

**Frank D. Lanterman Regional Center  
Home and Community-Based Services  
Self Determination Program Waiver  
Monitoring Review Report**

**Conducted by:**

**Department of Developmental Services  
and  
Department of Health Care Services**

**January 29-February 9, 2024**

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## EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the Home and Community-Based Services (HCBS) Self Determination Program (SDP) Waiver from January 29-February 9, 2024, at Frank D. Lanterman Regional Center (FDLRC). The monitoring team members were Jenny Mundo (Team Leader), Natasha Clay, Nadia Flores, and Fam Chao from DDS, and Crystal La and Deeanna Tran 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 all services needed for eligible individuals with developmental disabilities in California. All HCBS SDP Waiver services are provided through this system. It is the responsibility of DDS to ensure, with the oversight of DHCS, that the HCBS SDP Waiver is implemented by regional centers in accordance with Medicaid statute and regulations.

### Overview of the HCBS SDP Waiver 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 plans (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 SDP Waiver services.

### Scope of Review

The monitoring team reviewed a sample of 21 records for individuals served who are on the HCBS SDP Waiver. In addition, the following supplemental sample records were reviewed: 1) One individual who had a special incident reported to DDS during the review period of October 1, 2022, through September 30, 2023, 2) 15 individuals who were enrolled in the HCBS SDP Waiver during the review period were reviewed to ensure that the level of care determination was completed before enrollment.

The monitoring team interviewed and/or observed six individuals selected for the HCBS monitoring review.

### Overall Conclusion

FDLRC is in substantial compliance with the federal requirements for the HCBS SDP Waiver program. Specific recommendations that require follow-up actions by FDLRC are included in the report findings. DDS is requesting documentation of follow-up

actions taken by FDLRC in response to each of the specific recommendations within 30 days following receipt of this report.

## Major Findings

### Section I – Regional Center Self-Assessment

The self-assessment responses indicated that FDLRC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self-assessment criteria.

### Section II – Regional Center Record Review of Individuals Served

Twenty-one sample records for individuals served on the HCBS SDP Waiver were reviewed for 35 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS SDP Waiver requirements. Seven criteria were rated as not applicable for this review. Criterion 2.7.a was 71 percent in compliance because 6 of the 21 applicable records did not contain a signed IPP prior to implementation by the individual served and regional center. Criterion 2.9.b was 50 percent in compliance because 1 of the 2 applicable records did not contain the special health care conditions in the IPP. Criterion 2.10.a was 62 percent in compliance because 8 of the 21 applicable records did not contain the type and amount of all services and supports purchased by the regional center in the IPP. Criterion 2.11 was 38 percent in compliance because 13 of the 21 applicable records did not contain the identified providers of services in the IPP. The sample records were 92 percent in overall compliance for this review.

New Enrollees: Fifteen sample records of individuals served were reviewed for level-of-care determination prior to receipt of HCBS SDP Waiver services. FDLRC's records were 100 percent in overall compliance for this review.

### Section III Observations and Interviews of Individuals Served

Six individuals served, or in the case of minors, their parents, were interviewed and/or observed. The monitoring team observed that all the individuals were in good health and were treated with dignity and respect. Three of the six interviewed individuals/parents indicated that they were satisfied with their services, health and choices.

### Section IV – Service Coordinator Interviews

Five service coordinators were interviewed using a standard interview instrument. The service coordinators responded to questions regarding their knowledge of the individual served, the IPP/annual review process, SDP services and supports, the monitoring of services, health issues, and safety. The service coordinators were very familiar with the individuals served and knowledgeable about their roles and responsibilities.

## Section V – Special Incident Reporting

The monitoring team reviewed 21 records for individuals served who are on the HCBS SDP Waiver and one supplemental sample record for a special incident during the review period.

FDLRC reported all special incidents for the sample selected for the HCBS SDP Waiver review.

For the supplemental sample, the service provider reported the applicable incident to FDLRC within the required timeframes, and FDLRC subsequently transmitted one special incident to DDS within the required timeframes. FDLRC's follow-up activities for the one incident was timely and appropriate for the severity of the situation.

## SECTION I

### REGIONAL CENTER SELF-ASSESSMENT

#### I. Purpose

The regional center self-assessment addresses the California Home and Community-Based Services (HCBS) Waiver assurances criteria and is designed to provide information about the regional center's processes and practices. The responses are used to verify that the regional center has processes in place to ensure compliance with federal and state laws and regulations.

The self-assessment obtains information about FDLRC procedures and practices to verify that there are processes in place to ensure compliance with state and federal laws and regulations as well as the assurances contained in the HCBS Waiver application approved by the Centers for Medicare & Medicaid Services.

#### II. Scope of Assessment

FDLRC is asked to respond to questions in four categories that correspond to the HCBS Waiver assurances with which the regional center is responsible for complying.

#### III. Results of Assessment

The self-assessment responses indicate that FDLRC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self-assessment criteria.

- ✓ A portion of the self-assessment can be found on the HCBS Waiver Monitoring Report.
- ✓ The full response to the self-assessment is available upon request.

## SECTION II

### 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) Self-Determination Program (SDP) Waiver services. The criteria address requirements for eligibility, individual choice, notification of proposed action and fair hearing rights, level of care, individual program plans (IPP) and periodic reviews and reevaluations of services. The information obtained about the individual's needs and services is tracked as a part of the program review.

#### II. Scope of Review

1. Twenty-one HCBS SDP Waiver records were selected for the review sample.
2. The review period covered activity from October 1, 2022 – September 30, 2023.

#### III. Results of Review

The 21 sample records of individuals served were reviewed for 35 documentation requirements derived from federal and state statutes and regulations and HCBS SDP Waiver requirements. Fifteen supplemental records were reviewed for documentation that FDLRC determined the level of care prior to receipt of HCBS SDP Waiver services.

- ✓ The supplemental records were in 100 percent compliance for determining the level of care prior to receiving HCBS SDP Waiver services.
- ✓ The sample records were in 100 percent compliance for 19 criteria. There are no recommendations for these criteria. Seven criteria were not applicable for this review.
- ✓ Findings for nine 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

- 2.2 Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form (DS 2200). [SMM 4442.7; 42 CFR 441.302(d)]

### Findings

Nineteen of the twenty-one (91 percent) sample records of individuals served contained a signed and dated DS 2200 form. However, there were identified issues regarding the DS 2200 form for the following individuals:

1. Individual #6: The individual served did not sign and date the DS 2200 upon turning 18; and
2. Individual #15: The individual was enrolled in July 2021, the DS 2200 was not signed and dated until December 18, 2023. Accordingly, no recommendation is required.

2.2 Recommendation	Regional Center Plan/Response
FDLRC should ensure that the DS 2200 form for individual #6 is properly signed and dated.	Client #6 is a conserved adult who lives with his family. Client was not conserved at the time the client turned 18. Subsequent to the audit review, the service coordinator obtained the client's signature under adult to reflect when the client turned 18. FDLRC will continue to train service coordination staff on the importance of obtaining the signature for clients who have a change in their legal status.

- 2.5.b The qualifying conditions documented in the Client Development Evaluation Report (CDER) are consistent with information contained in the individual's record. [SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343]

### Finding

Twenty of the twenty-one (95 percent) sample records of individuals served documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in the record for Individual #8 did not support the determination that all the issues identified in the CDER and the Medicaid Waiver Eligibility Record (DS 3770) could be considered qualifying conditions. The qualifying condition of 'emotional outbursts' was identified on the DS 3770, but there was no supporting information in the individual's records (IPP, progress reports, vendor reports, etc.) that described the impact of the identified condition or need for services and supports.



An addendum was completed April 9, 2024 adding emotional outbursts to the IPP. Accordingly, no recommendation is required.

- 2.6.a The 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(c)(3)]

### Finding

Twenty of the twenty-one (95 percent) sample records of individuals served contained documentation that the individual's IPP had been reviewed annually by the planning team. For individual #8, the IPP was dated May 5, 2021. There was no documentation that the IPP was reviewed during the monitoring review period.

2.6.a Recommendation	Regional Center Plan/Response
FDLRC should ensure that the IPP for individual #8 is reviewed at least annually by the planning team.	Service Coordinators (SCs) received training on the Medicaid Waiver requirements in completing IPPs and/or Annual Review reports within the mandated timelines on April 11 <sup>th</sup> , 2024, and on April 18 <sup>th</sup> , 2024. Regional Managers will review the tracking system with each SC individually by the 10 <sup>th</sup> of the month for the previous month and make the necessary arrangements, if an IPP or Annual Review meeting was not held within 30 days, to maintain compliance.

- 2.7.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. [W&I Code §4646(g)]

### Findings

Fifteen of the twenty-one (71 percent) sample records of individuals served contained IPPs that were signed by FDLRC and the individuals served, or their legal representatives. However, the following individuals' IPPs were not signed by the appropriate individual:

1. Individual #1: The IPP dated January 18, 2023 was not signed by the individual legal representative. The IPP was signed on December 19, 2023 by the legal representative. Accordingly, no recommendation is required;

2. Individual #2: The IPP dated July 26, 2023 was not signed by the individual legal representative. The IPP was signed on December 14, 2023 by the legal representative. Accordingly, no recommendation is required;
  3. Individual #8: The IPP dated January 11, 2023 was not signed by the authorized representative of the regional center and the individual served. The IPP was signed on December 20, 2023 by the authorized representative of the regional center and the individual served. Accordingly, no recommendation is required;
  4. Individual #15: The IPP dated December 1, 2022 was not signed by the individual legal representative. The IPP was signed on December 18, 2023 by the legal representative. Accordingly, no recommendation is required;
  5. Individual #18: The IPP dated April 18, 2023 was not signed by the individual legal representative. The IPP was signed on December 7, 2023 by the legal representative. Accordingly, no recommendation is required; and
  6. Individual #21: The IPP dated May 1, 2023 was not signed by the individual legal representative. The IPP was signed on February 1, 2024 by the legal representative. Accordingly, no recommendation is required.
- 2.9.a The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770). *[W&I Code §4646.5(a)(2)]*

#### Finding

Twenty of the twenty-one (95 percent) sample records of individuals served contained IPPs that addressed the individual's qualifying conditions. However, the IPP for individual #5 did not address the qualifying condition "dresses self independently but needs reminders to complete;" as noted in the annual review dated August 30, 2022. An addendum was completed on April 9, 2024 adding "dresses self independently, but needs reminders to complete" to the IPP. Accordingly, no recommendation is required.

- 2.9.b The IPP addresses the special health care requirements. *[WIC §4646.5(a)(2)]*

#### Finding

One of the two (50 percent) applicable sample IPPs for individuals served addresses the individuals' special health care requirements. However, the IPP for individual #13 did not address the special health care requirement of an apnea monitor. An addendum was completed on April 9, 2024 that addresses the apnea monitor in the IPP. Accordingly, no recommendation is required.

- 2.10.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

Thirteen of the twenty-one (62 percent) sample IPPs of individuals served included a schedule of the type and amount of all services and supports purchased by FDLRC. However, IPPs for eight individuals did not indicate FDLRC funded services as indicated below:

1. Individual #2: Financial Management Services. An addendum was completed on April 9, 2024, addressing the purchased service. Accordingly, no recommendation is required;
  2. Individual #5: Financial Management Services. An addendum was completed on April 9, 2024, addressing the purchased service. Accordingly, no recommendation is required;
  3. Individual #7: Financial Management Services. An addendum was completed on April 9, 2024, addressing the purchased service. Accordingly, no recommendation is required;
  4. Individual #11: Financial Management Services. An addendum was completed on April 9, 2024, addressing the purchased service. Accordingly, no recommendation is required;
  5. Individual #13: Financial Management Services. An addendum was completed on April 9, 2024, addressing the purchased service. Accordingly, no recommendation is required;
  6. Individual #16: Financial Management Services. An addendum was completed on April 9, 2024, addressing the purchased service. Accordingly, no recommendation is required;
  7. Individual #17: Financial Management Services. An addendum was completed on April 9, 2024, addressing the purchased service. Accordingly, no recommendation is required; and
  8. Individual #21: Financial Management Services. An addendum was completed on April 5, 2024, addressing the purchased service. Accordingly, no recommendation is required.
- 2.11 The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to, vendors, contracted providers, generic service agencies, and natural supports. *[W&I Code §4646.5(a)(5)]*

## Findings

Eight of the twenty-one (38 percent) sample records of individuals served contained IPPs that identified the provider or providers responsible for implementing services. However, IPPs for thirteen individuals did not indicate the provider for the FDLRC-funded services indicated below:

1. Individual #2: Financial Management Services. Subsequent to the monitoring review, an addendum was completed indicating the provider implementing the above service. Accordingly, no recommendation is required;
2. Individual #4: Financial Management Services. Subsequent to the monitoring review, an addendum was completed indicating the provider implementing the above service. Accordingly, no recommendation is required;
3. Individual #5: Financial Management Services. Subsequent to the monitoring review, an addendum was completed indicating the provider implementing the above service. Accordingly, no recommendation is required;
4. Individual #6: Financial Management Services. Subsequent to the monitoring review, an addendum was completed indicating the provider implementing the above service. Accordingly, no recommendation is required;
5. Individual #7: Financial Management Services. Subsequent to the monitoring review, an addendum was completed indicating the provider implementing the above service. Accordingly, no recommendation is required;
6. Individual #11: Financial Management Services. Subsequent to the monitoring review, an addendum was completed indicating the provider implementing the above service. Accordingly, no recommendation is required;
7. Individual #13: Financial Management Services. Subsequent to the monitoring review, an addendum was completed indicating the provider implementing the above service. Accordingly, no recommendation is required;
8. Individual #14: Financial Management Services. Subsequent to the monitoring review, an addendum was completed indicating the provider implementing the above service. Accordingly, no recommendation is required;

9. Individual #15: Financial Management Services. Subsequent to the monitoring review, an addendum was completed indicating the provider implementing the above service. Accordingly, no recommendation is required;
10. Individual #16: Financial Management Services. Subsequent to the monitoring review, an addendum was completed indicating the provider implementing the above service. Accordingly, no recommendation is required;
11. Individual #17: Financial Management Services. Subsequent to the monitoring review, an addendum was completed indicating the provider implementing the above service. Accordingly, no recommendation is required;
12. Individual #20: Financial Management Services. Subsequent to the monitoring review, an addendum was completed indicating the provider implementing the above service. Accordingly, no recommendation is required; and
13. Individual #21: Financial Management Services. Subsequent to the monitoring review, an addendum was completed indicating the provider implementing the above service. Accordingly, no recommendation is required.

In addition, FDLRC should evaluate what actions may be necessary to ensure that IPPs document the specific reason(s) for individual budgets that were increased or decreased.	FDLRC will complete comprehensive training with all Service Coordinators and Regional Managers on the person-centered IPP document by the last quarter of 2024. This training will include instruction to address changes in the budget that have been identified through the IPP/PCP review process. Service Coordinators will be expected to identify the unmet needs, changes in circumstances, and/r changes in resources that led to a budget change in the IPP document for years that follow the initial budget certification.
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- 2.12 Periodic reviews and reevaluations of progress are completed (at least annually) to ascertain that planned services have been provided, that progress has been achieved within the time specified, and the individual served, and his/her family are satisfied with the IPP and its implementation. *[W&I Code §4646.5(a)(8)]*

## Findings

Twenty of the twenty-one (95 percent) sample records of individuals served contained documentation of periodic review and reevaluation of progress at least annually. However, the records for individual #8 did not contain documentation that the individual's progress had been reviewed within the year.

2.12 Recommendations	Regional Center Plan/Response
<p>FDLRC should ensure that a review and reevaluation of progress regarding planned services, timeframes and satisfaction for individual #8 is completed and documented at least annually.</p>	<p>Service Coordinators (SCs) received training on the Medicaid Waiver requirements in completing IPPs and/or Annual Review reports within the mandated timelines on April 11<sup>th</sup>, 2024, and on April 18<sup>th</sup>, 2024. This training also included expectations for reporting on progress of planned services, timeframes, and individual satisfaction review that must be conducted and documented not less than annually. Regional Managers will review the tracking system with each SC individually by the 10<sup>th</sup> of the month for the previous month and make the necessary arrangements, if an IPP or Annual Review meeting was not held within 30 days, to maintain compliance.</p>

<b>Summary for Regional Center Record Review of Individuals Served</b> <b>Sample Size = 21 (see Section II, Part III)</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.0	The individual is Medi-Cal eligible. (SMM 4442.1)	21			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Intellectual Disabilities Professional (QIDP), which documents the date of the individual's initial HCBS SDP Waiver eligibility certification, annual recertifications, the individual's qualifying conditions and short-term absences. (SMM 4442.1), [42 CFR 483.430(a)]	Criterion 2.1 consists of four sub-criteria (2.1.a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Intellectual Disabilities Professional and the title "QIDP" appears after the person's signature.	21			100	None
2.1.b	The DS 3770 form identifies the individual's qualifying conditions and any applicable special health care requirements for meeting the Title 22 level of care requirements.	20		1	100	None
2.1.c	The DS 3770 form documents annual re-certifications.	21			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.			21	NA	None
2.2	Each record contains a dated and signed <i>Medicaid Waiver Consumer Choice of Services/Living Arrangements</i> form, (DS 2200). (SMM 4442.7), [42 CFR 441.302(d)]	19	2		91	See Narrative
2.3	There is a written notification of a proposed action and documentation that the individual served has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the individual/parent/legal guardian or legal representative does not agree with all or part of the components in the individuals IPP, or the individual's HCBS SDP Waiver eligibility has been terminated. (SMM 4442.7), (42 CFR Part 431, Subpart E), [WIC §4710(a)(1)]	1		20	100	None

<b>Summary for Regional Center Record Review of Individuals Served</b> <b>Sample Size = 21 (see Section II, Part III)</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. <i>(SMM 4442.5), (42 CFR 441.302)</i>	21			100	None
2.5.a	The qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in an ICF/DD, ICF/DD-H, and ICF/DD-N facility are documented in the individual's CDER and other assessments. <i>(SMM 4442.5), [42 CFR 441.302(c)], (Title 22, CCR, §51343)</i>	21			100	None
2.5.b	The individuals qualifying conditions documented in the CDER are consistent with information contained in the record.	20	1		95	See Narrative
2.6.a	IPP is reviewed ( <i>at least annually</i> ) by the planning team and modified as necessary in response to the individual's changing needs, wants or health status. <i>[42 CFR 441.301(b)(1)(I)]</i>	20	1		95	See Narrative
2.6.b	The HCBS SDP Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. <i>(HCBS SDP Waiver requirement)</i>	1		20	100	None
2.7.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 or legal guardian or conservator. <i>[WIC §4646(g)]</i>	15	6		71	See Narrative
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the individual served, or where appropriate, his/her parents, legal guardian, or conservator.	5		16	100	None
2.7.c	The IPP is prepared jointly with the planning team. <i>[WIC §4646(d)]</i>	21			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the individual. <i>[WIC §4646.5(a)]</i>	21			100	None



<b>Summary for Regional Center Record Review of Individuals Served</b> <b>Sample Size = 21 (see Section II, Part III)</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.9	The IPP addresses the individual's goals and needs. <i>[WIC §4646.5(a)(2)]</i>	Criterion 2.9 consists of seven sub-criteria (2.9.a-g) that are reviewed independently.				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	20	1		95	See Narrative
2.9.b	The IPP addresses special healthcare requirements.	1	1	19	50	See Narrative
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.				NA	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.				NA	None
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.				NA	None
2.9.f	The IPP addresses the individual's goals, preferences and life choices.	21			100	None
2.9.g	The IPP includes a family plan component if the individual is a minor. <i>[WIC §4685(c)(2)]</i>	8		13	100	None
2.10.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. Including budget and spending plan <i>[WIC §4646.5(a)(5)]</i>	13	8		62	See Narrative
2.10.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
2.10.c	The IPP specifies the approximate scheduled start date for the new services. <i>[WIC §4646.5(a)(5)]</i>	5		16	100	None
2.11	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)(5)]</i>	8	13		38	See Narrative
2.11.a	Copy of the spending plan attached to the participants IPP( <i>WIC § 4685.8(c)(7)</i> )	21			100	None

<b>Summary for Regional Center Record Review of Individuals Served</b> <b>Sample Size = 21 (see Section II, Part III)</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.11.b	The spending plan total amount does not exceed the amount of the certified budget. <i>(WIC §4685.8(c)(7))</i>	21			100	None
2.11.c	For individual budgets that were increased or decreased, the IPP documents the specific reason for the adjustment <i>WIC § 4685.8(m)(1)(A)(ii)(I)</i> .			21	NA	None
2.11.d	Regional center or IPP team approve transfers in excess of 10 percent of the original amount allocated to any budget category. <i>(SC 310-330); Employment &amp; Community (SC 331-335); and Health and Safety (SC 356-399) (WIC § 4685.8(n)).</i>			21	NA	None
2.12	Periodic review and reevaluations of progress for individuals served are completed <i>(at least annually)</i> to ascertain that planned services have been provided, that progress has been achieved within the time specified, and the individual and his/her family are satisfied with the IPP and its implementation. <i>[WIC §4646.5(a)(8)]</i>	20	1		95	See Narrative
2.13.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 <i>(Title 17, CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement)</i>	1		20	100	None
2.13.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 <i>(Title 17, CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement)</i>	1		20	100	None
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the individual's move from a developmental center to a community living arrangement. <i>(WIC §4418.3)</i>			21	NA	None

## SECTION III

### OBSERVATIONS AND INTERVIEWS OF INDIVIDUALS SERVED

#### I. Purpose

The observations are conducted to verify that the individuals served appear to be healthy and have good hygiene. Interview questions focus on the individual's satisfaction with their financial management service provider, independent facilitator, participation in developing budget and spending plan, and regional center services.

#### II. Scope of Observations and Interviews

Six of the twenty-one individuals served, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities (CCF), or in independent living settings.

- ✓ Four individuals agreed to be interviewed by the monitoring teams.
- ✓ Two interviews were conducted with parents of minors.
- ✓ Fifteen individuals were unavailable for or declined interviews.

#### III. Results of Observations and Interviews

Three of the six individuals/parents of minors indicated satisfaction with their financial management service provider, independent facilitator, participation in developing budget and spending plan, and regional center services. The appearance for all of the individuals that were interviewed and observed reflected personal choice and individual style.

#### IV. Finding and Recommendation

Individuals #5: Stated they were dissatisfied with their Financial Management Service regarding timeliness of reimbursements.

Recommendation	Regional Center Plan/Response
FDLRC should follow up with individual #5 regarding their concerns.	FDLRC has maintained regular contact with this family and was made aware of the dissatisfaction regarding reimbursement in 2023. FDLRC has been providing enhanced case management and consultation from the Participant-Choice Specialist to liaison with the participant, family, and FMS in

	order to attempt to resolve reimbursement issues and offer additional resources for solution. FDLRC will continue to assist the participant in addressing any concerns and if necessary assist in transitioning to an alternative FMS agency should they choose to select a new provider.
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Individual #21: Parent reported overall dissatisfaction with the regional center and services.

Recommendation	Regional Center Plan/Response
FDLRC should follow up with individual #21 regarding their concerns.	Regional Manager, Assistant Director, and Associate Director have been assisting the Service Coordinator in resolving ongoing service requests from this participant. Service Coordinator maintains regular contact with family. FDLRC is aware that there have been some disagreements over service delivery and has worked to resolve these issues in order to arrive at mutual agreement on the SDP IPP. FDLRC will continue to provide enhanced case management and supervision from leadership regarding this individual's experience with the Regional Center in an effort to improve satisfaction.

Individual #9: Parent reported dissatisfaction regarding communication with their Financial Management Services.

Recommendation	Regional Center Plan/Response
FDLRC should follow up with individual #9 regarding their concerns.	FDLRC has referred this complaint to Quality Assurance for investigation follow up. FDLRC is contacting vendoring Regional Center to inform them of the complaint and will follow up to ensure the matter is addressed by the vendoring regional center. FDLRC will provide enhanced case

	management to participant to attempt to facilitate smoother communication with FMS and ensure adequate language access is being provided.
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## SECTION IV

### SERVICE COORDINATOR INTERVIEWS

#### I. Purpose

The interviews determine how well the service coordinators know the individuals they serve, the extent of their participation in the individual program plan (IPP)/annual review process, knowledge of self-determination program (SDP) services, and supports and how they monitor services, health and safety issues.

#### II. Scope of Interviews

1. The monitoring team interviewed five FDLRC service coordinators.
2. The interview questions are divided into two categories.
  - ✓ The questions in the first category are related to the individuals selected by the monitoring team.
  - ✓ The questions in the second category are related to general areas.

#### III. Results of Interviews

1. The service coordinators were very familiar with the individuals served selected for the monitoring review. They were able to relate specific details regarding the individuals' desires, preferences, life circumstances and service needs.
2. The service coordinators were knowledgeable about the IPP/annual review process, SDP process, and monitoring requirements. Family members provided input on the individuals' needs, preferences and satisfaction with services outlined in the IPP. For individuals in out-of-home placement settings, service coordinators conduct quarterly face-to-face visits and develop written assessments of progress and satisfaction of individuals served. In preparation for the quarterly visits, service coordinators review their previous progress reports, pertinent case notes, special incident reports, and vendor reports of progress.
3. To better understand issues related to individuals' use of medication and issues related to side effects, the service coordinators utilize FDLRC medical director and online resources for medication.

4. The service coordinators monitor the services, health and safety during periodic visits. They are aware of the individuals' health issues. The service coordinators were knowledgeable about the special incident reporting process and they work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed.

## SECTION V

### 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 individuals selected for the Home and Community-Based Services (HCBS SDP) Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
2. A supplemental sample of one individual who had a special incident 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. FDLRC reported all special incidents in the sample of 21 records selected for the HCBS SDP Waiver review to DDS.
3. FDLRC's vendor reported one (100 percent) incident in the supplemental sample within the required timeframes.
4. FDLRC reported one (100 percent) incident in the supplemental sample to DDS within the required timeframes.
5. FDLRC's follow-up activities on the incident in the supplemental sample was appropriate for the severity of the situation for the one incident.

#### IV. Finding and Recommendation

None



## SAMPLE OF INDIVIDUALS SERVED

### HCBS SDP Waiver 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
19	XXXXXX
20	XXXXXX
21	XXXXXX

### Supplemental New Enrollees Sample

#	UCI
NE-1	XXXXXX
NE-2	XXXXXX
NE-3	XXXXXX
NE-4	XXXXXX
NE-5	XXXXXX
NE-6	XXXXXX
NE-7	XXXXXX
NE-8	XXXXXX
NE-9	XXXXXX
NE-10	XXXXXX
NE-11	XXXXXX

NE-12	XXXXXX
NE-13	XXXXXX
NE-14	XXXXXX
NE-15	XXXXXX

**SIR Review**

#	UCI
SIR 1	XXXXXX