

#### State Council on Developmental Disabilities



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Mr. Pete Cervinka, Director Department of Developmental Services P.O. Box 944202 Sacramento, CA 94244-2020

RE INDEPENDENT FACILITATOR AND FINANCIAL MANAGEMENT SERVICES STANDARDS FEEDBACK AND RECOMMENDATIONS

Dear Director Cervinka:

The Statewide Self-Determination Advisory Committee (SSDAC) would like to thank the Department of Developmental Services (DDS/Department) for the opportunity to provide feedback on the Draft Standards for Independent Facilitators (IFs) and Financial Management Services (FMS). SCDD has gathered input from SSDAC members and is pleased to present them in the enclosed report.

The enclosed report presents feedback and recommendations from SSDAC members, which have been synthesized and organized by standard (e.g., Qualifications, Service Standards, Required Knowledge and Skills, etc.). Feedback has been presented as it was received, although minor edits have been made for clarity. SSDAC members' responses included a variety of questions, which have been included in the report (also organized by standard). The SSDAC recognizes that questions may be answered over time as the standards are finalized and has provided these questions for the purpose of informing the Department about where further clarification may be necessary or helpful.

SSDAC members expressed concerns about the qualifications and service standards for Independent Facilitators, primarily pertaining to how they may impact the ability of self-advocates and/or individuals who speak a language other than English to serve SDP participants in this capacity. Members expressed that although these standards are meant to ensure IFs ability to provide comprehensive services, they may create barriers that discourage family members and participants from creating small IF businesses, limiting access to a service that is in high demand. These concerns, among others, are provided in more detail in the attached report.

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Should you have any questions about the content of the enclosed report, please feel free to contact us at your convenience.

Kindest Regards,

Rick Wood, Co-Chair Statewide Self-Determination Advisory Committee (SSDAC)

Tiek Ward

Nestor Nieves, Co-Chair Statewide Self-Determination Advisory Committee (SSDAC)

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# SSDAC Feedback on IF and FMS Standards

# General Feedback

- Evaluate how the IF/FMS standards will contribute to the 5 principles of selfdetermination for the SDP participant: freedom, authority, support, responsibility, and confirmation. Evaluate all implementation steps and requirements from DDS or developed by regional centers and FMS based on the impact of the 5 principles for SDP participants and prospective participants.
  - Directives or guidance statements from DDS and/or the implementation by the regional centers and the FMS often address the principle of responsibility but undermine the other four principles. Self-determination was intended to give more freedom, flexibility and control to the participant, and, when-appropriate and agreed to, the family support team. The reality is that most directives and guidance have inadvertently led to a decrease in the individual's choice and control.
- The IF/FMS standards should include a perspective of how they will affect the SDP.
- Timeline for Completion of Certification: For new clients, documents, certifications and systems should be in place before taking on new clients. For the clients they already have, they should be able to implement everything in 90 days from the start date from the standards are issued. This could be an annual survey for our participants and IF and the FMS so when they come to an IPP meeting they could talk about how they are doing.

# IF Standards Feedback

## **QUALIFICATIONS**

- It would be difficult for an SDP participant to meet the minimum education and/or experience qualifications stated in standard 1(a).
- It's important that parents who want to be independent facilitators who speak a language other than English are not denied access to that because they don't have an American college degree.
- DDS should have a continuing education process for IFs due to the everchanging and complex nature of the SDP.
- the original description of the IF role was that they could perform some functions but didn't have to do all functions. Some could focus on PDP planning and others focus on budget, spending plans, coding, set up steps with RCs and FMS.
   Others could assist with location of services and/or staff recruitment.

## **SERVICE STANDARDS**

- I think that it is a mistake to require that all IF's play all roles. I think the number
  of IF's will decrease greatly if that is the case and we will lose people who have
  more experience as or with participants and also with underserved communities.
  I think that these requirements will discourage IF's and any prospective IFs in
  general, and especially SDP participants and members of underserved
  communities.
- Establishing written service practices (under standard 3(g)) is too cumbersome for some of us who are aware of how SDP operates but are just working on our own with a handful of clients. To make it easier for participants and family members who want to do IF work, it might be helpful to have an optional template that lists all of these service standards areas. My fear is that requirements such as this will discourage people from starting their own small IF business and we will end up with only very large IF businesses. In that case, we are simply replacing the service coordinators in regional centers with large IF professional private businesses and may well skip over the individual control and choice that self-determination was meant to develop.
- Although the written service agreement requirement under standard 3(h) is a sound practice, it may go well beyond what some participants or prospective participants wish to be faced with and so greatly discourage them or other community or family members from going into the IF business. Can this be provided as a suggested best practice, instead of a requirement?
- Requiring Independent Facilitators (under standard 3(i)) to provide support and training to participants/families regarding the decisions/tasks associated with SDP [can be seen as/may constitute] moving the work of regional centers over to IFs, skipping over empowering the participant and, when appropriate, the family.
- Conflict of interest standards might have to be broader (e.g., can a relative of a paid IF provide a service on the spending plan? Does it apply to paid parent IFs, too?).
- Time and frequency (under standard 3(h)(iv)) are impossible to predict, as they depend on many factors outside of the Independent Facilitator's control.

#### REQUIRED REPORTING

• [The level of reporting required under standard 4(a) undermines the independence of an Independent Facilitator]. At times, there are situations that an SDP participant and/or family representing them wish to keep confidential for a time from the regional center because it is a route being explored and hasn't been determined yet. [In my role as an IF] I have been asked to keep information confidential not because it is illegal or undermining, but because many families have a history of not trusting regional centers with much information. This has happened when there are disagreements with the regional center over service needs or appropriate services. I inform the participant/family of when we

will need to contact the regional center. This requirement implies that IF's will then be working for/reporting to regional centers rather than the participants and, when appropriate, the family support team.

#### GENERAL FEEDBACK

- The longer the roll out of implementation of Independent Facilitator standards, the better it will be. I fear that these requirements will just create another professional position (IF) that will replace service coordinators and dis-empower the SDP participants and families. I'm disappointed in this direction as I think it leaves out the richness of a broader range of potential IFs.
- There should be a remediation process for IFs that are reported by participants.
- DDS needs to address the IT aspect of communication and payments. Find a better system for both.

## IF Standards Questions

### **QUALIFICATIONS**

- Will Qlarant provide a training and certification process? Will it replace all current and prior IF certificates/certification programs that are available? Or will it just be a knowledge test? Will passing the knowledge test be all it takes to be a certified IF?
- What will an "IF Supervisor" do? What is this new role?
- Who will be responsible for ensuring IFs meet qualification 1(c)?
- Qualification 1(d)-(f) require a "demonstrated ability to carry out all IF duties specified in WIC Section 4685.8 and department directives" and "demonstrated commitment to collaboratively working with the participant and the regional centers" and "demonstrated ability to comply with record-keeping and reporting requirements" – how will these be demonstrated by the IF?
- Is training in person-centered thinking required for IFs who don't want to write person-centered plans?
- "Verifying that the services and supports meet the Home and Community-Based Services settings requirements as described in § 42 CFR 441.301(c) and other state and federal requirements." Why is this the job of the IF? Wasn't this one of the FMS duties? How are IFs supposed to verify this? Is this paid for out of the participant's budget?
- Standard 3(g) defines the IF's responsibilities, but what are the participant's responsibilities in maintaining a good relationship so the IF can provide timely and effective services?

### REQUIRED KNOWLEDGE AND SKILLS

- Are the "Required Knowledge and Skills" listed going to be fulfilled by the Qlarant IF certification?
- How will knowledge of the regional center system and the Lanterman Act be evaluated?
- What Person-Centered Planning training programs and Principles of Self-Determination Programs will be accepted to meet these standards? Who will offer these trainings and how often will they be available?
- Who will offer training sessions on Federal and state service standards, applicable Medicaid requirements, and cultural awareness, competency and effective customer service, and how often will they be available?

#### SERVICE STANDARDS

- Standard 3(b) states "Independent Facilitator services shall not duplicate or replace services provided by the participant's regional center Service Coordinator." What Service Coordinator services might be duplicated by an IF?
- Will standard 3(j) provide regional centers with the means to have an Independent Facilitator "de-certified" if there is a disagreement?
- IFs are not vendored with the RC. Why does HIPAA apply? Does the swim
  instructor, piano teacher, church camp have to provide each participant with a
  Notice of Privacy Practices as required by HIPAA that explains the participant's
  right to privacy, too?

### REQUIRED REPORTING

- Do other SDP provider, like swim instructor, piano teacher, church camp, have to provide the same information required under standard 4?
- What is the purpose of providing the quarterly report indicated under standard 4(a)(iii)? What are the consequences? Who receives this information? Every individual RC? One list for DDS? Is the IF paid for the time it takes to provide this information and write the quarterly reports? Who pays for it?
- What is "other information" (under standard 4(a)(iv)?

## OTHER

 Are there any discussions around unethical IFs and what to do with them or how to hold them accountable?

## FMS Standards Feedback

### **QUALIFICATIONS**

- I don't know why courtesy vendorization should be required. This is a statewide program with statewide regs for FMS. Let's make it easier for them to get started once one regional center has vendorized them.
- "Timely" needs to be defined every time it is used.

#### SERVICE STANDARDS

- Implementation of standard 3(f) (requiring demonstration of financial solvency) should be implemented immediately.
- There should be a way for a participant to indicate on their spending plan that a line item Is not expected to be spent evenly over all months but is a one-time purchase (e.g. behavioral assessment; communication device purchase; van adaptation equipment)
- Regarding standard 3(g)(v): the participant should be able to change the rate without having to change the spending plan as long as there are enough funds left. There needs to be flexibility in rates and providers.
- Real-time updating of expenditure reports would be ideal. A payment should not take 2 or 3 months to appear on a report.
- FMSs should know tax law and provide this information to participants. E.g., which taxes have to be paid by parent live-in providers, in the sole employer vs. the co-employer model.
- Per DDS Directive 12/23: "Payments for these services shall be aligned with the
  typical processes used by local businesses or community resources. For
  example, if a subscription or access fee is payable at the beginning of the month,
  the FMS should adjust their payment schedule to purchase these services at the
  beginning of the month to support service access." This is not mentioned.
- FMSs should find ways to pay for a service listed on the spending plan. The
  participant and provider should not have to jump through hoops to make this
  happen. A credit card payment does not require onboarding, and the business
  does not have to provide tax information to the FMS.

## REQUIRED REPORTING

 A copy of FMS policy and procedures manual, as outlined in standard 4(d), should be required to be shared with the FMS agency's participants/families.

#### **GENERAL**

add a requirement that each FMS must ensure that any FMS employee who is
reviewing or processing spending plans must have passed a math test regarding
calculation of costs that would normally appear on a spending plan (For instance,
be able to understand and follow the outline of costs for staff hired, which
includes rate, hours, months, employer burden rate).

# **FMS Standards Questions**

#### **QUALIFICATIONS**

- Can the program design of an FMS be made public?
- Who will be responsible for ensuring IFs meet qualification 1(b), and how long will it take? Will this be done at vendorization, and then periodically after (annually)?
- Will there be periodic surveys of SDP participants to ensure compliance with standards 1(c) and 1(d)?

#### REQUIRED KNOWLEDGE AND SKILLS

 How are DDS or RCs going to verify that FMSs have the "Required Knowledge and Skills" when it comes to the RC system, SDP Principles, the Lanterman Act, Federal and state service standards, generic resources, effective customer service, and other stated knowledge and skills? Will this all be included in their vendoring document?

## SERVICE STANDARDS

- Will the FMS be required to provide a way for all participants and Independent Facilitators to send HIPAA protected information is a secure, protected manner?
- How will it be determined when providing training and education for participants/families will be considered part of the FMS regular duties and when is it part of the initial transition support that they can bill extra for?
- Under Standard 3(g)(vii)(B), what kind of support can an employee/participant expect? What about onboarding providers?
- How frequently can the employer burden be changed? How much notice needs to be given to participants?