

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

**Conducted by:**

**Department of Developmental Services**

**November 6-17, 2023**

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## EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) conducted the federal compliance monitoring review of the Home and Community-Based Services (HCBS) 1915(i) State Plan Amendment (SPA) program from November 6-17, 2023, at Kern Regional Center (KRC). The monitoring team members were Natasha Clay (Team Leader), Ashley Guletz, Nadia Flores, Lena Mertz, and Fam Chao.

### 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 eight 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 August 1, 2022 through July 31, 2023.

### Overall Conclusion

KRC is in substantial compliance with the federal requirements for the HCBS 1915(i) SPA 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 Record Review of Individuals Served

Eight 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. Six criteria were rated as not applicable for this review.

The sample records were 97 percent in overall compliance for this review. KRC's records were 96 and 84 percent in overall compliance for the collaborative reviews conducted in 2021 and in 2019 respectively.

### Section II – Special Incident Reporting

The monitoring team reviewed eight records for individuals served who are on the 1915(i) SPA and five supplemental sample records for special incidents during the review period. KRC reported all special incidents timely for the sample selected for the HCBS 1915(i) SPA review. For the supplemental sample, the service providers reported all five incidents to KRC within the required timeframes, and KRC subsequently transmitted all five special incidents to DDS within the required timeframes. KRC's follow-up activities on incidents were timely and appropriate for the severity of the situations.

## 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. Eight HCBS 1915(i) SPA records of individuals served were selected for the review sample.
2. The review period covered activity from August 1, 2022 to July 31, 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. Six 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 three 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

Seven of the eight (88 percent) sample records of individuals served contained IPPs that were signed by KRC and the individuals served, or their legal representatives. However, the IPP dated November 23, 2022 for individual #1 was not signed by the individual served.

1.4.a Recommendation	Regional Center Plan/Response
KRC should ensure that the IPP for individual #1 is signed by the individual served. If the individual served does not sign, KRC should ensure that the record addresses the reason why the individual did not or could not sign.	There is record that individual #6 is able to sign, however the signature page for IPP dated 11/23/22 could not be located. Future IPP's will indicate individual #6 signature.

- 1.7.a The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. *[W&I Code §4646.5(a)(5)]*

##### Findings

Seven of the eight (88 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, the IPP for individual #6 did not include the KRC funded service of Community Integration Training Program.

1.7.a Recommendation	Regional Center Plan/Response
KRC should ensure that the IPP for individual #6 include a schedule of the type and amount of all services and supports purchased by KRC.	KRC verified IPP addendum was completed for individual #6 on 1/10/2023. The addendum report includes community integration training program.

- 1.9 Periodic reviews and reevaluations of progress for the individual served 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 and his/her family are satisfied with the IPP and its implementation. [W&I Code §4646.5(a)(6)]

### Finding

Seven of the eight (88 percent) sample records of individuals served contained documentation of periodic review and reevaluation of progress at least annually. However, the record for individual #6 did not contain documentation that the individual's progress had been reviewed within the year.

1.9 Recommendation	Regional Center Plan/Response
KRC should ensure that a review and reevaluation of progress regarding planned services, timeframes and satisfaction for individual #6 is completed and documented at least annually.	KRC will conduct a quality review of the IPP for individual #6 to ensure that progress regarding planned services is noted in the IPP. The review will occur annually.

<b>Summary for Regional Center Record Review of Individuals</b> <b>Served Sample Size = 8 Records</b>						
	Criteria	+	-	N/A	% Met	Follow-up
1.0	The individual is Medi-Cal eligible. (SMM 4442.1)	8			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.			8	NA	None
1.1.b	The DS 6027 form indicates that the individual meets the eligibility criteria for the 1915(i) SPA.			8	NA	None
1.1.c	The DS 6027 form documents annual reevaluations.			8	NA	None
1.1.d	The DS 6027 documents short-term absences of 120 days or less, if applicable.			8	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)]			8	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)]	8			100	None
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. [WIC §4646(g)]	7	1		88	See Narrative



Summary for Regional Center Record Review of Individuals Served Sample Size = 8 Records						
	Criteria	+	-	N/A	% Met	Follow-up
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.	4		4	100	None
1.4.c	The IPP is prepared jointly with the planning team. <i>[WIC §4646(d)]</i>	8			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>	8			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.	2		6	100	None
1.6.b	The IPP addresses the services which the CCF provider is responsible for implementing.			8	NA	None
1.6.c	The IPP addresses the services which the day program provider is responsible for implementing.	5		3	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.	2		6	100	None
1.6.e	The IPP addresses the individual's goals, preferences, and life choices.	8			100	None
1.6.f	The IPP includes a family plan component if the individual is a minor. <i>[WIC §4685(c)(2)]</i>	3		5	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>	7	1		88	See Narrative
1.7.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. <i>[WIC §4646.5(a)(5)]</i>	8			100	None

Summary for Regional Center Record Review of Individuals Served Sample Size = 8 Records						
	Criteria	+	-	N/A	% Met	Follow-up
1.7.c	The IPP specifies the approximate scheduled start date for new services and supports. <i>[WIC §4646.5(a)(5)]</i>	3		5	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>	8			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>	7	1		88	See Narrative
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> )	1		7	100	None
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> )	1		7	100	None

## 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 eight 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. KRC reported all special incidents in the sample of eight records selected for the HCBS 1915(i) SPA review to DDS.
2. KRC's vendors reported all five (100 percent) special incidents in the supplemental sample within the required timeframes.
3. KRC reported all five (100 percent) incidents to DDS within the required timeframes.
4. KRC's follow-up activities on incidents 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**

<b>#</b>	<b>UCI</b>
1	XXXXXXXX
2	XXXXXXXX
3	XXXXXXXX
4	XXXXXXXX
5	XXXXXXXX
6	XXXXXXXX
7	XXXXXXXX
8	XXXXXXXX

### **SIR Review**

<b>#</b>	<b>UCI</b>	<b>Vendor</b>
SIR 1	XXXXXXXX	XXXXXX
SIR 2	XXXXXXXX	XXXXXX
SIR 3	XXXXXXXX	XXXXXX
SIR 4	XXXXXXXX	XXXXXX
SIR 5	XXXXXXXX	XXXXXX