

**Kern 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**

November 6–17, 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 November 6-17, 2023 at Kern Regional Center (KRC). The monitoring team members were Natasha Clay (Team Leader), Ashley Guletz, Lena Mertz, Nadia Flores and Fam Chao 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 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 12 records for individuals served who are on the HCBS SDP Waiver. In addition, a supplemental sample of 12 individuals newly enrolled in the HCBS SDP Waiver during the review period of August 1, 2022, through July 31, 2023 were reviewed for documentation that KRC determined the level of care prior to receipt of HCBS SDP Waiver services.

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

Overall Conclusion

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

Twelve sample records for individuals served the HCBS SDP Waiver were reviewed for 35 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS SDP Waiver requirements. Six criteria were rated as not applicable for this review. Criterion 2.6.a was 83 percent in compliance because two of the 12 applicable records did not have the IPP reviewed annually by the planning team. Criterion 2.13.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 2.13.b was 50 percent in compliance because one of the two applicable records did not contain documentation of all required quarterly reports of progress. The sample records were 98 percent in overall compliance for this review.

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

Section III Observations and Interviews of Individuals Served

Five individuals served, or in the case of minors, their parents, were interviewed and/or observed. The monitoring team observed that all of the individuals were in good health and were treated with dignity and respect.

Section IV – Service Coordinator Interviews

Two 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 the records of the 12 HCBS SDP Waiver individuals for special incidents during the review period KRC reported all of 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 KRC 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

KRC 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 KRC 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. Twelve HCBS SDP Waiver records were selected for the review sample.
2. The review period covered activity from August 1, 2022 – July 31, 2023.

III. Results of Review

The 12 sample records of individuals served were reviewed for 35 documentation requirements derived from federal and state statutes and regulations and HCBS SDP Waiver requirements. Twelve supplemental records were reviewed for documentation that KRC determined the level of care prior to receipt of HCBS SDP Waiver services.

- ✓ The sample records were in 100 percent compliance for 24 criteria. There are no recommendations for these criteria. Eight criteria were not applicable for this review.
- ✓ 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

- 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)]

Finding

Eleven of the twelve (92 percent) sample records of individuals served contained a signed and dated DS 2200 form. However, individual #1 was reactivated on the waiver in 2015. A new DS 2200 was not signed and dated until September 6, 2023. 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 consumer's changing needs, wants or health status. [42 CFR 441.301(b)(1)(I)]

Finding

Ten of the twelve (83 percent) sample records of individuals served contained documentation that the individual's IPP had been reviewed annually by the planning team. However, there was no documentation that the IPPs for two individuals were reviewed annually, as indicated below:

1. Individual #3: The IPP was dated April 22, 2021. There was no documentation that the IPP was reviewed within the year. A new IPP was not completed until February 10, 2023. Accordingly, no recommendation is required.
 2. Individual #5: The IPP was dated August 26, 2021. There was no documentation that the IPP was reviewed within the year. A new IPP was not completed until April 27, 2023. 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)]

Findings

Eleven of the twelve (92 percent) sample individual records contained IPPs that addressed the individuals' qualifying conditions. However, the IPP for individual #4 did not address supports for the individual's "depressive like behavior affects functions" as a qualifying condition as indicated in the quarterly progress report dated October 13, 2022. Subsequent to the monitoring review, KRC provided an updated DS3770 that removed "depressive like behavior affects function" as a qualifying condition. Accordingly, no recommendation is required.

- 2.13.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 community care facilities or family home agencies or receiving supported living and independent living services. (Title 17, CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement)

Findings

One of the two (50 percent) applicable sample records of individuals served had quarterly face-to-face meetings completed and documented. However, the record for individual #1 contained documentation of three of the required meetings.

2.13.a Recommendations	Regional Center Plan/Response
KRC should ensure that all future face-to-face meetings are completed and documented each quarter for individual #1.	<p>KRC will ensure the quarterly monitoring requirements are reflected in KRC's database system (SANDIS) for individual #1.</p> <p>KRC will enter the due dates of the quarterly written reports in KRC's database system (SANDIS) for individual #1 to avoid missed quarterly reports.</p> <p>Title 19 documentation will be completed to reflect quarterly face-to-face contact and report completion for individual #1.</p>
In addition, KRC should evaluate what actions may be necessary to ensure that quarterly face-to face meetings are completed and documented for all applicable individuals served.	<p>KRC will follow up with the service coordinator to ensure the quarterly monitoring requirements are reflected in KRC's database system (SANDIS) for each individual.</p> <p>KRC will enter the due dates of the quarterly written reports in KRC's database system (SANDIS) to avoid missed meetings and reports on each individual.</p> <p>Title 19 documentation will be completed to reflect quarterly face-to-face contact and report completion.</p>

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 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 records of individuals served had quarterly reports of progress completed for individuals living in community out-of-home settings. However, the record for individual #1 contained documentation of three of the required quarterly reports of progress.

2.13.b Recommendations	Regional Center Plan/Response
KRC should ensure that future quarterly reports of progress are completed for individual #1.	KRC has conducted quality review of the quarterly reports on the following dates Jan 8, 2024, Feb 26, 2024, March 11, 2024, April 2, 2024, May 6, 2024, and June 10, 2024.
In addition, KRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable individuals served.	KRC will provide enhance training to service coordination staff on the monitoring report requirements for applicable individuals. This training will include how to access report and record progress on the quarterly reports. The training will also be provided when onboarding new service coordination staff.

Summary for Regional Center Record Review of Individuals Served Sample Size = 12						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The individual is Medi-Cal eligible. (SMM 4442.1)	12			100	
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.	12			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.	12			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	10		2	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.			12	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)]	11	1		92	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)]			12	NA	None

Summary for Regional Center Record Review of Individuals Served Sample Size = 12						
	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			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. (SMM 4442.5), [42 CFR 441.302(c)], (Title 22, CCR, §51343)	12			100	None
2.5.b	The individuals qualifying conditions documented in the CDER are consistent with information contained in the record.	12			100	None
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. [42 CFR 441.301(b)(1)(I)]	10	2		83	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. (HCBS SDP Waiver requirement)			12	NA	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. [WIC §4646(g)]	12			100	None
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.	12			100	None
2.7.c	The IPP is prepared jointly with the planning team. [WIC §4646(d)]	12			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the individual. [WIC §4646.5(a)]	12			100	None

Summary for Regional Center Record Review of Individuals Served Sample Size = 12						
	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the individual'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).	11	1		92	See Narrative
2.9.b	The IPP addresses special health care requirements.	3		9	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.			12	NA	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.			12	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.			12	NA	None
2.9.f	The IPP addresses the individual's goals, preferences and life choices.	12			100	None
2.9.g	The IPP includes a family plan component if the individual is a minor. [WIC §4685(c)(2)]	5		7	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)(5)]	12			100	None
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)]	12			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [WIC §4646.5(a)(5)]	8		4	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)]	12			100	None
2.11.a	Copy of the spending plan attached to the participants IPP(WIC § 4685.8(c)(7))	12			100	None
2.11.b	The spending plan total amount does not exceed the amount of the certified budget. (WIC §4685.8(c)(7))	12			100	None

Summary for Regional Center Record Review of Individuals Served Sample Size = 12						
	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 <i>WIC § 4685.8(m)(1)(A)(ii)(I)</i> .	4		8	100	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 & Community (SC 331-335); and Health and Safety (SC 356-399) (WIC § 4685.8(n))</i> .			12	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>	12			100	None
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	1	10	50	See Narrative
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	1	10	50	See Narrative
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>			12	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

Five of the 12 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.

✓ One individual agreed to be interviewed by the monitoring teams.

✓ Four interviews were conducted with parents of minors.

✓ Seven individuals were unavailable for or declined interviews.

III. Results of Observations and Interviews

All but one of the 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

Individual #8 stated they were dissatisfied with their Financial Management Service regarding timeliness of reimbursements and communication.

Recommendation	Regional Center Plan/Response
KRC should follow up with individual #8 regarding their concerns.	KRC made contact with individual #8's legal representative. There has been improved communication with FMS; however, there are still concerns with delay in payment to service provider. At this time, there is limited options for available FMS agency for SDP

	participants to choose from. Pending availability of FMS agencies, KRC will continue to monitor and provide options as FMS resources are developed.
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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 two KRC 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 KRC 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 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 12 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. 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. Finding and Recommendation

None

SAMPLE OF INDIVIDUALS SERVED

HCBS SDP Waiver 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

Supplemental New Enrollees Sample

#	UCI
NE-1	XXXXXXXX
NE-2	XXXXXXXX
NE-3	XXXXXXXX
NE-4	XXXXXXXX
NE-5	XXXXXXXX
NE-6	XXXXXXXX
NE-7	XXXXXXXX
NE-8	XXXXXXXX
NE-9	XXXXXXXX
NE-10	XXXXXXXX
NE-11	XXXXXXXX
NE-12	XXXXXXXX