

The actions described in these claims are inexcusable. They not only are inconsistent with the Department of Developmental Services' (DDS') expectations for care, but they also are entirely counter to what we stand for and what we expect in the care and support for the individuals who receive regional center services.

Every individual is deserving of respect and should be treated with dignity at all times. We take every report or allegation of abuse or improper treatment extremely seriously. In cases such as these, we collaborate with the California Department of Social Services (DSS) and with the regional center to assure all complaints and allegations are thoroughly investigated and that immediate action is taken when necessary to protect the health and safety of all individuals receiving services in residential settings.

There are limitations on our ability to discuss individual cases, but in these and other cases, we have attempted to use whatever tools are at our disposal to protect the safety and respectful care of individuals with intellectual or developmental disabilities.

Questions:

1. How does the oversight system currently work, and how do various agencies collaborate (Alta vs. DSS vs. DDS)?

Regional centers, DSS, and DDS have distinct roles with regard to oversight of licensed residential homes. The three agencies collaborate and communicate frequently, cross-report, conduct joint reviews and coordinate corrective actions, as needed.

California's non-profit regional centers are the first, local oversight. Their functions include monitoring and service coordination for ongoing delivery of service and quality assurance. DSS is the licensing entity, and its oversight is related to compliance with regulations, safety and staffing, physical environment reviews and investigation of complaints.

DDS provides program certification and monitoring for all Enhanced Behavioral Support Homes, including overseeing the regional center's compliance with their monitoring responsibilities. DDS also conducts comprehensive onsite visits to review regulatory compliance and service delivery.

2. What was the total spending by regional centers on adult residential facilities last year?

Based on records available to DDS, in FY 2021-22, the total purchase of service funding from all regional centers for adult residential facilities was \$2,059,638,981. This includes funding for Geriatric Facilities, Specialized Residential Facilities, Community Crisis Homes, Enhanced Behavioral Supports Homes and Alternative Residential Model facilities.

3. How much did Alta regional center pay Sevita Health per year to operate the Illinois Home?

Based on records available to DDS, *the total purchase of service funding expended by regional centers in 2022-23 for services in the Illinois home was \$1,521,890. In 2021-22 the amount was \$1,369,086.*

4. How would you characterize the track record of the home in question concerning care standards compared to others?

REM CA (aka Sevita/Mentor) was the service provider for the Illinois Home from July of 2021 until June of 2023. During this time REM CA was unable to demonstrate a sustained ability to meet regulatory requirements. DDS, Community Care Licensing (CCL) and Alta California Regional Center (ACRC) provided ongoing monitoring and technical assistance. Issues identified through monitoring reviews, allegations, complaints, and Special Incident Reports (SIRS) resulted in increased oversight, citations from CCL and ongoing corrective action plans and sanctions from ACRC. Despite the oversight and collaborative efforts of DDS, CCL and ACRC, REM CA was unsuccessful in complying with corrective action plans or providing acceptable and required services. Consequently, REM CA voluntarily transitioned the operation of this home to an experienced, regional center-approved, new operator on June 30, 2023.

5. How many ARFs and EBSHs does Sevita/MENTOR operate in California?

As of July 1, 2023, there are 27 ARFS and zero EBSHs.

6. What disciplinary actions were taken against the Illinois home, and were fines issued?

Corrective and consequential actions were taken throughout the period REM CA operated this home.

Community Care Licensing issued both Type A and Type B citations to REM Illinois EBSH. Further, Alta California Regional Center issued and oversaw implementation of corrective action plans to the operator. While these actions were underway, ACRC applied sanctions on the operator that prohibited new referrals to the facility. These sanctions remained in effect from March 2022 until REM CA relinquished operation of the home in June 2023.

Although not technically fines, sanctions of this sort have a direct impact on the operator. Sanctions, along with increased oversight and corrective action requirements, are effective actions to achieve improved services, protect the safety, dignity and well-being of individuals. In this instance (Illinois Home), REM CA transitioned the operation to a new provider prior to the elevation of further action that could have included moving individuals or terminating certification. The home is owned by a private non-profit housing organization. The ownership by a housing organization allowed for the

residents of the Illinois home to stay in their home while the service provider was changed to a new provider.

7. Considering research that has shown a higher standard of care for facilities in the state's I/DD system that are public or nonprofit vs those that are for-profit, has DDS considered lessening its reliance on for-profit facilities?

Quality standards and oversight are the same, regardless of the classification of the operating entity. Whether public or private, DDS expects and insists upon a standard of care that safeguards the dignity of every individual in their care.

DDS understands that maintaining our standards for the care individuals receive requires constant monitoring and a continual effort to identify and implement measures that can improve how we fulfill this mission. We review trends and information that can help us make the best decisions to protect the wellbeing of individuals with disabilities. To assist in reviewing incident trends, DDS maintains a risk management contract with an independent entity. This contractor meets regularly with each regional center, quarterly with the Department and all regional centers, and is available to provide technical assistance to providers and regional centers when concerns are identified.

8. DSS has provided this [civil penalties document](#), which appears to be ALL fines issued against facilities in California over the past 8 years. Approximately 85% of the fines were for \$500 or less, with just .over 1100 fines issued in total.

a. Are there additional fines or fees assessed that can be assessed to a company like Sevia Health that are not included in this document?

Additional corrective actions that can be applied by regional centers or DDS include, but are not limited to, Corrective Action Plans, sanctions (i.e., moratorium of referrals) decertification, moving individuals from the home, and/or fiscal audit.

b. Does DDS believe that these civil penalties are of sufficient size to ensure that companies like Sevia Health remain compliant and protect resident safety and wellbeing?

As noted above, civil penalties are not the sole corrective measure that can be applied in such situations.

DDS is committed to doing all we can to assist providers in meeting our standards, for the benefit of the individuals who need to be safe and treated with respect and dignity. When that assistance does not lead to an improvement, we pursue all available actions to safeguard individuals receiving services.

Through holding providers accountable, enforcing the safeguards built into the certification process and working toward continual quality improvement, we seek that every person in every home is safe, treated with dignity, and that their choices and preferences are respected.

Incident Report Data – [Reference Document](#)

1. **Based on the above document, looking at the tab title “Aggregated Title 17 SIR Data”, what is the total number of each facility type – CCF, EBSH, RCFE, and SRF?**

DDS possesses this data and will forward to you once it is available.

- a. **What is the full name of each facility type (CCF, EBSH, RCFE, and SRF)?**

Community Crisis Home (CCH)

Enhanced Behavioral Supports Home (EBSH)

Residential Care Facility for the Elderly (RCFE)

Specialized Residential Facility (SRF)

2. **How does the rate of incident reports alleging suspected abuse/exploitation compare to other state or national standards? Such as nursing homes or care facilities in other states.**

Interstate comparisons of allegations of abuse and neglect are not available. Each state has distinct incident definitions, which often vary according to individuals eligible for services and facility types. Additionally, there are often differences in reporting mandates. We provide California’s historical trends for SIRs, by number and type, in the “semi-annual risk management reports” tab on this page: [Risk Management & Mitigation - CA Department of Developmental Services](#).

3. **What is DDS doing to ensure these rates decline?**

The Department has worked closely with regional centers and service providers to make significant advances in recent years, to include:

- Continuing to improve reporting and timeliness through monthly reports. Timely reporting of incidents provides earlier awareness to concerning trends or incidents. Recent interagency agreements have allowed for access to Medicaid (Medi-Cal in California) and managed care claims data where DDS is able to monitor hospitalizations and compare to reported data by service providers, increasing visibility to injuries that have not been reported. The review of this data provides greater awareness, increase opportunity for early training to providers and overall enhances critical oversight.

- DDS engaged our stakeholders during 2022 regarding potential updates to SIR regulations. DDS is using their input to update regulations to improve issue identification, reporting and trend analysis.
- With the intent to expand individual, provider and regional center awareness, DDS produces wellness bulletins for individuals, service providers, and regional centers, about issues identified through SIR reports. These bulletins aim to educate about awareness, safe places to report allegations, prevent risks, and explain how to respond when incidents happen.

4. **What is DDS doing to improve data collection and tracking across all of these metrics?**
Please see response to #3, above.

Vendorization

1. **Considering Sevita/Mentor Network's track record, should the company have been granted a license to operate facilities for vulnerable populations?** [[example 1](#), [example 2](#), [example 3](#)]

- a. **Was DDS aware of Sevita/Mentor Network's track record when selecting it as a vendor?**

DDS does not select vendors. Vendorization occurs through the 21 regional centers in accordance with [Title 17 54302- 54334](#).

- b. **Is there a mechanism to prevent vendorization based on a history of abuse and mismanagement?**

Entities seeking vendorization are required to disclose specific information per Title 17, 54311 and on the [DS1891](#) form. There are specific criteria that preclude an entity from regional center vendorization as defined in Title 17, [54314](#). The law spells out specific criteria that preclude an entity from being selected as a vendor. These include things such as conflicts of interest and an applicant or entity being determined to be an excluded individual or entity. The full vendorization regulations can be found in [Title 17 CCR 54300-54390](#).

Welfare and Institution Code requires that all EBSH and CCH homes are certified by the Department of Developmental Services. This certification is necessary for licensure of an EBSH or CCH by the California Department of Social Services. The certification process includes a detailed review of all submitted program plan components and provider qualifications. When considering whether to grant

certification, DDS also looks at the provider's overall standing and associated outcomes related to current and past residential settings.

There are further protections through California Department of Social Services for securing a new license when there are actions that have been taken. Regional centers can not vendorize a provider without an active license and/or certification, where applicable.

[AB 1147](#)

1. If AB 1147 were to pass, could it have prevented or mitigated the abuses at the Illinois Home?

AB 1147, as currently written would not have an impact on the operation or oversight of licensed residential homes.

2. What is your position on AB 1147, and do you believe additional oversight is necessary?

Robust oversight of the services and supports received by individuals and families served by regional centers is crucial and a priority of DDS. DDS also supports proactive efforts that emphasize enhancing the ability of individuals to live in their home communities and be free of harm. As such, DDS has proposed and implemented many changes for enhanced oversight and accountability over the past several years. DDS does not comment on pending legislation.

3. Are there sufficient protections for nonverbal individuals who cannot voice complaints or accusations? What additional tools would be helpful to aid DSS in doing its job?

We would refer you to DSS for this question.

4. How else would you like to see the oversight system improve?

DDS, with input from a broad array of community partners, is transforming the system to one that is outcomes-based, centered on individual and family experience and satisfaction, and provides high quality services and positive results from person-centered services. In addition, as California's system continues to grow and evolve through current investments and initiatives, DDS continues to work toward increased quality improvement, transparency and accountability systemwide. Some of the efforts include foundational investments in the service provider network, workforce initiatives including stipends and reimbursements and training, modernization of case management and fiscal information technology, data analysis and visualization efforts, a new Ombudsperson Office, and the [Quality Improvement Program](#) for service providers, and [Regional Center Performance Measures](#).

DDS seeks to continually improve and build a network of care that is focused on what the individuals receiving services need most. We believe that the well-being of each individual and their family must continue to be our priority, and we are working toward improvements and transformation every day. We seek input through community engagement, particularly those who receive services and those who advocate for individuals with disabilities, putting all we learn to work to continually improve each person's experience and how we fulfill California's promises to all Californians.