations of the unit, allowing the Operations Manager to take on the role of the Center's Emergency Services Manager. There was turnover in the Receptionist position, which was successfully filled in the month of September.

## **FACILITY MANAGEMENT**

The third expansion space was accepted and construction in this space began in June. This expansion space is the ground floor space across from the Center's resource center and will become the reception area, expanded meeting and testing room area, and the offices for the Operations staff. The construction process continued throughout the year, requiring continued collaboration with the real estate broker, architectural firm and contracted vendors.

The facility cleaning was performed twice this year in order to maintain the facility for the staff working in the office. Cleaning services continued to be less frequent than prior years due to the decreased staff presence in the office. Furniture in the conference rooms and kitchens remain reduced in order to ensure social distancing as staff slowly returned to the offices on a limited basis. The Operations unit also continued to work with building management to maintain common area maintenance.

## **RECEPTION AND TELEPHONE SYSTEM**

The Center continued to be closed to all visitors with the exception of clinical assessment appointments needed as part of the client intake process. The Center maintained a live receptionist during business hours to address the high volume of calls to the Center's main line, attributable to an overall increase in calls as well as a redirecting of incoming calls to from other lines at the Center. Phone system features such as enhanced conference calling and remote system accessibility continued to be utilized in order to stay connected to the Center and the community.

The Center monitored the phone system performance and activity regularly during the year in response to an increase in support requests from staff and concerns regarding connectivity. Reports of poor sound quality and connectivity continued to be received, and Operations staff worked closely with the vendor to resolve the issues. Call history data reports were also generated on a monthly basis and shared with management in order to address concerns regarding the community's reported inability to contact staff. The Center continues to closely monitor the system, and has been exploring alternative systems in order to improve connectivity as accessibility.

## **OFFICE SUPPLIES AND EQUIPMENT**

The Center acquired a new asset inventory system this year in order to improve and enhance the overall management of equipment inventory. The new system will also facilitate the mandatory physical inventory process required every two years by the state. The Center stayed adequately supplied with office supplies as well as cleaning and sanitization supplies. Supply purchases increased this year as staff returned to the office on a more frequent basis. A number of refrigerators and other kitchen appliances were replaced as they had reached the end of their useful life. Cell phone equipment and iPads for new leadership staff were provided as needed.

## **MAILROOM**

The Center continues to focus on digitizing communications with clients, families, and the service provider community where appropriate, but there is still significant communication happening via regular mail. The Operations staff facilitates incoming mail distribution for staff and ensures timely processing of outgoing mail. The Operations unit also manages the offsite storage of archived records. The need to access those records has decreased as the Center continued its transition to its electronic records management system, and the Center is no longer sending any additional printed records offsite.

## **OFFICE FURNITURE AND ERGONOMICS**

The digitizing of all client records allowed the Center to remove a large number of file cabinets, allowing for repurposing of some of the office space. Additional workstations for administrative staff and service coordinators were installed where possible in order to address the staff growth. The Operations unit coordinated the completion of ergonomic assessments when concerns were reported. Office chairs and other equipment were issued as recommended in these assessments. Standing desks, dual monitor systems, and headsets have also been deployed as appropriate to accommodate the ergonomic needs of staff. We continue to prioritize these efforts in order to ensure the comfort and safety of staff.