

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

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May 27, 2022

Dr. Linda Lopez, Board President  
Eastern Los Angeles Regional Center for the Developmentally Disabled  
1000 South Fremont Avenue  
Alhambra, CA 91802

Dear Dr. Lopez:

The Department of Developmental Services' (DDS) Audit Section has completed the audit of the Eastern Los Angeles Regional Center (ELARC). The period of review was from July 1, 2019, through June 30, 2021, with follow-up as needed into prior and subsequent periods. The enclosed report discusses the areas reviewed along with the finding and recommendation. The audit report includes the response submitted by ELARC as Appendix A and DDS' reply on page 17.

If there is a disagreement with the audit finding, a written "Statement of Disputed Issues" may be filed with DDS' Audit Appeals Unit, pursuant to California Code of Regulations (CCR), Title 17, Section 50730, Request for Administrative Review (excerpt enclosed). The "Statement of Disputed Issues" must be filed and submitted within 30 days of receipt of this audit report to the address below:

Office of Legal Affairs  
Department of Developmental Services  
P.O. Box 944202  
Sacramento, CA 94299-2020

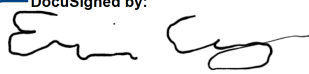
The cooperation of ELARC's staff in completing the audit is appreciated.

**"Building Partnerships, Supporting Choices"**

Dr. Linda Lopez, Board President  
May 27, 2022  
Page two

If you have any questions regarding the audit report, please contact Edward Yan,  
Manager, Audit Section, at (916) 651-8207.

Sincerely,

DocuSigned by:  
  
3FDF0031E8B743F...

**ERNIE CRUZ**  
Deputy Director  
Community Services Division

Enclosure(s)

cc: Gloria Wong, ELARC  
Patricia Alvarez, ELARC  
Bob Sands, DHCS  
Carla Castañeda, DDS  
Pete Cervinka, DDS  
Brian Winfield, DDS  
Hiren Patel, DDS  
Jim Knight, DDS  
Aaron Christian, DDS  
Vicky Lovell, DDS  
Edward Yan, DDS  
Luciah Ellen Nzima, DDS  
Dong Le, DDS

**California Code of Regulations**  
**Title 17, Division 2**  
**Chapter 1 - General Provisions**  
**Subchapter 7 - Fiscal Audit Appeals**  
**Article 2 - Administrative Review**

**§50730.** Request for Administrative Review.

a) An individual, entity, or organization which disagrees with any portion or aspect of an audit report issued by the Department or regional center may request an administrative review. The appellant's written request shall be submitted to the Department within 30 days after the receipt of the audit report. The request may be amended at any time during the 30-day period.

(b) If the appellant does not submit the written request within the 30-day period, the appeals review officer shall deny such request, and all audit exceptions or findings in the report shall be deemed final unless the appellant establishes good cause for late filing.

(c) The request shall be known as a "Statement of Disputed Issues." It shall be in writing, signed by the appellant or his/her authorized agent, and shall state the address of the appellant and of the agent, if any agent has been designated. An appellant shall specify the name and address of the individual authorized on behalf of the appellant to receive any and all documents, including the final decision of the Director, relating to proceedings conducted pursuant to this subchapter. The Statement of Disputed Issues need not be formal, but it shall be both complete and specific as to each audit exception or finding being protested. In addition, it shall set forth all of the appellant's contentions as to those exceptions or findings, and the estimated dollar amount of each exception or finding being appealed.

(d) If the appeals review officer determines that a Statement of Disputed Issues fails to state the grounds upon which objections to the audit report are based, with sufficient completeness and specificity for full resolution of the issues presented, he/she shall notify the appellant, in writing, that it does not comply with the requirements of this subchapter.

(e) The appellant has 15 days after the date of mailing of such notice within which to file an amended Statement of Disputed Issues. If the appellant does not amend his/her appeal to correct the stated deficiencies within the time permitted, all audit exceptions or findings affected shall be dismissed from the appeal, unless good cause is shown for the noncompliance.

(f) The appellant shall attach to the Statement of Disputed Issues all documents which he/she intends to introduce into evidence in support of stated contentions. An appellant that is unable to locate, prepare, or compile such documents within the appeal period specified in Subsection (a) above, shall include a statement to this effect in the Statement of Disputed Issues. The appellant shall have an additional 30 days after the expiration of the initial 30-day period in which to submit the documents. Documents that are not submitted within this period shall not be accepted into evidence at any stage of the appeal process unless good cause is shown for the failure to present the documents within the prescribed period.



**AUDIT OF THE  
EASTERN LOS ANGELES REGIONAL CENTER  
FOR FISCAL YEARS 2019-20 AND 2020-21**

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**Department of Developmental Services**

**May 27, 2022**

This audit report was prepared by the  
California Department of Developmental Services  
1215 O Street  
Sacramento, CA 95814

Pete Cervinka, Chief, Data Analytics and Strategy  
Vicky Lovell, Chief, Research, Audit, and Evaluation Branch  
Edward Yan, Manager, Audit Section  
Luciah Ellen Nzima, Chief, Regional Center Audit Unit  
Dong Le, Supervisor, Regional Center Audit Unit

Audit Staff: Shoua Vue, Rajiv Raman, and Abel Chappell

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# EXECUTIVE SUMMARY

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The Department of Developmental Services (DDS) conducted a fiscal compliance audit of Eastern Los Angeles Regional Center (ELARC) to ensure ELARC is compliant with the requirements set forth in the Lanterman Developmental Disabilities Services Act and Related Laws/Welfare and Institutions (W&I) Code; the Home and Community-based Services (HCBS) Waiver for the Developmentally Disabled; California Code of Regulations (CCR), Title 17; Federal Office of Management and Budget (OMB) Circulars A-122 and A-133; and the contract with DDS. Overall, the audit indicated that ELARC maintains accounting records and supporting documentation for transactions in an organized manner.

The audit period was July 1, 2019, through June 30, 2021, with follow-up, as needed, into prior and subsequent periods. This report identified an area where ELARC's administrative and operational controls could be strengthened, but the finding was not of a nature that would indicate systemic issues or constitute major concerns regarding ELARC's operations. A follow-up review was performed to ensure ELARC has taken corrective action to resolve the findings identified in the prior DDS audit report.

## **Finding that needs to be addressed.**

### **Finding 1: Notification of the Whistleblower Policy**

The review of the Whistleblower policy revealed ELARC did not notify its Board members, new consumers and their families of the Whistleblower policy in Fiscal Years (FYs) 2019-20 and 2020-21. ELARC stated it was an oversight on its part since it hired new staff who was not aware of its Whistleblower notification process. This is not in compliance with the State Contract, Article I, Section 18(b)(6).

## BACKGROUND

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DDS is responsible, under the W&I Code, for ensuring that persons with developmental disabilities (DD) receive the services and supports they need to lead more independent, productive, and integrated lives. To ensure that these services and supports are available, DDS contracts with 21 private, nonprofit community agencies/corporations that provide fixed points of contact in the community for serving eligible individuals with DD and their families in California. These fixed points of contact are referred to as regional centers (RCs). The RCs are responsible under State law to help ensure that such persons receive access to the programs and services that are best suited to them throughout their lifetime.

DDS is also responsible for providing assurance to the Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), that services billed under California's HCBS Waiver program are provided and that criteria set forth for receiving funds have been met. As part of DDS' program for providing this assurance, the Audit Section conducts fiscal compliance audits of each RC no less than every two years, and completes follow-up reviews in alternate years. Also, DDS requires RCs to contract with independent Certified Public Accountants (CPAs) to conduct an annual financial statement audit. The DDS audit is designed to wrap around the independent CPA's audit to ensure comprehensive financial accountability.

In addition to the fiscal compliance audit, ELARC will also be monitored by the DDS Federal Programs Operations Section to assess overall programmatic compliance with HCBS Waiver requirements. The HCBS Waiver compliance monitoring review has its own criteria and processes. These audits and program reviews are an essential part of an overall DDS monitoring system that provides information on ELARC's fiscal, administrative, and program operations.

DDS and Eastern Los Angeles Regional Center for the Developmentally Disabled, Inc. entered into State Contract HD199004, effective July 1, 2019, through June 30, 2026. This contract specifies that it will operate an agency known as ELARC to provide services to individuals with DD and their families in the Alhambra, East Los Angeles, Northeast, and Whittier areas. The contract is funded by state and federal funds that are dependent upon ELARC performing certain tasks, providing services to eligible consumers, and submitting billings to DDS.

This audit was conducted both remotely and in person at ELARC from October 12, 2021, through November 17, 2021, by the Audit Section of DDS.



## **AUTHORITY**

The audit was conducted under the authority of the W&I Code, Section 4780.5 and Article IV, Section 3 of the State Contract between DDS and ELARC.

## **CRITERIA**

The following criteria were used for this audit:

- W&I Code,
- “Approved Application for the HCBS Waiver for the Developmentally Disabled,”
- CCR, Title 17,
- OMB Circulars A-122 and A-133, and
- The State Contract between DDS and ELARC, effective July 1, 2019.

## **AUDIT PERIOD**

The audit period was July 1, 2019, through June 30, 2021, with follow-up, as needed, into prior and subsequent periods.

## OBJECTIVES, SCOPE, AND METHODOLOGY

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This audit was conducted as part of the overall DDS monitoring system that provides information on RCs' fiscal, administrative, and program operations. The objectives of this audit were:

- To determine compliance with the W&I Code,
- To determine compliance with the provisions of the HCBS Waiver Program for the Developmentally Disabled,
- To determine compliance with CCR, Title 17 regulations,
- To determine compliance with OMB Circulars A-122 and A-133, and
- To determine that costs claimed were in compliance with the provisions of the State Contract between DDS and ELARC.

The audit was conducted in accordance with the Generally Accepted Government Auditing Standards issued by the Comptroller General of the United States. However, the procedures do not constitute an audit of ELARC's financial statements. DDS limited the scope to planning and performing audit procedures necessary to obtain reasonable assurance that ELARC was in compliance with the objectives identified above. Accordingly, DDS examined transactions on a test basis to determine whether ELARC was in compliance with the W&I Code; the HCBS Waiver for the Developmentally Disabled; CCR, Title 17; OMB Circulars A-122 and A-133; and the State Contract between DDS and ELARC.

DDS' review of ELARC's internal control structure was conducted to gain an understanding of the transaction flow and the policies and procedures, as necessary, to develop appropriate auditing procedures.

DDS reviewed the annual audit report that was conducted by an independent CPA firm for FY 2019-20, issued on January 12, 2021. It was noted that no management letter was issued for ELARC. This review was performed to determine the impact, if any, upon the DDS audit and, as necessary, develop appropriate audit procedures.

The audit procedures performed included the following:

**I. Purchase of Service**

DDS selected a sample of Purchase of Service (POS) claims billed to DDS. The sample included consumer services and vendor rates. The sample also included consumers who were eligible for the HCBS Waiver Program. For POS claims, the following procedures were performed:

- DDS tested the sample items to determine if the payments made to service providers were properly claimed and could be supported by appropriate documentation.
- DDS selected a sample of invoices for service providers with daily and hourly rates, standard monthly rates, and mileage rates to determine if supporting attendance documentation was maintained by ELARC. The rates charged for the services provided to individual consumers were reviewed to ensure compliance with the provision of the W&I Code; the HCBS Waiver for the Developmentally Disabled; CCR, Title 17, OMB Circulars A-122 and A-133; and the State Contract between DDS and ELARC.
- DDS selected a sample of individual Consumer Trust Accounts to determine if there were any unusual activities and whether any account balances exceeded \$2,000, as prohibited by the Social Security Administration. In addition, DDS determined if any retroactive Social Security benefit payments received exceeded the \$2,000 resource limit for longer than nine months. DDS also reviewed these accounts to ensure that the interest earnings were distributed quarterly, personal and incidental funds were paid before the 10th of each month, and proper documentation for expenditures was maintained.
- DDS selected a sample of Uniform Fiscal Systems (UFS) reconciliations to determine if any accounts were out of balance or if there were any outstanding items that were not reconciled.
- DDS analyzed all of ELARC's bank accounts to determine whether DDS had signatory authority, as required by the State Contract with DDS.
- DDS selected a sample of bank reconciliations for Operations (OPS) accounts and Consumer Trust bank accounts to determine if the reconciliations were properly completed on a monthly basis.

## **II. Regional Center Operations**

DDS selected a sample of OPS claims billed to DDS to determine compliance with the State Contract. The sample included various expenditures claimed for administration that were reviewed to ensure ELARC's accounting staff properly input data, transactions were recorded on a timely basis, and expenditures charged to various operating areas were valid and reasonable. The following procedures were performed:

- A sample of the personnel files, timesheets, payroll ledgers, and other support documents were selected to determine if there were any overpayments or errors in the payroll or the payroll deductions.
- A sample of OPS expenses, including, but not limited to, purchases of office supplies, consultant contracts, insurance expenses, and lease agreements were tested to determine compliance with CCR, Title 17, and the State Contract.
- A sample of equipment was selected and physically inspected to determine compliance with requirements of the State Contract.
- DDS reviewed ELARC's policies and procedures for compliance with the DDS Conflict of Interest regulations, and DDS selected a sample of personnel files to determine if the policies and procedures were followed.

## **III. Targeted Case Management (TCM) and Regional Center Rate Study**

The TCM Rate Study determines the DDS rate of reimbursement from the federal government. The following procedures were performed upon the study:

- Reviewed applicable TCM records and ELARC's Rate Study. DDS examined the months of May 2020 and May 2021 and traced the reported information to source documents.
- The last Case Management Time Study, performed in May 2019, was reviewed in the prior DDS audit that included FY 2018-19. As a result, there was no Case Management Time Study to review for this audit period.

## **IV. Service Coordinator Caseload Survey**

Under the W&I Code, Section 4640.6(e), RCs are required to provide service coordinator caseload data to DDS. The following average service coordinator-to-consumer ratios apply per W&I Code Section 4640.6(c)(1)(2)(3)(A)(B)(C):

- “(c) Contracts between the department and regional centers shall require regional centers to have service coordinator-to-consumer ratios, as

follows:

- (1) An average service coordinator-to-consumer ratio of 1 to 62 for all consumers who have not moved from the developmental centers to the community since April 14, 1993. In no case shall a service coordinator for these consumers have an assigned caseload in excess of 79 consumers for more than 60 days.
- (2) An average service coordinator-to-consumer ratio of 1 to 45 for all consumers who have moved from a developmental center to the community since April 14, 1993. In no case shall a service coordinator for these consumers have an assigned caseload in excess of 59 consumers for more than 60 days.
- (3) Commencing January 1, 2004, the following coordinator-to-consumer ratios shall apply:
  - (A) All consumers three years of age and younger and for consumers enrolled in the Home and Community-based Services Waiver program for persons with developmental disabilities, an average service coordinator-to-consumer ratio of 1 to 62.
  - (B) All consumers who have moved from a developmental center to the community since April 14, 1993, and have lived continuously in the community for at least 12 months, an average service coordinator-to-consumer ratio of 1 to 62.
  - (C) All consumers who have not moved from the developmental centers to the community since April 14, 1993, and who are not described in subparagraph (A), an average service coordinator-to-consumer ratio of 1 to 66.”

DDS also reviewed the Service Coordinator Caseload Survey methodology used in calculating the caseload ratios to determine reasonableness and that supporting documentation is maintained to support the survey and the ratios as required by W&I Code, Section 4640.6(e).

#### **V. Early Intervention Program (EIP; Part C Funding)**

For the EIP, there are several sections contained in the Early Start Plan. However, only the Part C section was applicable for this review.

#### **VI. Family Cost Participation Program (FCPP)**

The FCPP was created for the purpose of assessing consumer costs to parents based on income level and dependents. The family cost participation assessments are only applied to respite, day care, and camping services that are

included in the child's Individual Program Plan (IPP)/Individualized Family Services Plan (IFSP). To determine whether ELARC was in compliance with CCR, Title 17, and the W&I Code, Section 4783, DDS performed the following procedures during the audit review:

- Reviewed the list of consumers who received respite, day care, and camping services, for ages 0 through 17 years who live with their parents and are not Medi-Cal eligible, to determine their contribution for the FCPP.
- Reviewed the parents' income documentation to verify their level of participation based on the FCPP Schedule.
- Reviewed copies of the notification letters to verify that the parents were notified of their assessed cost participation within 10 working days of receipt of the parents' income documentation.
- Reviewed vendor payments to verify that ELARC was paying for only its assessed share of cost.

## **VII. Annual Family Program Fee (AFPF)**

The AFPF was created for the purpose of assessing an annual fee of up to \$200 based on the income level of families with children between the ages of 0 through 17 years receiving qualifying services through the RC. The AFPF fee shall not be assessed or collected if the child receives only respite, day care, or camping services from the RC and a cost for participation was assessed to the parents under FCPP. To determine whether ELARC was in compliance with the W&I Code, Section 4785, DDS requested a list of AFPF assessments and verified the following:

- The adjusted gross family income is at or above 400 percent of the federal poverty level based upon family size.
- The child has a DD or is eligible for services under the California Early Intervention Services Act.
- The child is less than 18 years of age and lives with his or her parent.
- The child or family receives services beyond eligibility determination, needs assessment, and service coordination.
- The child does not receive services through the Medi-Cal program.
- Documentation was maintained by the RC to support reduced assessments.

## **VIII. Parental Fee Program (PFP)**

The PFP was created for the purpose of prescribing financial responsibility to parents of children under the age of 18 years who are receiving 24-hour, out-of-home care services through an RC or who are residents of a state hospital or on leave from a state hospital. Parents shall be required to pay a fee depending upon their ability to pay, but not to exceed (1) the cost of caring for a child without DD at home, as determined by the Director of DDS, or (2) the cost of services provided, whichever is less. To determine whether ELARC is in compliance with the W&I Code, Section 4782, DDS requested a list of PFP assessments and verified the following:

- Identified all children with DD who are receiving the following services:
  - (a) All 24-hour, out-of-home community care received through an RC for children under the age of 18 years;
  - (b) 24-hour care for such minor children in state hospitals. Provided, however, that no ability to pay determination shall be made for services required by state or federal law, or both, to be provided to children without charge to their parents.
- Provided DDS with a listing of new placements, terminated cases, and client deaths for those clients. Such listings shall be provided not later than the 20th day of the month following the month of such occurrence.
- Informed parents of children who will be receiving services that DDS is required to determine parents' ability to pay and to assess, bill, and collect parental fees.
- Provided parents a package containing an informational letter, a Family Financial Statement (FFS), and a return envelope within 10 working days after placement of a minor child.
- Provided DDS a copy of each informational letter given or sent to parents, indicating the addressee and the date given or mailed.

## **IX. Procurement**

The RFP process was implemented to ensure RCs outline the vendor selection process when using the RFP process to address consumer service needs. As of January 1, 2011, DDS requires RCs to document their contracting practices, as well as how particular vendors are selected to provide consumer services. By implementing a procurement process, RCs will ensure that the most cost-effective service providers, amongst comparable service providers, are selected, as required by the Lanterman Act and the State Contract. To determine whether

ELARC implemented the required RFP process, DDS performed the following procedures during the audit review:

- Reviewed ELARC's contracting process to ensure the existence of a Board-approved procurement policy and to verify that the RFP process ensures competitive bidding, as required by Article II of the State Contract, as amended.
- Reviewed the RFP contracting policy to determine whether the protocols in place included applicable dollar thresholds and comply with Article II of the State Contract, as amended.
- Reviewed the RFP notification process to verify that it is open to the public and clearly communicated to all vendors. All submitted proposals are evaluated by a team of individuals to determine whether proposals are properly documented, recorded, and authorized by appropriate officials at ELARC. The process was reviewed to ensure that the vendor selection process is transparent and impartial and avoids the appearance of favoritism. Additionally, DDS verified that supporting documentation is retained for the selection process and, in instances where a vendor with a higher bid is selected, written documentation is retained as justification for such a selection.

DDS performed the following procedures to determine compliance with Article II of the State Contract for contracts in place as of January 1, 2011:

- Selected a sample of Operations, Community Placement Plan (CPP), and negotiated POS contracts subject to competitive bidding to ensure ELARC notified the vendor community and the public of contracting opportunities available.
- Reviewed the contracts to ensure that ELARC has adequate and detailed documentation for the selection and evaluation process of vendor proposals and written justification for final vendor selection decisions and that those contracts were properly signed and executed by both parties to the contract.

In addition, DDS performed the following procedures:

- To determine compliance with the W&I Code, Section 4625.5 for contracts in place as of March 24, 2011: Reviewed to ensure ELARC has a written policy requiring the Board to review and approve any of its contracts of two hundred fifty thousand dollars (\$250,000) or more before entering into a contract with the vendor.
- Reviewed ELARC Board-approved Operations, Start-Up, and POS vendor contracts of \$250,000 or more, to ensure the inclusion of a provision for



fair and equitable recoupment of funds for vendors that cease to provide services to consumers; verified that the funds provided were specifically used to establish new or additional services to consumers, the usage of funds is of direct benefit to consumers, and the contracts are supported with sufficiently detailed and measurable performance expectations and results.

The process above was conducted in order to assess ELARC's current RFP process and Board approval for contracts of \$250,000 or more, as well as to determine whether the process in place satisfies the W&I Code and ELARC's State Contract requirements, as amended.

**X. Statewide/Regional Center Median Rates**

The Statewide and RC Median Rates were implemented on July 1, 2008, and amended on December 15, 2011 and July 1, 2016, to ensure that RCs are not negotiating rates higher than the set median rates for services. Despite the median rate requirement, rate increases could be obtained from DDS under health and safety exemptions where RCs demonstrate the exemption is necessary for the health and safety of the consumers.

To determine whether ELARC was in compliance with the Lanterman Act, DDS performed the following procedures during the audit review:

- Reviewed sample vendor files to determine whether ELARC is using appropriately vendorized service providers and correct service codes, and that ELARC is paying authorized contract rates and complying with the median rate requirements of W&I Code, Section 4691.9.
- Reviewed vendor contracts to ensure that ELARC is reimbursing vendors using authorized contract median rates and verified that rates paid represented the lower of the statewide or RC median rate set after June 30, 2008. Additionally, DDS verified that providers vendorized before June 30, 2008, did not receive any unauthorized rate increases, except in situations where required by regulation, or health and safety exemptions were granted by DDS.
- Reviewed vendor contracts to ensure that ELARC did not negotiate rates with new service providers for services which are higher than the RC's median rate for the same service code and unit of service, or the statewide median rate for the same service code and unit of service, whichever is lower. DDS also ensured that units of service designations conformed with existing RC designations or, if none exists, ensured that units of service conformed to a designation used to calculate the statewide median rate for the same service code.

## **XI. Other Sources of Funding from DDS**

RCs may receive other sources of funding from DDS. DDS performed sample tests on identified sources of funds from DDS to ensure ELARC's accounting staff were inputting data properly, and that transactions were properly recorded and claimed. In addition, tests were performed to determine if the expenditures were reasonable and supported by documentation. The sources of funding from DDS identified in this audit are:

- CPP;
- Part C – Early Start Program; and
- Self Determination.

## **XII. Follow-up Review on Prior DDS Audit Findings**

As an essential part of the overall DDS monitoring system, a follow-up review of the prior DDS audit findings was conducted. DDS identified prior audit findings that were reported to ELARC and reviewed supporting documentation to determine the degree of completeness of ELARC's implementation of corrective actions.

## CONCLUSIONS

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Based upon the audit procedures performed, DDS has determined that except for the item identified in the Finding and Recommendation section, ELARC was in compliance with applicable sections of the W&I Code; the HCBS Waiver for the Developmentally Disabled; CCR, Title 17; OMB Circulars A-122 and A-133; and the State Contract between DDS and ELARC for the audit period, July 1, 2019, through June 30, 2021.

The costs claimed during the audit period were for program purposes and adequately supported.

From the review of the two prior audit findings, it has been determined that ELARC has taken appropriate corrective action to resolve both prior findings.

## **VIEWS OF RESPONSIBLE OFFICIALS**

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DDS issued the draft audit report on April 7, 2022. The findings in the draft audit report were discussed at a formal exit conference with ELARC on April 13, 2022. The views of ELARC's responsible officials are included in this final audit report.

## **RESTRICTED USE**

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This audit report is solely for the information and use of DDS, CMS, Department of Health Care Services, and ELARC. This restriction does not limit distribution of this audit report, which is a matter of public record.

## FINDING AND RECOMMENDATION

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### Finding that needs to be addressed.

#### Finding 1: Notification of the Whistleblower Policy

The review of the Whistleblower policy revealed ELARC did not notify its Board members, new consumers and their families of the Whistleblower policy in FYs 2019-20 and 2020-21. ELARC stated it was an oversight on its part since it hired a new Executive Secretary who was not aware of the requirement to notify its Board members of the policy. In addition, ELARC stated it hired a new Chief of Community Services who was not aware of the requirement to notify new consumers and their families of the policy.

The State Contract, Article I, Section 18(b)(6) states:

“(b)(6) Include a process for annually notifying employees and board members of both the regional center’s and the State’s Whistleblower policies and for posting and maintaining the regional center’s whistleblower policy prominently on its website. As part of their eligibility determination and vendorization processes, regional center shall also inform all new clients/families and new vendors of the regional center’s and the State’s Whistleblower policies.”

#### Recommendation:

ELARC must ensure its Board members, new consumers and their families are notified of the Whistleblower policy.

## EVALUATION OF RESPONSE

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As part of the audit report process, ELARC was provided with a draft audit report and requested to provide a response to the finding. ELARC's response dated April 25, 2022, is provided as Appendix A.

DDS' Audit Section has evaluated ELARC's response and will confirm the appropriate corrective actions have been taken during the next scheduled audit.

**Finding 1: Notification of the Whistleblower Policy**

ELARC agreed with the finding and stated that it has corrected its process to notify any new vendors, new consumers and their families of both ELARC's and the State's Whistleblower policies. ELARC indicated that it has incorporated these policies into the vendorization packet for all new service providers and the welcome packet for new consumers/families when they become eligible for regional center services. In addition, ELARC stated that it will ensure all Board Members are notified and sign the Whistleblower policy on an annual basis. DDS will conduct a follow-up review during the next scheduled audit to ensure ELARC is following its corrected notification process.

**APPENDIX A**

**EASTERN LOS ANGELES REGIONAL CENTER**

**RESPONSE  
TO AUDIT FINDING**

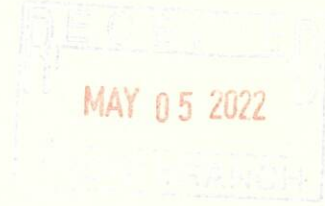




**EASTERN LOS ANGELES REGIONAL CENTER**

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April 25, 2022



Edward Yan  
Manager, Audit Branch  
Department of Developmental Services  
1600 Ninth Street  
Room 230, MS 2-10  
Sacramento, California 95814

Dear Mr. Yan:

We had a Zoom meeting on Wednesday, April 13, 2022 at 10:00 a.m. with the DDS' Audit Branch to discuss the findings of the audit conducted at Eastern Los Angeles Regional Center from October 12, 2021, through November 17, 2021 for the fiscal years 2019-20 and 2020-21.

Our responses to the findings are attached. The findings were discussed during our Zoom meeting and any issues were addressed. There are no disputes existing and we, at Eastern Los Angeles Regional Center, are in agreement with the auditor's finding(s).

Sincerely,

Patricia Alvarez  
Chief, Administrative Services

Enclosure

cc: Gloria Wong, ELARC

## **EASTERN LOS ANGELES REGIONAL CENTER**

### **Whistleblower Policy**

#### **Finding 1: Lack of Annual Notification of the Whistleblower policy**

In response to the finding, ELARC will implement the following:

- **Annual Notification to new consumers and families**

ELARC has corrected its process and is informing all new clients/families and new vendors of ELARC's and State's Whistleblower policies. ELARC has incorporated these policies into their welcome packet, when a person becomes eligible for regional center services. In addition, ELARC provides the Whistleblower Policies to all new service providers in the vendorization packet.

- **Board Members**

ELARC will ensure the whistleblower policy will be signed annually by Board Members.