



Facilitation Resources

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***Updated 2019 based on SCDD Policy #1-510: "Facilitation and Attendant Services Guidelines for Non-Agency Members"**





Hiring a Facilitator

SCDD Facilitation Information

Things you should know when hiring a Facilitator and or Attendant:

- You are the Employer of the person helping you.
- Determine what role you want the facilitator and/or attendant to perform and the rate of reimbursement.
- Find out the reimbursement rate the State will pay by checking the SCDD reimbursement policy.
- Fill out a Support Services Expense Claim sheet so the person helping you can be reimbursed (paid) for helping you.
- Reimbursement is not paid on a regular "pay day".
- Forms must be submitted and processed before they can be reimbursed.
- The first reimbursement can take up to several weeks once the paperwork is processed. Once the person is in the system, the reimbursement process moves quicker.

First Steps:

- Complete a "Payee Data Record" Form #STD. 204 (It takes time to set up the process, so we need this form as soon as possible.)
- Complete the Defensive Driving Training and print out the certificate. <http://www.dgs.ca.gov/orim/Programs/DDTOnlineTraining.aspx>
- Complete an "Authorized Vehicles" Form #STD. 261 if applicable.
- Obtain personal information if needing travel reimbursement
- Provide all information to SCDD Headquarters office via Self Advocacy Coordinator ASAP.

Personal Information needed from Service Provider for travel purposes:

- Name (as reads on ID Card)
- Address (for mailing checks as well as to be listed on roster.)
- Social security number and ID Card
- Date of birth

Forms to be completed:

- Support Services Expense Claim includes: names, addresses, and Social Security numbers of both you and the person who is helping you.
- Payee Data Record
- Authorized Vehicle Form & a copy of the Social Security Card

FACILITATION AND ATTENDANT SERVICES GUIDELINES FOR NON-AGENCY MEMBERS

Purpose:

To provide non-agency Councilmembers with information on Council reimbursement for facilitation or attendant services that may be needed in order to carry out their duties on behalf of the Council.

Authority/Reference:

Welfare & Institutions Code § 4550

Applies To:

Non-agency Councilmembers, SSAN and SSDAC members

POLICY

Policy Statement

The Council recognizes that some members may require reasonable accommodations in order to remove barriers which would prevent their full participation. To address this issue, the Council has established guidelines for the provision of support services to non-agency members who require facilitation and/or attendant services.

When a non-agency member with a disability determines that a need exists for facilitator and/or attendant services and that member is providing services for the Council, reimbursement is available for these services. If the member is a client of the regional center, they may want to consider adding a goal related to self-advocacy to their IPP. Payments that are eligible for reimbursement include those for services provided by individuals working in the support classifications of facilitator or attendant.

Reimbursement for facilitation or attendant services must be reasonable and comply with the State of California reimbursement rules. For guidance,

Attachment A identifies costs for Facilitators, Attendants, and Facilitator-Attendants that have been considered reasonable based on factors such as the Council's pay rate of the Support Services Assistant, Hospital Worker, and Psychiatric Technician Assistant classifications, respectively.

DEFINITIONS

The following are definitions for facilitation and attendant services:

1. Facilitation refers to a service wherein one-person aids another, for example to understand policy issues, to develop his/her own informed decisions regarding the issues, and to effectively express those decisions. A facilitator may also assist with making transportation/travel arrangements, obtaining and/or managing funds required for attending Council related meetings, reviewing and interpreting agenda items, and providing support during meetings through interpretation of actions or discussions on agenda items.

- a. Interpretation of policy related information, either written or oral, into a form that is more easily understood by the member.
- b. Providing, as necessary, an impartial analysis of the relevant issues.

The analysis may include, but not necessarily be limited to, alternative positions and the implications and potential consequences for

supporting or proposing any particular position. The intent is to provide the member with the knowledge necessary to make informed decisions.

- c. Assisting the member to effectively communicate both positions and questions on relevant issues and/or with remembering or recalling relevant information.
- d. Support to accomplish other related tasks, such as making travel arrangements and scheduling committee activities on behalf of the member.

2. Attendant service refers to assistance from others which compensate for a person's inability to independently perform activities of daily living. Services may include assistance with maintenance and hygiene, mobility and escort responsibilities, and to a lesser degree, assistance with related cognitive tasks.
3. Both facilitation and attendant services are defined as assisting the member to perform the essential functions of his/her official position. For example, while an individual may require nearly identical assistance from an attendant both in his/her home and while away on Council related travel, **these guidelines address only those services directly related to fulfilling the responsibilities of a member.**

RESPONSIBILITIES OF FACILITATORS AND ATTENDANTS

The need for, and level of, facilitation or attendant service should be determined largely by the member. During the new member's orientation to the Council, it is critical that the availability and significance of assistance be clearly explained. The new member must be able to make an informed decision as to whether an accommodation is necessary.

It is important to stress that accommodations may include those other than facilitation or attendant services. While these guidelines address only these two forms of accommodation, other forms may be more relevant, such as enlarged print, modified seating arrangements, and travel modalities.

A. **Facilitators - Responsibilities**

Facilitators are responsible for providing services that enable the person to function as an integral member of the Council. The following list, though not exhaustive, includes examples of activities with which the facilitator may assist:

1. Developing and maintaining a calendar of Council related meetings and activities that the member must attend. This may include assistance with reconciling subsequent commitments.

2. Making transportation/travel arrangements for Council related meetings.
3. Obtaining and/or managing funds required for taking part in Council related meetings. This may also include follow-up in reconciling any necessary documentation. Examples, if applicable, may include cash advances and travel claims.
4. Preparation prior to Council related meetings through review and interpretation of agenda items. Should the facilitator not understand an issue, he/she is responsible for obtaining any information necessary for clarification.
5. Support during meetings through interpretation of actions or discussions on agenda items. As with preparing for the meeting, if the facilitator does not understand an issue, he/she is responsible for making sure that it is clarified. Assistance may also be provided in following relevant group process rules, such as Parliamentary Procedure.
6. Reviewing after the meeting any actions taken or discussions held. In addition to the preceding examples of responsibilities, there are two fundamental guiding principles that a facilitator should follow when providing services.

The first principle is that while interpreting, the facilitator must accurately convey both the content and spirit of any spoken or written communication, while at the same time assuring that the information is in a format that is more easily understood. This may be especially difficult when the facilitator disagrees with what has been said or written. The facilitator is not responsible for the content of the communication, only for presenting it accurately.

The second principle is a natural extension of the first. While the person being served is an appointed member of the Council, the facilitator, is not. For this reason, the facilitator should not counsel, advise, or interject personal opinions

while assisting the member in carrying out his or her official duties. Doing so may result in inappropriate participation and a likely impermissible exercise of authority by the facilitator.

B. **Attendants - Responsibilities**

Responsibilities of attendants may include, but are not limited to, the following examples:

1. Assistance with personal maintenance and hygiene, which may include some or all of the following: dressing, grooming, eating, bathing, respiration equipment maintenance, and toilet functions such as bowel, bladder, catheter and menstrual tasks. Assistance assumes knowledge of the member's needs related to these tasks, and of other needs that may require only periodic assistance, such as what to do if the member experiences a seizure.
2. Assisting the Council member with traveling to and from Council related activities.
3. Assistance with mobility tasks, which may include helping the Council member to move from place to place within confined settings. Examples could include movement from a meeting room to a local restaurant or from one chair to another.
4. Assistance with some cognitive tasks, such as reading, money handling, making travel arrangements, simple clerical tasks, and some interpretation of difficult to understand information.

NOTE: Although attendants and facilitators may occasionally provide similar assistance with regard to cognitive tasks, the attendant does so to a much lesser degree, and typically would not interpret issues related to policy development.

PERFORMANCE

Each member is responsible for determining and assessing the performance of the facilitator or attendant providing services to the member. Job performance of a facilitator or attendant is primarily determined by the unique needs of the Council member being served. Based on a self-assessment, the member specifies the type(s) of assistance that will be expected of the facilitator and/or attendant. Expectations are to be in precise terms and must be documented in writing. Each expectation, or task, once clearly defined, should be included in a checklist of tasks.

The task checklist will aid in identifying and documenting specific areas the Council member needs help with. For example, if the Council member indicates the need for a facilitator, the specific task(s) are also to be identified. Examples are assistance with making transportation/travel arrangements, interpretation of agenda items, and/or handling/managing funds. Similarly, a member may determine that he/she requires the aid of an attendant with three tasks: eating, bathing, and toileting. Further specificity may indicate that this member, for bathing, may require help with undressing and dressing, but not with washing, drying, or other remaining steps.

ATTACHMENT A
STATE COUNCIL ON DEVELOPMENTAL DISABILITIES FACILITATOR AND
ATTENDANT SERVICES AND TRAVEL REASONABLE AND
REIMBURSABLE PAYMENTS

SERVICES

The Council may authorize payment for facilitator or attendant services if those payments are reasonable under the State’s reimbursement rules. A client of a regional center may want to consider adding a goal related to self-advocacy to their IPP. The pay rates shown below are SCDD’s rates which are based on 2017 information compiled by the California Department of Human Resources have been determined to be reasonable and reimbursable.

<u>SERVICE</u>	<u>PAY RATE</u>
Facilitator	\$ 18.71 per hour
Attendant	\$18.56 per hour

The above pay rates are based on the mid-range monthly salaries of comparable state classifications. Each relevant salary was converted to an hourly rate and adjusted by 28.1 percent (the cost of state benefits) in order to recognize the self-employment cost to private vendors. Payment of these rates are limited to two hours before, during, and two hours after a Council related meeting.

Services Provided by Employees or Other Compensated Persons: If the facilitator or attendant is an employee of the Council, developmental center or regional center, or is already being compensated for the facilitation or attendant services, the Council will reimburse only for allowable travel related expenses.

Services Provided by Volunteers: If a member requires facilitation or attendant services and the facilitator or attendant is a volunteer, the Council will authorize payment of travel related expenses for the volunteer including allowable meals at the rate outline in SCDD’s Travel Policy.

TRAVEL

In accordance with PML 1986-001 entitled, "Travel Expenses of Non-State Employees," and SCDD's Travel Policy, the below travel expenses of individuals providing facilitation or attendant services to a member may be reimbursed at rates equal to the rates allowed to the member.

LODGING

Facilitator/Attendants typically arrive and depart with the member on the same day of a meeting. If it is not reasonable for the traveler and council member to arrive on the day of the meeting, a traveler residing outside a 50 mile radius of Sacramento may request hotel accommodations.

TRANSPORTATION

Reimbursement for transportation expenses will only be for the method of transportation that is in the best interest of the state considering both direct expense and the traveler's time. Best interest of the State means least costly and meets the traveler's needs. When a traveler chooses a method of transportation that is not considered to be in the best interest of the state (i.e. driving a personal vehicle instead of flying or taking a taxi rather than sharing an Uber/Lyft when possible), whatever is most cost effective per individual location/needs, reimbursement will be at the rate of the least expensive option.

MEALS

Meal per diems are not paid to facilitator or attendants who are being paid a wage by member via SCDD.

Reimbursement for these travel expenses may be claimed on a travel expense claim form. The facilitator/attendant shall reference the members name on the travel expense claim form.

ATTACHMENT B
STATE COUNCIL ON DEVELOPMENTAL DISABILITIES
FACILITATOR SERVICES TASK CHECKLIST

Definition: Facilitation refers to a service wherein one-person aids another to understand policy issues, to develop his/her own informed decisions regarding the issues, and to effectively express those decisions. A facilitator also assists with making transportation/travel arrangements, obtaining and/or managing funds required for attending Council related meetings, reviewing and explaining agenda items, and providing support during meetings through interpretation of actions or discussions on agenda items.

This facilitator services task checklist shall be used in identifying and documenting specific areas the member needs assistance with to enable him/her to fully participate in Council related meetings.

Please indicate yes or no to the following list of Council related activities or functions:

1. Developing and maintaining a calendar of Council related meetings and activities that the member must attend. This may include assistance with reconciling subsequent commitments.

YES _____ NO _____

2. Making transportation/travel arrangements for Council related meetings.

YES _____ NO _____

3. Obtaining and/or managing funds required for taking part in Council related meetings. This may also include follow-up in reconciling any necessary documentation. Examples, if applicable, may include cash advances and travel claims.

YES _____ NO _____

4. Preparation prior to Council related meetings through review and interpretation of agenda items. Should the facilitator not understand an issue, he/she is responsible for obtaining any information necessary for clarification.
5. Support during meetings through explanation of actions or discussions on agenda items. As with preparing for the meeting, if the facilitator does not understand an issue, he/she is responsible for making sure that it is clarified. Assistance may also be provided in following relevant group process rules, such as Parliamentary Procedure.

YES _____ NO _____

6. Use the space provided below to add anything that is not listed above.

YES _____ NO _____

ATTACHMENT C
STATE COUNCIL ON DEVELOPMENTAL DISABILITIES
ATTENDANT SERVICES TASK CHECKLIST

Attendant service refers to assistance from others which compensate for a person's inability to independently perform activities of daily living. Services may include assistance with maintenance and hygiene, mobility and escort responsibilities, and to a lesser degree, assistance with related cognitive tasks.

This attendant services task checklist is to aid in identifying and documenting specific areas the member needs assistance with to enable him/her to fully participate in Council related meetings.

please indicate yes or no to the following list of activities:

1. Activities of daily living (specify)

- | | | | |
|----|----------------------------------------|------------------------------|-----------------------------|
| a. | Dressing | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| b. | Bathing | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| c. | Eating | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| d. | Tilting | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| e. | Grooming | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| f. | Respirator
equipment
maintenance | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| g. | Other: _____ | | |

2. Assisting the Council member with traveling to and from Council related activities.

YES _____ NO _____

3. Assistance with mobility tasks, which may include helping the Council member to move from place to place within confined settings. Examples could include movement from a meeting room to a local restaurant or from one chair to another.

YES _____ NO _____

4. Assistance with some cognitive tasks, such as reading, money handling, making travel arrangements, simple clerical tasks, and some interpretation of difficult to understand information.

YES _____ NO _____

Most Recent Action

February 12, 2019: Executive Committee approved policy.

PAYEE DATA RECORD

STD. 204 (Rev. 6-2003) (REVERSE)

1	<p><u>Requirement to Complete Payee Data Record, STD. 204</u></p> <p>A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies.</p> <p>Payees who do not wish to complete the STD. 204 may elect to not do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and nonresident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code.</p>								
2	<p>Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.</p>								
3	<p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p> <p>The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).</p>								
4	<p><u>Are you a California resident or nonresident?</u></p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:</p> <table border="0"> <tr> <td>Withholding Services and Compliance Section:</td> <td>1-888-792-4900</td> <td>E-mail address:</td> <td>wscs.gen@ftb.ca.gov</td> </tr> <tr> <td>For hearing impaired with TDD, call:</td> <td>1-800-822-6268</td> <td>Website:</td> <td>www.ftb.ca.gov</td> </tr> </table>	Withholding Services and Compliance Section:	1-888-792-4900	E-mail address:	wscs.gen@ftb.ca.gov	For hearing impaired with TDD, call:	1-800-822-6268	Website:	www.ftb.ca.gov
Withholding Services and Compliance Section:	1-888-792-4900	E-mail address:	wscs.gen@ftb.ca.gov						
For hearing impaired with TDD, call:	1-800-822-6268	Website:	www.ftb.ca.gov						
5	<p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>								
6	<p>This section must be completed by the State agency requesting the STD. 204.</p>								
	<p><u>Privacy Statement</u></p> <p>Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.</p> <p>It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and State law imposes noncompliance penalties of up to \$20,000.</p> <p>You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the State agency(ies) with which you transact that business.</p> <p>All questions should be referred to the requesting State agency listed on the bottom front of this form.</p>								

**AUTHORIZATION TO USE PRIVATELY OWNED
VEHICLES ON STATE BUSINESS**

STD. 261 (REV. 3-95) (Excel 5.0)

*This approval must be renewed annually.
Supervisor: Retain Original Copy***I. CERTIFICATION**

In accordance with State Policy (S.A.M. 0753 & 0754) approval is requested to use privately owned vehicles to conduct official State business.

I hereby certify that, whenever I drive a privately owned vehicle on State business I will have a valid driver's license and proof of liability insurance in my possession, all persons in the vehicle will wear safety belts and the vehicle shall always be:

1. Covered by liability insurance for the minimum amount prescribed by State Law (\$15,000 for personal injury to, or death of one person; \$30,000 for injury to, or death of, two or more persons in one accident; \$5,000 property damage.) Vehicle Code Section 16020 (effective July 1, 1985) requires all motorists to carry evidence of current automobile liability insurance in their vehicle.
2. Adequate for the work to be performed.
3. Equipped with safety belts in operating condition.
4. To the best of my knowledge, in safe mechanical condition as required by law.

I understand that the mileage rate I claim is full reimbursement for the cost of operating the vehicle, including fuel, maintenance, repairs and both liability and comprehensive insurance.

I further certify that while using a privately owned vehicle on official State business, all accidents will be reported on form STD 270 within 48 hours (S.A.M. 2441).

I understand that permission to drive a privately owned vehicle on State business is a privilege which may be suspended or revoked at any time.

DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE
EMPLOYEE'S SIGNATURE	PRINT NAME	DATE SIGNED

II. APPROVAL

Use of a privately owned vehicle on State business is approved.

APPROVING AUTHORITY SIGNATURE	TITLE	DATE APPROVED
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III. RENEWAL

I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

ROUTING INSTRUCTIONS:

Complete five copies to be distributed as follows:

SUPPORT SERVICES EXPENSE CLAIM

Copy 1, 2, 3 To accounting Systems Bureau
 Copy 4 To Provider
 Copy 5 To Employee

MEMBER'S NAME		SOCIAL SECURITY NUMBER			
RESIDENCE ADDRESS (STREET NUMBER, CITY, STATE AND ZIP CODE)					
DEPARTMENT STATE COUNCIL ON DEVELOPMENTAL DIS.		DIVISION OR BUREAU Headquarters		TELEPHONE (916) 263-7919	REPORTING UNIT CODE 1100
HEADQUARTERS ADDRESS (STREET NUMBER, CITY STATE AND ZIP CODE) 3831 North Freeway Blvd. Ste. 125, Sacramento, CA 95834					
SERVICE PROVIDER'S NAME				SOCIAL SECURITY NUMBER	
RESIDENCE ADDRESS (STREET NUMBER, CITY, STATE AND ZIP CODE)					
DATE	"TYPE OF SERVICE RENDERED (See Examples Below)	LOCATION (Where Expenses Were Incurred)	NUMBER OF HOURS	HOURLY RATE	\$AMOUNT
TOTAL AMOUNT					

TYPES OF SERVICES PROVIDED:

- Child Care Services
- Interpreting Services
- Reading Services
- Driver Services
- Assistant Services (Performs note taking services and general aids to dally living)
- Facilitation Services (Provides assistance in understanding materials and participation)

CERTIFICATION
I hereby certify that the services Itemized on the foregoing statement were actually received and were essential to the performance of my duties.
SIGNATURE OF MEMBER
I hereby certify that the above member's statement is true and correct
SIGNATURE OF SERVICE PROVIDER
SIGNATURE OF OFFICER APPROVING PAYMENT