

**INLAND REGIONAL CENTER  
VENDOR ADVISORY COMMITTEE**

**VIA ZOOM**

**MINUTES**

**June 21, 2021**

**COMMITTEE MEMBERS PRESENT:** Audrey Andrade, Member at Large: Felecia Arnold, Transportation: Johana Caicedo, Infant/Children Programs: Lynn De Anda, Day Programs: Jenn Delgado, Respite Programs: Ruth Goodsell, Member at Large: Dr. Doug McKown, Specialist/Support Programs.

**Ms. Arnold called the meeting to order at 9:05.**

**MINUTES: Motion made to approve minutes of May 17, 2021: M/S/C Goodsell/McKown.**

**Vendor Category Report:**

- 1) **Day Program:** Ms. De Anda reported on the Pre-Vac of June 9<sup>th</sup>. Providers were reminded they must get an approval to start IDT meetings, after the checklist is submitted, not just an acknowledgement the checklist was received. CCL's Mitigation plan was discussed. Some providers are frustrated because many plans have not been approved yet. Some say they do not have to wait for CCL to approve as CCL has stated they did not ask providers to close in person services. Others say it is Inland who is requesting CCL approval before reopening. They talked about CCL PIN; if 70% or more of consumers and staff are vaccinated, no need to test staff who are fully vaccinated and have no symptoms. Providers should continue to test 25% of staff who are not vaccinated. If less than 70% of consumers and staff are vaccinated, 25% of all staff should be tested every 7 days. CCL audits are resuming. They talked about the DDS Virtual Site Assessment. DDS interviews participants directly. Annual physicals and TB tests were discussed. IRC requests these prior to start. Providers are asked to request these annually however, if they are not able to get one annually, they are not out of compliance.
- 2) **Health Facilities:** Ms. Clarke gave the report since there is no representative for this service category at this time. She said providers are still meeting virtually. There care concerns with vacancies. Some providers may need to close or suspend services due to staffing issues. Sharing staff was discussed. It was mentioned if they can hold out until October, when unemployment benefits run out, maybe staff will return. They talked about the mitigation plan, the changes, and the fact that CCL and Department of Health differ in what their policies state which makes it difficult for providers to develop policies because they have to check to make sure they are in compliance with both agencies. Next meeting is July on the 3<sup>rd</sup> Wednesday.
- 3) **Infant/Children's Program:** Ms. Caicedo reported on the Pre-Vac of May 24<sup>th</sup>. They talked about the mask mandates. Merissa Steuwer was on the call. IRC is not giving directives. Providers need to follow state and CDC guidelines. They discussed visits either in home or hybrid and providers shared what they are doing or planning to do. DDS has extended the directive for teleservices until July 5<sup>th</sup> and the providers are continuing to provide as many services as possible. A training was held last week on Trauma

Informed Care, and it was well attended. The providers will continue to meet monthly and have sent out dates for meetings for next year. Their next meeting will be next Monday.

- 4) **Residential Service L2-L3:** No Report
- 5) **Residential Service L4:** No Report
- 6) **Respite Program:** Ms. Delgado reported they have suspended group meetings, but they continue to answer questions via email. Providers continue to focus on services. If providers have questions or concerns, they can email Jenn. Questions have been asked regarding the minimum wage worksheet. Those have been answered if the answer is known or referred to the POS department.
- 7) **SLS:** No Report
- 8) **Specialist/Support Programs:** Mr. McKown reported they have not met but continue to communicate via email. If providers have questions or items needing discussion, they can email him.
- 9) **Transportation:** Ms. Arnold reported they have received information regarding the fuel costs, and it is appreciated. Next meeting is July 22<sup>nd</sup>. They continue to receive many questions regarding billing, and they are directing them to regional center. They need more clarity on billing.
- 10) **Vocational Program:** Ms. Chatman was not able to join the call for the VAC meeting due to capacity issues so she emailed to me her report so it could be included in the minutes. She reported that IRC Face Book page is reporting all providers will be opening July 1<sup>st</sup> and there is concern because for those reopening, it will not look anything like it did pre-pandemic. Also, many providers will not be ready to reopen by that date because they have not been able to hold IDT meetings as of yet and others are short staffed. The question was asked when IRC would open up for in person meetings at IRC and they were told nothing has been determined. Beth Crane reported to the group the Employment Services tab on the IRC website is updated frequently. Providers can have their events and trainings posted there if they would like. The workforce development workgroup collaborative was very productive, and one will be starting soon for Riverside County providers. DOR attended and gave updates on the State Internship Program, customized Employment and Person-Centered Training. Going forward DOR will require more information and rationale for job coaching requests.
- 11) **Behavioral Mod:** Ms. Rachel Stewart reported the Behavioral Modification providers met with the Day Programs providers for their Pre-Vac. The Behavioral Consultants were told to follow the program design. They are asking if there have been updates for the consultants, to please let them know.
- 12) **Member At Large:** Neither Ms. Andrade nor Ms. Goodsell had anything to report.

## Committee Reports

- 1) **Legislative Committee Report:** The legislative report prepared by Ms. Jennifer Cummings was emailed the morning of the VAC meeting.
- 2) **Membership Committee Report:** Ms. Goodsell thanked Ms. Michelle Clarke for stepping up so quickly to assume the Health Facilities representative position. She has a lot of experience and has been on the VAC committee before. The membership committee has recommended her to assume the Health Facilities position. There is still an opening for Residential Level 2 & 3. The person they thought was interested

was applying for a different position. If anyone is interested in that position, please let Ms. Goodsell know.

**Motion made to approve Michelle Clarke as the Health Facilities representative: M/S/C Andrade/McKown.**

**Regional Center Update:** Mr. Toms thanked Ms. Arnold for stepping up to chair this meeting in Ms. Stewart's absence. On July 6<sup>th</sup>, most licensed facilities will begin CSC visits at the facilities. Some CSC's have started in person visits this month but not many. The checklist for day programs that are reopening is going very well. Turnaround time for approvals has been within 72 hours. The providers have done a great job of putting everything into place. Only about 20 checklists have yet to come in to be reviewed. Programs have started having IDT meetings. Guidance for IDT meetings has been given to the CSC's to answer their questions and clear some confusion. They have had questions regarding layered services, and yes, services can be layered. Billing? Bill traditional when all services for a consumer are back to traditional. If one day in a month a provider used ASD services for a consumer, then everything for that consumer is billed as ASD. Please start billing for Traditional services at the beginning of a month to make it easier for billing purposes and POS. From what has been expressed so far, the IDT meetings have been detailed and very person centered. Providers are developing services around each person. DDS has started their virtual site visits. Anyone who filled out the survey and said they did not meet the final rule, are eligible for a site visit. Those who did not fill out a survey will probably also get a site visit. QA has not been involved in the site visits. They are focusing on questions and IDT meetings as well as getting back to conducting their own visits. Providers have been through the HCBS Final Rule for the last 4 to 5 years and they know what to expect. Services need to be integrated and person centered. In October 2019, there were 560 consumers in the 055 programs. As of this month, there are 1420 in the 055 programs. The 055 programs are purely community based and will meet the final rule. In October of 2019, there were about 1200 consumers in WAP's; today there are 840. Providers are transitioning consumers from WAP's to other programs. Vince thanked all the providers for stepping up over the last 15 months and doing their best for consumers and families during the pandemic. It wasn't easy but everyone did their part. There haven't been many complaints from consumers and families and that is because of the hard work and dedication of the providers. **Question:** With the Health facility consumers, some have been better off not going to program. Will ASD available for those consumers? **Answer:** DDS has not given a deadline and they have said ASD will still be available. Providers should write their programs like ASD will be available for a while. We don't know where it will go long term. It will be determined by DDS and CMS. Make sure to participate in the IDT meetings. Include transportation and the CSC. The IDT meetings will determine what will benefit the consumer and what services will look like. **Comment:** There are some consumers who may need transportation by themselves to return to program. There are other consumers, who medically, it is not advisable to return to program, but they want to return and have the right to make that choice. Notes will be written stating they have the right to make that choice but need to understand the risks. Risks and benefits are being taken into consideration as well as health concerns and transportation concerns. Many will not be going back to program right now so there is a need for ASD still. **Response:** We cannot tell a consumer what they can or cannot do if they make a decision that might be risky. We have to look at the risk and make the best plan to mitigate those risks. The IDT meetings are taking a long time because risk and safety have to be looked at. **Comment:** Transportation providers are appreciative that regional center came up with a plan to include fuel costs again. It doesn't solve the problem, but it helps. Many consumers have identified in their IDT meetings they want to return to program on a regular basis, yet transporters are restricted from billing on a traditional basis day to day. They can only bill ASD. If someone attends program once per month, the transporter gets paid as if they transported every day. They need to have a way to bill either traditional or ASD based on the needs of the consumer. Also, transporters have a maximum amount they can bill monthly based on

information that was taken months ago when transporters had fewer consumers on their routes. Now they have more consumers on their routes yet if the provider is over the rate cap, they do not get paid. The POS department eliminates consumers by name from the billing. The transportation providers are transporting additional consumers and need a way to expand and not have a cap on the number of consumers they can provide services for. The inability of transporters to meet the need will affect day programs and residential providers. Meeting the needs of consumers will mean adding routes due to fewer people on vehicles etc.

**Question:** Regarding regional center position saying programs cannot open without approval of mitigation plan from CCL while CCL is saying they did not tell any program to close in person services so they do not need to say when they can reopen. Has there been a change in regional center stance on this issue: **Answer:** Everything that is put out, is subject to change from one minute to the next. Call CCL and make sure what their position is on the issue. If they are saying a mitigation plan is not needed to reopen, regional center will not stand in the way. CCL is the sanctioning agency on that decision. Regional center is only concerned with the regional center checklist.

**Financial:** No Report

**Training Offering:** None

**Resources:** None

**Old Business:** None

**New Business:** None

**Public Input: Comment:** regarding the policy of needing to test staff if 70% or more of staff and consumers are not vaccinated, it is hard when you cannot ask consumers if they are vaccinated. Some families and consumers offer the information and others do not. Testing is an additional cost. The CCL PIN and asking consumers about vaccination status is an ADA protection. **Question:** Minimum wage increase was approved by DDS for Day Programs. Would the rate incorporate into the ASD monthly rate? **Answer:** Please email the Fiscal Department for rate questions and issues. **Concern:** We are receiving authorizations for Traditional services when we still are using ASD services. **Answer:** Every new service should have an authorization for ASD and Traditional. It will facilitate the process when the return to Traditional happens so funding is not delayed waiting for the authorization for Traditional services. The authorization will already be in the system. **Question:** Need clarification on when to bill traditional. **Answer:** It is based on consumer, not program. If consumer attends program on ASD even for just one day, bill ASD. The first month a consumer does all Traditional is when billing for Traditional starts.

Next meeting is scheduled for July 19, 2021, at 9:00 am via Zoom.