

## **REQUIRED REGIONAL CENTER HOME AND COMMUNITY-BASED SERVICES ONGOING MONITORING REPORT**

Annually at the end of July and January, beginning with July 31, 2026, regional centers are required to provide the information listed below through the Department-provided survey link to comply with Home and Community-Based Services (HCBS) monitoring.

Regional centers are reminded that compliance with HCBS requirements is one of the elements necessary to establish and maintain eligibility for the Quality Incentive Program (QIP), which can provide up to ten percent of a provider's full rate model established by rate reform. Details about this requirement are included in the October 2025 D-2025-Quality Incentive Program-015 directive. Information reported by regional centers via this report and in the Provider Directory will determine provider QIP continued eligibility.

1. Regional Center Name (drop down menu)
2. Date of Report
  - a. Reports are required on a semi-annual basis and must be submitted by January 31 and July 31 each year, beginning July 31, 2026.
3. General Information
  - a. The following information will be collected by setting type (Licensed Residential/Non-licensed Residential/Non-residential Day Service/Employment):
    - i. Total number of settings reviewed
    - ii. Total number of Corrective Action Plans (CAPs) issued
4. CAP Specifics – Federal Requirements
  - a. Total number of CAPs issued for each setting type (Licensed Residential/Non-licensed Residential/Non-residential Day Service/Employment) and for each federal requirement (1-10)
5. CAP Specifics – Additional Federal Requirements
  - a. Total number of CAPs issued for each setting type (Licensed Residential/Non-licensed Residential/Non-residential Day Service/Employment) and for each additional requirement:
    - i. Provider staff have not been trained in the HCBS settings rule
    - ii. Provider has implemented a modification to the federal requirements without required documentation in the IPP.

6. Number of Reviews

- a. Total number of each review type used to complete setting reviews. For all settings reported in 3.a.i, report the number of review types used during those assessments:
  - i. Individual Interview
  - ii. Individual Satisfaction Survey
  - iii. Provider/Staff Interview
  - iv. Provider Record Review
  - v. IPP Review
  - vi. On-site Review

7. Regional Center Attestation

- a. Regional centers will sign their name to attest to the following:
  - i. Regional centers must be able to provide supporting documentation of any of the above data upon request from the Department.
  - ii. HCBS settings rule training has been provided to all regional center staff involved in reviews.
  - iii. New vendor orientation includes the HCBS Settings Rule.