Alta California Regional Center

Home and Community-Based Services Developmental Disabilities Waiver

Monitoring Review Report

Conducted by: Department of Developmental Services and Department of Health Care Services

Review Dates: June 2–20, 2025

DDS Department of Developmental Services

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SECTION I: REGIONAL CENTER SELF-ASSESSMENT

Alta California Regional Center (ACRC) responded to questions that align with the California Home and Community-Based (HCBS) 1915(c) Developmental Disabilities Waiver requirements. The regional center self-assessment addresses the California HCBS Waiver assurances criteria and is designed to provide information about the regional center's processes and practices.

The responses indicated that the regional center has systems and procedures in place for implementing the State and HCBS Waiver laws and regulations addressed in the self-assessment criteria.

The full response to the self-assessment provided by ACRC is available upon request.

SECTION II: REGIONAL CENTER RECORD REVIEW

For the review period of March 1, 2024, through February 28, 2025, a total of 95 records of individuals enrolled on the Home and Community-Based Services (HCBS) 1915(c) Developmental Disabilities (DD) Waiver and receiving services at Alta California Regional Center (ACRC), were reviewed for individual choice, HCBS settings requirements, notification of proposed action and fair hearing rights, level-of-care, individual program plans (IPP) and periodic reviews and reevaluations of services. Lastly, 10 additional supplemental records were reviewed for documentation that ACRC determined the individual met the HCBS Waiver level-of-care requirements prior to receiving HCBS Waiver supports.

The 95 records reviewed were 97 percent in overall compliance for this review. Findings for seven criteria are detailed below.

2.5.b The individual's assessed needs used to meet the level-of-care requirements for care provided in intermediate care facilities that is documented in the Client Development Evaluation Report (CDER) and the DS 3770 are consistent with other information contained in the individual's records. *(HCBS Waiver Requirement)*

Findings

Ninety-two of the ninety-five (97 percent) sample records of individuals documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. However, the assessed needs listed on the DS 3770 were not consistent in the following records:

1. Individual #28: "Chronic major medical conditions", "non-rheumatic pulmonary valve stenosis" and "congenital talipes calcaneovalgus". An addendum was completed on June 4, 2025, adding "non-rheumatic pulmonary valve stenosis" and "congenital talipes calcaneovalgus". Accordingly, no recommendation is required;

2. Individual #39: "disorder of pituitary gland", "alkalosis", and "Guillain-Barre syndrome". An addendum completed on June 10, 2025, adding "disorder of pituitary gland, alkalosis, Guillain-Barre syndrome". Accordingly, no recommendation is required; and,

3. Individual #60: "total assistance in all areas of her activities of daily living (ADL)", including "toileting", "personal hygiene", "dressing" and "supervision to remain safe in her own home". An addendum was completed on July 23, 2025, adding "stand-by assistance and physical support in all areas of her ADLs, including toileting, and personal care, hygiene, dressing and supervision to remain safe in the home". Accordingly, no recommendation is required.

2.6.a The 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 C.F.R. § 441.301 (C)(3) (2025)]; [W.I.C. § 4646.5(b) (2023)]*

Findings

Ninety of the ninety-five (95 percent) sample records of individuals contained documentation that the individual's IPP had been reviewed annually by the planning team. However, there was no documentation that the IPPs for the following individuals were reviewed annually as indicated below:

1. Individual #11: The previous IPP was dated October 16, 2023. An IPP was completed January 17, 2025.

2. Individual #37: The previous IPP was dated November 14, 2023. An IPP was completed on February 6, 2025.

3. Individual #81: The previous IPP was dated September 1, 2023. An IPP was completed on March 26, 2025;

4. Individual #85: The IPP was dated February 21, 2023. An IPP was completed on December 23, 2024; and,

5. Individual #92: The previous IPP was dated July 3, 2023. An IPP was completed on September 9, 2024.

2.6.a Recommendation	Regional Center Plan/Response
ACRC should ensure that the IPPs for individuals #11, #37, #81, #85, and #92 are reviewed at least annually by the planning team.	**ACRC will provide ongoing training to ensure Service Coordinators are aware of the requirement to review IPPs within a 12-month period. SCs & CSMs will monitor IPP due dates in Atlas to ensure compliance.**

2.7.a The IPP is prepared jointly with the planning team and a list of agreed upon services is signed, prior to its implementation, by an authorized representative of the regional center and the individual or, where appropriate, their parents, legal guardian, conservator or the authorized representative. [*W.I.C. § 4646(d) (2023)]; [W.I.C. § 4646(i) (2023)]; [42 C.F.R. § 441.301(c)(1)(i) (2025)]; [42 C.F.R. § 441.301(c)(2)(ix) (2025)]*

Findings

Eighty-eight of the ninety-five (93 percent) sample records of individuals contained IPPs that were signed by ACRC and the individuals or, where appropriate, their parents, legal guardian,

conservator or the authorized representative. However, the following IPPs were not signed by the appropriate individuals:

1. Individual #14: The IPP dated September 18, 2024, was not signed by the individual and the regional center until April 10, 2025. Accordingly, no recommendation is required;

2. Individual #49: The IPP dated October 23, 2024, was not signed by the individual and regional center until March 29, 2025. Accordingly, no recommendation is required;

3. Individual #74: The IPP dated October 5, 2024, was not signed by the individual and the regional center until May 21, 2025. IPP Accordingly, no recommendation is required;

4. Individual #83: The IPP dated August 7, 2024, was not signed by the individual and the regional center until April 14, 2025. Accordingly, no recommendation is required;

5. Individual #85: The IPP dated December 23, 2024, was not signed by the individual and the regional center until April 18, 2025. Accordingly, no recommendation is required;

6. Individual #86: The IPP dated June 17, 2024, was not signed by the individual and the regional center until April 17, 2025. Accordingly, no recommendation is required; and,

7. Individual #92: The IPP dated September 9, 2024, was not signed by the individual and the regional center until April 3, 2025. Accordingly, no recommendation is required.

2.7.b IPP addenda are signed by an authorized representative of the regional center and the individual or, where appropriate, their parents, legal guardian, conservator or authorized representative. [*W.I.C. § 4646(g) (2023)]; [42 C.F.R. § 441.301(c)(2)(ix) (2025)]*

Findings

Fifty-two of the fifty-five (95 percent) applicable sample records for individuals contained IPP addenda signed by ACRC and the individual or, where appropriate their parents, legal guardian, or conservator. However, the following addendums were not signed by the appropriate individual:

1. Individual #16: The addendum dated March 15, 2024, was not signed by the individual until April 9, 2025 and the regional center until April 11, 2025. Accordingly, no recommendation is required;

2. Individual #32: The addendum dated April 1, 2024, was not signed by the individual and the regional center until April 16, 2025. Accordingly, no recommendation is required; and,

3. Individual #42: The addendum dated December 23, 2024, was not signed by the individual and the regional center until April 29, 2025. Accordingly, no recommendation is required.

2.10.a The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. *[W.I.C. § 4646.5(a)(5)(2023)]; [42 C.F.R. § 441.301(c)(2)(v)(2025)]*

Findings

Eighty-seven of the ninety-five (92 percent) sample IPPs of individuals included a schedule of the type and amount of all services and supports purchased by the regional center. However, the following IPPs did not include ACRC funded services as indicated below:

1. Individual #3: Durable medical equipment service not included for the entire review period in the IPP dated February 24, 2025. An addendum was completed on April 15, 2025, addressing the purchased service. Accordingly, no recommendation is required;

2. Individual #11: Adult Development Center was not included for the months November 2024 through December 2024 in the IPP dated October 16, 2024. An addendum was completed on April 10, 2025 addressing the purchased service. Accordingly, no recommendation is required;

3. Individual #23: Supplemental Residential Program Support was not included for the months March 2024 through October 2024 in the IPP dated September 6, 2024. An addendum was completed on June 5, 2025 addressing the purchased service. Accordingly, no recommendation is required;

4. Individual #32: Translator was not included for the months December 2024 through January 2025 in the IPP dated January 17, 2024 and addendum dated April 10, 2025. An addendum was completed on April 1, 2025 addressing the purchased service. Accordingly, no recommendation is required;

5. Individual #35: Translator not included for the month of November 2024 and Supported Employment-Individual not included for months of December 2024 through January 2025 in the IPP dated September 27, 2024. An addendum was completed on April 21, 2025 addressing the purchased services. Accordingly, no recommendation is required;

6. Individual #37: Behavior Management not included for month of January 2025, Transportation Assistant and Transportation Company not included for months of December 2024 through January 2025, In-Home Respite Service Agency not included for month of December 2024, and Community Activities Support Service not included for month of January 2025 in the IPP dated February 6, 2025. An addendum was completed on June 6, 2025, addressing the purchased services. Accordingly, no recommendation is required;

7. Individual #81: Personal Response System was not included for the month of December 2023 in the IPP dated September 12, 2023. An addendum was completed on April 11,

2025, addressing the purchased service. Accordingly, no recommendation is required; and,

8. Individual #85: Respite was not included for the months of March 2024 through July 2024 in the IPP dated February 21, 2023 and December 23, 2024.

2.10.a Recommendation	Regional Center Plan/Response
ACRC should ensure that the IPP for individual #85 includes a schedule of the type and amount of all services and supports purchased by ACRC.	**ACRC will provide ongoing training to ensure Service Coordinators are aware of the requirement to review IPPs within a 12-month period to avoid time frames during which an IPP is not in place to support a service. Addendum covering respite from 3/24 through 7/24 for client #85 has been signed as of 11/25/25.**

2.12.a Quarterly face-to-face meetings are completed with individuals living in community out-of-home settings, i.e., Service Level 2-7 community care facilities or family home agencies or receiving supported living and independent living services. *[Cal. Code. Regs tit. 17, § 56047 (2023)]; [Cal. Code. Regs tit. 17, §56095 (2023)]; [Cal. Code. Regs tit. 17, § 58680 (2023)]; (Contract Requirement)*

Findings

Forty-four of the fifty-nine (75 percent) applicable sample records of individuals contained quarterly face-to-face meetings completed for individuals living in community out-of-home settings. However, the following records did not meet the requirement as indicated below:

1. The records for individuals #39, #42, #60, #61, #65, #69, #72, and #75 contained documentation of three of the four required meetings that were consistent with the quarterly timeline;

2. The records for individuals #1, #18, #43, #44, #57, and #71 contained documentation of two for the four required meetings that were consistent with the quarterly timeline; and,

3. The record for individual #74 contained documentation of one of the four required meetings that were consistent with the quarterly timeline.

2.12.a Recommendations	Regional Center Plan/Response
ACRC should ensure that all future face-to-face meetings are completed and documented each quarter for individuals #1, #18, #39, #42, #43, #44, #57, #60, #61, #65, #69, #71, #72, #74, and #75.	**ACRC will complete trainings by 3/31/26 to ensure that the staff are aware of the requirements to document face-to-face meetings for the consumers they visit.**

In addition, ACRC should evaluate what actions may be necessary to ensure that quarterly face-to face meetings are completed and documented for all applicable individuals.	**CSMs will continue to monitor the need for quarterly visits by:** **1. Review settings that require a monitoring visit during the unit meeting, as applicable to age of clients served in their unit. These settings are found on pages 2-5 of the procedure.** **2. Ensure Atlas accurately reflects the setting clients are currently residing in.** **3. Training will include reviewing Atlas' (case management database) residence code process, definitions and accuracy.** **4. If Atlas needs to be updated 1) change the residence code to (INSERT NEW CODE from and 2) change case monitoring level to quarterly (semiannually for clients living in non-vendored foster care settings)** **5. If the caseload is vacant, CSMs are expected to assign the work.** **6. Review spreadsheet of clients coded as living in a foster home. Clients living in non vendored foster homes are expected to be seen twice per year. Clients living in vendored foster homes require quarterly monitoring visits.**

2.12.b Quarterly reports of progress are completed for individuals living in community out-of-home settings, i.e., Service Level 2-7 community care facilities or family home agencies or receiving supported living and independent living services. [*Cal. Code. Regs tit. 17, CCR, § 56047 (2023)]; [Cal. Code. Regs tit. 17, § 56095 (2023)]; [Cal. Code. Regs tit. 17, § 58680 (2023)]; (Contract Requirement)*

Findings

Forty-four of the fifty-nine (75 percent) applicable sample records of individuals contained quarterly reports of progress completed for individuals living in community out-of-home settings. However, the following records did not meet the requirement as indicated below:

1. The records for individuals #39, #42, #60, #61, #65, #69, #72, and #75 contained documentation of three of the four required quarterly reports of progress that were consistent with the quarterly timeline;

2. The record for individuals #1, #18, #43, #44, #57, and #71 contained documentation of two of the four required quarterly reports of progress that were consistent with the quarterly timeline; and,

3. The record for individual #74 contained documentation of one of the four required quarterly reports of progress that were consistent with the quarterly timeline.

2.12.b Recommendations	Regional Center Plan/Response
ACRC should ensure that future quarterly reports of progress are completed for individuals #1, #18, #39, #42, #43, #44, #57, #60, #61, #65, #69, #71, #72, #74, and #75.	**ACRC will complete trainings by 3/31/26 to ensure staff are aware of the need to complete quarterly face-to-face meetings, as well as the documentation required to record the meetings.**
In addition, ACRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable individuals.	**CSMs will continue to monitor the need for quarterly visits by:** **1. Review settings that require a monitoring visit during the unit meeting, as applicable to age of clients served in their unit. These settings are found on pages 2-5 of the procedure.** **2. Ensure Atlas accurately reflects the setting clients are currently residing in.** **3. Training will include reviewing Atlas' (case management database) residence code process, definitions and accuracy.** **4. If Atlas needs to be updated 1) change the residence code to (insert new code) and 2) change case monitoring level to quarterly (semiannually for clients living in a non-vendored foster care setting).** **5. If the caseload is vacant, CSMs are expected to assign the work.** 6. **Review spreadsheet of clients coded as living in a foster home. Clients living in non vendored**

	foster homes are expected to be seen twice per year. Clients living in vendored foster homes require quarterly monitoring visits.

SECTION III: COMMUNITY CARE FACILITY RECORD REVIEW

The monitoring team visited 12 community care facilities (CCF) and reviewed 12 individual records for individuals supported by Alta California Regional Center (ACRC) who are living in those facilities. The monitoring team reviewed the records to determine if the record addressed all the elements CCFs are required to maintain in their individual records. The monitoring team also reviewed that the CCFs prepared written reports of progress in relation to the services and supports identified in the individual program plan (IPP) for which the facility is responsible. The review criteria in this section are derived from Title 17, California Code of Regulations and Title 42, Code of Federal Regulations.

The 12 records reviewed were 93 percent in overall compliance for 17 criteria. Findings for two criteria are detailed below.

3.2.b In a provider-owned or controlled residential setting, the unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law. *[42, CFR, § 441.301(c)(4)(vi)(A) (2025)]*

Findings

None of the 12 (0 percent) sample records contained documentation of agreement for eviction procedures and appeals process. The records of the following individuals did not include documentation of the appeals and eviction process:

1. Individual #4 at CCF #1;
2. Individual #7 at CCF #2;
3. Individual #8 at CCF #3;
4. Individual #11 at CCF #4;
5. Individual #14 at CCF #5;
6. Individual #15 at CCF #6;

7. Individual #16 at CCF #7;

8. Individual #17 at CCF #8;

9. Individual #22 at CCF #10;

10. Individual #23 at CCF #11;

11. Individual #24 at CCF #12; and,

12. Individual #25 at CCF #13.

3.2.b Recommendation	Regional Center Plan/Response
ACRC should ensure that individual file records maintained by all CCFs contain documentation of agreement for eviction procedures and appeals process.	**Currently, Case Management, with the collaboration of Community Services, are creating a new admissions agreement that reflects the agreement of the eviction procedures and appeals process. As of 12/15/25 the new admissions agreement will reflect the agreement of the eviction procedures and appeals process.** **The QA Team will ensure in the first year T17 reviews as part of transition to Facility Liaisons.**
In addition, ACRC should evaluate what actions may be necessary to ensure that file records maintained by all CCFs contain documentation of agreement for eviction procedures and appeals process for all applicable individuals.	**The QA Team will review this component in the first year of Title 17 reviews and will use corrective action/FAR to address substantial inadequacies.**

3.3 The facility has a copy of the individual's current IPP. *[Cal. Code. Regs tit. 17, § 56017(b)(1) (2023)]; [Cal. Code. Regs tit. 17, § 56022(c) (2023)]*

Finding

Eleven of the twelve (92 percent) sample records of individuals contained a copy of the individual's current IPP. However, the record for individual #7 at CCF #2 did not have a copy of the current IPP.

3.3 Recommendation	Regional Center Plan/Response
ACRC should ensure that the record for individual #7 at CCF #2 contains a copy of the current IPP.	**IPP for Client #7 has been provided to CCF #2. When a client is admitted to a home, the placing SC will ensure all necessary documentation, including the IPP, is present in the chart, During the transfer meeting, when the placing SC moves the client onto a residential caseload, the new residential placement checklist will be followed and the incoming SC/facility liaison will ensure that documents are present in the home. Furthermore, during quality assurance measures after the first year, unannounced visits and annual QA, the facility liaison will ensure all necessary client documentation, including an updated IPP and current health Information, is in the client's chart at the CCF & DP.** **QA Team reviews this component in first year Title 17 Reviews and uses corrective action/FARs to address substantial inadequacies.** **CSS has reviewed current vendorization process to ensure all providers are aware of this requirement. This additional information has been added into program design template and provider is to identify how they will review monthly to ensure compliance.**

SECTION IV: DAY PROGRAM RECORD REVIEW

The monitoring team visited 14 day programs and reviewed 19 records for individuals supported by Alta California Regional Center (ACRC) who are receiving services from those day programs. The monitoring team reviewed the records to ensure that the day program addressed the requirements to maintain records and prepare written reports of progress in relation to the services and supports identified in the individual program plan (IPP) for which the day program is responsible. The review criteria in this section are derived from Title 17, California Code of Regulations and Title 42, Code of Federal Regulations.

The 19 records reviewed were 94 percent in overall compliance for 13 criteria. Findings for seven criteria are detailed below.

4.1.b The individual's record contains current health information that includes medical, dental and other health or safety needs of the individual including current medications, known allergies, medical diagnosis, infectious, contagious, or communicable conditions, special nutritional needs, and immunization records. *[Cal. Code. Regs tit. 17, § 56730(c)(1)(B) (2023)]*

Findings

Fifteen of the nineteen (79 percent) sample records for individuals contained current health information. However, the records for individuals #1, #19 and #68 at DP #11 and individual #10 at DP #2 did not contain current health information.

4.1.b Recommendation	Regional Center Plan/Response
ACRC should ensure the record for individuals #1, #19 and #68 at DP #11 and for individual #10 at DP #2, contain current health information.	**Health Information has been provided to DP #11 & #2 for Clients #1, #19 #10 & #68. When a client is enrolled into a DP, the placing service coordinator will ensure all necessary documentation, including current health information, is available to the DP. Furthermore, during quality assurance measures after the first year, unannounced visits and annual QA, the facility liaison will ensure all necessary client documentation, including an updated IPP and current health information, is in the client's chart at the CCF and DP.**
In addition, ACRC should evaluate what actions may be necessary to ensure that records maintained by all day programs contain current health information for all applicable individuals.	**CSS has reviewed current vendorization process to ensure all providers are aware of this requirement. This additional information has been added into program design template and**

	provider is to identify how they will review monthly to ensure compliance. **CSS/QA Teams ensure the presence of these documents during proactive QA Reviews for a sample of clients and provide corrective action as findings occur.**

4.1.c The individual's record contains psychological, social, or medical evaluations provided by the regional center that identify the individual's ability and functioning level. *[Cal. Code. Regs tit. 17, § 56730(c)(1)(C) (2023)]*

Finding

Eighteen of the nineteen (95 percent) sample records for individuals contained any psychological, social or medical evaluations identifying the individuals' abilities and functioning level, provided by the regional center. However, the record for individual #30 at DP #14, did not contain any psychological, social or medical evaluations identifying the individual's abilities and functioning level, provided by the regional center.

4.1.c Recommendation	Regional Center Plan/Response
ACRC should ensure the record for individual #30 at DP #14, contain psychological, social or medical evaluations identifying the individual's abilities and functioning level, provided by the regional center.	**Documentation containing psychological, social & medical evaluations identifying Client #30's individual abilities and functioning levels have been provided to DP #14. When a client is enrolled in a DP, the placing service coordinator will ensure all necessary documentation, including psychological social and medical evaluations which identify the individual's abilities and functional level, are available to the DP. Furthermore, during quality assurance measures after the first year, unannounced visits and annual QA, the facility liaison will ensure all necessary client documentation, including an updated IPP and necessary evaluations, is in the client's chart at the CCF and DP.**

	CSS/QA Teams ensure the presence of these documents during proactive QA Reviews for a sample of clients and provide corrective action as findings occur. **CSS has reviewed current vendorization process to ensure all providers are aware of this requirement. This additional information has been added into program design template and provider is to identify how they will review monthly to ensure compliance.**

4.1.d The individual's record contains authorization for emergency medical treatment signed by the individual and/or the authorized representative of the individual. *[Cal. Code. Regs tit. 17, § 56730(c)(1)(D) (2023)]*

Finding

Eighteen of the nineteen (95 percent) sample records for individuals contained an authorization for emergency medical treatment signed by the individual and/or the authorized individual representative. However, the record for individual #47 at DP #7 did not contain an authorization for emergency medical treatment signed by the individual and/or the authorized individual representative.

4.1.d Recommendation	Regional Center Plan/Response
ACRC should ensure the record for individual #47 at DP #7 contains an authorization for emergency medical treatment signed by the individual and/or the authorized individual representative.	**Client #47's record at DP #7 now contains an authorization for emergency medical treatment. When a client is enrolled into a DP, the placing service coordinator will ensure all necessary documentation, including emergency medical treatment form and requests for information (ROI), is available to the DP. Furthermore, during quality assurance measures after the first year, unannounced visits and annual QA, the facility liaison will ensure all necessary client documentation, including an updated IPP and emergency medical treatment form and requests for information (ROI), is in the client's chart at the CCF and DP. CSS/QA Teams also ensure the presence of these documents during proactive QA Reviews for a**

	sample of clients and provide corrective action as findings occur. **CSS has reviewed current vendorization process to ensure all providers are aware of this requirement. This additional information has been added into program design template and provider is to identify how they will review monthly to ensure compliance.**

4.1.e The individual's record contains documentation that the individual and/or the authorized representative for the individual has been informed of his/her personal rights including an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint. *[Cal. Code. Regs tit. 17, § 56730(c)(1)(E) (2023)]; [42 C.F.R. § 441.301(c)(4)(iii) (2025)]*

Finding

Eighteen of the nineteen (95 percent) sample records for individuals contained documentation that the individual and/or their authorized representative had been informed of their personal rights. However, the record for individual #47 at DP #7 did not contain documentation that the individual and/or their authorized representative were informed of the individual's personal rights.

4.1.e Recommendation	Regional Center Plan/Response
ACRC should ensure the record for individual #47 at DP #7 contains documentation that the individual and/or their authorized representative has been informed of their personal rights.	**Client #47 record at DP #7 now contains documentation that they or their authorized representative has been informed of their personal rights. When a client is enrolled into a DP, the placing service coordinator will ensure all necessary documentation, including annual review of the client's rights, are available to the DP. Furthermore, during quality assurance measures after the first year, unannounced visits and annual QA, the facility liaison will ensure all necessary client documentation, including an updated IPP and annual review of client's rights and requests for information (ROI), is in the client's chart at the CCF and DP. CSS/QA Teams ensure the presence of these documents during proactive QA Reviews for a sample of clients and provide corrective action as findings occur. CSS has reviewed current vendorization process**

	to ensure all providers are aware of this requirement. This additional information has been added into program design template and provider is to identify how they will review monthly to ensure compliance.

4.1.f The individual's record includes data collection for IPP objectives. *[Cal. Code. Regs tit. 17, § 56730(c)(2)(C) (2023)]*

Finding

Eighteen of the nineteen (95 percent) sample records for individuals contained documentation that data is collected to measure progress in relation to the services and supports addressed in the IPP for which the day program provider is responsible for implementing. However, the record for individual #47 at DP #7, did not contain documentation that data is collected that measures progress in relation to the services and supports addressed in the IPP for which the day program provider is responsible for implementing.

4.1.f Recommendation	Regional Center Plan/Response
ACRC should ensure the record for individual #47 at DP #7, contains documentation that data is collected that measures progress in relation to the services and supports addressed in the IPP for which the day program provider is responsible for implementing.	**When a client is enrolled to a DP, the placing service coordinator will ensure all necessary documentation, including data collection reflecting progress in relation to the services and supports addressed in the IPP, is available to the DP. Furthermore, during quality assurance measures after the first year, unannounced visits and annual QA, the facility liaison will ensure all necessary client documentation, including an updated IPP and data collection reflecting progress in relation to the services and supports addressed in the IPP, is in the client's chart at the CCF and DP.** **While QA Teams may ensure that these documents are present, they are not able to accurately determine actual measured progression, this is best done by a case manager.**

	Client started at DP on 12/9/24. 30-day ISP report was completed on 4/29/25 and is in client's chart.

4.2 The day program has a copy of the individual's current IPP. *[Cal. Code. Regs tit. 17, § 56730)(c)(1)(F)]*

Findings

Fifteen of the nineteen (79 percent) sample records of individuals contained a copy of the individual's current IPP. However, the records for individual #10 at DP #2, individual #28 at DP #4, individual #52 at DP #9, and individual #1 at DP #11 did not contain a copy of their current IPP.

4.2 Recommendation	Regional Center Plan/Response
ACRC should ensure that the records for individual #10 at DP #2, individual #28 at DP #4, individual #52 at DP #9, and individual #1 at DP #11 contain a copy of their current IPP.	**DPs #2, 4, 9 & 11 records now contain Client #10, #28, 52 & 1 IPPs. When a client is enrolled into a DP, the placing service coordinator will ensure all necessary documentation, including a current IPP, is available to the DP. During the referral process, the SC will ensure that the day program has a copy of the IPP. At least annually thereafter, the Service Coordinator will send the completed IPP/ amendment(s) to the day program to ensure all services are met. During semi-annual ISP meetings with the day program, the service coordinator will ensure that all documentation is available to the day program.**
In addition, ACRC should evaluate what actions may be necessary to ensure that records maintained by all day programs contain a copy of current IPP for all individuals.	**CSS has reviewed current vendorization process to ensure all providers are aware of this requirement. This additional information has been added into program design template and provider is to identify how they will review monthly to ensure compliance.** **CSS/QA Teams ensure the presence of these documents during proactive QA Reviews for a sample of clients and**

	provide corrective action as findings occur.

4.4 The day program prepares and maintains written semiannual reports addressing the individual's performance and progress toward achieving each of the IPP objectives for which the day program is responsible. *[Cal. Code. Regs tit. 17, § 56720(c)(1)]*

Finding

Eighteen of the nineteen (95 percent) sample records of individuals contained written semiannual reports of progress. However, the record for individual #28 at DP #4 did not contain the required progress reports for which the day program is responsible.

4.4 Recommendation	Regional Center Plan/Response
ACRC should ensure that day programs write the required semi-annual reports for individual #28 at day program #4.	**QA Teams will inform DP #4 of the finding and present the program with a technical support document outlining the corrective action associated to ensuring that they write the semi-annual reports for all clients by 11/26/25.** **In addition, Alta will require DP to audit all their client files to ensure files contain a current IPP or a document that records a request for an IPP that has been sent to Alta. DP is to notify Alta of the completion of this audit by 1/30/26.** **Additionally, CSS/QA Teams ensure the presence of these documents during proactive QA Reviews for a sample of clients and provide corrective action as findings occur.**

SECTION V: OBSERVATIONS AND INTERVIEWS WITH INDIVIDUALS

Sixty of the ninety-five individuals supported by Alta California Regional Center (ACRC), or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities, or in independent living settings to verify that the individuals appeared to be supported and healthy and if applicable, the setting was compliant with the Home and Community-Based Services Settings Requirements. Interview questions focused on the individuals' satisfaction with their living situation, day program or work activities, health, choice, and regional center services.

Findings

Fifty-eight of the sixty individuals/parents of minors interviewed, indicated satisfaction with their, living situation, day program, work activities, health, choice, and regional center services. All individuals interviewed and observed reflected personal choice and individual style.

However, the following individuals shared issues regarding the services they receive:

1. Individual #40 stated that they were not satisfied with the supportive living services agency. Based on this interview, a referral for follow-up was requested by the Department. The follow-up review was completed by ACRC to address the individual's concern. Accordingly, no recommendation is required; and,

2. Individual #64 expressed that they were unhappy with the ACRC's overall responsiveness.

Recommendation	Regional Center Plan/Response
ACRC should follow up with individual #64 regarding their concerns.	• **November 25, 2024**: An Occupational Therapy (OT) evaluation was completed. The report identified safety concerns and recommended a Sit-to-Stand Lift, Shower Buddy Transfer Chair, wheelchair-accessible sink, and automatic door opener. • **February 24, 2025**: The Scope of Work (SOW) was received from construction company outlining proposed home modifications. • **March 20, 2025**: DME and EA referrals were submitted. SC confirmed that vendor would send the OT report to the appropriate individuals.

	• **June 3, 2025**: Committee review was requested for the EA modifications. • **July 3, 2025**: The case was reviewed by the DME Committee. The committee approved the wheelchair-accessible sink and other home modifications but denied the automatic door openers due to individual's 24/7 SLS support. • **August 7, 2025**: Second DME Committee. The EA acknowledgment form was signed by the individual's father/conservator. • **October 6, 2025**: Individual's father reported that the shower slider had broken, creating an immediate safety concern. I contacted provider to explore temporary solutions while waiting for the approved equipment. Provider responded and provided a safe shower chair while waiting for new equipment from insurance. • **October 14, 2025**: The final report was submitted by the construction company, recommending approval of the project. • **October 23, 2025**: A third DME committee staffing was held. During this review, committee members noted that the selected contractor included additional items—specifically a rubber ramp, exhaust fan, and LED lighting—that were not part of the original OT report. I've reached out for clarification and am waiting to hear back. • **Ongoing**: Provider is working on obtaining the Sit-to-Stand Lift and Shower Buddy Chair through insurance.

SECTION VI: REGIONAL CENTER STAFF INTERVIEWS

SECTION VI A: SERVICE COORDINATOR INTERVIEWS

The monitoring team interviewed 19 service coordinators (SC). The interviews determined that all of the SCs are knowledgeable about the desires, preferences, life circumstances and service needs of the individuals they support. The SCs had knowledge of the processes for individual program planning and periodic review as well as monitoring the health and safety of individuals and monitoring that the service providers who support them comply with Home and Community-Based Services (HCBS) 1915(c) Developmental Disabilities (DD) Waiver and Settings requirements.

SECTION VI B: CLINICAL SERVICES INTERVIEW

The monitoring team interviewed the director of clinical services to ensure that the regional center has practices in place to provide clinical support to individuals and service coordinators. The interview determined the regional center conducts routine monitoring of individuals with medical issues, monitoring of medications, monitoring of behavior plans, coordination of medical and mental health, improvements in access to preventive health care resources, and ensures that clinical services play a role in special incident reporting and the Risk Management Committee to address the ongoing health and safety of individuals who are on the HCBS 1915(c) DD Waiver.

SECTION VI C: QUALITY ASSURANCE INTERVIEW

The monitoring team interviewed the quality assurance manager to ensure the regional center has practices in place to conduct Title 17 and HCBS Waiver and settings monitoring and quality assurance activities. The interview determined the regional center conducts routine Title 17 monitoring of community care facilities, including two unannounced visits, service provider training, corrective action plans as required and technical assistance is provided when needed. In addition, the regional center verifies provider qualifications, resource development activities, and quality assurance among programs and providers where there are no regulatory requirements to conduct monitoring. Quality assurance also participates in special incident reporting and the Risk Management Committee to address the ongoing quality assurance needs of individuals who are on the HCBS 1915(c) DD Waiver.

SECTION VII: VENDOR STAFF INTERVIEWS

SECTION VII A: SERVICE PROVIDER INTERVIEWS

The monitoring team interviewed service providers at 12 community care facilities (CCF) and 10 day programs. The interviews determined that all but one service provider assesses the needs of the individual in their program, participates in the development of an individual program plan (IPP), fosters independence and an environment where the individual is treated with dignity and respect, advocates for and oversee the training and implementation of policies and procedures that ensure the health, safety, and rights of the individual are being planned for and met.

Findings

1. CCF #8 for individual #17: The acting service provider did not have knowledge of the annual plan development or the development of the person centered IPP; and,

2. CCF #8 for individual #17: The acting service provider did not have knowledge of the special incident reporting (SIR) process.

Recommendation	Regional Center Plan/Response
ACRC should ensure that service providers understand and participate in the development of the IPP and the SIR process for individual #17 at CCF #8.	**During the vendorization process, the vendor receives training from Community Services related to SIR/ mandated reporting. The vendor also creates a program design with community services that ensures the completion and monitoring of the services and support through the IPP. The vendor, upon admitting a client, becomes aware of the planning team and works with the service coordinator and the client's team on actions related to the IPP. The Service Coordinator will collaborate with the vendor to ensure all members of the planning team are well informed and participate in IPP planning and SIR reporting/risk mitigation.** **QA Team will inform CCF #8 of the finding and present the provider with a technical support document outlining their responsibility to participate in**

	planning team meetings for individual #17 and all clients served. **Included with the technical support is an SIR and Mandated Reporter training requirement fulfilled through the Learning Management System (LMS).**

SECTION VII B: DIRECT SUPPORT PROFESSIONALS INTERVIEWS

The monitoring team interviewed direct support professionals at 12 CCFs and 10 day programs. The interviews determined that all direct support professionals are familiar with and respect the individuals they are supporting, understand the individual's goals and objectives on their IPP, understand the service delivery and HCBS settings requirements, are prepared to address safety issues, engage in emergency preparedness, and are knowledgeable about safeguarding medications.

SECTION VIII: VENDOR PROGRAM MONITORING REVIEW

The monitoring teams reviewed a total of 12 community care facilities (CCF) and 14 day programs to determine if the settings are Home and Community-Based Services (HCBS) Settings Requirement compliant, and are supporting individuals in a safe, healthy and positive environment where their privacy, rights and choices are respected, they have control of their personal resources and individual preferences and styles are reflected in CCFs where individuals live. All of the CCFs and the day programs were found to be in good condition with no immediate health and safety concerns.

8.6 Federal Requirement #6: Residential Agreement

In a provider-owned or controlled residential setting, the unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord tenant law of the State, county, city or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law. *[42 C.F.R. § 441.301(c)(4)(vi)(A)]*

Finding

See finding and recommendation for the vendor's non-compliance detailed in community care facility record review, criterion 3.2.b.

SECTION IX: SPECIAL INCIDENT REPORTING

The records of the 95 individuals supported by Alta California Regional Center (ACRC) and selected for the Home and Community-Based Services (HCBS) 1915(c) Developmental Disabilities (DD) Waiver sample were reviewed to verify that special incidents have been reported. A supplemental sample of 10 records of individuals receiving services were also reviewed to verify that special incident reports (SIR) 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 appropriate and complete. In addition, the monitoring team verified that an incident report was completed for all individuals on the HCBS DD Waiver supported by ACRC who passed away during the review period.

Summary of Findings

ACRC reported all special incidents in the sample of 95 records selected for the HCBS 1915(c) DD Waiver review to the Department. ACRC's vendors reported all (100 percent) incidents in the supplemental sample to the regional center within the required timeframes. ACRC reported all (100 percent) incidents in the supplemental sample to the Department within the required timeframe. ACRC's follow-up activities on incidents in the supplemental sample were appropriate for the severity of the situations for all 10 (100 percent) incidents. In addition, ACRC reported all deaths of individuals on the HCBS DD Waiver during the review period.

SECTION X: SUPPLEMENTARY ISSUE

This section contains any supplementary issues identified by the monitoring team during the review that are not specifically addressed by the standard review protocol criteria or directly related to the individuals selected for the review but should be reviewed and addressed by the regional center.

Regional centers shall implement the standardized individual program plan template and procedures no later than January 1, 2025. *[W.I.C. § 4435.1(d)]*

Finding

The standardized individual program plan (IPP) was not utilized by Alta California Regional Center (ACRC) beginning January 1, 2025, as required.

Recommendation	Regional Center Plan/Response
ACRC should ensure all newly developed IPPs are completed using the standardized tool and include all of the components of the tool.	**In 2024 ACRC began having conversations with the Department of Developmental Services (DDS) regarding ACRC's proposed transition from SANDIS to Atlas, a new case management system. ACRC thereafter engaged in regular communication with DDS to ensure Atlas would meet all of the requirements formerly met by SANDIS. Based on its discussions with DDS, ACRC believed that DDS had granted ACRC an extension to implement the standardized Individual Program Plan (IPP) until June 1, 2025, to align with newly required development and training of the Atlas program. As a result of this belief, ACRC did not implement the standardized IPP beginning January 1, 2025, and concentrated our efforts on the development of the enhanced Atlas components. Our plan was to compress the training of the Intake modules with the Standardized IPP as a means to mitigate training fatigue and to increase efficiency. ACRC implemented the standardized IPP on 4/21/25.**