North Los Angeles County 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

August 1-19, 2022

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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 August 1-19, 2022, at North Los Angeles County Regional Center (NLACRC). The monitoring team members were Natasha Clay (Team Leader), Nora Muir, Kelly Sandoval, Bonnie Simmons, Fam Chao, and Hope Beale from DDS, and Julie Ota, 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 13 HCBS SDP Waiver individuals for 35 documentation requirements derived from federal and state statutes and regulations and HCBS SDP Waiver requirements. In addition, a supplemental sample of 21 individuals newly enrolled in the HCBS SDP Waiver during the review period were reviewed for documentation that NLACRC determined the level of care prior to receipt of HCBS SDP Waiver services.

The monitoring team interviewed and/or observed 10 selected sample individuals.

Overall Conclusion

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

Section II – Regional Center Individual Record Review

Thirteen sample individual records were reviewed for 35 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS SDP Waiver requirements. Ten criteria were rated as not applicable for this review. Criterion 2.2 was 62 percent in compliance because 5 of the 13 records did not contain signed DS 2200 forms. Criterion 2.4 was 77 percent in compliance because 3 of the 13 individual's CDERs were not reviewed annually. Criterion 2.7.a was 77 percent in compliance because 3 of the 13 IPPs were not signed before implementation. Criterion 2.11.c was 56 percent in compliance because 4 of the 9 applicable records did not document the reason for the change in the individual's budget. Criterion 2.13.a was zero percent in compliance because two of the two applicable records did not contain documentation of all required quarterly face-to-face visits. Criterion 2.13.b was zero percent in compliance because both of the applicable records did not contain documentation of all required quarterly reports of progress. The sample records were 92 percent in overall compliance for this review.

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

Section III – Observations and Interviews

Ten individuals, 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. Four of the ten interviewed individuals/parents indicated that they were satisfied with their services, health and choices.

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 and knowledgeable about their roles and responsibilities.

Section V – Special Incident Reporting

The monitoring team reviewed the records of the 13 HCBS SDP Waiver individuals for special incidents during the review period NLACRC 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 NLACRC 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

NLACRC 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 NLACRC 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

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. Thirteen HCBS SDP Waiver records were selected for the review sample.

2. The review period covered activity from May 1, 2021-April 30, 2022.

III. Results of Review

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

- ✓ The sample records were in 100 percent compliance for 17 criteria. There are no recommendations for these criteria. Ten criteria were not applicable for this review.

- ✓ Findings for 8 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

Eight of the thirteen (62 percent) sample records contained a completed DS 2200 form. There were identified issues regarding the DS 2200 form for the following individuals:

1. Individual #2: The DS 2200 form was not signed by the individual served.

2. Individual #4: The individual served was determined eligible September 1, 2020. The DS 2200 was signed and dated July 13, 2022. Accordingly, no recommendation is required.

3. Individual #7: The individual served was determined eligible June 1, 2021. The DS 2200 was signed and dated July 13, 2022. Accordingly, no recommendation is required.

4. Individual #9: The individual served was determined eligible January 1, 2021.The DS 2200 form was signed and dated June 22, 2022. Accordingly, no recommendation is required.

5. Individual #13: The DS 2200 form was not completed.

2.2 Recommendation	Regional Center Plan/Response
NLACRC should ensure that the DS 2200 forms for individuals #2 and #13 are properly completed, signed and dated.	**#2 Service Coordinator attempted to obtain signed DS2200, however individual #2 works and has not been able to meet with Service Coordinator. Next IPP is due in February 2024, therefore the plan is to obtain signature then.** **#13 Service Coordinator attempted to obtain signed DS2200 to no avail. The plan is to obtain signature at next IPP meeting due in May 2024.**

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)

Findings

Ten of the thirteen (77 percent) sample records contained a CDER that had been reviewed within the last 12 months. However, the records for individuals #6, #9 and, #13 did not contain documentation that the CDER had been reviewed during the year.

2.4 Recommendation	Regional Center Plan/Response
NLACRC should ensure that the CDER for individuals #6, #9, and #13 are reviewed annually.	**CDERs for all identified individuals were reviewed and updated annually. However, the 2021 CDERs were not uploaded into the electronic chart, Therefore and subsequently replaced with the 2022 CDER update. Unfortunately, once the CDER is updated in SANDIS, Regional Center is unable to retrieve the previous CDER. All CDER updates must be uploaded into Therefore. Preliminary findings on missing CDERs due to lack of saving previous CDER in Therefore before an update discussed at Case Management Leadership Meeting on 9/12/22. Continued training regarding the importance of reviewing/updating/uploading CDER annually being provided to Service Coordinators, Supervisors, and Directors at unit meetings and Case Management Leadership Meetings.**

2.5.b The individual's 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]*

Findings

Eleven of the thirteen (85 percent) sample records documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in four records (detailed below) 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 following were identified as qualifying conditions 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 conditions or need for services and supports:

1. Individual #1: "self-injurious behavior." Subsequent to the review, an addendum was completed to add information supporting this qualifying condition. Accordingly, no recommendation is required.

2. Individual #5: "medications with supervision" and "resistiveness." Subsequent to the review, an addendum was completed to add information supporting this qualifying condition. Accordingly, no recommendation is required.

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

Ten of the thirteen (77 percent) sample records contained IPPs that were signed by NLACRC and the individuals served or conservators. However, the following IPPs were not signed by the appropriate individual:

1. Individual #7: The IPP dated May 18, 2021, was not signed by the individual served.
2. Individual #13: The IPP dated April 7, 2021, was not signed by the individual served.
3. Individual #12: The IPP dated December 15, 2021, was not signed by the individual served until July 26, 2022. Accordingly, no recommendation is required.

2.7.a Recommendation	Regional Center Plan/Response
NLACRC should ensure the IPP for individuals #7 and #13 are signed by the legal representative/guardian.	**#7 Service Coordinator obtained signed IPP page with individual #7's signature. It has been filed in the electronic chart. Supervisor provided a refresher training to Service Coordinator -IPP signature pages need to be signed by the adult individual #7 and not the parent if they are not conserved.** **#13 IPP meeting was held virtually, therefore signature page was mailed out with a copy of the IPP document and stamped envelope. Parent failed to return IPP signature page. Upon follow up, parent refused to sign, and we are**

	now going through due process.

2.11.b The spending plan total amount does not exceed the amount of the certified individual budget (§4685.8(c)(7)).

Twelve of the thirteen (92 percent) sample records had spending plans that did not exceed the amount of the certified budget. However, the spending plan for individual #4 exceeded the amount of the certified budget.

2.11.b Recommendation	Regional Center Plan/Response
NLACRC should ensure the spending plan for individual #4 does not exceed the amount of the certified budget.	**#4 Individual #4 had three revisions the first year and two revisions the second year, auditors may have reviewed a spending plan that did not match the budget tool during the initial audit; however, Accounting has a system in place where they do not approve eBilling and SANDIS unless the budget tool and spending plan match.**

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).

Five of the nine (56 percent) applicable records had IPPs that documented the reason for the increase or decrease of individual budgets. However, the IPPs for Individuals #1, #10, #11 and #13 for did not document the reason for the change.

2.11.c Recommendation	Regional Center Plan/Response
NLACRC should ensure the IPP for individuals #1, #10, #11 and #13 document the reason for the individual budget change.	**#1 Addendum dated 1/1/21 captures FMS fee waived. Addendum dated 9/1/21 captures budget increase for Adaptive Skills (15 hours per month) and social rec (music and creative art).** **#10 Addendum dated 1/1/22 captures budget increase for Adaptive Skills (12 hours per week) and respite (20 hours per month).** **#11 Addendum dated 1/1/22 captures budget increase for Adaptive Skills (12 hours per**

	week) and respite (20 hours per month). **#13 Addendum dated 6/21/21 captures budget increase for day care services (10 hours per week).** **Service Coordinators are receiving a mandatory refresher training on IPPs and Addendums to avoid this type of findings in the future.**

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

Neither of the two applicable sample records had quarterly face-to-face meetings completed and documented as indicated below:

1. Individual #2 contained documentation of two of the required meetings.
2. Individual #5 contained documentation of three of the required meetings.

2.13.a Recommendations	Regional Center Plan/Response
NLACRC should ensure that all future face-to-face meetings are completed and documented each quarter for individuals #2 and #5.	**#2 Case was in an open caseload. Case has been assigned to ensure face to face quarterlies occur.** **#5 Service Coordinator was trained on expectation and importance of face-to-face quarterly meetings and progress reports.**
In addition, NLACRC should evaluate what actions may be necessary to ensure that quarterly face-to face meetings are completed and documented for all applicable individuals.	**The importance of timely quarterly face-to-face meetings and progress reports discussed at Case Management Leadership Huddle Meeting on 9/12/22. Supervisors to ensure implementation of monitoring timely complete of reports during scheduled supervision with each Service Coordinator. Continued training provided to Service Coordinators and Supervisors regarding this**

	HCBS Waiver requirement from date of IPP. Floater Service Coordinator positions implemented to provide support for uncovered caseloads to ensure compliance. Last, NLACRC has implemented a tracking data base, Power BI Caseload Reports, to assist Case Management with DDS compliance

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 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

Neither of the two applicable sample records had quarterly reports of progress completed for individuals living in community out-of-home settings as indicated below:

1. The record for individual #2 contained documentation of two of the required quarterly reports of progress.

2. The record for individual #5 contained documentation of three of the required quarterly reports of progress.

2.13.b Recommendations	Regional Center Plan/Response
NLACRC should ensure that future quarterly reports of progress are completed for individuals #2 and #5.	**#2 Case was in an open caseload. Case has been assigned to ensure face to face quarterlies occur. #5 Service Coordinator was trained on expectation and importance of face-to-face quarterly meetings and progress reports.**
In addition, NLACRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable individuals.	**The importance of timely quarterly face-to-face meetings and progress reports discussed at Case Management Leadership Huddle Meeting on 9/12/22. Supervisors to ensure implementation of monitoring timely complete of reports during scheduled supervision with each Service Coordinator. Continued training provided to Service Coordinators**

	and Supervisors regarding this HCBS Waiver requirement from date of IPP. Floater Service Coordinator positions implemented to provide support for uncovered caseloads to ensure compliance. Last, NLACRC has implemented a tracking data base, Power BI Caseload Reports, to assist Case Management with DDS compliance.

Regional Center Record Review Summary Sample Size = 13						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
2.0	The individual 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 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.	13			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.	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 Individual Choice of Services/Living Arrangements form, (DS 2200). *(SMM 4442.7), [42 CFR 441.302(d)]*	8	5		62	See Narrative
2.3	There is a written notification of a proposed action and documentation that the individual 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 individual's 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)]*			13	NA	None

Regional Center 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)*	10	3		77	See Narrative
2.5.a	The individual'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 individual's CDER and other assessments. *(SMM 4442.5), [42 CFR 441.302(c)], (Title 22, CCR, §51343)*	13			100	None
2.5.b	The individual's qualifying conditions documented in the CDER are consistent with information contained in the individual's record.	11	2		85	See Narrative
2.6.a	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(b)(1)(l)]*	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 individual served, or where appropriate, his/her parents or legal guardian or conservator. *[WIC §4646(g)]*	10	3		77	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.	9		4	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 individual served. *[WIC §4646.5(a)]*	13			100	None

Regional Center Record Review Summary Sample Size = 13						
	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).	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.					N/A
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.					N/A
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.					N/A
2.9.f	The IPP addresses the individual's goals, preferences and life choices.	13			100	None
2.9.g	The IPP includes a family plan component if the individual is a minor. *[WIC §4685(c)(2)]*	6		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)(4)]*			13	NA	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)]*	13			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. *[WIC §4646.5(a)(5)]*	9		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)]*			13	NA	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.	12	1		92	See Narrative

Regional Center 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	5	4	4	56	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.			13	NA	None
2.12	Periodic review and reevaluations of progress are completed *(at least annually)* to ascertain that planned services have been provided, that individual progress has been achieved within the time specified, and the individual served, 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 individuals living in community out-of-home settings, i.e., *(Title 17, CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement)*	0	2	11	0	See Narrative
2.13.b	Quarterly reports of progress are completed for individuals living in community out-of-home settings, i.e.,. *(Title 17, CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement)*	0	2	11	0	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. *(WIC §4418.3)*			13	NA	None

SECTION III

OBSERVATIONS AND INTERVIEWS

I. Purpose

Observations are conducted to verify that the individuals appear to be healthy and have good hygiene. Interview questions focus on the individuals' 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

Ten of the thirteen 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.

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

III. Results of Observations and Interviews

Four of the ten 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. Findings and Recommendations

Individuals #3, #6, #9, and #12 stated they were dissatisfied with their Financial Management Service regarding timeliness of reimbursements and communication.

Recommendation	Regional Center Plan/Response
NLACRC should follow up with individuals #3, #6, #9, and #12 regarding their concerns.	**All individuals were informed that they could switch to a different FMS agency if the current FMS was not meeting their needs. Service Coordinators also encouraged individuals and families to report when things are not going well so**

	that Service Coordinators can assist with advocacy. **#3 Individual #3 decided to switch FMS agency after his budget year ended. He switched from GT independence to Cambrian as of 11/1/23.** **#6 Decided to stay with FMS agency and Service Coordinator has assisted family with navigating the FMS system.** **#9 Decided to stay with the same FMS agency. No issues have been reported.** **#12 Decided to stay with the same FMS agency and Service Coordinator has been able to advocate when things don't go well.**

Individuals #6, #9, #10, and #11 stated they were dissatisfied with the timeliness regarding communication with their service coordinators.

Recommendation	Regional Center Plan/Response
NLACRC should follow up with individuals #6 #9, #10, and #11 regarding their concerns.	**All individuals and families were contacted and informed that we have a policy that requires NLACRC staff to return phone calls within 24 hours. If a Service Coordinator does not respond within 24, individual/family can ask to speak to the Officer of the day, the Supervisor, Manager, or Director depending on their needs. Individual/family have the right to request a new Service Coordinator.** **#6 Parent has been including Supervisor in all communication.**

	#9 Individual #9's Service Coordinator left the agency, and individual #9 has a new Service Coordinator. No issues have been reported since the change was made. **#10 Individual #10 has a new Service Coordinator. Communication has improved.** **#11 Individual #11 has a new Service Coordinator. Communication has improved.**

SECTION IV

SERVICE COORDINATOR INTERVIEWS

I. Purpose

The interviews determine how well the service coordinators know 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 NLACRC 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 respective individuals served. 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. In preparation for the quarterly visits, service coordinators review their previous progress reports, pertinent case notes, and special incident reports.

3. To better understand issues related to individuals' use of medication and issues related to side effects, the service coordinators utilize NLACRC medical director and online resources for medication.

4. The service coordinators monitor 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 13 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. Findings and Recommendations

None

SAMPLES

HCBS SDP Waiver Review

#	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	#	UCI
NE-1	XXXXXXX	NE-12	XXXXXXX
NE-2	XXXXXXX	NE-13	XXXXXXX
NE-3	XXXXXXX	NE-14	XXXXXXX
NE-4	XXXXXXX	NE-15	XXXXXXX
NE-5	XXXXXXX	NE-16	XXXXXXX
NE-6	XXXXXXX	NE-17	XXXXXXX
NE-7	XXXXXXX	NE-18	XXXXXXX
NE-8	XXXXXXX	NE-19	XXXXXXX
NE-9	XXXXXXX	NE-20	XXXXXXX
NE-10	XXXXXXX	NE-21	XXXXXXX
NE-11	XXXXXXX		