

## Workgroup 4 Recommendation: Regional Center Contracting

**Workgroup Focus Area:** Individuals and their families experience consistent, transparent, accountable, and data-driven systems that focus on outcomes.

**Workgroup Priority #3:** Strengthen DDS, regional center, vendor, and provider accountability for achieving equitable and person-centered outcomes.

**Priority #3 Plain language version:** Make sure DDS, regional centers, vendors are responsible. They need to provide the services they are supposed to. They need to give fair and person-centered results.

### Step 1: Define a Universal Goal for the Priority (Where we want to be)

***People get the services and supports they need, when they need them, so they can lead the lives they want.***

The overarching goal is to ensure a transparent, fair, and person-centered system where DDS, regional centers, and vendors deliver services with accountability and clear communication, empowering individuals, and families to access the support they need effectively.

Recommendation: Review and update regional center contracts with DDS to improve performance and provide better oversight, accountability, and enforcement.

- Consider how contracts that DDS has with regional centers can better use enforcement mechanisms.
- Review regional center contract requirements and consider how performance measures and incentive programs can be aligned to reinforce performance, monitoring, and oversight.
- Consider how “flow down provisions” might be included in RC contracts. Flow down provisions are requirements that DDS could include in their RC contracts that require RCs to create and enforce requirements they have for their vendors and other contractors. This has been done in other state contracts, including DHCS and their contracts with Managed Care Plans (MCPs) and their contracted providers.
  - [2024 DHCS Managed Care Boilerplate Contract](#)
- Make sure regional centers have the necessary tools and authority to manage their providers so they deliver high-quality services and outcomes.

### Step 2: Develop a Problem Statement for the Priority (Where we are now)

Self-advocates, family members and other stakeholders do not feel that regional centers are held accountable enough for access, service delivery, and outcomes. Many stakeholders feel that communication from DDS and regional centers about their requirements and how RCs and vendors are held accountable are not clear; making it more difficult for individuals and families to access all the services they need. These issues may hinder fair, person-centered outcomes and affect trust in the system.

Currently, there are inconsistencies in service delivery and communication from DDS, regional centers, and vendors. Many individuals and families face challenges understanding their rights and accessing the services they need, leading to inequitable outcomes and frustration with the system. Transparency and accountability remain areas for improvement.

### Step 3: Identify the Root Causes of the Problem

The root causes of the problems include the following:

- Lack of Standardized Accountability Mechanisms:
  - Inconsistent policies and oversight lead to varying levels of responsibility and performance.
- Insufficient Communication Practices:
  - Complex or unclear language in communication materials makes it challenging for individuals and families to understand their rights and available services.
- Limited Transparency:
  - Data on service delivery, denials, and Notice of Action or Appeals (NOPA) are not always communicated in clear language that people from different cultures can understand.
- Resource Constraints:
  - Staffing shortages, limited funding, and high caseloads reduce the ability of service providers to meet individual needs effectively.
- Cultural and Linguistic Barriers:
  - Inadequate consideration of diverse cultural and linguistic needs can result in services that are not fully accessible or relevant to all communities.
- Fragmented Coordination:
  - A lack of streamlined collaboration between vendors, regional centers, DDS, and other health and social service systems creates inefficiencies and inconsistencies in service provision.
- System Complexity:

- Navigating within the developmental services system and across other health and social service systems is often overwhelming for individuals and families, with unclear processes and procedures contributing to unmet needs.

#### Who is being left behind:

The current intake process leaves behind many groups of individuals and families, including the following:

- Individuals with Limited English Proficiency:
  - Those who face language barriers may struggle to understand available services, their rights, and how to access support.
- Underserved Communities:
  - Low-income families, rural populations, and communities of color often experience disparities in access to resources and advocacy.
- Individuals with Complex Needs:
  - People requiring specialized or intensive services may not receive adequate support due to resource limitations or lack of expertise.
- Families New to the System:
  - Those unfamiliar with the developmental services system often encounter challenges navigating its complexity, leading to unmet needs.
- Individuals Without Strong Advocacy Support:
  - People who lack family, community, or professional advocates may struggle to have their voices heard and needs addressed.
- Culturally Diverse Families:
  - Families whose cultural values and practices are not fully understood or respected may find the system less responsive to their needs.
  - People who utilize alternative communication devices: Many people depend on a system that may not fully understand or prioritize their unique challenges.

#### Step 4: Recommendations to Achieve the Goal

1. **Strengthen oversight of the developmental disabilities system.** The Legislature should initiate an evaluation of the I/DD system and consider how it can strengthen the ability of the Department of Developmental Services to provide oversight of the regional centers. The evaluation should assess what is and is not working across the 21 regional centers. The evaluation should consider how regional center performance contracts can be updated to support improvement in oversight of regional centers by DDS. The evaluation should also consider whether additional authority is needed to drive systemic change or ensure a level of consistency in experiences for individuals and their families when seeking services. The evaluation should describe what additional authorities the director of the Department of Developmental Services may need to have similar oversight authority as the directors of sister departments, such as the Department of Social Services or the Department of Health Care Services. This recommendation is similar to recommendations made by the Little Hoover Commission in 2023 ([2023 Little Hoover Commission Report](#)).
2. **Review and revise regional center performance contract requirements<sup>1</sup> (see footnote).** DDS should develop a process for supporting a comprehensive review of regional center performance contract requirements **that includes robust stakeholder engagement**. The process should include:
  - a. **Review recommendations from the evaluation supported by the legislature** to strengthen oversight of the I/DD system.
  - b. **Make annual contract changes:**
    - i. **Review performance objectives** with input from a public stakeholder group and sister departments and agencies, including steps to monitor regional center compliance with contract requirements.
    - ii. **Update regional center performance measures (RCPM).** This should consider how measures can be “rightsized” to prioritize regional center behaviors and performance for DDS and Master Plan priorities. Align RCPM measures with Quality Incentive Program (QIP) measures to help make sure the entire system is aligned with DDS and Master Plan priorities.
    - iii. **Update and reinforce compliance requirements** with the Lanterman Act and other requirements identified in the Master Plan for Developmental Services. This may include special contract language for regional centers that have been identified through annual compliance reviews that need to improve their compliance with the Lanterman Act and with board governance requirements and best practices.
    - iv. **Update federal requirements** as those requirements change or where regional centers are falling short of compliance including:
      1. Home and Community Based Services (HCBS – 1915 (c) I/DD Waiver]

<sup>1</sup> The Regional Center Performance Contracts (<https://www.dds.ca.gov/rc/dashboard/performance-contracts/>) are in Article VIII of the base contract (WIC 4629 (c)(1)). Performance Contract measures follow statutory requirements related to things like achieving life quality outcomes, measuring progress in reducing disparities, and developing supports to meet identified needs of individuals. Performance contracts are developed through a public process. Each Regional center must also do an annual public meeting to present its performance data and take public input.

2. State Plan Amendment [1915(i)]

- c. **Add or revise requirements identified in the Master Plan for Developmental Services**, including but not limited to: equity, access and timeliness; intake and assessments; Individual Program Planning (IPP); Person Centered Planning (PCP); mistreatment, abuse, and neglect identification and whistle-blowing protections; service coordinator roles and caseloads (including those that align [the Lanterman 2024 Publication; Role and Responsibilities of a Service Coordinator](#)); self-advocate and family experience; coordination with other regional centers and health and social service systems; service authorizations; outreach and referral pathways; service navigation (including generic services); vendorization; data exchange; life transitions; competitive, integrated employment; emergency response; enrollment in Medi-Cal, waiver and other health and social service programs; and governance.
- d. **Develop flow-down requirements** that RCs must put in place for providers and vendors they contract with. This may include, but isn't limited to, requirements for contracted vendors to meet service level expectations, data exchange requirements, access and timeliness standards, corrective action plans needed for vendors that aren't meeting expectations, and other expectations described in the Master Plan and by DDS.
- 3. **Implement a performance evaluation system tied to contract terms.** The system should include common performance measures and protocols across all regional centers.
  - a. DDS should engage with self-advocates, family members, regional centers, and other stakeholders in the development of the evaluation.
  - b. The system should include evaluations of the regional center, the regional center board, and the regional center's service providers. Measures should include those related to percent of eligible participants served, participant satisfaction, service impact on individual's goals over time, community integration, employment, equity in service access, timeliness of services, case management responsiveness, individual and family choice, human and civil rights, health, and safety and potentially others.
  - c. Evaluations should be publicly reported in machine-readable formats.
- 4. **Review regional center biennial audit process**, and consider how often audits occur, how audit outcomes are made public and what follow-up actions are taken.
- 5. **Review and revise enforcement mechanisms** describing performance expectations and consequences related to poor performance. Consequences may include issuing a letter of noncompliance, amending contract provisions, establishing a corrective action plan, place a regional center on probation and termination or non-renewal or its contract.