Process Related Comments

PROVIDER SURVEY

#	RESPONSES
1	We did not participate in the provider survey and received extensive feedback from our colleagues in the community that the survey was too complicated to complete. The feedback from our accounting department was that the survey was too time-intensive to complete. This feedback is supported by the fact that only 52% of regional center vendors submitted a response. We are concerned that this does not allow for an accurate picture of provider costs. This is even more concerning when considering the low response rates for service codes 048, 805, 612, and 615, which were 27.5%, 40%, 25.8%, and 32% respectively.
2	The provider survey took a lot of time to complete, which we expected. What we did not expect was for the data to be ignored. Stephen Pawlowski stated at the Fairview DC meeting that Burns did not use the worker's comp rates/data from the survey, which reflect the much higher rates in some service categories than the across-the-board pure premium average rates the rate model is including. This needs to be adjusted, especially for programs that typically suffer from higher X- Mods due to higher risk of staff injury supporting individuals with behavioral challenges.
3	The workers Comp rate is too low. Our rates are between 8%-10%. -Since there is already a 15% max administrative allowance, why lower it? It should be kept at 15%. Every year operating costs increase. Even 15% is too low. -ILS rate (service code 520) is proposed at approximately $36/hr. That would be a good rate if we are basing things on current state median rate (approximately $32/hr) there are agencies who have been vendors for 520 many years prior the median rate system took into effect. As such the hourly rates are in low to mid $40's. Because of this height reimbursement rate, they currently pay staff higher wages. If you cut the rate to $36, they will not be able to cut the staff pay due to labor law restrictions.
4	Survey was too complicated to complete. Some organizations do not have an accounting department and could not put it together. This is supported by the fact that only 52% of regional center vendors submitted a response. We are concerned that this does not allow for an accurate picture of provider costs. This is even more concerning when looking at the service codes that that we provide services under 048, 805, 612, and 615 where response rates were 27.5%, 40%, 25.8%, and 32% respectively. Additionally, not all services codes that we vendor under were surveyed, specifically 102.
5	1. Representative sampling - With respect to the Provider Survey participation, the study reports a 20% response rate from the two provider studies covering 5,745 providers. However, given that there are 37 different services/rate models under consideration, it would be helpful to see the details of participation, i.e. respondents by service code, to see if there was sufficient representation for each service code/rate model. CBEM LLC(CBEM) provides services under Service Code 017. For fiscal year 2017, CBEM revenues represented 32% of POS claims reported on Figure 2-2 of the Study. CBEM did not participate in either of the vendor provider studies. In fact, in reviewing the Provider Survey report dated May 25, 2018, there does not appear to be participation from any vendor under Service Code 017. There also appears other service codes were without representation. To draw the conclusion that all 37 service codes are properly represented is an aggressive assumption. The authors should draw attention to the exceptions or perhaps exclude making recommendations for these service codes. 2. We discovered under our section of the Rate Model, addition errors to arrive at the final built-out rate. For example, rates under 017, Crisis Eval. And Behavior Intervention, Crisis Intervention Specialist, it appears that the "Cost per Hour, Before Program Operations & Administration" has not picked up the "Supervision Cost per Billable Hour" thus creating a billable rate less than it should be. The error was across the board for that job position across all Regional Centers(RC) under-calculating the final rate by 12-13% for those RCs CBEM had contracts with. It is unclear that these "faulty" rates, and unknown others, were then used as a basis for calculating the impact of these rates on the "fiscal impact analysis", which could be significant, if such errors existed in other job titles. 3. Not all service codes can operate under an hourly rate service model. As noted by the authors of the study in Section 2.3: Review of Service Requirements, "Home and community-based services different from most medical programs in that there is generally a lack of national standards". That same sentiment applies particularly with respect to a service such as 017-Crisis Team-Evaluation & Behavior Modification. As defined on page 85 of the Study "The service provides crisis intervention services designed to support and stabilize the consumer in their current living arrangement or other appropriate setting (e.g. day program, school, community respite)." The authors took some liberties in understanding how Service Code 017 works up to and including creating distinct positions with the assumption of a "regularly scheduled" service model. The clients we serve have a higher propensity for aggression and an important part of the service focuses on crisis response and crisis management, not on a regular schedule or drop-in type service. Thus auxiliary services such as staffing a 24/7 hotline must be available even if it may not be used. How will an hourly rate model properly account for this? CBEM provides two highly skilled Master's level clinicians on the hotline at all times. We call them a lead and assist (this could be referenced as a primary and secondary staff person). CBEM has a lead and assist waiting to engage in a call 24/7, regardless of whether or not a call is received. CBEM

provides what is akin to a wrap around service. The 017 Crisis Service Model that CBEM provides extends beyond the individual to their circle of support, family, caregiver, teachers, therapist, behaviorist, psychiatrist, support staff, the Regional Center Service Coordinator and anyone else that is connected to them. Does the prescribed hourly rate provided in the Rate Study include time spent with the individuals' circle support at the same rate of pay?

4. Service code variations for program operation costs We disagree with the Study's decision to combine and simplify assumptions for program operations costs in light of the Study's own observations that there were "significant variability in the program operating rates". Instead, the question should be raised as to "what contributed to the variances?". "Were they significant enough to call out these program costs as being unique and important to be factored different or possibly to even exclude such service codes from the rate study for their uniqueness?"
5. Feedback to the Study - It is unfortunate that the DDS could not keep its original schedule to engage the public in the review findings and recommendations before its submission to Legislature. This lack of timely public engagement is a flaw in the rate study process and would have avoided the concerns noted above.
6. Rollout of new rates - A separate study should be conducted to establish a reasonable timeline for rolling out such a comprehensive change in billing practices. Allowance should be provided for: time to update legislative language impacted by these rate changes, amendments to Title 17, contract amendments between RCs and vendors, financing the increases in a sustainable manner, implementing new billing systems at all levels, state, RC and vendor, education and training. A contingency study should also be conducted to go through what-if scenarios of agencies that may not be sustainable under the new model and opt out, contingency plans for continuity of services under those circumstances.
7. Thank you for the opportunity to comment. The rate study overall offers a great vision of providing standards for setting, managing, and increasing rates equitably and efficiently. It offers DDS financial levers presently lacking and needed. The Study is a good platform to build from but much more due diligence, stakeholder engagement and planning will be needed to fine tune it to the level that most importantly client service and quality are not compromised. 8. CBEM will be happy to engage in future dialogue with DDS and/or Burns & Associates when and where necessary. CBEM has contracts to provide 017 services to nine regional centers. By 2020, CBEM anticipates it will be delivering 017 services to over 50% of California's Regional Centers. We humbly submit that we do not believe CBEM to be a good candidate for an hourly rate model. The goal of CBEM's services is to stabilize the individual in their present situation and prevent future incidents from arising that could escalate to a critical level. Critical Intervention Services is our sole business and we have been a vendor of the Regional Center system for almost 11 years and in this time we have had a monthly rate model based on the monthly median rate. The monthly median rate model allows us to cover all costs associated with our full array of services we can offer, even to remote areas where it has been difficult to serve. An hourly rate model forces us to scale where scalability is not an option or not prudent. The median rate model gives the Regional Center clients with whom we serve as many hours as they need in any given month, keeps our 24 hours a day, 7 days per week and 365 day per year hotline to be staffed at all times with two highly trained staff as mentioned a Lead and an Assist. In addition, we have Administration on Call (AOC) to support both the Lead and the Assist as well as the Regional Center around the clock. CBEM has essentially been part of Safety Net Services in the Regional Centers wherein we are contracted. In the document called PLAN FOR CRISIS AND OTHER SAFETY NET SERVICES IN THE CALIFORNIA DEVELOPMENTALSERVICES SYSTEM May 13, 2017 it describes the need for individuals who might be in crisis or in need of preventative measures with an emphasis on people transitioning into the community from the subsequent closure of Developmental Center. In the excerpt from the document numbers 2 and 5 specifically illuminate the part CBEM has played in the Safety Net: "Like the DC Task Force, the DS Task Force carefully considered the need for enhanced services and supports for individuals in crisis, and ways to prevent a crisis from occurring. Crisis prevention included developing models of support to prevent an individual from becoming involved in the criminal justice system or needing a more restrictive level of care. In addition to adherence to the Guiding Principles and the general service needs noted above, specific recommendations included: 1. Creation of a funding source similar to the Community Placement Plan (CPP) to start up new services for individuals currently being served in the community and develop safety net services; 2. Development of crisis services throughout the state, including more mobile crisis teams for timely intervention and more attention to medication management; 3. Increased options for DC staff to support consumers in the community; 4. Development of secure housing options to prevent more restrictive placements, including options for registered sex offenders; 5. Creation of mechanisms to help people return to their former home after a crisis, including comprehensive assessments and long-term transition planning; 6. Increased communication throughout the system about the benefits of Supported Living Services and the Self-Determination Program; 7. Increased options for therapeutic day programs; 8. Reduced caseloads for regional center case managers for individuals who are in crisis; and, 9. Providing a placement of last resort. CBEM's Specialized Critical Intervention Service (SCIS) construct is akin to a social model or what is more traditionally called a "wrap-around" model that delivers a set of full scope services to the individual, through collaboration with family, staff, day program, employment worksite, group home, Adult Residential Facility, Intensive Care Facility, school, community

	(generic) resources, additional vendors and other supports. The “wrap-around” model is individually designed, to provide a package of services to individuals with developmental disabilities with serious emotional disturbances, people with mental illness, or systems suffering from incidents of behavioral challenges (i.e. families, programs, schools, etc.). Under the “wrap-around” model, services are developed through an inter-agency collaborative approach. The individual experiencing a critical situation, family members, and those who support the individual all participate in each step of developing the service; including the writing of our Stabilization Plan, modifying the plan, and determining the parameters of success.
6	The rate study process was a bit cumbersome, in terms of steps necessary to compile the necessary information. However, given the types of questions asked, I am cautiously optimistic that, the initial findings, from Burns & Assoc., will be open for modification (to service proposals) based upon input from the provider community.
7	It was very detailed and obtaining some of the information required our accountant. It was definitely thorough, but in all honesty felt a bit overwhelming with the excel setup (meaning it was not easy to use).
8	Though the methodology used for the rate study was sound, the DSP wage assumptions made in the survey were insufficient for our high cost service area in Los Angeles. In kind, the rates for supervision, training, and administrative costs all reflected unsustainable numbers. Providers input would have been necessary to establish the true cost of doing business in our areas.
9	1) Workers comp code 8827, is a higher rate than the base rate used in the survey. We have a very low incidence with our policy, our rate is 5.1. I suspect that not all agencies reporting their rate are under the 8827 code. Due to the nature of our ILS/SLS services, supervisory staff are on-call, therefore they are exempt staff and salary must be paid at a rate of (2x) the State minimum wage, survey used a significantly lower rate for those staff, this includes supervisory staff for the Respite/Personal Attendant services, family and staff call to report 24/7 changes in schedules etc. ILS average is lower than standard for travel time, we find it factual at 3 hours minimum in a 40 hour week. Mileage included in the rate v.s separate authorization will not capture mileage rate increases, unless the rates will be adjusted each time. Operations cost study uses a 12% cost to include rent, utilities, taxes, supplies, insurance costs, payroll costs etc. with new laws approaching for EVV we anticipate a higher operating cost to meet these requirements along with HIPA Compliance costs.
10	We completed the provider survey, but received extensive feedback from our colleagues in the community that the survey was too complicated to complete. Our organization has the benefit of an accounting department, but smaller providers do not. This is supported by the fact that only 52% of regional center vendors submitted a response. We are concerned that this does not allow for an accurate picture of provider costs. This is even more concerning when looking at the service codes that that we provide services under 048, 805, 612, and 615 where response rates were 27.5%, 40%, 25.8%, and 32% respectively. Additionally, not all services codes that we vendor under were surveyed, specifically 102
11	The survey process was a little arduous. It took several hours to complete accurately.
12	Process seemed quite comprehensive
13	We oppose the proposed dual vendorization and dual rate structure for 510 service code day programs; one rate for site-based services and one rate for community-based services. This is not practical and it increases our administrative workload. On a practical level, if for example, you have site-based services in the morning, and community outing(s) in the afternoon, you will have to either carry your extra community staff in the mornings while on site, or try to hire part-time staff for the afternoon or half-day outings. It is not affordable to carry the extra staffing for on-site services, and it is not realistic to hire and retain part-time staff only for community outings. Our day program is already socially integrated with 160+ seniors without I/DD and only 35-40 adults with I/DD. So when we go on community outings in a van with 6 passengers, maybe only 1-2 adults with disabilities are socially integrated on a given trip. So we don't really need a lower ratio and different rate for community outings.
14	We do not believe that this study accurately reflects the actual cost of running a quality Community Integration Program. We support adults with moderate to severe disabilities, helping them find jobs, work on daily living, social, communication, transportation and other skills. The adults that we support required trained, professional staff, and we believe that all staff should make a decent wage, that reflects the importance of the work that they are doing.
15	The Rate Study found that the system has an extremely large deficit and that is only for identified services currently in use; with the advent of self determination what about the cost for all of the innovative support services that will be required. Some standardization is certainly necessary but when the system is supposed to be based on individual needs then let's be cautious about overly restrictive definitions of service categories.
16	The rates do not commensurate the level of expertise, education and training being required for the services.
17	If our level two one staff operated facility is to become HCBS compliant by March 2022, we would need at least one additional staff per home to help train residents to integrate into the community as individuals. There are a few that can easily access the city bus etc, but several that are unable to ride the city bus or access without help; they can easily be confused and lost.
18	We provide employment services through the 055 community integration program. We do it through this model, instead of the supported employment model because many of the people we support need constant support (cannot fade services) or their families/care providers want them in a program 5 days a week, 6 hours a day and would never consider most

	employment programs because they wouldn't offer the coverage the family wants/needs to have a "break". We believe that all people work, regardless of the severity of disability as everyone has contributions and gifts to share with the world. We are unclear as to how our service will be impacted as we provide supported employment focused service under an 055 service code. Does this mean we will be transitioning to a supported employment rate? Or Independent Living rate? Or do we have to somehow to a new rate determination for our service since the 055 community based only programs only identify 1:2 ratio and a majority of the people we support receive 1:1.
19	Only 52% of regional center vendors submitted a response. We are concerned that this does not allow for an accurate picture of provider costs. This is even more concerning when looking at the service codes that that we provide services under 048, 805, 612, and 615 where response rates were 27.5%, 40%, 25.8%, and 32% respectively.
20	Real costs of providing services that are communicated in the provider survey results are not realized in the proposed rate models. There are quite a few examples that have a significant impact. The uptake of health insurance rate is low and cost of health insurance is very low compared to real provider costs. For example, at UCPLA the 2019 full time benefit rate costs $531 versus the $488 referenced in the survey. Our effective benefit amount adjusted for participation is $313, whereas Burns & Assoc uses $271. These two items combine to create a significantly lower figure than used in the proposed rates, and limit the choices we can provide our workforce, further impoverishing them. UCP Work, Inc pays $600 per month on premium. So, in some service lines even if pay goes up slightly, staff will likely incur more share of cost on their medical benefits because the proposed models understate the cost of these benefits. Nearly every therapist or consultant type from the provider survey show that the cost per hour for these professionals fall between $60 and $100, and yet the consultant hourly wage used in the residential rate models is $50.01. This drives the rate of reimbursement down in the residential models, and along with other factors makes it prohibitive for our agency to expand resource development into that area. UCP Work, Inc pays no less than $75 per hour for consultants. (See UCPLA Consultant costs - Table 1). The provider survey data indicates that programs offering a more medical based day service average between 100 square feet to 300 square feet per person served. In the proposed rates 50 square feet per person is the number used. This approach undermines the sustainability of more medical based programs like UCPLA operates, as our reimbursement would not align with real world costs. These are a few of the areas where information provided in the provider surveys were not used to create accurate assumptions that then impact all rate models proposed. We examine some of these areas and provide further information in specific proposed model areas.
21	Wayfinder Family Services has an impact across the state, serving 684 children ages birth to 5 years old in 2018. Wayfinder also served 34 consumers in licensed residential 6-bed homes in 2018. The provider survey was sent to 5,500 entities and only approximately 1,100 responded which is about 20% of agencies. Per the ABX2-1 bill, the rate study was to conduct an "in-depth" survey, however information from only about a fifth of vendors is being used to formulate assumptions for the entire state. Additionally, the rate of response for service code 805 programs was even lower at 32%. The rate study, per statute, was to address “sustainability, quality and transparency” of services. The study was tasked to examine whether the proposed rate setting methods will result in an adequate number of vendors in each service category, and how the methodology can positively affect consumer outcomes.* The proposed 32% rate reduction in Community Care Facility homes and 30-38% proposed rate reduction for Infant Development Programs will force the closure of these programs. Imposing reduced rates for these services will work against the responsibility of ABX2-1 in further reducing the number of vendors and negatively impacting consumer outcomes as residential beds and early intervention services will not be available to the most vulnerable of our state’s residents. The resulting recommendations for rate setting do not reflect accurate program operations data, do not facilitate sustainability, and will force program closures.

Process Related Comments

Family and Consumer Survey

#	RESPONSES
1	I thought the family and consumer survey was written with a definite bias that would underscore the financial challenges on providers. It is unfair to ask questions of families and consumers to which they don't understand the political/financial consequences of their responses.
2	Surveys like this are not developed to successfully solicit comments from the underserved and low income person or those with limited educational skills.
3	Growth in the Early Start program serving infants and toddlers under age three has been averaging 8.7% per year over 5 years compared to the states population growth of less than 1% per year over the same period. Additionally over the same time period, the number of consumers with autism has increased an average of 10.1% annually.* This survey was not well advertised or distributed to families. Vendors did not receive a copy or directions explaining how to access the survey to share this process with families. The dense amount of information and data is not presented in a clear, easy to understand manner for families, and the impact that the rate setting methodologies would have on each family's services for their child was not made clear to them through this process. * Legislative Analyst's Office "The 2019-20 Budget: Analysis of the Department of Developmental Services Budget" https://lao.ca.gov/reports/2019/3952/Analysis-DDS-022519.pdf

Process Related Comments

Public Comment Process

#	RESPONSES
1	The time allotted for public comment was insufficient, and did not allow for thorough analysis of the survey results.
2	We did not participate in the provider survey and received extensive feedback from our colleagues in the community that the survey was too complicated to complete. The feedback from our accounting department was that the survey was too time-intensive to complete. This feedback is supported by the fact that only 52% of regional center vendors submitted a response. We are concerned that this does not allow for an accurate picture of provider costs. This is even more concerning when considering the low response rates for service codes 048, 805, 612, and 615, which were 27.5%, 40%, 25.8%, and 32% respectively.
3	Southern CA 1.5 day meeting should have also been live-streamed. Period for public comment is too short for many associations to gather input needed.
4	The original plan, as recently as the DS Task Force Rates Subcommittee meeting in November 2018, was for the public comment period to occur prior to the submission of the Rate Study to the Legislature. (See attached slide #22 from a Burns presentation in September 2018 that clearly shows the submittal of the report to come after the public comment period and the incorporation of those comments.) Unfortunately, this did not occur and the Legislature received what many in the field characterize as a flawed rate study prior to the public having the ability to provide comments. It is unfortunate that DDS could not maintain its original schedule and have a process to engage the public in the review of the rate study before its submission. This lack of timely public engagement is a significant flaw in the rate study process. Furthermore, it puts the Legislature in a difficult position of responding to a study that its constituents have not had the opportunity to review.
5	We find the period of time in which providers have to respond to the study to be very short. As Burns and Associates had close to 2 years to complete the study we are surprised that we only get 3 weeks to analyze the results of a 2000+ page document and provide response.
6	The draft rate study was to have adequate time for review by community stakeholders prior to presenting the findings to the CA Legislature. Unfortunately, this did not occur, and as a result there are a number of flaws in the study that need to be addressed prior to the next phase of the study.
7	Insufficient time was provided for analysis by the service provider community.
8	Vendors, consumers, and families are just beginning to realize the impact of the survey and understand the complex data. More time is needed for public comments to be collected. Families should have an opportunity to advocate on behalf of programs whose rates are proposed to be reduced, which will reduce or eliminate their access to services and have long term impacts on clients and families. Impact statements need to be created for individual areas, particularly for the Infant Development Program service and the Community Care Facilities.

Process Related Comments

Other

#	RESPONSES
1	The process did not allow for any profit margin, necessary to pay for perpetually increasing costs associated with being an employer in a competitive professional job market. Our therapists are in high demand in the workplace in California. If we cannot compete with an adequate compensation package, we cannot recruit and retain skilled staff. In addition, the process did not allow for any margin to weather a rainy day, bad debt expense, payment delays, etc. No margin, no mission.
2	Disappointing that day care was not included, and that there are no accompanying recommendations to eliminate share of cost and Family Cost Participation Program which continues to negatively impact families' access to services. FCPP amounts are statewide and do not take into account regional adjustment factors and higher cost areas where families have to earn more just to pay their mortgages. Then you have those same families now forced to pay copays and deductibles for ABA therapy through their insurance that used to be fully funded by the regional center - this is a double whammy to families who are then told that their respite will be reduced due to their income. This was not the intent of the Lanterman Act and FCPP continues to hurt families.
3	The proposed rate models have some important innovations (e.g. DSP 1, 2, 3; job development) and provide a transparent model that will simplify and make more consistent the current system. However, many of the assumptions in the proposed rate models are faulty and we present comments here on the areas we found to be most egregiously out of step with real conditions. The Fiscal Impact Analysis has some notable and significant flaws: 1. The fiscal analysis appears to suggest that people served in 2019-2020 will be in the same programs as they were in 2016-2017. As the models are implemented, providers will shift their offerings to align with the new rates and work with Regional Centers to adjust IPPs and authorizations. The fiscal analysis is underprojecting costs because many people will be moving from lower rate programs to higher rate programs. 2. Some current program models (e.g. Project SEARCH, Tailored Day Services) don't have rate models in the proposed rate structure so it is difficult to see how a fiscal impact analysis could be done on those programs. 3. The draft rate models propose that some of the services have substantial new requirements, such as certifications for staff. The rate models propose an increase for some of these services, but the increase is not nearly sufficient to cover the cost of hiring staff with those specific credentials and many of those programs would have to close their doors. The Fiscal Impact Analysis does not take into consideration the number of programs that would close and the cost of transitioning people served to other, more costly models. 4. The Fiscal Impact Analysis assumes that the move to hourly billing for day program will not impact overall attendance rates. Our experience (detailed later in these comments and confirmed by multiple providers) is that half-day billing significantly lowered attendance rates. Hourly billing will lower attendance rates even more. In this area, the Fiscal Impact Analysis overstates revenue increases by not accounting for hourly billing rates lowering attendance. 5. The change of billing structure from "per job coach" to "per person served" in group supported employment will have a similar impact on lowering revenue projections as the hourly billing will have for day programs.
4	There are a number of issues with how codes have been excluded and or combined. Not all of the regional centers across the state view each service code the same way. For example, RCOC has a different service model for 805 than HRC and yet a different model from SDRC. This can lead to some inaccuracies in comparing numbers from the provider survey. This becomes even more significant when trying to compare 048, 605, 612, 613, 615, and 616.
5	We appeal to lawmakers to provide a minimum 8% increase in this year's budget for all programs other than residential. We endorse the Burns and Associates recommendation to raise rates as indicated in the report for all Adult Residential Facilities.
6	The survey process may not have been able to accurately assess unmet service needs. It is unfortunately common now that families and individuals are on waiting lists currently as there are not ample resources to meet needs. UCP Work, Inc has a waiting list of 50 individuals due to the inability to hire. UCPLA has programs that are full and interested individuals are either put on waitlists or turned away from current programs.
7	Throughout the rate setting methodology assumptions, necessary cost considerations have not been included. In order for the study to address ongoing needs for sustainability and quality of services in the coming years, a Cost of Living Adjustment must be factored in on a yearly basis. Additionally, rates must be continually adjusted in alignment with increases to state and local minimum wages. The non-English stipend needs to be added to rates in many service areas. Program expenses such as educational and therapeutic materials provided to clients and families as part of the service model have not been considered. The costs associated with hiring and training well-qualified staff to serve low-incidence and complex-needs disabilities are also not included. Agencies serve multiple Regional Centers, and lowered rates in specific areas will cause programs to stop services in already underserved regions, impacting children and families adversely.

Rate Models
General (Cross-Service Code) Comments

WAGES

#	RESPONSES
1	The service code 605 has been eliminated. It will be difficult to provide this service under a different service code as the other service codes that provide a similar service require a BCBA to supervise that service and there is a limited availability of BCBAs in the state of California.
2	DSP's should have much higher base wages than housekeepers/homemakers. BLS data used but rate still too low, and same base rate of pay for many services is not reflective of actual work being done (eg. should include security guard category and rehabilitation counselor.) Rate for BMPs to have RBT's (if that certification is actually required of providers) is much too low. Going rate is $20/hr - $25/hr base pay. Local minimum wage ordinances and major differences within counties MUST be considered. Eg. Santa Barbara and Santa Maria have much different economies. LA area has cities/zip codes where the proposed rate model will not even cover required labor costs. Additionally, not addressing the salaried staffing is a mistake and undercuts the professionalism of our industry. Suggest DDS look at Galagher rate model funded by CA Respite Association.
3	Wage rates do not sufficiently address all the expenses associated with support and employment services in an equitable manner for the organization or the individual support staff especially with the cost of living in L.A. (California)
4	Adjustments for overtime and wage increment to motivate experienced staff makes adjusted wage ratio below par. Staff wages start at $13/hour
5	The base rate wage of $14.89 per hour was ascribed to DSP workers in the draft survey based on incorrect occupation classifications. For example, if you review the job descriptions for Direct Service Professionals (DSPs), they are required to create and maintain a safe social, work and living environment under a variety of conditions, have a broad understanding and the ability to implement diverse and often intensive services to individuals with multiple disabilities in both group and individual settings, and are required to meet all licensing and other requirements to maintain program compliance and consumer outcomes. By utilizing the occupational classification for Personal Care Aides (55%) as the majority of the salary review, this equates to hiring someone without the type of training and expertise required to oversee our clientele. Several of our sister agencies have completed a thorough review of the occupational codes, and when properly aligned, show that rates should be closer to $19.94 per hour for the type of employee capable of meeting the necessary standards of service to ensure the outcomes required by the state. A second serious and fatal flaw is that the proposed rates do not take into account local minimum wage ordinances in the Los Angeles area. For example, by the time this rate survey would be fully implemented, the proposed $14.89 rate would be below our local minimum wage of $15.00 per hour, thus making the survey incorrect out of the gate. Further, as this was to be an impartial survey to gather information about actual costs, the fact that San Francisco would have a cost differential but other high-cost areas do not, seems incomprehensible.
6	The proposed rate models do not include local minimum wages based on the explanation that the previous Administration felt that the state should not cover the costs of local minimum wage ordinances. There is a new Administration and, regardless, policy preferences should not be part of the rate study. The Legislature required that the rate study determine whether, “the current method of ratesetting for a service category provides an adequate supply of providers in that category…” If the rate study does not consider the actual costs of operations in a location, it cannot possibly provide for an adequate supply of providers. For instance, the base DSP wage is built on 55% of the BLS wage of a Personal Care Aide whose median wage of $14.22/hour (adjusted to CA State Minimum Wage) is illegal to pay in Los Angeles County. If adopted, the Rate Study would result in a DD program desert in Los Angeles County and other areas where the proposed rates are built on wages that are illegal to pay. The study authors contend that the geography multiplier for wages counters the lack of adjusting base wages for local minimum wage. This may work for San Francisco where the local minimum wage ordinance has been in effect since 2003 and wages have increased across the region and across all job categories. The Los Angeles local minimum wage ordinance did not go in effect until July 1, 2016 so wages have not had time to adjust to the local minimum wage ordinance. The geographic wage calculation in the proposed rate models is built on the BLS data from May 2017, less than a year after the LA minimum wage ordinance went into effect. Further complicating the issue is that BLS data is based on MSA. Los Angeles County is a single MSA of 13.5M people so there is no way to differentiate high cost areas of the County (e.g. West LA, Beverly Hills) from much lower cost areas (e.g. Antelope Valley). LA County has more than 34% of CA’s population and comprises seven of the 21 Regional Centers. It should not be lumped in one geographic area for determining local wage rates. There are 26 MSAs in California; after the LA MSA, the next largest has only 4.7M people and 20 of the 26 MSAs have populations under 1M people. There must be a better way for determining local wage adjustments rather than MSA data.

Rate Models
General (Cross-Service Code) Comments

	The proposed rate models should: 1) use the local minimum wage as the base wage modifier in each location rather than state minimum wage; and 2) divide the LA BLS data into sub-regions so that regional centers serving high cost areas have a higher wage adjustment. The proposed base wage of a DSP across many services is based on 55% Personal Care Aide, 15% Home Health Aide, 15% Psychiatric Aide and 15% Recreation Worker. This distribution does not align with the primary tasks of a DSP and heavily weighs caregiver rather than teaching and training occupations. This skews the wage downward and creates a policy shift to more IHSS or Home Health Aide style workers than training and habilitation work. The consultants stated in their presentation that many vendors completed their DOL annual reporting using the Personal Care Aide BLS code. This is not a good rationale for applying that BLS code across the board. DOL reporting is typically completed by an administrative assistant who has little direct knowledge of the appropriate job categories for a DSP. Since there is no BLS category for a DSP, the administrative aides chose one that seemed – to them – to match. However, this should not be the basis for determining the appropriate job mix for a DSP. Rather, the rate study should do a detailed analysis of the DSP job responsibilities and align them to the most appropriate BLS codes. The model presented on the following page uses a consolidated list of DSP function areas compiled from multiple large vendors and assigns a BLS code to each functional area. The resulting base wage is $19.35 per hour, which is a much closer model of what a DSP should be paid to provide the high-quality support and guidance that California's people with developmental disabilities deserve. (See attachment)
7	At this point consistent rate increases are needed in order to remain competitive in the marketplace as the cost of doing business is increasing exponentially year after year. As we are finding it harder to maintain staff we saw a 39% turnover rate in some staff over the last calendar year.
8	Wages continue to rise with no real and effective system set up to keep up with the increase.
9	The assumptions used in coming up with wages are based mainly on data gathered from BLS and an obvious disregard for actual wages paid by providers to their direct support staff. The study mentions that "most HCBS do not have one-to-one match with BLS occupations" so a weighted mix of BLS occupations were used. As a result, the rate models inaccurately reflect prevailing wages paid to direct support staff. Workers comp is not reflective of the premiums paid out by providers. Adding 12% to the Pure Premium Rate as published by WCIRB is incorrect. Insurance companies normally add more to cover for Loss Adjustment Expense, Commissions, General Expenses, Taxes, Dividends, etc. The agency recommends a 100% factor to be added to the Pure Premium Rate.
10	1. Wages were not calculated based on including any overtime, which there are often overtime hours due to the needs of our clients. 2. The wage assumptions are not consistent with what we have experienced and should be re-reviewed. 3. BLS 50th percentile for our industry and our client's needs should be reviewed as many of the positions are working with individuals with challenging needs. 75th – 85th percentile would be more appropriate 4. The BLS data is based on 2017 numbers. 2018 numbers will be out soon and should be taken into consideration.
11	1. Wages - You are projected staff wages to be that of almost a minimum wage employee (will be minimum wage/under minimum wage in the next couple of years). Our staff are not baby sitters. They are to be Generators of Possibilities". We need more qualified staff, not necessarily DSPs but people that want to make a difference and are creative and patient enough to do that. 2. We believe that you are underreporting staff supervision time. #1 sited reason from Katie Bishop's supported employment study outlining the reason why 100 employers terminated supported employment relationships was JOB COACH related. Our job coaches, and all community based staff need MORE supervision as they are working independently out in the community. 3. Travel - Since our goal is employment, sometimes the people we support have jobs that are not "close" to them. Some of the people we support live in more rural areas and access to employment maybe 20-30 miles from their home. If there is a way to account for more rural areas, or account for being able to acknowledge, on a person to person basis, if they need a "additional mileage reimbursement".
12	Our caregivers in July 2019 will all be earning $14.25 and higher, per Los Angeles wage and hour law.
13	Los Angeles County wage increases will MUST be taken into consideration. Rate study is not taking into consideration of the $15.00 adjustment in 2020.
14	Wages need a tiered system so that providers can pay a spread. We are barely keeping up with minimum wage. There is no incentive for people with years of experience to take Regional Center cases.
15	Rating the Los Angeles area "B" is not right.
16	The B&A base wage of $14.89 was formulated using incorrect occupation classifications. More heavily weighting caregiver rather than teaching and training occupations skews the wage downward and creates a policy shift to more IHSS or Home Health Aid style workers than training and habilitation work classification. For a job blend that more accurately depicts a general Direct Support Professional across services lines, see Table 2 - General DSP Wage Assumptions.

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	A 15% bump was provided to wages in the Bay Area, but not to the Los Angeles area. We need this bump as well, due to high housing costs and competitive job market. For the same or a better wage there are ample entry level jobs in tv and film production. There is nothing for agencies to incentivize workers to come into this occupation when the base rate of $14.89 is less than most starting wages in this region. The 2019 Economic Forecast and Industry Outlook by the Los Angeles County Economic Development Corporation (https://laedc.org/wp- content/uploads/2018/02/LAEDC-2018-19-Economic- Forecast.pdf) states that, "Supply constraints and affordability are greatest in the Los Angeles Metropolitan and San Francisco Bay areas, where homes are only affordable to 29 and 18 percent of the resident populations, respectively. Further the report points out that, "Los Angeles County will continue its shift from production industries like manufacturing and logistics to servicebased ones, with major growth in professional business services, health care and hospitality." UCPLA's annual turnover rate is 28% and there are 100 vacant positions. UCP Work, Inc. also has 28% turnover rate and has 18 vacant positions. The base wages in the proposed rate models will leave our agencies with continued workforce instability through high turnover rates and positions we can't fill. The consequence of this will be degradation of service quality, the inability to carry out meaningful person-centered services, and more waitlists. Further, though the previous Administration may not have wanted to support local minimum wages, that ought not be part of the rate study here for the following reasons: 1) There is a new Administration 2) The rate study is required to determine whether, "the current method of rate setting for a service category provides an adequate supply of providers in that category..." If the rate study does not evaluate real costs in a given geographical area, it cannot ensure providers in all areas. We cannot compete as an employer if DSP base wages are this low. Our staff would not be able to access enough public assistance to support their housing and other costs of living which predicated the local minimum wage ordinance in the first place. 3) Lastly, it is flat out illegal for our agency to pay less than the local minimum wage.
17	As the Legislative Analysts Office has suggested, the Legislature could clarify statute to allow vendors in areas with local minimum wages to access the scheduled January 1, 2020 state minimum wage increases. This would be a way to increase funding for vendors in 2019-20 that is not dependent on broader rate reforms that will ultimately be enacted in the longer term.* We request changes to statute to allow vendors in areas with a minimum wage higher than the state minimum wage to receive rate adjustments related specifically to the state minimum wage increases. Rate setting methodology needs to allow for rates to be adjusted on a continual basis in response to minimum wage increases. The non-English stipend for providing bilingual service staff was not applied across all of the services that need to provide bilingual staff, this should be applied for any service vendors who need it in order to serve clients. *Legislative Analyst's Office "The 2019-20 Budget: Analysis of the Department of Developmental Services Budget" https://lao.ca.gov/reports/2019/3952/Analysis-DDS-022519.pdf

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BENEFITS

#	RESPONSES
1	The rate for benefits would be reasonable if based upon the hourly rate of pay in the Los Angeles and San Jose areas.
2	Paid vacation, eligible after 6 months employment
3	Health benefits assigned in the survey do not accurately reflect actual costs of providing said benefits. For example, the survey indicates a rate of $450 per employee, while our actual costs are closer to $500 per employee per month. While this may not seem significant, given that we have 150 employees receiving this benefit, annualized the difference is $90K per year. I believe that if you were to survey our provider community, you would find that our agency is on the low end of insurance coverage and costs, which makes hiring and retaining qualified, well-trained staff highly problematic.
4	The Kaiser Family Foundation compiles an annual survey of employer health benefits across the country (https://www.kff.org/healthcosts/report/2018-employer-health-benefits-survey/), receiving information from over 2,100 employers. The 2018 survey reported that the average employer cost for health insurance for a single person is $5,711/year and $14,069/year for a family. The report stated that insurance costs rose 5% from 2017 to 2018. Using that same inflationary factor, the costs to employers could be expected to be $5,997 and $14,772 in 2019. Estimating that 90% of employees take single coverage and 10% elect family coverage, the weighted cost for 2019 should be $572.85/month rather than $450/month. (See attachment)
5	See previous provider survey comments, benefit rates understate true provider costs. Twenty-five days off per year in day programs does not account for the uniform holiday schedule impact of 14 days without pay. Though the state may wish to continue this furlough system, employees do not wish to have a job that can't compensate them for this time. This poor assumption only exacerbates the workforce crisis and does not make our system sustainable. At minimum the rate proposal should consider 29 (plus minimum 2 days sick leave) days of paid time off, more if seeking culturally responsive programs. Not having flexibility in program closure days only further restricts which holidays are celebrated and requires conformance by all program participants to a narrow set of holidays. Unplanned holidays then create conflict and drive down attendance rates, which the rate models already set at 90% (80 in medical models). This sets up an infrastructure that is not culturally responsive and undermines that State's goals in this area. Ample holidays and lower attendance rates will better serve a system that intends to be culturally responsive.
6	The proposed rate model assumes that all direct care staff across the state receive the same benefits which is not accurate. We report that 75% of our benefits-eligible staff access their benefits, which represents a potential 33% increase to our costs if all staff participated in the benefits plan. The assumption of 16.25% for employee benefits rate is unrealistically low. We report an 18% employee benefit rate, and costs to vendors for their employee healthcare coverage often increase by 8-10% annually. Some agencies will be required to provide 401K benefits where they have not been required to previously, this is an additional burden that must be factored into rate setting. The proposal assumed 25 paid days off which is in excess of the 10-11 state and federal holidays combined with the (typical) 10 days annually provided to staff for Paid Time Off. The difference in days is an additional cost to vendors which is an added burden when combined with the Uniform Holiday Schedule, which must be removed. The Uniform Holiday Schedule prevents consumers from accessing needed programs and services throughout the year and impacts their ability to access day program services, places of employment, and more.

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PRODUCTIVITY FACTORS

#	RESPONSES
1	The proposed rate study model includes 25 annual days off, including 10 holidays and 15 sick or vacation days. This is insufficient for a number of reasons: 1) The Department is proposing a 14-day standard holiday schedule. The rate models should either include this 14-day holiday schedule or the Department should withdraw its 14-day holiday proposal. 2) Different Regional Centers have different holiday schedules. In our service area, TCRC has 10 days while NLACRC has 12 days. Since there are different rates for each Regional Center, the rate models should incorporate the actual number of holidays per Regional Center. Furthermore, the “Annual Days of Program Operations” should be adjusted for the accurate number of holidays. 3) The 15 combined vacation and sick days is based on national BLS data for employees with 1-5 years of experience. At PathPoint, more than 25% of our employees have over 10 years of experience. Putting every employee at the entry level PTO allotments is a wrong assumption. A more accurate assumption would be to place 50% of employees as under 5 years tenure, 25% at 6-10 years tenure and 25% at 10+ years tenure. Using weighted averages, the accurate annual PTO to apply is 31.75 days or 254 hours. This would then be further adjusted up for more than 10 holidays. See attached. The proposed rate study model does not include any provisions for paid time off for legally mandated uninterrupted rest breaks. These are significant costs to providers that are required by California law but not included in the proposed rate models. Each rate model should account for two ten-minute, paid uninterrupted breaks for each workday that is at least six hours long and up to 10 hours long (see attached policy as well as https://www.dir.ca.gov/dlse/faq_restperiods.htm). Programs must hire enough staff to cover these breaks as people served in some programs cannot be left without care and supervision. The statute requires that staff have a completely uninterrupted rest break where they cannot be on-call or have any restrictions on their time. For a typical 40-hour per week worker, this would account to an additional 100 minutes (1.67 hours) of unbillable time every week. The proposal should add 1.67 hours/week of unbillable time for each rate model to account for legally mandated rest breaks.
2	Due to the factors mentioned previously our ability to meet productivity goals is severely impacted. We are unable to obtain and maintain proper staffing levels.
3	In densely populated urban areas, travel time between individuals must consider not only distance but traffic conditions as well. Participant Attendance Rate (90% which is unrealistically high and need revision) must be applied to all service codes. Last minute client cancellations must also be included in calculating Participant Attendance Rate. Supervision and other Employee time factor must be included in the calculation of Productivity Adjustment across all rate models.
4	There were consistently inaccurate assumptions regarding the number of hours provided by staff. Staff were assumed to work full time salaried; however, the majority of staff are part-time hourly employees. This led to numerous inaccurate assumptions around revenue. As a result, the "cost per billable hour" was underestimated.
5	The mileage assumption of 125 miles per week is too low, considering the vast geographical area supported and the scarcity of available clinicians.
6	Inaccurate assumptions regarding the number of hours staff billed were consistently made throughout the survey. Everyone was assumed to work full time, which is not the case. Most staff are part time. This led to numerous inaccurate assumptions around revenue. As a result, when costs were broken down to “cost per billable hour” the costs were greatly underestimated.
7	Attendance rates are not feasible at 80 and 90%. Individuals who have more complex medical and behavioral support needs have more appointments and volatility in their attendance. Attendance rates should be factored at 75% in non-medical programs, and 70% in medical/behavioral programs. It is unclear what resources individuals will be able to turn to if the proposed funding only provides for 80-90% attendance rates. It is a risk that this assumption could lead to a continuation of individuals falling between the cracks. Providers will either be forced to pay for the absenteeism themselves {incur a loss) or ask individuals unable to keep attendance high to exit the program. Rate models using these assumptions of attendance will also not support programs seeking to be culturally responsive, as there will be no flexibility for differences in holidays.
8	The methodology used to assume productivity factors across services does not reflect actual program operations. The methodology used in the assignment of travel adjustment factors should also be re-evaluated. Highly dense, urban areas including the Los Angeles and San Francisco regions experience long durations in traffic time for even drives of short distances. The INRIX Global Traffic analysis lists Los Angeles as the 5th most traffic congested city in the United States with 128 hours per driver spent in traffic congestion in 2018, and San Francisco as the 8th most congested with 116 hours per driver spent in traffic congestion in 2018. Traffic congestion data must be considered in regional calculations for rate setting.

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SUPERVISION AND PROGRAM OPERATIONS

#	RESPONSES
1	Supervisory Staff are exempt due to on-call needs for our programs that operate 24/7. Minimum salary is (2x) the State minimum wage, rate survey calculates these key staff at a lower rate.
2	For the past 20 years, we have not seen any increase passed through to vendors to compensate for the management salaries. By the time min wages hits $15/hr, exempt managers must be paid $30/hr. With the current proposed rate structure, that is not sustainable. Please keep in mind that supervision plays a big part in quality assurance therefor it is absolutely necessary.
3	Some rate models do not provide for Cost of Supervision which is incorrect. Direct staff support position needs daily guidance and supervision from a higher level position to ensure plan of care is delivered appropriately.
4	24Hr HomeCare has concerns on the proposed administrative rate of 12%. As it is written, all administrative costs include; general management, finance and accounting, information technology, and human resources. The 12% Admin would be less than the current standard which is 15%. We understand Burns & Associates' method of keeping the dollar amount the same. However, this does not take into consideration that vendors have not received administration compression funding with the marginal exception of ABX2-1 increases of approximately 0.37%. We recommend keeping the administrative rate at 15%.
5	The service code 605 has been eliminated. It will be difficult to provide this service under a different service code as the other service codes that provide a similar service require a BCBA to supervise that service and there is a limited availability of BCBAs in the state of California.
6	The proposed rate model uses the BLS code 39-1021 as the model, but this code is for an employee with only a high school education and less than five years of direct experience. When one reviews the criteria for the same position as required by the California Department of Social Services Community Care Licensing division, the requirements are significantly higher, and as a result, our pay for these individuals is likely in the $30-$35/ per hour range. Additionally, there is no supervision rate included for individuals working with consumers who require job coaching (1:1). All employees require a supervision structure for effective, efficient and outcomes-driven services.
7	Many of the proposed rate models undervalue the aspects of supervising, coordinating, and planning that is needed to operate quality programs. For example, in Supported Employment, a $16 an hour wage with no supervisor, assumes this is a professional occupation, which it is not (at this pay rate). This service requires Administrative support and Supervision. We are impeded from opening this as a new service line with the proposed rate as it stands. Further, in LA market, this wage is not competitive. Also concerning, in many instances now, Supported Employment staff are earning $1-3 less per hour than the individuals they are supporting in job placements. This is demoralizing and sometimes results in staff leaving to work for employers that they meet while job coaching. The new proposed models must put an end to this in order to realize the California Blueprint for Employment. Supported employment should either have a true supervisor role for coordination and support, or else professionalize this role with a wage that is incentivizing for professionals. The proposed models do neither. Further, in the proposed models, most programs have non-exempt $21.07 supervisor who supervises 10 DSPs. This will degrade our services, forces either lay-offs or running the program at a loss, undermines the amount of coordination and documentation responsibilities assumed for these services, and undermines the responsibilities of the role in terms of supporting safety and the regard for meaningful, whole person, and person- centered services. A more appropriate standard occupational classification needs to be used to capture the role of various supervisors, and the wage cannot be set any lower than $30 per hour.
8	Increases must be made to the assumptions used for time that must be spent on report writing, billing, recording of mileage, supervision time, attending required trainings, staff meetings and also collateral contacts, the non-billable activities on behalf of the client such as making calls to the client's case managers, doctors, and meeting with behaviorists etc.. We report utilizing 7 hours per week on all of the above-listed activities, as compared to an assumption of 3.8 in the rate study. The rate setting methodology also does not consider the cost impacts of staff leaves of absence which create additional wage burdens to vendors who have to backfill positions and provide temporary coverage.

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ADMINISTRATION

#	RESPONSES
1	Even 15% is running incredibly lean considering the costs associated with running a business in the state of California. 12% is insufficient.
2	The provider survey reported an average administrative rate of 16.9%. The proposed rate models lowered the administrative rate across the board to 12% with the argument that overall increases in the proposed rates of 41% will be countered by lowering the admin rate by 41% to keep the overall amount of administrative costs constant. The consultants reported that when rates go up the amount of administrative costs don't increase so therefore the administrative rate should decrease. However, there is a major fault in this reasoning. Individual vendors do not provide all of the services in the proposed rate models. Some vendors will see rate increases so their administrative costs will be covered at a 12% rate with the overall rate increases. However, for other vendors, their rates will decrease or will see increases below 41% so their administrative costs will not be covered at the 12% rate. For instance, our amount of administrative costs for Independent Living, 1:1 is now $6.28/hour and it would go to $4.19/hour in the proposed rate model. Our amount of administrative costs for Supported Employment – Individual, Job Coaching is now $6.18/hour and it would go down to $4.31/hour in the proposed rate model. (See attachment) It is also important to note that the flat rates have forced vendors to reduce their administrative costs to levels that are not likely sustainable. The provider survey, therefore, under-reports needed administrative costs due to the rate pressure on current administrative costs. Cutting administrative costs for all services to 12% further provides a significant cut to many individual services so that the proposed rate models are not reflective of actual costs. Furthermore, it is worth noting that the Burns 2015 study of rates in the neighboring state of Oregon proposed a 20% administrative rate. It doesn't make sense that California's administrative costs would be 40% lower than its neighbor. Additionally, the proposed rate models call for hourly billing and separate billing for various services such as community-based versus facility-based and DSP I versus DSP II services. In some cases, a person served will have to be billed under multiple different rates on the same day. These changes will add a huge administrative and data keeping burden that will inevitably increase administrative costs significantly more than they were reported on the provider rate survey. A final flaw in the assumptions is that the consultants felt that the amount of administrative costs should not increase. However, many administrative staff are paid at or near minimum wage and their wages need to increase as minimum wage increases. Further, leases have clauses that raise rent annually, utilities increase rates, auditors increase fees and other costs rise by inflation. Administrative costs should be based on the actual costs provided in the rate study and what is allowed by statute and kept at a percentage of overall costs so that they can increase as rates rise. The proposed rate model provides no justification for cutting the administration percentage aside from keeping the administrative dollars the same in the aggregate. This rationale breaks down as soon as the individual services are separated by what each vendor provides and when the issue is explored deeper. To go forward, the rate model should be revised to present a base administrative rate of 15% across all services that covers the administrative costs allowed by statute. Or, if the Department insists on keeping administrative costs fixed in the aggregate, it should have a different administrative rate for each service based on the amount of change in the overall rate for that service.
3	24Hr HomeCare has concerns on the proposed administrative rate of 12%. As it is written, all administrative costs include; general management, finance and accounting, information technology, and human resources. The 12% Admin would be less than the current standard which is 15%. We understand Burns & Associates' method of keeping the dollar amount the same. However, this does not take into consideration that vendors have not received administration compression funding with the marginal exception of ABX2-1 increases of approximately 0.37%. We recommend keeping the administrative rate at 15%.
4	Considering the survey results that providers are spending 16.7% of revenue on administrative costs, and considering that not every rate category would receive an increase, then a 12% assumption is too low.
5	-The workers Comp rate is too low. Our rates are between 8%-10%. -Since there is already a 15% max administrative allowance, why lower it? It should be kept at 15%. Every year operating costs increase. Even 15% is too low. -ILS rate (service code 520) is proposed at approximately $36/hr. That would be a good rate if we are basing things on current state median rate (approximately $32/hr) there are agencies who have been vendors for 520 many years prior the median rate system took into effect. As such the hourly rates are in low to mid $40's. Because of this height reimbursement rate, they currently pay staff higher wages. If you cut the rate to $36, they will not be able to cut the staff pay due to labor law restrictions
9	The Admin rate is arbitrarily reduced to 12%. In studies, federal agencies have all used 15% as a reasonable rate for

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	Admin.
10	The study suggests that we lower our indirect costs from a current 16.9% (blended average among providers) to a proposed 12% rate. This is based on the fact that the study is recommending an overall increase in funding, and as such, if full funding is granted by the state, then the dollar amount would remain the same. This does not make logical sense given that the proposed amount has not been funded, and even if it is, would likely be increased over a number of years, causing providers to have a significant decrease in administration overhead. In a time when all of our costs are going up, this could literally break an agency or cause major program closures to compensate for this lost revenue.
11	Cutting Administrative rates under the assumption that revenue is increasing is not reflective of real-world operating costs. The administrative rate should remain at the 15% already put forth in statute.
12	Frozen rates for the past 10 years has forced vendors to reduce their spending in areas such as administration and oversight of programming, impacting quality and sustainability and ultimately resulting in program closures. The proposed 12% for administration in the study does not cover costs not delineated in the survey, for example overtime hours due to distances and time needed traveling between clients. As costs to deliver service have increased over the 10+ years since the rate freeze, it is not a realistic assumption to lower the administrative costs cap from the current 15% down to 12% and expect programs to stay open. Agencies serve multiple Regional Centers, and lowered rates in specific areas will cause programs to stop services in already underserved regions, impacting children and families adversely.

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OTHER

#	RESPONSES
1	The proposed rate models have some important innovations (e.g. DSP 1, 2, 3; job development) and provide a transparent model that will simplify and make more consistent the current system. However, many of the assumptions in the proposed rate models are faulty and we present comments here on the areas we found to be most egregiously out of step with real conditions. The Fiscal Impact Analysis has some notable and significant flaws: 1. The fiscal analysis appears to suggest that people served in 2019-2020 will be in the same programs as they were in 2016-2017. As the models are implemented, providers will shift their offerings to align with the new rates and work with Regional Centers to adjust IPPs and authorizations. The fiscal analysis is under-projecting costs because many people will be moving from lower rate programs to higher rate programs. 2. Some current program models (e.g. Project SEARCH, Tailored Day Services) don't have rate models in the proposed rate structure so it is difficult to see how a fiscal impact analysis could be done on those programs. 3. The draft rate models propose that some of the services have substantial new requirements, such as certifications for staff. The rate models propose an increase for some of these services, but the increase is not nearly sufficient to cover the cost of hiring staff with those specific credentials and many of those programs would have to close their doors. The Fiscal Impact Analysis does not take into consideration the number of programs that would close and the cost of transitioning people served to other, more costly models. 4. The Fiscal Impact Analysis assumes that the move to hourly billing for day program will not impact overall attendance rates. Our experience (detailed later in these comments and confirmed by multiple providers) is that half-day billing significantly lowered attendance rates. Hourly billing will lower attendance rates even more. In this area, the Fiscal Impact Analysis overstates revenue increases by not accounting for hourly billing rates lowering attendance. 5. The change of billing structure from "per job coach" to "per person served" in group supported employment will have a similar impact on lowering revenue projections as the hourly billing will have for day programs.
2	The facility costs for the rate models were based on standard real estate data from LoopNet and Colliers International. However, the models did not take into consideration the specific real estate needs of DD programs. For instance, licensed day programs must be in sprinklered facilities with a high number of dedicated restrooms. In addition, many facilities need to be on the ground level, be completely ADA-accessible and be in integrated locations that are not proximate to other similar facilities. Our experience is that these additional requirements dramatically increase the facility costs versus what a general search of all available commercial real estate would find. For instance, the average cost of four PathPoint facilities in diverse parts of the Tri-Counties Regional Center area (San Luis Obispo, Santa Barbara, Simi Valley and Santa Maria) is $26.68/sf, 78% higher than the Rate Study's rate of $15/sf. The Rate Models should increase their rates by 78% to account for the additional costs of leasing facilities that meet CCL requirements and the needs of operating DDS-funded programs.
3	The 117 Service Code proposed elimination without a meaningful replacement will take away the only viable day service option currently available to consumers who require an extremely high level of clinical supports. The proposed transfer to the enhanced Medi-Cal rate is not comparable because it barely supports a single licensed professional hour while the 117 is being used by many regional centers for an entire day service or alternative program structure. The current 117 rate is supporting multiple interdisciplinary clinicians, a high supply cost (due to high program need), high Worker's Compensation costs (due to a dangerous work environment), high transportation costs (because quite often consumers cannot be transported with other individuals), property damage, and increased clinical supervision requirements. Hundreds of clients served in this service code have a combination of intensive medical, behavioral, and mental health needs who will not be able to stay in our communities and will be re-institutionalized without the 117 supports or a comparable replacement which does not yet exist. Although layering clinical supports with a day service can be seen as a viable alternative, there is no currently proposed day service utilizing the appropriate direct staffing for the intensive needs of these individuals. Direct staff at this level of care are LPTs or Psychiatric nurses. Clients exhibit crisis behaviors multiple times per day and need clinical intervention. Model based on staffing at developmental centers and state hospitals where clients are coming from. When 2:1 (staff to client) ratio is needed second staff is an RBT. Same for 3:1 (staff to client) ratio. One staff in ratio must be licensed due to high prevalence of behaviors, medical needs, mental health needs, and psychiatric medications. Serving individuals with RBT or DSP level staffing in the past has resulted in massive injuries to staff, clients, and community members. We did not adjust from wage assumption however recommendation is for it to be at 75% percentile since staff are working in intense and dangerous situations. There is also no day service "base model" that accounts for increased property damage, intensive transportation

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	requirements (often only 1 individual can be transported in a vehicle), intensive program operations, etc. Please see full supporting documents attached.
4	It is important to note that this isn't a baby sitting service. This is not a day wasting program where we sit in parks and malls and wait to wait. We truly believe that employment is the key to full community integration for all people with disabilities and if we were reimbursed effectively, we can see positive impact on the quality of people's lives and on the community.
5	Again, I would like to thank the State for undertaking this important initiative. My hope, along with that of my peers, is that adequate time and attention is given to ensure that the assumptions are correct. Given that a study like this is only completed every 20+ years, it is imperative that we get it right as failure to do so will have the unintended consequences of shutting down programs and/or entire agencies.
6	Throughout the rate setting methodology assumptions, necessary cost considerations have not been included. In order for the study to address ongoing needs for sustainability and quality in services in the coming years, a Cost of Living Adjustment must be factored in on a yearly basis. Additionally, rates must be adjusted in alignment with increases to state and local minimum wages. Across the 21 regional centers between 2011 and 2018, a total of 4,999 slots at day and work programs were lost due to 94 program closures, while this year alone, more than 15,000 new individuals with IDD will access regional center services. The system is already in crisis and immediate adjustments to rates and rate structures are needed this year in order to keep vendors open while the new rate setting methodologies are finalized for future budgets.

Specific Service Code Comments

WAGES

#	SERVICE CODE	RESPONSES
1	028 - Socialization Training Program, pp. 983, 1,074 (Behavioral), 1,088 (Medical)	There is a great demand for this service, if done right. There is also a great demand on one's time, if this service is to be done right. This is not play time with adults to oversee children on play equipment. This is a very meaningful time to spend helping children learn how to interact with each other, how to engage, how to resolve issues, how to communicate, and what to do when they disagree. Given the state of the world today, we can see that there is great value in learning these skills and coping mechanisms at an early age-- not when one feels the need to pick up a weapon. This is a valuable, and should be valued skill for regional center and parents to purchase.
2	616 - Behavior Technician - Paraprofessional, p. 1,432	On behalf of the BCBA vendor community representing over 1000 consumers, we would like to respond to the Registered Behavior Technician (RBT) hourly wage assumption presented in the Burns & Associates rate study. The median RBT rate cited in the rate study is $16.23 per hour. This assumption is based on a pay range that includes a non-registered behavior technician as this position is commonly grouped with the same staff before and after they become registered. The market range in pay for a behavior technician once they have become registered with the BACB is $19.00-27.00 per hour. Moreover, the large majority of RBTs in the field are working with children. The various adult services rates in the rate study should use the 75% percentile of the median rate due to the increased risk, competence, and job intensity associated with working the adults with behavioral challenges. It is our collective concern that even at the median rate of $23.00 per hour, it will be challenging to find those RBTs willing to work in such a high demand environment when they can work with small children for the same hourly rate. Please see attached job descriptions and pay rates as well as the RBT rate breakdown taken directly from the BACB and BLS. We hope these documents help clarify RBT rates before and after registration with the BACB.
3	063 - Community Activities Support Services, p. 113	A rate model does not exist for Project SEARCH, a highly successful national program being replicated across California. Project SEARCH is a year-long work-immersion program combining classroom instruction with real-life work experience in high-demand, complex industries such as healthcare and hospitality. The goal is for interns to graduate and find competitive, integrated employment and more than 70% do so each year. Project SEARCH fits the HCBS settings rule as it operates in a fully integrated setting and it leads to competitive integrated employment. The proposed rate models should include a rate for Project SEARCH and attached is a proposed rate model. The model is discussed in the comments below. See attached wage assumptions for a direct staff for the Project SEARCH program. This position is responsible for significant relationship development with multiple departments within the host employer and with working with those partners to develop the vocational skills of the interns. The wage model shows that the base wage should be $23.12 per hour.
4	515 - Behavior Management Program, p. 1,074	See general comments on geographic factors. The proposed rate models require a Registered Behavioral Technician certification for each DSP and the wage presented is significantly out of line with the requirements for such a position (https://www.bacb.com/rbt/rbt-requirements/). The attached Task List

		is the Behavior Analyst Certification Board's outline of critical job functions for a Registered Behavioral Technician. The second attachment is a wage assumption mapping of these task list areas to appropriate BLS job codes and results in an average wage of $29.54/hour. This is in line with anecdotal reporting from current DD vendors that hire RBTs. The rate models should adopt this wage as the base wage for an RBT.
5	520 - Independent Living Program, p. 113	See attached wage assumptions for a direct staff for the Independent Living program. This position is responsible for training and habilitation to support a person in successfully navigating the complexities of living independently. PathPoint's direct care staff in this area do not focus on personal supports but rather on training and habilitation. The direct care staff must make important field-based decisions that directly impact the lives of the people served. The attached wage model shows that the base wage should be $19.87/hour.
6	952 - Supported Employment-Individual, pp. 1,249 (Job Development), 1,256 (Job Coaching)	See attached wage assumptions for a direct staff for the Supported Employment program. This position is responsible for developing relationships with employers and supporting individual's learning and progression in paid employment. The Job Coach must make field-based decisions and be an expert resource for employers and persons served. The attached wage model shows that the base wage should be $21.11/hour.
7	055 - Community Integration Training Program, p. 113	$16.20 wages is low. Under NAICS 624310, SOC 21-1015 rehabilitation counselors' hourly rates are Statewide $17.14 and LA $17.20. Base rate should be increased at these levels to reflect real cost to operate the program. Workers comp: the 12% add-on is not reflective of actual premium rate paid by agency. Increasing it to 100% of Pure Premium Rate is more realistic.
8	896 - Supported Living Services, pp. 218 (Individual), 877 (Group)	Workers comp - the agency pays 8.66% based on a Jan 2020 Pure Premium Rate of 3.70% published by WCIRB California. The 12% add-on rate should be increased to reflect actual cost to agency of 8.66%.
9	615 - Behavior Management Assistant, p. 1,411	The base rate assumption of $22.53 is not adequate, considering the rising minimum wage and therefore the increasing availability of jobs with similar pay for lower staff qualifications and decreased risk.
10	612 - Behavior Analyst, p. 1,369 615 - Behavior Management Assistant, p. 1,411 616 - Behavior Technician - Paraprofessional, p. 1,432	Direct staff hourly wage was assumed too low at $16.23 for paraprofessionals. Actual averages are $17.52.
11	520 - Independent Living Program, p. 113	The SOC blend used by B&A does not appropriately capture the DSP role and corresponding wage for Independent Living Services. Base wage should be at least $21.13 per hour for this service, and the supervisor would need to earn $30 per hour in order to meet the 200% threshold for California's exempt supervisors (see Table 3 and 3a). The direct support professional in this area do not focus heavily on personal supports but rather on instruction, training and habilitation. The direct care staff must make important field- based decisions and offer counsel that directly impacts the lives of the people served.
12	896 - Supported Living Services, pp. 218 (Individual), 877 (Group)	As discussed previously, base wage of $14.89 is not sustainable or legal in the Los Angeles area. The rate model put forth should be based on an appropriate SOC job blend and MSA wage blend. $23.23 an hour will make for a sustainable and culturally responsive service. See Table 4 for appropriate blend of occupation classifications. See Table 4a - UCPLA SLS 1:1 Rate Model for base wage and rate model recommendations.
13	510 - Adult Development Center, pp. 983, 1,074 (Behavioral), 1,088 (Medical)	As stated previously, the B&A base wage of $14.89 was formulated using incorrect occupation classifications. Direct Support Professionals, particularly those supporting individuals in the

	515 - Behavior Management Program, p. 1,074	community and at job sites need to have skills in instruction, problem solving, negotiating, personal support, teaching strategies, and counseling. For Direct Support Professionals working predominantly in center-based settings, these same skills are required but also require a blend of skills more common with health services. These staff must also be able to monitor health statuses, perform duties related to health needs, and follow direction provided by licensed professionals. A blend of occupational classifications that more appropriately captures these elements of the job are required. As stated previously, wages that are legal to pay in LA area, and that are set higher than fast food and film production worker wages are necessary to keep programs open in this area. (See Table 2 - General DSP Wage Assumptions)
14	109 - Program Support Group-Residential, p. 975 110 - Program Support Group-Day Service, p. 1,158 111 - Program Support Group-Other Services, p. 386 680 - Tutor, pp. 344 (Adults), 113 (Children) 025 - Tutor Services – Group, pp. 344 (Adults), 113 (Children)	See previous comments about wages. DSP base wage at $14.44 is not feasible. See general DSP wage in Table 2 attached.
15	117 - Specialized Therapeutic Svcs – Consumers 21 and Older	This service code can be used as a specialized day service for individuals with complex medical, behavioral, and mental health support needs. The Behavior Management and Medical Management programs proposed do not offer a multidisciplinary approach for individuals who have needs in both areas, and certainly do not support consultant costs to pick up direct service provision from other types of licensed and certificated professionals. See Table 5 for wages and rate modeling.
16	805 - Infant Development Program, p. 1,474	With the planned increases to state and local minimum wages, it will be unaffordable for vendors to pay increased wages while experiencing a 30-38% reduction in the proposed service rate. Tiered rates will eliminate vendor ability to hire qualified staff who have Bachelor's degrees and mentor them into the field, effectively reducing professional development and will stagnate growth in the field. The specialist rate does not account for years of experience. The proposed rates do not allow vendors to compete with Local Educational Agency wages who serve school-age children, this will create a further scarcity of staff to serve the youngest and most vulnerable children. The proposed rates do not account for wage compression as minimum wages increase and compress the wages of staff who have many years of experience and service.
17	915 - Residential Facility Serving Adults - Staff Operated, p. 394	The methodology does not consider the costs of wages for qualified, well-trained staff needed to support clients, especially at specialized homes serving medically fragile individuals. This includes Certified Nurses Assistants, Licensed Vocational Nurses, Registered Nurses, Psychiatrists, Behaviorists, and Nurse Practitioners. The worker's compensation assumption for this service at 2.45% is also not an accurate representation. We report our worker’s compensation rate to be at 4.7%. The rate model proposes paying day-shift staff more than overnight staff, however agencies are struggling to pay any shift staff more than minimum wage, and also struggle to maintain adequate staffing levels per regulatory compliance. We report staff turnover rate at 28%, and as minimum wages rise, some staff would rather choose to work in other industries such as retail and food service for minimum wage. There is no non-English rate adjustment to the residential rate to bring in qualified, bilingual staff who can communicate with residents in their language. This should also include considerations for the need to hire qualified staff who can utilize non-verbal communication techniques with residents who have limited receptive and/or expressive language skills which is common with residents who have intellectual disabilities and multiple disabilities.

Specific Service Code Comments

BENEFITS

#	SERVICE CODE	RESPONSES
1	028 - Socialization Training Program, pp. 983, 1,074 (Behavioral), 1,088 (Medical)	Children are not learning how to cope with disappointment, or with disagreement, in the home or at school any more. The news is full of adults who are bad examples, who pick up weapons when they disagree. Social skills, the ability to communicate what is on one's mind, to cope with change and disappointment, and the flexibility to give and take a little, must now be taught to children... the earlier the better. Children must now learn how to handle not getting their way, how to lose, and how to win graciously. This is what is learned in a social skills clinic.
2	915 - Residential Facility Serving Adults - Staff Operated, p. 394	Benefits cost being as a percent of wages may not be enough to cover for everything provider has to pay-example: workers comp; payroll taxes and liability insurance.
3	063 - Community Activities Support Services, p. 113	Benefits are adjusted using page C-2 of the proposed rate models. However, PathPoint feels that the health insurance costs are not reflective of national averages per its overall comment.
4	515 - Behavior Management Program, p. 1,074	The workers compensation rate reported for behavioral programs is significantly under the real cost for those programs. For instance, from 2013-2019 PathPoint had a total of 116 worker's compensation claims. Over 36% of that total (42 claims) came from one behavioral program that comprises just 5% of PathPoint's staff. The majority of the injuries in that behavioral program were due to people served injuring staff. The workers compensation rate for that program is now 12.46%. A different behavioral program at PathPoint has a workers compensation rate of 11.07%. The proposed rate models for behavioral programs should use workers compensation rates of at least 10%.
5	615 - Behavior Management Assistant, p. 1,411	Due to the difficulty recruiting clinicians to provide this service, employers are required to offer enhanced and more costly benefits packages to remain competitive with other employers.
6	612 - Behavior Analyst, p. 1,369	Due to the limited availability of Board Certified Behavior Analysts, it is typical for these clinicians to demand higher hourly rates. The hourly wage of $50.01 is not competitive compared to health plans who offer higher reimbursement rates. Lastly, 612 services are provided to adults, who are typically more challenging to serve than children, and therefore the assigned BCBAs demand higher wages.
7	612 - Behavior Analyst, p. 1,369 615 - Behavior Management Assistant, p. 1,411 616 - Behavior Technician - Paraprofessional, p. 1,432	Employee benefits assumed a wide range depending on staff type from 13.23-24.85%. Actual averages are 23.9%
8	805 - Infant Development Program, p. 1,474	We report that 75% of our benefits-eligible staff access their benefits, which represents a potential 33% increase to our costs if all staff participated in the benefits plan. The assumption of 16.25% for employee benefits rate is unrealistically low. We report an 18% employee benefit rate, and costs to vendors for their employee healthcare coverage often increase by 8-10% annually. The worker's compensation assumption for this service at 2.45% is also not an accurate representation. We report our worker's compensation rate to be at 4.7%. As minimum wages increase, it becomes more difficult to recruit and retain direct service staff who can alternatively accept positions in non-direct care roles such as retail or food service, this will create further shortages of staff to maintain client care.
9	915 - Residential Facility Serving Adults - Staff Operated, p. 394	Per responses from all 21 regional centers, a total of 4,803 residential beds were lost between 2011 and 2018 due to the closure of 928 residential homes. This is a crisis that already puts additional pressure on individuals and families when no residential homes have

	beds available. This will have a ripple effect across California communities. Family members missing work due to caring for a loved one may experience loss of income or employment. With a lack of direct service professionals or medical personnel to care for an individual, the health care system will see an increase in costly visits to Urgent Care and Emergency Rooms for consumers. When 5,726 direct service professionals across 50 counties responded to a survey, 20% stated they receive public food assistance, 36% are on Medi-Cal, 34% have to work 20 hours or more at a second job, 27% are single mothers, and 42% have children on Medi-Cal.

Specific Service Code Comments

PRODUCTIVITY FACTORS

#	SERVICE CODE	RESPONSES
1	612 - Behavior Analyst, p. 1,369	Billable Hours is assumed to be too high. Typically 10-15 hrs a week, not 28.98. However, this is a full time position paid 40 hours per week. Mileage assumption of 125 per week is too low. Staff Cost after productivity adjustment is too low.
2	616 - Behavior Technician - Paraprofessional, p. 1,432	Missing appointments not re-assigned is just under 2 hours per week, not 0.88. Mileage assumption of 90 per week is too low. Typically, 125 miles per week.
3	805 - Infant Development Program, p. 1,474	805 (Licensed) – Billable Hours is assumed to be too high. Typically 1-3 hrs a week, not 29.26. However, this position is still full time despite lower billable hours. Therefore, we are still paying the individual for 40 hours per week with less revenue. The cost of this individual per billable hour is higher, typically by $70 per billable hour. 805 (specialist) - Billable Hours is assumed to be too high. Typically 1-3 hrs a week per child, not 29.26. This does not impact the Staff Cost After Productivity Adjustment per Billable Hour, but does impact all of the other cost assumptions as one makes their way down the spreadsheet. 805 (para-professional) - Billable Hours is assumed to be too high. Typically 1-3 hrs a week per child, not 29.26. This does not impact the Staff Cost After Productivity Adjustment per Billable Hour, although cancellation costs are about higher. However, it does impact all of the other cost assumptions as one makes their way down the spreadsheet. Supervision and Program Operations – 805 (licensed) –Program Operation Costs are too low. 805 (specialist) –Program Operation Costs are too low. 805 (para-professional) - Supervision costs are low. This is the result of less billable hours than assumed, a higher benefit rate (about Y%), and higher hourly wage (about $X per hour). Program Operation Costs are also too low.
4	055 - Community Integration Training Program, p. 113 505 - Activity Center, pp. 983, 1,074 (Behavioral), 1,088 (Medical) 510 - Adult Development Center, pp. 983, 1,074 (Behavioral), 1,088 (Medical)	The rate models for day programs show billable hours in excess of 30 hours per week, which is illegal. Programs are only allowed to bill for 30 hours per week for each person served. When raised in the briefing, the consultants responded that some staff have to work early and late due to early arrivals and late departures. However, their billable time during these periods is not at a full FTE. Here's an example to illustrate: Mary, a DSP, is responsible for four people served: A, B, C and D in a 1:4 program that operates daily from 9:00 am to 3:00 pm. Person A arrives at 8:00 am and leaves at 2:00 pm. Persons B&C arrive at 9:00 and leave at 3:00. Person D arrives at 10:00 and leaves at 4:00. Mary must work from 8:00 to 4:00, an eight-hour day. From 8:00 – 9:00 she works with person A and is able to bill for 1 person or 0.25 FTE-hour. From 9:00 AM – 10:00 AM she can bill for persons A, B and C for 0.75 FTE-hour. From 10:00 AM– 2:00 PM she bills for all four people for a total of 4.0 FTE-hours. From 2:00 – 3:00 PM she bills for persons B, C and D for 0.75 FTE-hour and from 3;00 – 4:00 PM she bills only for Person D for 0.25 FTE-hour. Her total billing is 0.25 + 0.75 + 4.0 + 0.75 + 0.25 = 6 FTE-hours. Mary has to work for eight hours but can only bill for six hours. All productivity adjustments for all day programs cannot exceed 30 hours of billable time per week. See attached. One of the assumptions in the rate model is that program set-up and clean-up is only about five minutes each day when it should be at least 15 minutes each day for set up and another 15 minutes for clean-up, increasing that line item from 1.11 hours to 2.5 hours.

		The rate model proposes an attendance rate of 90% for day programs, which is significantly overstated. The Provider Survey reported that Service Code 055 (non-medical, non-behavioral) had an average attendance of 88%, Service Code 505 (non-medical, non-behavioral) had an average attendance rate of 87% and Service Code 510 (non-medical, non-behavioral) had an average attendance rate of 88%. Providers reported their attendance rates before they were impacted by half day billing. PathPoint found that half day billing lowered the effective attendance rate up to 16% in certain programs. Further breaking the day into hourly billing will significantly impact attendance as the effective attendance rate will decrease every time a bus is late in the morning or a person served has a doctor's appointment or their family needs to pick them up early. (A person who arrives 31 minutes late has an effective attendance rate of 83% even if she never misses a day since the provider can only bill for five of the six program hours.) The average attendance rate reported by the providers (87.7%) should be reduced at least five percentage points to account for half-day billing and then another seven percentage points to account for hourly billing to an overall attendance rate of 75%.
5	063 - Community Activities Support Services, p. 113	As commented in the general comments, it is not legal to have more than 30 billable hours in a day program. Adjustments were made to include 100 minutes of unbillable and legally mandated rest breaks, and 254 hours of PTO per the earlier general comments. As discussed earlier, attendance rate of 90% is not realistic, especially with hourly billing. PathPoint's experience is that attendance is better at Project Search than a typical day program so rate was lowered only to 80%.
6	520 - Independent Living Program, p. 113	Time for travel between individuals should be at least 30 minutes per day. Allowing only 15 minutes each day is not sufficient when a direct care staff has multiple appointments, even if they are in the same city. If an ILS DSP visits just two people per day, she has three drives (from office to person 1, from person 1 to person 2, from person 2 to office). A very conservative estimate is 10 minutes per drive, leading to 30 minutes per day as a minimum requirement. The rate models should increase travel time to at least 30 minutes per day (150 minutes per week or 2.5 hours per week). Due to the intensive record keeping requirements, direct care staff need at least 20 minutes per day for record-keeping. The current rate model allows just 11 minutes per day, which is insufficient. EVV requirements will likely increase this in the future as well. As commented earlier, PTO should be 254 hours per year (4.88 hours per week) and rest breaks should be 1.67 hours per week as mandated by law.
7	952 - Supported Employment-Individual, pp. 1,249 (Job Development), 1,256 (Job Coaching)	Time for collateral contacts is too low and a more realistic allotment is 15 minutes per day for 1.25 hours per week. Travel time of 80 minutes per week (16 minutes per day) is insufficient for basic job coaching. If a job coach visits just two people per day, she has three drives (from office to person 1, from person 1 to person 2, from person 2 to office). A very conservative estimate is 10 minutes per drive, leading to 30 minutes per day as a minimum requirement. The rate models should increase travel time to at least 30 minutes per day (150 minutes per week or 2.5 hours per week). As commented earlier, PTO should be 254 hours per year (4.88 hours per week) and rest breaks should be 1.67 hours per week as mandated by law.
8	055 - Community Integration Training Program, p. 113	Travel time between individuals: increase travel time to 2.5 hours per week to account not only for distance but traffic conditions for densely populated areas like LA. Record Keeping and Recording: Increase to at least 5 minutes per day per client. Supervision and other employee time: A factor of .67 per week for

		supervision must be included in the calculation of Productivity Adjustment. Last minute client cancellation: A .67 per week factor must be included in the calculation of Productivity Adjustment.
9	896 - Supported Living Services, pp. 218 (Individual), 877 (Group)	Travel time between individuals at 1.2 hours per week is unrealistic in our service area. This translates to 14.4 minutes per day. A more reasonable rate is 1 hour per day to account for distance and traffic conditions. Record Keeping and Recording at .89 hours per week (which translates to 7.1 minutes per day) must be increased to at least 15 minutes per client per day. 2 hours per week must be included in calculating for Productivity Factor to account for last minute client cancellations.
10	615 - Behavior Management Assistant, p. 1,411	The mileage assumption of 125 miles per week is too low, considering the vast geographical area supported and the scarcity of available clinicians. Depending on the service area, staff may travel up to 250 miles per week.
11	612 - Behavior Analyst, p. 1,369	The mileage assumption of 125 miles per week is too low, considering the vast geographical area supported by the limited number of BCBAs. However, the ability to provide BCBA supervision via telehealth would allow for greater access to consumers.
12	612 - Behavior Analyst, p. 1,369 615 - Behavior Management Assistant, p. 1,411 616 - Behavior Technician - Paraprofessional, p. 1,432	Calculation assumed full time employees. The calculation inaccurately assumed a 100% full -time employee. As a result, “staff cost after productivity adjustment per billable hour” the costs were greatly underestimated. On average 86% of our staff are part- time employees. Many sessions can only occur in the afternoon so we need part-time staff to fill this availability. This limited availability makes rerouting and efficient (back to back appointments) scheduling much more difficult. Therefore, the rate model should include an adjustment for less than ideal productivity. Even for a full time employees, the calculation failed to account for realistic travel time, realistic missed appointments unable to be rerouted, and realistic record keeping. Travel time is assumed too low at 3.75 hrs/wk. Realistically this is 6 hours/week for BCBA FTE. Travel time is assumed too low at 3.75. Realistically this is 6 hours/week for paraprofessional and BMA FTEs. Recording keeping and reporting is assumed too low for a BCBA at 1.77 hrs/wk. Realistically this is 5 hours/week for a FTE. Missed appointments is assumed too low at .89 hrs/week. Realistically this is 2 hours/week that are cancelled and not rerouted within same week for a BCBA FTE. Missed appointments is assumed too low at .89 hrs/week. Realistically this is 6 hours/week that are cancelled and not rerouted within same week for a paraprofessional and BMA FTE. Billable hours/week was assumed too high at 28.81 for BCBAs. Actual averages are 25. Billable hours/week was assumed too high at 28.81 for BMAs and paraprofessionals. Actual averages are 23.
13	520 - Independent Living Program, p. 113	Time for travel between individuals should be at least 30 minutes per day. Allowing only 15 minutes each day is not enough when a direct support professional has multiple appointments, even if they are in the same city. Due to the intensive record keeping requirements, direct support professionals need at least 20 minutes per day for record-keeping. The current rate model allows just 11 minutes per day, which is

		insufficient. EW requirements will likely increase this in the future as well. As mentioned previously, paid time off should be 254 hours per year (4.88 hours per week). Rest breaks should be 1.67 hours per week as mandated by law. Additionally, the State should be seeking to add some productivity factor for staff training in cultural competency. If we are serious about reducing disparity, we need to have program infrastructures that support programs to be culturally responsive. Providing staff training, the language differentials, and flexibility in holidays would be much more impactful than language incentives alone.
14	896 - Supported Living Services, pp. 218 (Individual), 877 (Group)	The proposed miles per week is too low. UCP Work, Inc staff drive 125-200 miles a week. As mentioned in ILS comments, need ample time for staff training, productivity should be adjusted to account for this. Due to intensive recordkeeping requirements, direct support professionals need at least 20 minutes per day for recordkeeping. The current rate model allows just 11 minutes per day, which is insufficient. EVV requirements will likely increase this in the future as well. As mentioned previously, paid time off should be 254 hours per year (4.88 hours per week). Rest breaks should be 1.67 hours per week as mandated by law.
15	510 - Adult Development Center, pp. 983, 1,074 (Behavioral), 1,088 (Medical) 515 - Behavior Management Program, p. 1,074	Currently, traditional day programs are prohibited from billing more than 30 hours per week, yet the B&A proposed models suggest 32.59 billable hours. This is an area that needs to be reconciled either by putting forth a change in regulation to allow more day service hours per week or to have the rate models proposed reflect accurately what programs are actually permitted to do. See previous comments on attendance rates which are set too high in the proposed models. Attendance should be set at 75% in non-medical programs, and 70% in medical/behavioral programs.
16	109 - Program Support Group-Residential, p. 975 110 - Program Support Group-Day Service, p. 1,158 111 - Program Support Group-Other Services, p. 386 680 - Tutor, pp. 344 (Adults), 113 (Children) 025 - Tutor Services – Group, pp. 344 (Adults), 113 (Children)	Supervisor hourly wage should be at least 200% of minimum wage for this area and supervisor should be exempt. A more appropriate BLS job category for the supervisor as 11-9151, Social/Community Service Manager with a median salary of $32.13 per hour
17	117 - Specialized Therapeutic Svcs – Consumers 21 and Older	All productivity factors would need to increase substantially over any other day service models. Recordkeeping, supervision, employee break time, interdisciplinary meetings, drive time, and staff training would all need to be healthy to support this unique program. As mentioned previously, paid time off needs to be at least 4.88.
18	805 - Infant Development Program, p. 1,474	Productivity estimate of 27.20 hours is much higher than is realistic and attainable given required travel times, distances and cancellation/ no-show rates for appointments between 20-30%. We serve a low incidence population spread over a wide geographical area, both rural and high density traffic urban areas with high mileage and travel times. Services must be provided in the natural environment, and our reported mileage is closer to 200-250 miles/ week. We serve a medically fragile population with a cancellation rate of 20-30%. 15 hours of billable time per week is a realistic average productivity rate. Cancelations and rescheduling are not taken into consideration in the current assumptions of the study. Many times the staff will travel all the way to the family's home and then find out the family is no-showing or cancelling on arrival. Time for traveling is not realistic, the survey study lists the information as 15 minutes between clients when staff are sometimes averaging 1 hour of travel between clients (mileage may not be high, but it based on the traffic in dense urban areas such has San Francisco and Los Angeles).

Specific Service Code Comments

19	915 - Residential Facility Serving Adults - Staff Operated, p. 394	Maintaining regulatory compliance requires ensuring correct staffing ratios with consideration to specialized homes and high-need clients with additional medical needs. When 509 service providers responded to a survey regarding openings for clients, 45% responded that they are having to turn away referrals being made to them by regional centers as there is not enough capacity. 49% reported downsizing or closing down their services due to deficits in funding. 67% responded that they have reduced or eliminated required employee qualifications in order to maintain sufficient staffing levels to serve their clients.

Specific Service Code Comments

SUPERVISION AND PROGRAM OPERATIONS

#	SERVICE CODE	RESPONSES
1	915 - Residential Facility Serving Adults - Staff Operated, p. 394	Supervision maybe okay but Program Operations maybe too low. $70 a week per participant is not enough to cover for activities, groceries, utilities, rent/mortgage, house and car maintenance, etc.
2	515 - Behavior Management Program, p. 1,074	I have two major issues. The requirement for having Registered Behavior technicians, if anything should be voluntary. We have no idea of the pool of applicants that might be available. Additionally, if the agency is reimbursed at a higher rate, we can choose the type of training that we feel is relevant for staff based on our population at the day program.
3	055 - Community Integration Training Program, p. 113 505 - Activity Center, pp. 983, 1,074 (Behavioral), 1,088 (Medical) 510 - Adult Development Center, pp. 983, 1,074 (Behavioral), 1,088 (Medical)	The proposed Rate Model considered the Supervisor to be BLS code 39-1021, First-line Supervisor of Personal Service Worker. However, this code is for a worker with only a high school education and less than five years of experience. Nearly all of the day programs are licensed facilities and the program supervisor serves as the Administrator of the licensed facility per the CA Department of Social Service's Community Care Licensing. The qualifications and duties of the Administer are defined in statute in section 82064 of Title 22 and state, "(a) All adult day programs shall have an administrator who meets either of the following requirements: (1) A baccalaureate degree in psychology, social work or a related human services field and a minimum of one year experience in the management of a human services delivery system, or (2) Three years of experience in a human services delivery system including at least one year in a management or supervisory position and two years of experience or training in one of the following: (A) Care and supervision of clients in a licensed adult day program, or an adult day health care facility. (B) Care and supervision of one or more of the categories of persons to be served by the day program." This type of position exceeds the basic requirements of BLS Code 39-1021and a more appropriate BLS code is 11-9151, Social / Community Service Manager with a median salary of $32.13/hour. The rate models should use this designation for the supervisor to better reflect the actual duties of the Program Administrator as defined by Title 22, Section 82064 and the Department of Social Service's Community Care Licensing.
7	952 - Supported Employment-Individual, pp. 1,249 (Job Development), 1,256 (Job Coaching)	Inexplicitly, supervision is not included in the proposed rate models for Supported Employment, individual. Our structure is that we have the same degree of supervision for Supported Employment as we do for Day and Residential services. It is imperative that there be an exemplary supervisor to lead this program, not only supervising the job coaches but obtaining authorizations, scheduling and monitoring coaching hours, meeting with Regional Centers, coordinating with the Job Developer and managing the program. See earlier comments about an appropriate BLS job category for the supervisor as 11-9151, Social / Community Service Manager with a median salary of $32.13 per hour.
8	520 - Independent Living Program, p. 113 063 - Community Activities Support Services, p. 113	See earlier comments about an appropriate BLS job category for the supervisor as 11-9151, Social / Community Service Manager with a median salary of $32.13 per hour.
9	055 - Community Integration Training Program, p. 113	Supervision costs of $3.26 per billable hour similar to other rate models must also be included in the calculation of Rate per Billable Hour.
10	615 - Behavior Management Assistant, p. 1,411	The assumption of supervision rate and time is too low. Regarding the

Specific Service Code Comments

		rate of supervision, please see feedback on 612 code. Additionally, the number of supervision hours vary by the needs of each consumer, but we average 4 hours of supervision provided per week.
11	612 - Behavior Analyst, p. 1,369	The supervision and program operation costs were inadequate, considering that no allowance was made for supervision of the BCBA. We consider best-practice to include an additional layer of oversight to supervise the BCBA, which is an additional cost incurred by the agency.
12	616 - Behavior Technician - Paraprofessional, p. 1,432	The service code 605 has been eliminated. It will be difficult to provide this service under a different service code as the other service codes that provide a similar service require a BCBA to supervise that service and there is a limited availability of BCBAs in the state of California.
13	612 - Behavior Analyst, p. 1,369 615 - Behavior Management Assistant, p. 1,411 616 - Behavior Technician - Paraprofessional, p. 1,432	Supervision/Other Employer Time/Training are collectively assumed low at less than 1 hour per week combined for a BCBA. Realistically this is 1.5 hours/week. For a BMA and paraprofessional the combined supervision, employer time/training was assumed at less than 2. However, for a BMA or paraprofessional, supervision ratio for ABA must be a minimum of 2 hours per 10 hours of services to ensure proper fidelity of implementation. Additionally, the supervision rate is assumed at $50.01. Realistically this is $53.46. Additionally, the supervisor benefit rate is assumed too low (see previous comments on benefits). Program Operation costs are assumed too low at $20/day. Actual costs are $26-28/day or $5.59 per billable hour.
14	520 - Independent Living Program, p. 113	Supervisor hourly wage should be at least 200% of minimum wage for this area and supervisor should be exempt
15	896 - Supported Living Services, pp. 218 (Individual), 877 (Group)	Supervisor hourly wage should be at least 200% of minimum wage for this area and supervisor should be exempt.
16	510 - Adult Development Center, pp. 983, 1,074 (Behavioral), 1,088 (Medical) 515 - Behavior Management Program, p. 1,074	Supervisor hourly wage should be at least 200% of minimum wage for this area and supervisor should be exempt. A more appropriate BLS job category for the supervisor as 11-9151, Social/Community Service Manager with a median salary of $32.13 per hour. Further, the B&A proposed rate models do not provide for the additional infrastructure needed to provide direct services. It will not be operational nor sustainable to have a service system where the standard is 1 supervisor to 10 direct support professionals. Programs need, "glue", direction, and oversight. Any proposed models should account for this portion of the service by including a weighted average for supervision, such as: 100% of a First Line Supervisor (included) 25% of Program Manager (not included) 12.5% of a Regional Director .0125% of a Chief Operating/Program Officer These are not administrative roles. These positions, or ones similar, are direct service positions responsible for the development and delivery of the ISP objectives, program outcomes including integration and employment in the community, quality assurance, intake/enrollment, customized Person-Centered Plans, and so forth. A sustainable system must appreciate and include these roles. As mentioned previously, the square footage per person is understated in the B&A proposed rate models. Programs providing medical and behavioral support should have closer to 200 square feet per person.
17	117 - Specialized Therapeutic Svcs – Consumers 21 and Older	Program Director is a licensed professional overseeing BCBA, LMFT, RN coordinators who provide direct service themselves and oversee LVN and LPT staff who provide more intensive direct service in order to support goal attainment outside of traditional settings. Program costs per day should by $35 per day as opposed to $20 in medical

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		management model. This service has both travel and facility costs. There are clinicians who provide the service in the field, and those who host therapeutic sessions in a physical plant.
18	805 - Infant Development Program, p. 1,474	Record keeping time is only listed as 1.78 hours per week which is not a sufficient assumption to capture staff time spent on report writing, billing, recording of mileage, supervision time, attending required trainings, staff meetings and also collateral contacts, the non-billable activities on behalf of the client such as making calls to the client's case managers, doctors, and meeting with behaviorists etc.. We report 7 hours per week for the above-mentioned activities. The rate model does not account for overtime hours that are accrued due to travel time and distances between visits.
19	915 - Residential Facility Serving Adults - Staff Operated, p. 394	Program Operations Costs per day for each resident is assumed at $10.00 per day, which is not sufficient to meet the daily needs of residents. All supplies and materials necessary for residential living must be purchased for each consumer including all food, all personal hygiene items, all rent or mortgage costs, all utilities costs, all repairs and maintenance of the home, furniture, etc. Meals are accounted for at approximately $3.00 per meal which is not attainable or sustainable. $10.00 per day per consumer to support all of the above costs is not accurate or reasonable and is an assumption that will drive more homes into closure.

Specific Service Code Comments

ADMINISTRATION

#	SERVICE CODE	RESPONSES
1	612 - Behavior Analyst, p. 1,369 615 - Behavior Management Assistant, p. 1,411 616 - Behavior Technician - Paraprofessional, p. 1,432 805 - Infant Development Program, p. 1,474	12% assumption is consistently too low. We receive a higher or the same rate of reimbursement as the rates proposed on this survey and spend 15% of revenue on administration. The 12% assumption would lead to a decrease in spending on administrative positions.
2	055 - Community Integration Training Program, p. 113 896 - Supported Living Services, pp. 218 (Individual), 877 (Group)	Administration rate of 12% is arbitrary; 15% is a rate that federal agencies commonly use.
3	612 - Behavior Analyst, p. 1,369	Considering that the survey results indicated that providers are spending 16.7% of revenue on administrative costs, then a 12% assumption is too low.
7	615 - Behavior Management Assistant, p. 1,411	The restructuring of service codes and changing of requirements will require additional administrative oversight to ensure correct scheduling and billing practices, which results in an increase of administrative spending. We currently spend at least 15% of revenue on administrative costs, so a decrease to 12% would be inadequate.
8	612 - Behavior Analyst, p. 1,369 615 - Behavior Management Assistant, p. 1,411 616 - Behavior Technician - Paraprofessional, p. 1,432	The proposed administrative rate is 12% but the survey data indicated a vendor rate of 16.9%
9	520 - Independent Living Program, p. 113 896 - Supported Living Services, pp. 218 (Individual), 877 (Group) 510 - Adult Development Center, pp. 983, 1,074 (Behavioral), 1,088 (Medical) 515 - Behavior Management Program, p. 1,074 117 - Specialized Therapeutic Svcs – Consumers 21 and Older	Administrative rate should remain at 15%.
10	805 - Infant Development Program, p. 1,474	Growth in the Early Start program serving infants and toddlers under age three has been averaging 8.7% per year over 5 years compared to the states population growth of less than 1% per year over the same period. Additionally over the same time period, the number of consumers with autism has increased an average of 10.1% annually. With continued growth in the number of children needing services, the proposal to reduce the rates for these services by 30-38% will force the closure of programs and further reduce consumer's access to early intervention services. Agencies serve multiple Regional Centers, and lowered rates in specific areas will cause programs to stop services in already underserved regions, impacting children and families adversely.
11	915 - Residential Facility Serving Adults - Staff Operated, p. 394	The federal government has set a deadline of 2022 for implementation of the new HCBS guidelines that will call for more community integration of this population, further creation of job opportunities, and require more complex support from the people and programs that support people with IDD. Not one element of this implementation will be cheaper than what we pay today, and vendors must have rates to support these efforts otherwise they will close down homes and other services.

Specific Service Code Comments

OTHER

#	SERVICE CODE	RESPONSES
1	862 - In-Home Respite Services, pp. 281 (Agency), 323 (Participant-Directed)	I'm not sure how the surveyors could make the recommendation that Employer of Record Respite Services be moved to the FMS model. In their own study, the Base Model rate (which includes wages and benefits) is $18.94. The current FMS reimbursement is $15.74 per hour. Is the goal to completely decimate respite services? What provider can sustain a $3.20 per hours loss - it's their figures, not mine!
2	616 - Behavior Technician - Paraprofessional, p. 1,432	Although, comment is being submitted for service code 616, this issue effects every proposed service code utilizing the RBT including behavioral day programming and specialized residential. None of these service codes will be viable without at adjustment for the RBT rate assumption.
3	055 - Community Integration Training Program, p. 113 505 - Activity Center, pp. 983, 1,074 (Behavioral), 1,088 (Medical) 510 - Adult Development Center, pp. 983, 1,074 (Behavioral), 1,088 (Medical)	The rate models provide models for community-based day programs with ratios of 1:3 and 1:2 but not 1:4. PathPoint currently has nearly 300 people enrolled in community-based 1:4 programs operating in five counties. The 1:4 model works for these people and they are successful in being integrated into community work, volunteer and education sites. The lack of a 1:4 community-based option would force all of these people to transfer to a more restrictive and costlier program. The proposed rate models did not provide any rationale for taking this option away from Californians who are thriving in these currently operating programs that meet the HCBS Settings Rule. The proposed rate models should add a 1:4 program model for community-based programs. The rate models have a standard 50 sf/person allowance across all program models. This is surprising given that the Provider Survey results of 27 different types of day services showed that 23 of those services had more than 50 sf/person and only 4 had less than 50 sf/person. For instance, Service Code 055 (non-medical, non-behavioral) had an average of 83 sf/person, Service Code 505 (nonmedical, non-behavioral) had 88 sf/person and Service Code 510 (non-medical, non-behavioral) had 82 sf/person. Additionally, the medical Management model had unweighted averages between 101-390 sf/person in the provider survey, yet only 100 sf/person in the Rate Model. At a minimum, the rate models should use an average of these three services for non-medical, non-behavioral (84.33 sf per person) rather than 50 sf per person and an average of 250 sf/person for medical programs.
7	515 - Behavior Management Program, p. 1,074	The rate models have a standard 100 sf/person allowance for behavioral programs. This is surprising given that the Provider Survey showed a weighted average with outliers of 233 sf/person and, without outliers, of 159 sf/person. The proposed rate models should increase the square footage per person to at least 159 sf/person.
8	896 - Supported Living Services, pp. 218 (Individual), 877 (Group)	Overall, it is very exciting to see support for the SLS model and a fix to the myriad of modalities previously in use across the regional center system.
9	510 - Adult Development Center, pp. 983, 1,074 (Behavioral), 1,088 (Medical) 515 - Behavior Management Program, p. 1,074	More analysis is needed to determine viability of the proposed medical management and behavior management models. Some concerns include staffing assumptions and cost assumptions on a model that has yet to be piloted. In the proposed medical management program (which is highly likely many individuals UCPLA currently serves would utilize), the RN Program Administrator rate is healthy, but having only CNA staff could be a problem. The program would be stronger with LVN positions as well, and a healthy rate for other types of consultants added to the services. Adequate productivity for record keeping, service planning, legally required

		breaks, and staff training, as well as, paid time off all need to be considered. In the proposed behavior management program, the rate for RBTs is so low that this proposed model would not be viable due to inability to hire.
10	117 - Specialized Therapeutic Svcs – Consumers 21 and Older	The elimination of this service code without suitable replacement will leave individuals who need a more specialized and intensive program without services. It will not suffice to just use individual clinician codes, as there will not a place to house the service or any glue for program oversight. The proposed use of individual clinician codes, and therefore Medi-Cal rates plus 39.7%, will not suffice as it will still be elusive to attract clinicians at these rates. These rates barely sustain a single professional hour and do not have productivity, program support, benefits, workers compensation benefits, and administration attached to them. Never the less time for multidisciplinary meetings and documentation that exceeds typical reporting. Individuals using this service code would have to remain at home, enter SNFs, or return to institutional settings without this code. This service helps support HCBS compliance in other programs as the professional team helps eliminate barriers to inclusion to some of the most complex persons served in our system
11	805 - Infant Development Program, p. 1,474	Wayfinder Family Services has an impact across the state, serving 684 children ages birth to 5 years old in 2018. When 509 service providers responded to a survey regarding openings for clients, 45% responded that they are having to turn away referrals being made to them by regional centers as there is not enough capacity. 49% reported downsizing or closing down their services due to deficits in funding. 67% responded that they have reduced or eliminated required employee qualifications in order to maintain sufficient staffing levels to serve their clients. Creating uniform rates does not allow for adjustments based on individual program services, such as specialized instruction for children who have visual impairment and their families and the need for rates that support services to low-incidence populations.
12	915 - Residential Facility Serving Adults - Staff Operated, p. 394	The proposed rate reduction for community care residential facilities by 27.4% will force the closure of homes making less beds available throughout the state. We recommend that the proposal to collapse the levels be re-evaluated as having fewer levels will not meet the individualized care needs of consumers. The category of specialized homes must be maintained. Per responses from all 21 regional centers, a total of 4,803 residential beds were lost between 2011 and 2018 due to the closure of 928 residential homes. This is a crisis that already puts additional pressure on individuals and families when no residential homes have beds available. Family members missing work due to caring for a loved one may experience loss of income or employment. With a lack of direct service professionals or medical personnel to care for an individual, the health care system sees an increase in costly visits to Urgent Care and Emergency Rooms.