

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

Conducted by:

Department of Developmental Services

July 8-19, 2024

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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 July 8-19, 2024, at Redwood Coast Regional Center (RCRC). The monitoring team members were Ashley Guletz (Team Leader), Amalya Caballero, Fam Chao, Jenny Mundo, Crystal La, Deeanna Tran, Janie Hironaka, Vannessa Fonseca, Dominique Johnson, Kelly Sandoval and Nora Muir from DDS.

Purpose of the Review

DDS contracts with 21 private, non-profit corporations to operate regional centers, which are responsible under state law for coordinating, providing, arranging or purchasing the services needed for eligible individuals with developmental disabilities in California. All HCBS 1915(i) SPA services are provided through this system. It is the responsibility of DDS to ensure, with the oversight of DHCS, that the HCBS 1915(i) SPA is implemented by regional centers in accordance with Medicaid statute and regulations.

Overview of the HCBS 1915(i) SPA Programmatic Compliance Monitoring Protocol

The compliance monitoring review protocol is comprised of sections/components designed to determine if the individuals' needs and program requirements are being met and that services are being provided in accordance with the individual program plan (IPP). Specific criteria have been developed for the review sections listed below that are derived from federal/state statutes and regulations and from Centers for Medicare & Medicaid Services' directives and guidelines relating to the provision of HCBS 1915(i) SPA services.

Scope of Review

The monitoring team conducted reviewed of a sample of five 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 April 1, 2023 through March 31, 2024.

Overall Conclusion

RCRC is in substantial compliance with the federal requirements for the HCBS 1915(i) SPA program. Specific recommendations that require follow-up actions by RCRC are included in the report findings. DDS is requesting documentation of follow-up actions taken by RCRC 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

Five sample records for individuals served on the 1915i SPA were reviewed for 24 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS 1915(i) SPA requirements. Criterion 1.4.a was 80 percent in compliance because one of five records did not contain an IPP signed by the individual or regional center. Criterion 1.4.b was 75 percent in compliance because one of four applicable records did not contain an IPP addendum signed by the individual or the regional center. Criterion 1.9.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 1.9.b was 50 percent in compliance because one of the two applicable records did not contain documentation of all required quarterly reports of progress. Seven criteria were rated as not applicable for this review.

The sample records were 93 percent in overall compliance for this review. RCRC's records were 94 and 99 percent in overall compliance for the collaborative reviews conducted in 2022 and in 2020, respectively.

Section II – Special Incident Reporting

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

SECTION I

REGIONAL CENTER RECORD REVIEW OF INDIVIDUALS SERVED

I. Purpose

The review is based upon documentation criteria derived from federal/state statutes and regulations and from the Centers for Medicare & Medicaid Services' directives and guidelines relating to the provision of Home and Community-Based Services (HCBS) 1915(i) State Plan Amendment (SPA) services. The criteria address requirements for eligibility, individual choice, notification of proposed action and fair hearing rights, individual program plans and periodic reviews and reevaluations of services. The information obtained about the individuals' needs and services is tracked as a part of the onsite program reviews.

II. Scope of Review

1. Five HCBS 1915(i) SPA records of individuals served were selected for the review sample.
2. The review period covered activity from April 1, 2023 to March 31, 2024.

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. Seven criteria were not applicable for this review.

- ✓ The sample records were in 100 percent compliance for 13 applicable criteria. There are no recommendations for these criteria.
- ✓ Findings for four criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

- 1.4.a The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the individual served or, where appropriate, his/her parents, legal guardian, or conservator. *[W&I Code §4646(g)]*

Finding

Four of five (80 percent) sample records of individuals served contained IPPs that were signed by RCRC and the individuals served, or their legal representatives. However, the IPP dated September 7, 2021 for individual #4 did not contain an IPP signature page that was signed by the appropriate individuals.

1.4.a Recommendation	Regional Center Plan/Response
RCRC should ensure that the IPP for individual #4 is signed by the individual served and the regional center.	IPP meeting for individual #4 was held on 7/15/24. Current IPP contains a signature page signed by all appropriate individuals.
In addition, RCRC should evaluate what actions may be necessary to ensure that IPPs are signed by the regional center and the individual served or, where appropriate, his/her parents, legal guardian, or conservator.	In preparation for the new statewide IPP, RCRC has held mandatory training for SC's on the new IPP on 11/7/24 & 11/14/24, and has more training dates scheduled on 12/5/24 & 12/10/24. RCRC will implement and utilize the new statewide IPP document in January 2025, thus ensuring that IPPs are signed by the regional center and the individual served or, where appropriate, his/her parents, legal guardian, or conservator. Training on the IPP is also a part of the New Employee Orientation (NEO), which is a requirement for all new staff.

- 1.4.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.

Finding

Three of four (75 percent) applicable sample records of individuals served contained IPP addenda signed by RCRC and the individual served or, where appropriate, his/her parents, legal guardian, or conservator. However, the addenda for individual #2 completed on June 1, 2023 and September 18, 2023, were not signed by the individual served until June 13, 2024. Accordingly, no recommendation is required.

1.4.b Recommendation	Regional Center Plan/Response
RCRC should evaluate what actions may be necessary to ensure that IPP addenda are signed by the regional center and the individual served or, where appropriate, his/her parents, legal guardian, or conservator.	In preparation for the new statewide IPP, RCRC has held mandatory training for SC's on the new IPP on 11/7/24 & 11/14/24, and has more training dates scheduled on 12/5/24 & 12/10/24. RCRC will implement and utilize the new statewide IPP document in January 2025, thus ensuring that IPP addenda are signed by the regional center and the individual served or, where appropriate, his/her parents, legal guardian, or conservator. Training on the IPP is also a part of the New Employee Orientation (NEO), which is a requirement for all new staff.

- 1.9.a Quarterly face-to-face meetings are completed for individuals living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or supported living and independent living settings. (*Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement*)

Finding

One of the two (50 percent) applicable sample records of individuals served had quarterly face-to-face meetings completed and documented. However, the records for individual #3 contained documentation of two for the four required meetings that were consistent with the quarterly timeline.

1.9.a Recommendations	Regional Center Plan/Response
RCRC should ensure that all future face-to-face meetings are completed and documented each quarter for individual #3.	RCRC has instituted a new tracking system and monitoring protocol to support oversight and completion of quarterly meetings. Director of Client Services uses the tracking system to monitor progress and coordinate efforts through the Client Service Managers to ensure progress is made towards achieving and maintaining compliance with the quarterly face-to-face visits requirement. CSM's use the new tracking tool to set goals and review timeliness of quarterlies. CSM's work with SC's who do not complete at least 85% of their

	<p>quarterly face-to-face visits, to develop a work plan for success. Strategies and best practices for timely completion of quarterly face-to-face visits that were identified during Client Service Manager and SC meetings were shared with all SC's. The results of the improved Quarterly Monitoring Tracking system is a standing item on the CSM bi-monthly meetings to discuss what is working/not working and adjust the plan as needed. An updated New Employee Orientation (NEO) process, which includes training on quarterlies has been implemented to increase the quality of onboarding and help with staff retention. In addition, the RCRC Special Programs unit held a separate Quarterly training in June 2024. These are currently held semi-annually; however it will be adjusted to be offered on a more frequent quarterly basis. Attendance at all trainings is documented and provided to all CSM's in order for them to keep track of whether the SC's are attending.</p>
<p>In addition, RCRC 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>	<p>RCRC has instituted a new tracking system and monitoring protocol to support oversight and completion of quarterly meetings. Director of Client Services uses the tracking system to monitor progress and coordinate efforts through the Client Service Managers to ensure progress is made towards achieving and maintaining compliance with the quarterly face-to-face visits requirement. CSM's use the new tracking Strategies and best practices for timely completion of quarterly face-to-face visits that were identified during Client Service Manager and SC meetings were shared with all SC's. The results of the improved Quarterly Monitoring</p>

	Tracking system is a standing item on the CSM bi-monthly meetings to discuss what is working/not working and adjust the plan as needed. An updated New Employee Orientation (NEO) process, which includes training on quarterlies has been implemented to increase the quality of onboarding and help with staff retention. In addition, the RCRC Special Programs unit held a separate Quarterly training in June 2024. These are currently held semi-annually, however it will be adjusted to be offered on a more frequent quarterly basis. Attendance at all trainings is documented and provided to all CSM's in order for them to keep track of whether the SC's are attending.
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- 1.9.b Quarterly reports of progress are completed for individuals living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or supported living and independent living settings. (*Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement*)

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 records for individual #3 contained documentation of two of the four required quarterly reports of progress that were consistent with the quarterly timeline.

1.9.b Recommendations	Regional Center Plan/Response
RCRC should ensure that future quarterly reports of progress are completed for individual #3.	RCRC has instituted a new tracking system and monitoring protocol to support oversight and completion of quarterly meetings. Director of Client Services uses the tracking system to monitor progress and coordinate efforts through the Client Service Managers to ensure progress is made towards achieving and maintaining compliance with the quarterly face-to-face visits requirement. CSM's use the

	<p>new tracking tool to set goals and review timeliness of quarterlies. CSM's work with SC's who do not complete at least 85% of their quarterly face-to-face visits, to develop a work plan for success. Strategies and best practices for timely completion of quarterly face-to-face visits that were identified during Client Service Manager and SC meetings were shared with all SC's. The results of the improved Quarterly Monitoring Tracking system is a standing item on the CSM bi-monthly meetings to discuss what is working/not working and adjust the plan as needed. An updated New Employee Orientation (NEO) process, which includes training on quarterlies has been implemented to increase the quality of onboarding and help with staff retention. In addition, the RCRC Special Programs unit held a separate Quarterly training in June 2024. These are currently held semi-annually, however it will be adjusted to be offered on a more frequent quarterly basis. Attendance at all trainings is documented and provided to all CSM's in order for them to keep track of whether the SC's are attending.</p>
<p>In addition, RCRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable individuals served.</p>	<p>RCRC has instituted a new tracking system and monitoring protocol to support oversight and completion of quarterly meetings. Director of Client Services uses the tracking system to monitor progress and coordinate efforts through the Client Service Managers to ensure progress is made towards achieving and maintaining compliance with the quarterly face-to-face visits requirement. CSM's use the new tracking tool to set goals and review timeliness of quarterlies. CSM's work with SC's who do not</p>

	<p>complete at least 85% of their quarterly face-to-face visits, to develop a work plan for success. Strategies and best practices for timely completion of quarterly face-to-face visits that were identified during Client Service Manager and SC meetings were shared with all SC's. The results of the improved Quarterly Monitoring Tracking system is a standing item on the CSM bi-monthly meetings to discuss what is working/not working and adjust the plan as needed. An updated New Employee Orientation (NEO) process, which includes training on quarterlies has been implemented to increase the quality of onboarding and help with staff retention. In addition, the RCRC Special Programs unit held a separate Quarterly training in June 2024. These are currently held semi-annually, however it will be adjusted to be offered on a more frequent quarterly basis. Attendance at all trainings is documented and provided to all CSM's in order for them to keep track of whether the SC's are attending.</p>
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Summary for Regional Center Record Review of Individuals Served Sample Size = 5 Records						
	Criteria	+	-	N/A	% Met	Follow-up
1.0	The individual is Medi-Cal eligible. (SMM 4442.1)	5			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.			5	NA	None
1.1.b	The DS 6027 form indicates that the individual meets the eligibility criteria for the 1915(i) SPA.			5	NA	None
1.1.c	The DS 6027 form documents annual reevaluations.			5	NA	None
1.1.d	The DS 6027 documents short-term absences of 120 days or less, if applicable.			5	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)]			5	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)]	4		1	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)]	4	1		80	See Narrative

Summary for Regional Center Record Review of Individuals Served Sample Size = 5 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.	3	1	1	75	See Narrative
1.4.c	The IPP is prepared jointly with the planning team. <i>[WIC §4646(d)]</i>	5			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>	5			100	None
1.6	The IPP addresses the individual's goals and needs. <i>[WIC §4646.5(a)(2)]</i>	Criterion 1.6 consists of six sub-criteria (1.6.a-f) that are reviewed independently.				
1.6.a	The IPP addresses the special health care requirements, health status and needs as appropriate.	1		4	100	None
1.6.b	The IPP addresses the services which the CCF provider is responsible for implementing.			5	NA	None
1.6.c	The IPP addresses the services which the day program provider is responsible for implementing.	2		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		3	100	None
1.6.e	The IPP addresses the individual's goals, preferences, and life choices.	5			100	None
1.6.f	The IPP includes a family plan component if the individual is a minor. <i>[WIC §4685(c)(2)]</i>			5	NA	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>	5			100	None
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>	5			100	None
1.7.c	The IPP specifies the approximate scheduled start date for new services and supports. <i>[WIC §4646.5(a)(5)]</i>	4		1	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>	5			100	None

Summary for Regional Center Record Review of Individuals Served Sample Size = 5 Records						
	Criteria	+	-	N/A	% Met	Follow-up
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>	4		1	100	None
1.9.a	Quarterly face-to-face meetings are completed with individuals living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or receiving supported living and independent living services. (<i>Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement</i>)	1	1	3	50	See Narrative
1.9.b	Quarterly reports of progress are completed for individuals living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or receiving supported living and independent living services. (<i>Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement</i>)	1	1	3	50	See Narrative

SECTION II

SPECIAL INCIDENT REPORTING

I. Purpose

The review verifies that special incidents have been reported within the required timeframes, that documentation meets the requirements of Title 17, California Code of Regulations, and that the follow-up was complete.

II. Scope of Review

1. The records of the five 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. RCRC reported all special incidents in the sample of five records selected for the HCBS 1915(i) SPA review to DDS.
2. RCRC's vendors reported all (100 percent) special incidents in the supplemental sample within the required timeframes.
3. RCRC reported all (100 percent) incidents in the supplemental sample to DDS within the required timeframes.
4. RCRC's follow-up activities on incidents in the supplemental sample were appropriate for the severity of the situations for the five incidents.

IV. Findings and Recommendations

None

SAMPLE OF INDIVIDUALS SERVED

HCBS 1915(i) State Plan Amendment Review of Individuals Served

#	UCI
1	XXXXXX
2	XXXXXX
3	XXXXXX
4	XXXXXX
5	XXXXXX

SIR Review

#	UCI	Vendor
SIR 1	XXXXXX	XXXXXX
SIR 2	XXXXXX	XXXXXX
SIR 3	XXXXXX	XXXXXX
SIR 4	XXXXXX	XXXXXX
SIR 5	XXXXXX	XXXXXX