



QA/COMPLIANCE

JESUS OZEDA

QUALITY ASSURANCE & COMPLIANCE TEAM

▶ Jesus Ozeda,
Quality Assurance & Compliance Supervisor

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- ▶ Email: jozeda@elarc.org

▶ Joyce Miramontes,
Quality Assurance & Compliance Specialist

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- ▶ Email: jmiramon@elarc.org

▶ Araceli Anguiano,
Quality Assurance & Compliance Specialist

- ▶ Direct line: 626-299-4653
- ▶ Email: aanguiano@elarc.org

▶ Martin Mercado,
Quality Assurance & Compliance Specialist

- ▶ Direct line: 626-299-4839
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▶ Kristine Cheung,
Quality Assurance & Compliance Specialist

- ▶ Direct line: 626-248-4977
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▶ Nydia Valles,
Rates and Vendorization Coordinator

- ▶ Direct line: 626-299-4710
- ▶ Email: nydiavalles@elarc.org

Overview

- ▶ Investigations
- ▶ Technical Assistance
- ▶ Facility Monitoring Reviews (FMR's)
- ▶ Unannounced Visits (UV's)
- ▶ Review SIR's
- ▶ Special Projects
- ▶ Compliance

GALLAGHER

Email: certificates@elarc.org

▶ Business license

▶ Professional license (if applicable)

▶ Facility license (if applicable)

▶ Workers Compensation

▶ Certificate of Insurance (COI)

▶ General liability

▶ Professional liability (if applicable)

▶ Sexual Harassment


▶ Auto (if applicable)


▶ Abuse & Molestation

VENDOR INDEPENDENT FINANCIAL STATEMENTS

- ▶ Welfare & Institutions Code 4652.5
 - ▶ 2 million or more, requires Independent Audit
 - ▶ 500k – 1.99 Million, requires Independent Review
 - ▶ Deadline to submit reports 9/1/23
 - ▶ If an extension is needed please contact Nydia Valles – nydiavalles@elarc.org

VENDOR INDEPENDENT FINANCIAL STATEMENTS

 EASTERN LOS ANGELES REGIONAL CENTER 1000 S. Fremont Ave. · P.O. Box 7916 · Alhambra, CA 91802-7916 · (626) 299-4700 · FAX (626) 281-1163			
Application for Vendor Independent Financial Statement Extension			
Vendor Name:			
Vendor Number(s):			
Year of most recent Independent Financial Statement submitted:			
Year of Independent Financial Statement requesting extension for:		Extension deadline being requested:	
To: Eastern Los Angeles Regional Center (ELARC)			
1) I am applying for a Vendor Independent Financial Statement Extension. 2) Report requirement for the above listed entity pursuant to Welfare & Institutions Code (WIC) Section 4652.5. 3) I understand that if approved, this extension will expire within the same calendar year/fiscal year. 4) I understand that after the extension expires, I will be subject to the Vendor Independent Financial Statement requirement in accordance with WIC Section 4652.5. 5) I understand that this extension may be revoked or withdrawn at any time if ELARC obtains information that would change my eligibility for the extension or if ELARC determines that the extension was granted in error.			
Authorized Signature _____	Today's Date _____		
Print Name _____	Title _____		
ELARC will complete the section below and submit a decision to you within 30 days from receipt of your application.			
ELARC DECISION			
<input type="checkbox"/> Extension Denied			
<input type="checkbox"/> Extension Granted for Fiscal/Calendar Year Ending _____, New deadline _____			
QA/ Compliance Supervisor		Date:	

 EASTERN LOS ANGELES REGIONAL CENTER 1000 S. Fremont Ave. · P.O. Box 7916 · Alhambra, CA 91802-7916 · (626) 299-4700 · FAX (626) 281-1163			
Application for Two-Year Exemption from Independent Audit Report Requirement			
Vendor Name:			
Tax Identification Number:			
Vendor Number(s):			
Fiscal Year End date:		Report type:	
To: Eastern Los Angeles Regional Center (ELARC)			
1) I am applying for a two-year exemption from the independent audit or independent review 2) Report requirement for the above listed entity pursuant to Welfare & Institutions Code (WIC), Section 4652.5. 3) I understand that if approved, this exemption expires two years from the fiscal year end specified above. 4) I understand that after the expiration of the two-year exemption, I will be subject to the independent audit or independent review requirement in accordance with WIC, Section 4652.5. 5) I understand that this exemption may be revoked or withdrawn at any time if ELARC obtains information that would change my eligibility for the two-year exemption or if ELARC determines that the two-year exemption was granted in error. 6)			
Authorized Signature _____	Today's Date _____		
Print Name _____	Title _____		
ELARC will complete the section below and submit a decision to you within 30 days from receipt of your application.			
ELARC DECISION			
<input type="checkbox"/> Exemption Denied			
<input type="checkbox"/> Exemption Granted for Fiscal Year Ending _____ and _____			
QA/ Compliance Supervisor		Date:	

Program Evaluation Summaries

▶ Title 17 Section 56732 (c)

▶ Each fiscal year the vendor shall conduct an annual review of its program's effectiveness in relation to the program design. This shall include a documented review of:


- ▶ The program's objectives as required in Section 56712(a)(1)(B) of these regulations; and
- ▶ Aggregate data on progress in relation to the IPP objectives for which the vendor is responsible.

▶ The vendor shall have a written evaluation design specifying:

▶ The vendor shall submit to the vendoring regional center, user regional centers and the Department a written summary of the annual program evaluation which shall be maintained in the vendor file at the vendoring regional center and at the Department. The vendor shall maintain on file pursuant to Section 56728 of these regulations the full program evaluation for review by the regional center and the Department.

- ▶ The purpose of the evaluation;
- ▶ The type of data to be collected and used;
- ▶ The frequency of data collection;
- ▶ Data collection and analysis methods;
- ▶ A description of the distribution, communication of, and actions taken upon the results of the evaluation;
- ▶ The frequency of evaluations; and
- ▶ The reason this particular evaluation design was selected and how it relates to program objectives.

Program Evaluation Summaries

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Application for Program Evaluation Extension			
Vendor Name:			
Vendor Number(s):			
Year of most recent Program Evaluation Submitted:			
Year of Program Evaluation requesting extension for:		Extension deadline being requested:	
To: Eastern Los Angeles Regional Center (ELARC)			
1) I am applying for a Program Evaluation Extension. 2) Report requirement for the above listed entity pursuant to Title 17, Section 56732. 3) I understand that if approved, this extension will expire within the same calendar year/fiscal year. 4) I understand that after the extension expires, I will be subject to the Program Evaluation requirement in accordance with Title 17, Section 56732. 5) I understand that this extension may be revoked or withdrawn at any time if ELARC obtains information that would change my eligibility for the extension or if ELARC determines that the extension was granted in error.			
_____ Authorized Signature		_____ Today's Date	
_____ Print Name		_____ Title	
ELARC will complete the section below and submit a decision to you within 30 days from receipt of your application.			
ELARC DECISION			
<input type="checkbox"/> Extension Denied			
<input type="checkbox"/> Extension Granted for Fiscal/Calendar Year Ending _____, New deadline _____			
OA/ Compliance Supervisor		Date:	

QUESTIONS?

- ▶ Contact Information
 - ▶ Jesus Ozeda, QA/Compliance Supervisor
 - ▶ Direct line: 626-248-3731
 - ▶ Email: jozeda@elarc.org

