Central Valley Regional Center Home and Community-Based Services 1915(i) State Plan Amendment Monitoring Review Report

Conducted by:

Department of Developmental Services

April 29-May 10, 2024

TABLE OF CONTENTS

EXECUTIVE SUMMARYpage 3						
SECTION I REGIONAL CENTER RECORD REVIEW OF INDIVIDUALS SERVEDpage	5					
SECTION II SPECIAL INCIDENT REPORTINGpage	9					
SAMPLE OF INDIVIDUALS SERVEDpage	10					

EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) conducted the federal compliance monitoring review of the Home and Community-Based Services (HCBS) 1915(i) State Plan Amendment (SPA) program from April 29 through May 10, 2024, at Central Valley Regional Center (CVRC). The monitoring team members were Nadia Flores (Team Leader), Jenny Mundo, Dominique Johnson, Natasha Clay, Kelly Sandoval, Crystal La, Lena Mertz, Deeanna Tran, Bonnie Simmons and Nora Muir from DDS, and Amalya Caballery from DHCS.

Purpose of the Review

DDS contracts with 21 private, non-profit corporations to operate regional centers, which are responsible under state law for coordinating, providing, arranging or purchasing the services needed for eligible individuals with developmental disabilities in California. All HCBS 1915(i) SPA services are provided through this system. It is the responsibility of DDS to ensure, with the oversight of DHCS, that the HCBS 1915(i) SPA is implemented by regional centers in accordance with Medicaid statute and regulations.

Overview of the HCBS 1915(i) SPA Programmatic Compliance Monitoring Protocol

The compliance monitoring review protocol is comprised of sections/components designed to determine if the individuals' needs and program requirements are being met and that services are being provided in accordance with the individual program plan (IPP). Specific criteria have been developed for the review sections listed below that are derived from federal/state statutes and regulations and from Centers for Medicare & Medicaid Services' directives and guidelines relating to the provision of HCBS 1915(i) SPA services.

Scope of Review

The monitoring team reviewed of a sample of 18 records for individuals served who are on HCBS 1915(i) SPA. In addition, a supplemental sample of records were reviewed for five individuals who had special incidents reported to DDS during the review period of January 1 through December 31, 2023.

Overall Conclusion

CVRC is in substantial compliance with the federal requirements for the HCBS 1915(i) SPA program.

<u>Section I – Regional Center Record Review of Individuals Served</u>

Eighteen sample records for individuals served on the 1915i SPA were reviewed for twenty-four documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS 1915(i) SPA requirements. Six criteria were rated as not applicable for this review.

The sample records were 100 percent in overall compliance for this review. CVRC's records were 100 percent in overall compliance for the collaborative reviews conducted in 2022 and in 2020.

<u>Section II – Special Incident Reporting</u>

The monitoring team reviewed 18 records for individuals served who are on the 1915(i) SPA and five supplemental sample records for special incidents during the review period. CVRC reported all special incidents timely for the sample selected for the HCBS 1915(i) SPA review. For the supplemental sample, the service providers reported all five incidents to CVRC within the required timeframes, and CVRC subsequently transmitted all five special incidents to DDS within the required timeframes. CVRC's follow-up activities on incidents were timely and appropriate for the severity of the situation.

SECTION I

REGIONAL CENTER RECORD REVIEW OF INDIVIDUALS SERVED

I. Purpose

The review is based upon documentation criteria derived from federal/state statutes and regulations and from the Centers for Medicare & Medicaid Services' directives and guidelines relating to the provision of Home and Community-Based Services (HCBS) 1915(i) State Plan Amendment (SPA) services. The criteria address requirements for eligibility, individual choice, notification of proposed action and fair hearing rights, individual program plans and periodic reviews and reevaluations of services. The information obtained about the individuals' needs and services is tracked as a part of the onsite program reviews.

II. Scope of Review

- 1. Eighteen HCBS 1915(i) SPA records of individuals served were selected for the review sample.
- 2. The review period covered activity from January 1 to December 31, 2023.

III. Results of Review

The sample records were reviewed for 24 documentation requirements derived from federal and state statutes and regulations and HCBS 1915(i) SPA requirements. Six criteria were not applicable for this review.

- ✓ The sample records were in 100 percent compliance for 18 applicable criteria. There are no recommendations for these criteria.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

None

Summary for Regional Center Record Review of Individuals Served Sample Size = 18 Records						
	Criteria .	+	-	N/A	% Met	Follow-up
1.0	The individual is Medi-Cal eligible. (SMM 4442.1)	18			100	None
1.1	Each record contains a "1915(i) State Plan Amendment Eligibility Record" (DS 6027 form), signed by qualified personnel, which documents the date of the individual's initial 1915(i) SPA eligibility certification and annual reevaluation, eligibility criteria, and short-term absences. [SMM 4442.1; 42 CFR 483.430(a)]	Criterion 1.1 consists of four sub-criteria (1.1.a-d) that are reviewed and rated independently.				
1.1.a	The DS 6027 is signed and dated by qualified regional center personnel.			18	NA	None
1.1.b	The DS 6027 form indicates that the individual meets the eligibility criteria for the 1915(i) SPA.			18	NA	None
1.1.c	The DS 6027 form documents annual reevaluations.			18	NA	None
1.1.d	The DS 6027 documents short-term absences of 120 days or less, if applicable.			18	NA	None
1.2	There is written notification of a proposed action and documentation that the individual served has been sent written notice of their fair hearing rights whenever services or choice of services are denied or reduced without the agreement of the individual/authorized representative, or the individual/authorized representative does not agree with all, or part, of the components in the IPP. [42 CFR Part 431, Subpart E; WIC §4710(a)(1)			18	NA	None
1.3	IPP is reviewed (at least annually) by the planning team and modified, as necessary, in response to the individual's changing needs, wants or health status. [42 CFR 441.301(b)(1)(l)]	18			100	None
1.4.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the individual served, or where appropriate, his/her parents, legal guardian, or conservator. [WIC §4646(g)]	18			100	None

Summary for Regional Center Record Review of Individuals Served Sample Size = 18 Records						
	Criteria	+	_	N/A	% Met	Follow-up
1.4.b	IPP addendums are signed by an authorized representative of the regional center and the individual, or where appropriate, his/her parents, legal guardian, or conservator.	7		11	100	None
1.4.c	The IPP is prepared jointly with the planning team. [WIC §4646(d)]	18			100	None
1.5	The IPP includes a statement of goals based on the needs, preferences, and life choices of the individual. [WIC §4646.5(a)(2)]	18			100	None
1.6	The IPP addresses the individual's goals and needs. [WIC §4646.5(a)(2)]	Criterion 1.6 consists of six sub-criteria (1.6.a-f) that are reviewed independently				
1.6.a	The IPP addresses the special health care requirements, health status and needs as appropriate.	2		16	100	None
1.6.b	The IPP addresses the services which the CCF provider is responsible for implementing.			18	NA	None
1.6.c	The IPP addresses the services which the day program provider is responsible for implementing.	8		10	100	None
1.6.d	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	6		12	100	None
1.6.e	The IPP addresses the individual's goals, preferences, and life choices.	18			100	None
1.6.f	The IPP includes a family plan component if the individual is a minor. [WIC §4685(c)(2)]	5		13	100	None
1.7.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. [WIC §4646.5(a)(5)]	18			100	None
1.7.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. [WIC §4646.5(a)(5)]	18			100	None
1.7.c	The IPP specifies the approximate scheduled start date for new services and supports. [WIC §4646.5(a)(5)]	7		11	100	None
1.8	The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to, vendors, contract providers, generic service agencies, and natural supports. [WIC §4646.5(a)(4)]	17		1	100	None

Summary for Regional Center Record Review of Individuals Served Sample Size = 18 Records						
	Criteria	+	-	N/A	% Met	Follow-up
1.9	Periodic reviews and reevaluations are completed (at least annually) to ascertain that planned services have been provided, that progress for the individual served has been achieved within the time specified, and that the individual and his/her family are satisfied with the IPP and its implementation. [WIC §4646.5(a)(8)]	17		1	100	None
1.9.a	Quarterly face-to-face meetings are completed with individuals living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or receiving supported living and independent living services. (Title 17, CCR, §56047; Title 17, CCR, §58680; Contract requirement)	5		13	100	None
1.9.b	Quarterly reports of progress are completed for individuals living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or receiving supported living and independent living services. (Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)	5		13	100	None

SECTION II

SPECIAL INCIDENT REPORTING

I. Purpose

The review verifies that special incidents have been reported within the required timeframes, that documentation meets the requirements of Title 17, California Code of Regulations, and that the follow-up was complete.

II. Scope of Review

- 1. The records of the five individuals selected for the HCBS 1915(i) State Plan Amendment (SPA) sample were reviewed to determine that all required special incidents were reported to Department of Developmental Services (DDS) during the review period.
- 2. A supplemental sample of five individuals who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, resulting in an outcome that ensures the individual served is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

- 1. CVRC reported all special incidents in the sample of 18 records selected for the HCBS 1915(i) SPA review to DDS.
- 2. CVRC's vendors reported all five (100 percent) special incidents in the supplemental sample within the required timeframes.
- 3. CVRC reported all five (100 percent) incidents in the supplemental sample to DDS within the required timeframes.
- 4. CVRC's follow-up activities on incidents in the supplemental sample were appropriate for the severity of the situations for the five incidents.

IV. Findings and Recommendations

None

SAMPLE OF INDIVIDUALS SERVED

HCBS 1915(i) State Plan Amendment Review of Individuals Served

#	UCI
1	XXXXXX
2	XXXXXX
3	XXXXXX
4	XXXXXX
5	XXXXXX
6	XXXXXX
7	XXXXXX
8	XXXXXX
9	XXXXXX
10	XXXXXX
11	XXXXXX
12	XXXXXX
13	XXXXXX
14	XXXXXX
15	XXXXXX
16	XXXXXX
17	XXXXXX
18	XXXXXX

SIR Review

#	UCI	Vendor
SIR 1	XXXXXX	XXXXXX
SIR 2	XXXXXX	XXXXXX
SIR 3	XXXXXX	XXXXXX
SIR 4	XXXXXX	XXXXXX
SIR 5	XXXXXX	XXXXXX