

**Eastern Los Angeles Regional Center
Home and Community-Based Services
1915(i) State Plan Amendment
Monitoring Review Report**

Conducted by:

Department of Developmental Services

February 21-March 3, 2023

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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 February 21-March 3, 2023, at Eastern Los Angeles Regional Center (ELARC). The monitoring team members were Nadia Flores (Team Leader), Natasha Clay, Bonnie Simmons, Kelly Sandoval, and Jenny Mundo from DDS.

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 consumers' needs and program requirements are being met and that services are being provided in accordance with the consumers' 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 conducted a record review of a sample of 21 HCBS 1915(i) SPA consumers. In addition, a supplemental sample of consumer records were reviewed for five consumers who had special incidents reported to DDS during the review period of November 1, 2021 through October 31, 2022.

Overall Conclusion

ELARC is in substantial compliance with the federal requirements for the HCBS 1915(i) SPA program. Specific recommendations that require follow-up actions by ELARC are included in the report findings. DDS is requesting documentation of follow-up actions taken by ELARC in response to each of the specific recommendations within 30 days following receipt of this report.

Major Findings

Section I – Regional Center Consumer Record Review

Twenty-One sample consumer records were reviewed for 24 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS 1915(i) SPA requirements. Criterion 1.9.a was 50 percent in compliance because one of the two applicable records did not contain documentation of all required quarterly face-to-face visits. Criterion 1.9.b was 50 percent in compliance because one of the two applicable records did not contain documentation of all required quarterly reports of progress. Five criteria were rated as not applicable for this review.

The sample records were 97 percent in overall compliance for this review. ELARC's records were 98 and 99 percent in overall compliance for the collaborative reviews conducted in 2021 and in 2019, respectively.

Section II – Special Incident Reporting

The monitoring team reviewed the records of the 21 1915(i) SPA consumers and five supplemental sample consumers for special incidents during the review period. ELARC 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 ELARC within the required timeframes, and ELARC subsequently transmitted all five special incidents to DDS within the required timeframes. ELARC's follow-up activities on consumer incidents were timely and appropriate for the severity of the situation.

SECTION I

REGIONAL CENTER CONSUMER RECORD REVIEW

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, consumer choice, notification of proposed action and fair hearing rights, individual program plans and periodic reviews and reevaluations of services. The information obtained about the consumers' needs and services is tracked as a part of the onsite program reviews.

II. Scope of Review

1. Twenty-One HCBS 1915(i) SPA consumer records were selected for the review sample.
2. The review period covered activity from November 1, 2021 to October 31, 2022.

III. Results of Review

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

- ✓ The sample records were in 100 percent compliance for 14 applicable criteria. There are no recommendations for these criteria.
- ✓ Findings for five criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

- 1.3 The IPP is reviewed (at least annually) by the planning team and modified, as necessary, in response to the consumer's changing needs, wants or health status. [42 CFR 441.301(b)(1)(I)]

Findings

Nineteen of the twenty-one (91 percent) consumer records contained documentation that the consumer's IPP has been reviewed annually by planning team. However, there was no documentation that the IPPs for two consumers were reviewed annually as indicated below:

1. Consumer #3: The IPP was dated February 25, 2020. There was no documentation that the IPP was reviewed during the monitoring review period. An IPP was completed on July 6, 2022. Accordingly, no recommendation is required.
2. Consumer #10: The IPP was dated August 16, 2021. There was no documentation that the IPP was reviewed during the monitoring review period. An IPP was completed on December 19, 2022. Accordingly, no recommendation is required.

- 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)]

Findings

Eighteen of the twenty-one (86 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by the regional center. However, IPPs for three consumers did not include ELARC funded services as indicated below:

1. Consumer #3: Driver Trainer;
2. Consumer #10: Personal Assistance, In-Home Respite Services Agency, and Community Activities Support Services. An addendum was completed March 1, 2023, addressing the purchased services. Accordingly, no recommendation is required; and,
3. Consumer #20: Individual or Family Training Services.

1.7.a Recommendation	Regional Center Plan/Response
ELARC should ensure that the IPPs for consumers #3 and #20 include a schedule of the type and amount of all services and supports purchased by ELARC.	#3 The request for driving classes are mentioned in the IPP report (objective #6) and Service Provision Agreement dates 07/06/22. However, the detail as to what vendor and the frequency of the service could not be provided as the service was a new request. The vendor is selected after the time of the IPP meeting. The Service Coordinator refers the consumer to a minimum of 3 vendors for the consumer to select from. Additionally, an IPP addendum was completed on 03/15/23 to the IPP report dated 07/06/22 that details the information regarding the driving lessons. #20 An IPP addendum was completed on 03/15/23 to the IPP report dated 04/25/22 to provide information regarding the individual/family training sessions with the Ability First Possibilities program. Effective immediately the importance of detailing all regional center funded and generic funded services will be emphasized in the new staff trainings for completing IPP reports and Medicaid Waiver. These trainings occur on a monthly basis. Effective immediately supervisors will also ensure that when reviewing/approving IPP reports that Service Coordinators are including all regional center funded and generic funded services in the IPP report and Service Provision Agreement.

- 1.9 Periodic reviews and reevaluations of consumer progress are completed (at least annually) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation.
 [W&I Code §4646.5(a)(6)]

Finding

Twenty of the twenty-one (95 percent) sample consumer records contained documentation of periodic review and reevaluation of consumer progress at least annually. However, the record for consumer #10 did not contain documentation that the consumer's progress had been reviewed within the year.

1.9 Recommendation	Regional Center Plan/Response
ELARC should ensure that a review and reevaluation of progress regarding planned services, timeframes and satisfaction for consumer #10 is completed and documented at least annually.	The IPP on file dated 08/16/21 expired on 7/31/22. The following year's IPP was to be completed in July 2022 but was not as the assigned Service Coordinator was on medical leave in the month of July 2022. A Part-Time Service Coordinator was assigned to complete the July 2022 IPP but was unable to coordinate the meeting with the family. The assigned Service Coordinator returned from medical leave in December 2022 at which time she Service Coordinator made contact with the family and consumer to coordinate the IPP meeting. The IPP meeting was completed on 12/19/22. An IPP extension was complete on 03/01/23 to acknowledge that the 08/16/21 IPP had been extended to 12/19/22.

- 1.9.a Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (*Title 17, CCR, §56047*), (*Title 17, CCR, §56095*), (*Title 17, CCR, §58680*), (*Contract requirement*)

Finding

One of the two (50 percent) applicable sample consumer records contained quarterly face-to-face meetings completed and documented. However, the record for one consumer did not meet the requirement as indicated below:

1. The record for consumer #18 contained documentation of three of the required meetings.

1.9.a Recommendations	Regional Center Plan/Response
ELARC should ensure that all future face-to-face meetings are completed and documented each quarter for consumer #18.	QTLY progress report dated 01/25/22 documents that during the meeting, the consumer requested to skip the March 2022 quarterly face to face meeting until certain issues had been resolved. Service Coordinator agreed and they both agreed to meet again in June 2022 and that the meeting would be held via telephone. It is the consumer's choice and right to decide if he/she wishes to have their meetings. However, effective immediately Service Coordinators will counsel consumers on the importance of meeting face to face on a quarterly basis to ensure their health and safety. Effective immediately ELARC Service Coordinators will complete a quarterly progress report, the Service Coordinator will document all efforts to contact and educate the consumer on the importance of meeting face to face and any contact/updated from service providers working with the consumer.
In addition, ELARC should evaluate what actions may be necessary to ensure that quarterly face-to face meetings are completed and documented for all applicable consumers.	Effective immediately ELARC Supervisors to review during supervision with their Service Coordinators to ensure that quarterly face to face visits are being conducted. If Service Coordinators have a pattern of failing to complete their quarterly face to face visits and reports, the Supervisor will take progressive disciplinary action to address the issue.

- 1.9.b Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. *(Title 17, CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement)*

Finding

One of the two (50 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the record for one consumer did not meet the requirement as indicated below:

1. The record for consumer #18 contained documentation of three of the required quarterly reports of progress.

1.9.b Recommendations	Regional Center Plan/Response
ELARC should ensure that future quarterly reports of progress are completed for consumer #18.	QTLY progress report dated 01/25/22 documents that during the meeting, the consumer requested to skip the March 2022 quarterly face to face meeting until certain issues had been resolved. Service Coordinator agreed and they both agreed to meet again in June 2022 and that the meeting would be held via telephone. It is the consumer's choice and right to decide if he/she wishes to have their meetings. However, effective immediately Service Coordinators will counsel consumers on the importance of meeting face to face on a quarterly basis to ensure their health and safety. Effective immediately ELARC Service Coordinators will complete a quarterly progress report, the Service Coordinator will document all efforts to contact and educate the consumer on the importance of meeting face to face and any contact/updated from service providers working with the consumer.
In addition, ELARC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable consumers.	Effective immediately ELARC Supervisors to review during supervision with their Service Coordinators to ensure that quarterly face to face visits are being conducted. If Service Coordinators have a pattern of failing to complete their quarterly face to face visits and reports, the Supervisor will take

	progressive disciplinary action to address the issue. Effective immediately ELARC will develop a monthly report to ensure that all Supervisors follow up with the Service Coordinators who must complete quarterly progress reports for their consumer. This report will identify which consumers must be seen on a quarterly basis resulting in the development of a quarterly progress report.
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Regional Center Consumer Record Review Summary Sample Size = 21 Records						
	Criteria	+	-	N/A	% Met	Follow-up
1.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	21			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 consumer’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.			21	NA	None
1.1.b	The DS 6027 form indicates that the consumer meets the eligibility criteria for the 1915(i) SPA.			21	NA	None
1.1.c	The DS 6027 form documents annual reevaluations.			21	NA	None
1.1.d	The DS 6027 documents short-term absences of 120 days or less, if applicable.			21	NA	None
1.2	There is written notification of a proposed action and documentation that the consumer 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 consumer/authorized representative, or the consumer/authorized representative does not agree with all, or part, of the components in the consumer’s IPP. [42 CFR Part 431, Subpart E; WIC §4710(a)(1)]			21	NA	None
1.3	IPP is reviewed (<i>at least annually</i>) by the planning team and modified, as necessary, in response to the consumer’s changing needs, wants or health status. [42 CFR 441.301(b)(1)(I)]	19	2		91	See Narrative
1.4.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator. [WIC §4646(g)]	21			100	None

Regional Center Consumer Record Review Summary Sample Size = 21 Records						
	Criteria	+	-	N/A	% Met	Follow-up
1.4.b	IPP addendums are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	6		15	100	None
1.4.c	The IPP is prepared jointly with the planning team. <i>[WIC §4646(d)]</i>	21			100	None
1.5	The IPP includes a statement of goals based on the needs, preferences, and life choices of the consumer. <i>[WIC §4646.5(a)(2)]</i>	21			100	None
1.6	The IPP addresses the consumer's goals and needs. <i>[WIC §4646.5(a)(2)]</i>	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.	9		12	100	None
1.6.b	The IPP addresses the services which the CCF provider is responsible for implementing.	1		20	100	None
1.6.c	The IPP addresses the services which the day program provider is responsible for implementing.	12		9	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.	4		17	100	None
1.6.e	The IPP addresses the consumer's goals, preferences, and life choices.	21			100	None
1.6.f	The IPP includes a family plan component if the consumer is a minor. <i>[WIC §4685(c)(2)]</i>	4		17	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. <i>[WIC §4646.5(a)(5)]</i>	18	3		86	See Narrative
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. <i>[WIC §4646.5(a)(5)]</i>	21			100	None
1.7.c	The IPP specifies the approximate scheduled start date for new services and supports. <i>[WIC §4646.5(a)(5)]</i>	5		16	100	None

Regional Center Consumer Record Review Summary Sample Size = 21 Records						
	Criteria	+	-	N/A	% Met	Follow-up
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. <i>[WIC §4646.5(a)(4)]</i>	21			100	None
1.9	Periodic reviews and reevaluations are completed <i>(at least annually)</i> to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and that the consumer and his/her family are satisfied with the IPP and its implementation. <i>[WIC §4646.5(a)(8)]</i>	20	1		95	See Narrative
1.9.a	Quarterly face-to-face meetings with the consumer are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	1	1	19	50	See Narrative
1.9.b	Quarterly reports of progress toward achieving IPP objectives are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	1	1	19	50	See Narrative

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 21 consumers 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 consumers 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 consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. ELARC reported all special incidents in the sample of 21 records selected for the HCBS 1915(i) SPA review to DDS.
2. ELARC's vendors reported all five (100 percent) special incidents in the supplemental sample within the required timeframes.
3. ELARC reported all five (100 percent) incidents to DDS within the required timeframes.
4. ELARC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the five incidents.

IV. Findings and Recommendations

None

SAMPLE CONSUMERS

HCBS 1915(i) State Plan Amendment Review Consumers

#	UCI	#	UCI
1	XXXXXXXX	12	XXXXXXXX
2	XXXXXXXX	13	XXXXXXXX
3	XXXXXXXX	14	XXXXXXXX
4	XXXXXXXX	15	XXXXXXXX
5	XXXXXXXX	16	XXXXXXXX
6	XXXXXXXX	17	XXXXXXXX
7	XXXXXXXX	18	XXXXXXXX
8	XXXXXXXX	19	XXXXXXXX
9	XXXXXXXX	20	XXXXXXXX
10	XXXXXXXX	21	XXXXXXXX
11	XXXXXXXX		

SIR Review Consumers

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