

**Frank D. Lanterman Regional Center
Home and Community-Based Services
1915(i) State Plan Amendment
Monitoring Review Report**

Conducted by:

Department of Developmental Services

January 29-February 9, 2024

TABLE OF CONTENTS

| | |
|---|---------|
| EXECUTIVE SUMMARY..... | page 3 |
| SECTION I REGIONAL CENTER RECORD REVIEW OF INDIVIDUALS SERVED..... | page 5 |
| SECTION II SPECIAL INCIDENT REPORTING..... | page 11 |
| SAMPLE OF INDIVIDUALS SERVED..... | page 12 |

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 January 29-February 9, 2024, at Frank D. Lanterman Regional Center (FDLRC). The monitoring team members were Jenny Mundo (Team Leader), Nadia Flores, Fam Chao, Lena Mertz and Natasha Clay 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 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 conducted reviewed of a sample of 13 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 October 1, 2022 through September 30, 2023.

Overall Conclusion

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

Section I – Regional Center Record Review of Individuals Served

Thirteen sample records for individuals served on the 1915i SPA 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 67 percent in compliance because one of three applicable records did not contain documentation of all required quarterly face-to-face visits. Criterion 1.9.b was 67 percent in compliance because one of the three 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. FDLRC's records were 99 percent in overall compliance for the collaborative reviews conducted in 2022 and 2020.

Section II – Special Incident Reporting

The monitoring team reviewed 13 records for individuals served who are on the 1915(i) SPA and five supplemental sample records for special incidents during the review period. FDLRC 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 incidents to FDLRC within the required timeframes, and FDLRC subsequently transmitted all five special incidents to DDS within the required timeframes. FDLRC'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. Thirteen HCBS 1915(i) SPA records of individuals served were selected for the review sample.
2. The review period covered activity from October 1, 2022 to November 30, 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. Five criteria were not applicable for this review.

- ✓ The sample records were in 100 percent compliance for 15 applicable criteria. There are no recommendations for these criteria.
- ✓ Findings for four 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

- 1.4.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. *[W&I Code §4646(g)]*

Findings

Twelve of the thirteen (92 percent) sample records for individuals served contained IPPs that were signed by FDLRC and the individuals served or their legal representatives. However, the IPP for individual #6 was not signed by the individual served. The IPP dated December 21, 2021 was signed on January 31, 2024, by the individual served. 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

Eleven of the thirteen (85 percent) sample IPPs for individuals served included a schedule of the type and amount of all services and supports purchased by the regional center. However, IPPs for two individuals did not include FDLRC funded services as indicated below:

1. Individual #7: Skilled Nursing. An addendum was completed February 12, 2024, addressing the purchased service. Accordingly, no recommendation is required; and
 2. Individual #11: Sports Club. An addendum was completed February 12, 2024, addressing the purchased services. Accordingly, no recommendation is required.
- 1.9.a Quarterly face-to-face meetings are completed for individuals 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. *(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)*

Findings

Two of the three (67 percent) applicable sample records of individuals served had quarterly face-to-face meetings completed and documented. However, the record for individual #2 contained documentation of only one of the required meetings.

| 1.9.a Recommendations | Regional Center Plan/Response |
|---|---|
| FDLRC should ensure that all future face-to-face meetings are completed and documented each quarter for individual #2. | Service Coordinators (SCs) received training on the Medicaid Waiver requirements in completing IPPs and on Quarterly Review reports within the mandated timelines on April 11 th , 2024, and on April 18 th , 2024. |
| In addition, FDLRC should evaluate what actions may be necessary to ensure that quarterly face-to face meetings are completed and documented for all applicable individuals served. | Regional Managers will review the tracking system with each SC individually by the 10 th of the month to ensure meeting was held 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. |

- 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 supported living and independent living settings. (*Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement*)

Findings

Two of the three (67 percent) applicable sample records of individuals served had quarterly reports of progress completed for individuals living in community out-of-home settings. However, the record for individual #2 contained documentation of only one of the required quarterly reports of progress.

| 1.9.b Recommendations | Regional Center Plan/Response |
|--|---|
| FDLRC should ensure that future quarterly reports of progress are completed for individual #2. | Service Coordinators (SCs) received training on the Medicaid Waiver requirements in completing IPPs and on Quarterly Review reports within the mandated timelines on April 11 th , 2024, and on April 18 th , 2024. |
| In addition, FDLRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable individuals served. | Regional Managers will review the tracking system with each SC individually by the 10 th of the month to ensure meeting was held for the previous month and make the necessary arrangements, if an IPP or Quarterly Review meeting was not |

| | |
|--|--|
| | held within 30 days, to maintain compliance. |
|--|--|

| Summary for Regional Center Record Review of Individuals Served Sample Size = 13 Records | | | | | | |
|---|--|--|---|-----|-------|-----------|
| | Criteria | + | - | N/A | % Met | Follow-up |
| 1.0 | The individual is Medi-Cal eligible. (SMM 4442.1) | 13 | | | 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. | | | 13 | NA | None |
| 1.1.b | The DS 6027 form indicates that the individual meets the eligibility criteria for the 1915(i) SPA. | | | 13 | NA | None |
| 1.1.c | The DS 6027 form documents annual reevaluations. | | | 13 | NA | None |
| 1.1.d | The DS 6027 documents short-term absences of 120 days or less, if applicable. | | | 13 | 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)] | | | 13 | NA | None |
| 1.3 | 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. [42 CFR 441.301(b)(1)(I)] | 13 | | | 100 | None |

| Summary for Regional Center Record Review of Individuals Served Sample Size = 13 Records | | | | | | |
|---|--|---|---|-----|-------|---------------|
| | Criteria | + | - | N/A | % Met | Follow-up |
| 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. <i>[WIC §4646(g)]</i> | 12 | 1 | | 92 | See Narrative |
| 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. | 11 | | 2 | 100 | None |
| 1.4.c | The IPP is prepared jointly with the planning team. <i>[WIC §4646(d)]</i> | 13 | | | 100 | None |
| 1.5 | The IPP includes a statement of goals based on the needs, preferences, and life choices of the individual. <i>[WIC §4646.5(a)(2)]</i> | 13 | | | 100 | None |
| 1.6 | The IPP addresses the individual'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. | 1 | | 12 | 100 | None |
| 1.6.b | The IPP addresses the services which the CCF provider is responsible for implementing. | 2 | | 11 | 100 | None |
| 1.6.c | The IPP addresses the services which the day program provider is responsible for implementing. | 4 | | 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. | 3 | | 10 | 100 | None |
| 1.6.e | The IPP addresses the individual's goals, preferences, and life choices. | 13 | | | 100 | None |
| 1.6.f | The IPP includes a family plan component if the individual is a minor. <i>[WIC §4685(c)(2)]</i> | 4 | | 9 | 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> | 11 | 2 | | 85 | See Narrative |

| Summary for Regional Center Record Review of Individuals Served Sample Size = 13 Records | | | | | | |
|---|---|----|---|-----|-------|---------------|
| | Criteria | + | - | N/A | % Met | Follow-up |
| 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> | 13 | | | 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> | 11 | | 2 | 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. <i>[WIC §4646.5(a)(4)]</i> | 13 | | | 100 | None |
| 1.9 | Periodic reviews and reevaluations are completed (<i>at least annually</i>) 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. <i>[WIC §4646.5(a)(8)]</i> | 13 | | | 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. (<i>Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement</i>) | 2 | 1 | 10 | 67 | See Narrative |
| 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. (<i>Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement</i>) | 2 | 1 | 10 | 67 | 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 13 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. FDLRC reported all special incidents in the sample of 13 records selected for the HCBS 1915(i) SPA review to DDS.
2. FDLRC's vendors reported all five (100 percent) special incidents in the supplemental sample within the required timeframes.
3. FDLRC reported all (100 percent) incidents in the supplemental sample to DDS within the required timeframes.
4. FDLRC'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 | XXXXXXXX |
| 2 | XXXXXXXX |
| 3 | XXXXXXXX |
| 4 | XXXXXXXX |
| 5 | XXXXXXXX |
| 6 | XXXXXXXX |
| 7 | XXXXXXXX |
| 8 | XXXXXXXX |
| 9 | XXXXXXXX |
| 10 | XXXXXXXX |
| 11 | XXXXXXXX |
| 12 | XXXXXXXX |
| 14 | XXXXXXXX |

SIR Review

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