

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

Conducted by:

**Department of Developmental Services
and
Department of Health Care Services**

April 17-May 5, 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) 1915(i) State Plan Amendment (SPA) program from April 17-May 5, 2023 at San Diego Regional Center (SDRC). The monitoring team members were Natasha Clay (Team Leader), Nora Muir, Kelly Sandoval, Bonnie Simmons, Fam Chao, Ashley Guletz, and Nadia Flores 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 a record review of a sample of 45 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 January 1, 2022 through December 31, 2022.

Overall Conclusion

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

Forty-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. Criteria 1.9.a was 50 percent in compliance because four of the eight applicable records did not contain documentation of all required quarterly face-to-face visits. Criteria 1.9.b was 50 percent in compliance because four of the eight applicable records did not contain documentation of all required quarterly reports of progress. Seven criterion was rated as not applicable for this review.

The sample records were 97 percent in overall compliance for this review. SDRC's records were 98 and 97 percent in overall compliance for the collaborative reviews conducted in 2021 and in 2019, respectively.

Section II – Special Incident Reporting

The monitoring team reviewed 45 records for individuals served who are on the 1915(i) SPA and five supplemental sample records for special incidents during the review period. SDRC reported all special incidents timely for the sample selected for the HCBS 1915(i) SPA review. For the supplemental sample, the service providers reported four of the five incidents to SDRC within the required timeframes, and SDRC subsequently transmitted all of the five special incidents to DDS within the required timeframes. SDRC'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. Forty-five HCBS 1915(i) SPA records of individuals served were selected for the review sample.
2. The review period covered activity from January 1, 2022 to December 31, 2022.

III. Results of Review

The sample records for individuals served 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

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

Findings

Forty-one of the forty-five (91 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, IPPs for four individuals did not include SDRC funded services as indicated below:

1. Individual #3: In-Home Respite Service Agency;
2. Individual #12: In-Home Respite Service Agency;
3. Individual #14: Registered Nurse; and,
4. Individual #37: In-Home Respite Service Agency.

1.7.a Recommendation	Regional Center Plan/Response
SDRC should ensure that the IPP for individuals #3, #12, #14, and #37 include a schedule of the type and the amount of all services and supports purchased by SDRC.	All current IPPs for these individuals include the type and amount of all active services purchases by SDRC. SDRC Leadership team has revised the IPP summary sheet to include sections to fill in the type and amount of service and is providing ongoing training regarding support of the POS in the IPP.

- 1.8 The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to, vendors, contracted providers, generic service agencies, and natural supports. *[W&I Code §4646.5(a)(4)]*

Finding

Forty-four of the forty-five (98 percent) sample records for individuals served contained IPPs that identified the provider or providers responsible for implementing services. However, the IPP for individual #3 did not indicate the provider of the SDRC funded service of In-Home Respite Service Agency.

1.8 Recommendation	Regional Center Plan/Response
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SDRC should ensure the IPP for individual #3 identifies the provider for In-Home Respite Service Agency.	The current IPP for individual #3 identifies all providers responsible for implementing services
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- 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*)

Findings

Four of the eight (50 percent) applicable sample records for individuals served had quarterly face-to-face meetings completed and documented. However, the record for four individuals did not meet the requirement as indicated below:

1. The record for individuals #2, #15, and #44 contained documentation of only three of the required meetings.
2. The record for individual #6 contained documentation of only two of the required meetings.

1.9.a Recommendations	Regional Center Plan/Response
SDRC should ensure that all future face-to-face meetings are completed and documented each quarter for individuals #2, #6, #15 and #44.	The Reports and Contacts for individuals #2, #6, #15 and #44 have been reviewed to ensure quarterly contacts are being met. Training is being provided to Service Coordinators on quarterly review requirements.
In addition, SDRC should evaluate what actions may be necessary to ensure that all future face-to-face meetings are completed and documented each quarter for all applicable individuals.	SDRC is providing HCBS record review training for all units that details the requirement for quarterly face-to-face meetings. The SANDIS reports and contacts list is used as a tool for SCs to review with their PMs and is monitored by the Assistant Directors. The Leadership team has held trainings on quarterly review requirements and a new progress note is being implemented in SANDIS as a tracking system for upcoming quarterly meetings.

- 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*)

Findings

Four of the eight (50 percent) applicable sample records for individuals served had quarterly reports of progress completed for individuals living in community out-of-home settings. However, the record for four individuals did not meet the requirement as indicated below:

1. The record for individuals #2, #15 and #44 contained documentation of only three of the required quarterly reports of progress.
2. The record for individual #6 contained documentation of only two of the required quarterly reports of progress.

1.9.b Recommendations	Regional Center Plan/Response
SDRC should ensure that future quarterly reports of progress are completed for individuals #2, #6, #15 and #44.	The Reports and Contacts for individuals #2, #6, #15 and #44 have been reviewed to ensure quarterly reports are completed. Training is being provided to Service Coordinators on quarterly review requirements.
In addition, SDRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable individuals served.	SDRC is providing HCBS record review training for all units that details the requirement for quarterly face-to-face meetings. The SANDIS reports and contacts list is used as a tool for SCs to review with their PMs and is monitored by the Assistant Directors. The Leadership team has held trainings on quarterly review requirements and a new progress note is being implemented in SANDIS as a tracking system for upcoming quarterly meetings.

Summary for Regional Center Record Review of Individuals Served Sample Size = 45 Records						
	Criteria	+	-	N/A	% Met	Follow-up
1.0	The individual is Medi-Cal eligible. (SMM 4442.1)	45			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.			45	NA	None
1.1.b	The DS 6027 form indicates that the individual meets the eligibility criteria for the 1915(i) SPA.			45	NA	None
1.1.c	The DS 6027 form documents annual reevaluations.			45	NA	None
1.1.d	The DS 6027 documents short-term absences of 120 days or less, if applicable.			45	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)]			45	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)]	45			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)]	45			100	None

Summary for Regional Center Record Review of Individuals Served Sample Size = 45 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.	13		32	100	None
1.4.c	The IPP is prepared jointly with the planning team. <i>[WIC §4646(d)]</i>	45			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>	45			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.			45	NA	None
1.6.b	The IPP addresses the services which the CCF provider is responsible for implementing.			45	NA	None
1.6.c	The IPP addresses the services which the day program provider is responsible for implementing.	20		25	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.	8		37	100	None
1.6.e	The IPP addresses the individual's goals, preferences, and life choices.	45			100	None
1.6.f	The IPP includes a family plan component if the individual is a minor. <i>[WIC §4685(c)(2)]</i>	10		35	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>	41	4		91	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>	45			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>	12		33	100	None

Summary for Regional Center Record Review of Individuals Served Sample Size = 45 Records						
	Criteria	+	-	N/A	% Met	Follow-up
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>	44	1		98	See Narrative
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>	45			100	None
1.9.a	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	4	37	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>)	4	4	37	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 45 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. SDRC reported all of the special incidents in the sample of 45 records selected for the HCBS 1915(i) SPA review to DDS.
2. SDRC's vendors reported four of the five (80 percent) special incidents in the supplemental sample within the required timeframes.
3. SDRC reported all five (100 percent) incidents to DDS within the required timeframes.
4. SDRC's follow-up activities on incidents were appropriate for the severity of the situations for the five incidents.

IV. Findings and Recommendations

SIR #3: The incident occurred on December 15, 2022. However, the vendor did not submit a special incident report to the regional center until December 19, 2022.

Recommendation	Regional Center Plan/Response
SDRC should ensure that vendors submit special incidents within the required timeframe.	SDRC provides quarterly service provider trainings to service providers. A notice is sent notifying a vendor anytime they do not submit a SIR within the required timeframe.

SAMPLE OF INDIVIDUALS SERVED

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

#	UCI	#	UCI
1	XXXXXX	24	XXXXXX
2	XXXXXX	25	XXXXXX
3	XXXXXX	26	XXXXXX
4	XXXXXX	27	XXXXXX
5	XXXXXX	28	XXXXXX
6	XXXXXX	29	XXXXXX
7	XXXXXX	30	XXXXXX
8	XXXXXX	31	XXXXXX
9	XXXXXX	32	XXXXXX
10	XXXXXX	33	XXXXXX
11	XXXXXX	34	XXXXXX
12	XXXXXX	35	XXXXXX
13	XXXXXX	36	XXXXXX
14	XXXXXX	37	XXXXXX
15	XXXXXX	38	XXXXXX
16	XXXXXX	39	XXXXXX
17	XXXXXX	40	XXXXXX
18	XXXXXX	41	XXXXXX
19	XXXXXX	42	XXXXXX
20	XXXXXX	43	XXXXXX
21	XXXXXX	44	XXXXXX
22	XXXXXX	45	XXXXXX
23	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