Alta California Regional Center

Home and Community-Based Services

Self-Determination Program Waiver

Monitoring Review Report

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

Review Dates: June 2–20, 2025

DDS Department of Developmental Services

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SECTION I: REGIONAL CENTER SELF-ASSSESSMENT

Alta California Regional Center (ACRC) responded to questions that align with the California Home and Community-Based (HCBS) 1915(c) Self-Determination Program 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 16 records of individuals enrolled on the Home and Community-Based Services (HCBS) 1915(c) Self-Determination Program (SDP) Waiver and receiving services at Alta California Regional Center (ACRC), were reviewed for individual choice, 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 16 records reviewed were 97 percent in overall compliance for this review. Findings for six 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)*

Finding

Fifteen of the sixteen (94 percent) sample records of individuals documented level-of-care assessed needs that were consistent with information in the record. However, the record for individual #7 was inconsistent with the DS 3770 for the assessed need "Special health conditions of Atrial Septal Defect". An addendum was completed on October 2, 2024, adding "atrial septal defect". Accordingly, no recommendation is required.

2.6.a The IPP for every individual is reviewed, and revised as appropriate, based upon the reassessment of functional need at least every 12-months 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)]*

Finding

Fifteen of the sixteen (94 percent) sample records of individuals contained documentation that the individual's IPP had been reviewed annually by the planning team. However, for individual #2 there was no documentation that the IPP was reviewed annually. The previous IPP was dated September 19, 2023. The following IPP was not completed until February 5, 2025.

2.6.a Recommendation	Regional Center Plan/Response
ACRC should ensure that the IPP for individual #2 is 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

Fourteen of the sixteen (88 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 individual:

1. Individual #11: The IPP dated November 15, 2024, was not signed by the individual and the regional center until April 28, 2025. Accordingly, no recommendation is required; and,

2. Individual #13: The IPP dated November 13, 2024, was not signed by the conservator.

2.7.a Recommendation	Regional Center Plan/Response
ACRC should ensure that the IPP for individual #13 is signed by the conservator.	**ACRC will provide ongoing trainings to ensure Service Coordinators are aware of the requirement that IPPs are signed appropriately at the time of the IPP. Prior to the audit, multiple attempts were made to obtain the IPP signature via email, mail and phone calls (4/15/25, 4/22/25, 5/5/25, 5/7/25, 5/12/25, 5/20/25 & 5/29/25). The signed document was not received from the client. As follow-up to the audit, the document was sent to the family for signature on 12/2/25. A reminder request was sent to the family on 12/8/25. On 12/10/25 the SC reached out to the family via phone to discuss the signing of the IPP. As of 12/15/25, a signed IPP has not been received.**

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

Finding

Seven of the eight (88 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 addendum for individual #13 completed on October 10, 2024, was not signed by the conservator.

2.7.b Recommendation	Regional Center Plan/Response
ACRC should ensure that the IPP addendum for individual #13 is signed by the conservator.	**ACRC will provide ongoing trainings to ensure Service Coordinators are aware of the requirement that Addendums should be signed at the time or soon after Alta services are put into place. Prior to the audit, multiple attempts were made to obtain the Addendum signature via email, mail and phone calls (4/15/25, 4/22/25, 5/5/25, 5/7/25, 5/12/25, 5/20/25 & 5/29/25). The signed document was not received from the client. As follow-up to the audit, the document was sent to the family for signature on 12/2/25. A reminder request was sent to the family on 12/8/25. On 12/10/25 the SC reached out to the family via phone to discuss the signing of the IPP. As of 12/15/25, a signed Addendum has not been received.**

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

Four of the six (67 percent) applicable sample records of individuals contained quarterly face-to-face meetings completed and documented. However, the records for two individuals did not meet the requirement as indicated below:

1. The record for individual #10 contained documentation of three of the four required meetings that were consistent with the quarterly timeline; and,

2. The record for individual #9 contained documentation of two 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 #9 and #10.	**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

Four of the six (67 percent) applicable sample records of individuals contained quarterly reports of progress completed for individuals living in community out-of-home settings. However, the records for three individuals did not meet the requirement as indicated below:

1. The record for individual #10 contained documentation of one of the four required quarterly reports of progress that were consistent with the quarterly timeline; and,

2. The record for individual #9 contained documentation of two of the four required quarterly reports of progress that were consistent with the quarterly timeline.

2.12.b Recommendation	Regional Center Plan/Response
ACRC should ensure that future quarterly reports of progress are completed for individuals #9 and #10.	**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: OBSERVATIONS AND INTERVIEWS WITH INDIVIDUALS

Seven of the sixteen 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 appear to be supported and healthy. Interview questions focused on the individuals' satisfaction with their financial management service (FMS) provider, independent facilitator, participation in developing budget and spending plan, and regional center services.

All the individuals and parents of minors interviewed, indicated satisfaction with their FMS provider, independent facilitator, participation in developing budget and spending plan, and regional center services.

SECTION IV: REGIONAL CENTER STAFF INTERVIEWS

SECTION IV A: SERVICE COORDINATOR INTERVIEWS

The monitoring team interviewed four 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, knowledge of self-determination program services and periodic review as well as monitoring the services, health, and safety of the individuals they support.

SECTION V: SPECIAL INCIDENT REPORTING

The records of the 16 individuals supported by Alta California Regional Center (ACRC) and selected for the Home and Community-Based (HCBS) 1915(c) Self-Determination Program (SDP) Waiver sample were reviewed to verify that special incidents have been reported. A supplemental sample of two records 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 verifies that an incident report was completed for all individuals on the waiver supported by ACRC who passed away during the review period.

Summary of Findings

ACRC reported all special incidents in the sample of 16 records selected for the HCBS 1915(c) SDP 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 (100 percent) incidents. In addition, ACRC reported all deaths of individuals on the HCBS SDP Waiver during the review period.