

**Harbor 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**

July 10-25, 2023

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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 July 10-25, 2023 at Harbor Regional Center (HRC). The monitoring team members were Nadia Flores (Team Leader), Kelly Sandoval, Ashley Guletz, Lena Mertz, and Bonnie Simmons from DDS, and Deeanna Tran and Crystal La 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 consumers' needs and program requirements are being met and that services are being provided in accordance with the consumers' 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 13 HCBS SDP Waiver consumers. In addition, a supplemental sample of eight consumers who were enrolled in the HCBS SDP Waiver during the review period.

The monitoring team interviewed and/or observed seven selected sample consumers.

Overall Conclusion

HRC is in substantial compliance with the federal requirements for the HCBS SDP Waiver program. Specific recommendations that require follow-up actions by HRC are included in the report findings. DDS is requesting documentation of follow-up actions taken by HRC 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 HRC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self-assessment criteria.

Section II – Regional Center Consumer Record Review

Thirteen sample consumer records 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 2.11.c was 80 percent in compliance because two of the ten applicable sample records did not document the specific reason(s) for individual budgets that were increased or decreased in the IPP. The sample records were 97 percent in overall compliance for this review.

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

Section III – Consumer Observations and Interviews

Seven sample consumers, or in the case of minors, their parents, were interviewed and/or observed. The monitoring team observed that all the consumers were in good health and were treated with dignity and respect. All the interviewed consumers/parents indicated that they were satisfied with their services, health and choices.

Section IV – Service Coordinator Interviews

Three service coordinators were interviewed using a standard interview instrument. The service coordinators responded to questions regarding their knowledge of the consumer, 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 consumers and knowledgeable about their roles and responsibilities.

Section V – Special Incident Reporting

The monitoring team reviewed the records of the 13 HCBS SDP Waiver consumers. HRC reported all the special incidents for the sample selected for the HCBS SDP Waiver review. There were no SIRs for the supplemental sample for this review.

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 HRC's 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

HRC 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 HRC 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 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) Self-Determination Program (SDP) Waiver services. The criteria address requirements for eligibility, consumer 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 consumer's needs and services is tracked as a part of the program review.

II. Scope of Review

1. Thirteen HCBS SDP Waiver consumer records were selected for the review sample.
2. The review period covered activity from April 1, 2022 – March 31, 2023.

III. Results of Review

The 13 sample consumer records were reviewed for 35 documentation requirements derived from federal and state statutes and regulations and HCBS SDP Waiver requirements. Eight supplemental records were reviewed for documentation that HRC determined the level of care prior to receipt of HCBS SDP Waiver services.

- ✓ The sample records were in 100 percent compliance for 22 criteria. There are no recommendations for these criteria. Seven criteria were not applicable for this review.
- ✓ Findings for six 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

Eleven of the thirteen (85 percent) sample consumer records contained a signed and dated DS 2200 form. There were identified issues regarding the DS 2200 form for the following consumers:

1. Consumer #6: The DS 2200 form was not signed by the consumer; and,
2. Consumer #12: There was no DS 2200 in the record.

2.2 Recommendations	Regional Center Plan/Response
HRC should ensure that the DS 2200 forms for consumers #6 and #12 are properly signed and dated.	HRC will ensure that all DS 2200 forms are properly completed moving forward through ongoing training. Both of these individuals now have current and correct DS 2200s.

- 2.4 Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5; 42 CFR 441.302)

Finding

Twelve of the thirteen (92 percent) sample consumer records contained a CDER that had been reviewed within the last 12 months. However, the record for consumer #7 did not contain documentation that the CDER had been reviewed during the year.

2.4 Recommendation	Regional Center Plan/Response
HRC should ensure that the CDER for consumers #7 is reviewed annually.	HRC will ensure that the CDER is reviewed annually utilizing manager's oversight and Virtual Chart tracking. The CDER for this individual has been updated and is now current.

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

Finding

Twelve of the Thirteen (92 percent) sample consumer records documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in the record for Consumer #7 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 “braces/cane” was identified on the DS 3770, but there was no supporting information in the consumer’s records (IPP, progress reports, vendor reports, etc.) that described the impact of the identified condition or need for services and supports.

2.5.b Recommendation	Regional Center Plan/Response
HRC should determine if the item listed above for consumer #7 is appropriately identified as a qualifying condition. The consumer’s DS 3770 form should be corrected to ensure that any items that do not represent substantial limitations in the consumers’ ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying conditions. If HRC determines that the issue is correctly identified as a qualifying condition, documentation (updated IPPs, progress reports, etc.) that supports the original determination should be submitted with the response to this report.	Reviewed CDER and other supporting documentation and braces/cane were incorrectly added to the CDER as a qualifying condition. The SC has removed this and resubmitted a new CDER. HRC will ensure that ongoing training is offered to case management regarding properly reviewing the CDER on an annual basis.

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)(4)]

Findings

Eleven of the thirteen (85 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by HRC. However, IPPs for two consumers did not indicate HRC funded services as indicated below:

1. Consumer #7: Financial Management Services; and,
2. Consumer #10: Financial Management Services.

2.10.a Recommendation	Regional Center Plan/Response
HRC should ensure that the IPPs for consumers #7 and #10 include a schedule of the type and amount of services and supports purchased by HRC.	HRC will ensure that the IPPs will include a schedule of the type and amount of all services and supports purchased by HRC through ongoing training and managerial review of

	IPPs. The 2 IPPs have been updated to show the schedule of the type and amount of services and supports purchased by HRC, including the FMS fees.
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2.11.c The IPP documents the specific reason(s) for individual budgets that were increased or decreased. 4685.8(m)(1)(A)(ii)(I)).

Findings

Eight of the ten (80 percent) applicable consumer records had IPPs that documented the reason for the increase or decrease of individual budgets. However, the IPP did not document the reason for the change for the following consumers:

1. Consumer #7: The IPP dated February 25, 2022, did not document the reason for the increase in the individual budget.
2. Consumer #8: The IPP dated February 13, 2023, did not document the reason for the increase in the individual budget. An addendum was completed on May 31, 2023. Accordingly, no recommendation is required.

2.11.c Recommendation	Regional Center Plan/Response
HRC should ensure the IPP for consumer #7 documents the reason for the individual budget change.	HRC will ensure that there is documentation in the IPP that indicates the reason for the increase or decrease in the budget through managerial review. Ongoing training and reminders will be offered to the case management teams that specialize in SDP. The IPP was updated and now shows the changes to the budget for the past 2 years, and the reasoning.

Regional Center Consumer Record Review Summary Sample Size = 13						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	13			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 consumer's initial HCBS SDP Waiver eligibility certification, annual recertifications, the consumer'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.	13			100	None
2.1.b	The DS 3770 form identifies the consumer's qualifying conditions and any applicable special health care requirements for meeting the Title 22 level of care requirements.	13			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	13			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.			13	NA	None
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)]	11	2		85	See Narrative
2.3	There is a written notification of a proposed action and documentation that the consumer 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 consumer/parent/legal guardian or legal representative does not agree with all or part of the components in the consumer's IPP, or the consumer's HCBS SDP Waiver eligibility has been terminated. (SMM 4442.7), (42 CFR Part 431, Subpart E), [WIC §4710(a)(1)]			13	NA	None

Regional Center Consumer Record Review Summary Sample Size = 13						
	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5), (42 CFR 441.302)	12	1		92	See Narrative
2.5.a	The consumer's 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 consumer's CDER and other assessments. (SMM 4442.5), [42 CFR 441.302(c)], (Title 22, CCR, §51343)	13			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	12	1		92	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 consumer's changing needs, wants or health status. [42 CFR 441.301(b)(1)(I)]	13			100	None
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. (HCBS SDP Waiver requirement)			13	NA	None
2.7.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 or legal guardian or conservator. [WIC §4646(g)]	13			NA	None
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	6		7	100	None
2.7.c	The IPP is prepared jointly with the planning team. [WIC §4646(d)]	13			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. [WIC §4646.5(a)]	13			100	None

Regional Center Consumer Record Review Summary Sample Size = 13						
	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer's goals and needs. [WIC §4646.5(a)(2)]	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).	13			100	None
2.9.b	The IPP addresses special health care requirements.	1		12	100	None
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 consumer's goals, preferences and life choices.	13			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. [WIC §4685(c)(2)]	5		8	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 [WIC §4646.5(a)(4)]	11	2		85	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. [WIC §4646.5(a)(5)]	13			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [WIC §4646.5(a)(5)]	6		7	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. [WIC §4646.5(a)(5)]	13			100	None
2.11.a	Copy of the spending plan attached to the participants IPP	13			100	None
2.11.b	The spending plan total amount does not exceed the amount of the certified budget.	13			100	None

Regional Center Consumer Record Review Summary Sample Size = 13						
	Criteria	+	-	N/A	% Met	Follow-up
2.11.c	For Individual budgets that were increased or decreased, the IPP documents the specific reason for the adjustment	8	2	3	80	See Narrative
2.11.d	Regional center or IPP team approve transfers in excess of 10 percent of the original amount allocated to any budget category.	3		10	100	None
2.12	Periodic review and reevaluations of consumer progress 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 the consumer and his/her family are satisfied with the IPP and its implementation. [WIC §4646.5(a)(8)]	13			100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	1		12	100	None
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e.,. (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	1		12	100	None
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. (<i>WIC §4418.3</i>)			13	NA	None

SECTION III

CONSUMER OBSERVATIONS AND INTERVIEWS

I. Purpose

The consumer observations are conducted to verify that the consumers appear to be healthy and have good hygiene. Interview questions focus on the consumers 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

Seven of the thirteen consumers, 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.

- ✓ One consumer agreed to be interviewed by the monitoring teams.
- ✓ Two consumers did not communicate verbally or declined an interview but were observed.
- ✓ Four interviews were conducted with parents of minors.
- ✓ Six consumers were unavailable for or declined interviews.

III. Results of Observations and Interviews

All of the four 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 consumers that were interviewed and observed reflected personal choice and individual style.

IV. Finding and Recommendation

None

SECTION IV

SERVICE COORDINATOR INTERVIEWS

I. Purpose

The interviews determine how well the service coordinators know their consumers, 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 three HRC service coordinators.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to the consumers 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 their respective consumers. They were able to relate specific details regarding the consumers' 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 consumers' needs, preferences and satisfaction with services outlined in the IPP. For consumers in out-of-home placement settings, service coordinators conduct quarterly face-to-face visits and develop written assessments of consumer progress and satisfaction. 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 consumers' use of medication and issues related to side effects, the service coordinators utilize HRC medical director and online resources for medication.

4. The service coordinators monitor the consumers' services, health and safety during periodic visits. They are aware of the consumers' health issues. The service coordinators were knowledgeable about the special incident reporting process and 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 13 consumers 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. There were no special incidents reported during the review period, consequently, a supplemental sample of special incidents was not available

III. Results of Review

There were no special incidents reported during the review period.

IV. Findings and Recommendations

None

SAMPLE CONSUMERS

HCBS SDP Waiver Review Consumers

#	UCI
1	XXXXXXX
2	XXXXXXX
3	XXXXXXX
4	XXXXXXX
5	XXXXXXX
6	XXXXXXX
7	XXXXXXX
8	XXXXXXX
9	XXXXXXX
10	XXXXXXX
11	XXXXXXX
12	XXXXXXX
13	XXXXXXX

Supplemental New Enrollees Sample

#	UCI
NE-1	XXXXXXX
NE-2	XXXXXXX
NE-3	XXXXXXX
NE-4	XXXXXXX
NE-5	XXXXXXX
NE-6	XXXXXXX
NE-7	XXXXXXX
NE-8	XXXXXXX