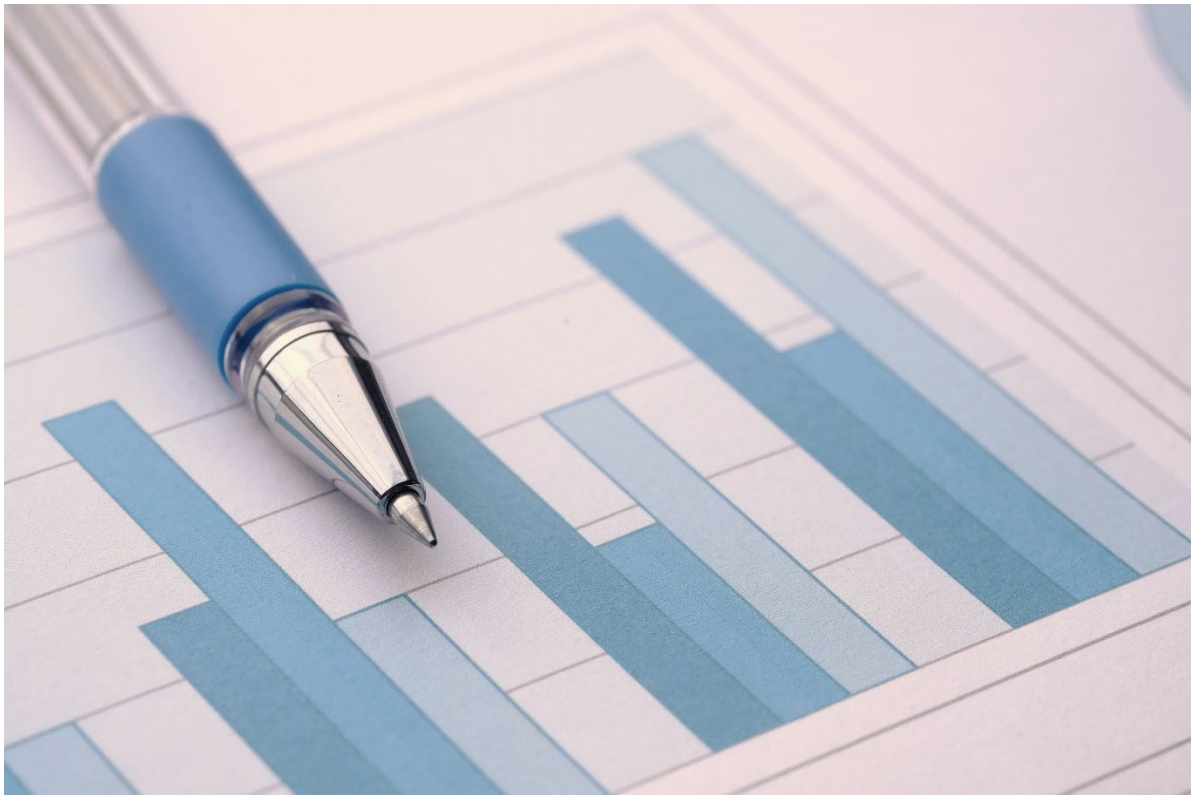
Eastern Los Angeles Regional Center

Home and Community-Based Services Developmental Disabilities Waiver, Self-Determination Program Waiver and State Plan Amendment Follow-Up Monitoring Review Report

Conducted by: Department of Developmental Services

Review Dates: February 17–18, 2026



DDS Department of Developmental Services

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SECTION I: REGIONAL CENTER RECORD REVIEW

The Department of Developmental Services conducted a follow-up review on the Home and Community-Based Services 1915(c) Developmental Disabilities (DD) Waiver, the Home and Community-Based Services 1915(c) Self-Determination Program (SDP) Waiver and 1915(i) State Plan Amendment (SPA) with Eastern Los Angeles Regional Center (ELARC) on February 17-18, 2026, to verify that issues raised during the collaborative review completed March 2025, have been addressed. For the review period of January 1, 2025, through December 31, 2025, 20 records for the 1915(c) DD Waiver, 4 records for the 1915(c) SDP Waiver, and 20 records for the 1915(i) SPA were selected to assess performance on the criteria detailed in the areas below.

1915(c) Developmental Disabilities Waiver Follow-Up Review Findings

2.2.a Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). *[42 C.F.R. § 441.302(d) (2025)]*

Findings

Eighteen of the twenty (90 percent) sample records of individuals contained a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). However, there were issues with the DS 2200 forms for the following individuals below:

1. Individual #16: The DS 2200 form was not signed until January 20, 2026. Accordingly, no recommendation is required; and,

2. Individual #18: The DS 2200 form was not signed until February 3, 2026. Accordingly, no recommendation is required.

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, family home agencies, or supported living and independent living settings. *[Cal. Code. Regs tit. 17, § 56047 (2023)]; [Cal. Code. Regs tit. 17, § 56095 (2023)]; [Cal. Code. Regs tit. 17, § 58680 023)]; (contract requirement)*

Findings

Eighteen of the twenty (90 percent) applicable sample records of individuals contained quarterly face-to-face meetings completed and documented. However, the records for individuals #18 and #20 contained documentation of three of the four required meetings that were consistent with the quarterly timeline.

2.12.a Recommendation	Regional Center Plan/Response
ELARC should assure that all future face-to-face meetings are completed and documented each quarter for individuals #18 and #20.	The assigned Service Coordinators and Supervisors for individuals #18 and #20 have been provided guidance and instruction regarding the required timeframes for conducting quarterly face to face meetings pursuant to Title 17 regulation.

2.12.b Quarterly reports of progress toward achieving IPP objectives are completed for individuals living in community out-of-home settings, i.e., service level 2-7 community care facilities, family home agencies or supported living and independent living settings. *[Cal. Code. Regs tit. 17, § 56047 (2023)]; [Cal. Code. Regs tit. 17, § 56095 (2023)]; [Cal. Code. Regs tit. 17, § 58680 (2023)]; (contract requirement)*

Findings

Eighteen of the twenty (90 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 individuals #18 and #20 contained documentation of three of the four required reports of progress that were consistent with the quarterly timeline.

2.12.b Recommendation	Regional Center Plan/Response
ELARC should assure that future quarterly reports of progress are completed for individuals #18 and #20.	The assigned Service Coordinators and Supervisors for individuals #18 and #20 have been provided guidance and instruction regarding the required timeframes for completing quarterly progress reports following quarterly face to face meetings pursuant to Title 17 regulation.

Summary of Results for the 1915(c) Developmental Disabilities Waiver Follow-Up Review

The results of the February 2026 follow-up review indicate that the issues identified during the regular biennial monitoring review in March 2025 have been addressed.

1915(c) Self-Determination Waiver Follow-Up Review Findings

Findings

None

Summary of Results for the 1915(c) SDP Waiver Follow-Up Review

The results of the February 2026 follow-up review indicate that the issues identified during the regular biennial monitoring review in March 2025 have been addressed.

1915(i) State Plan Amendment Follow-Up Review Findings

1.9.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, family home agencies, or supported living and independent living settings. *[Cal. Code. Regs tit. 17, § 56047 (2023)]; [Cal. Code. Regs tit. 17, § 56095 (2023)]; [Cal. Code. Regs tit. 17, § 58680 (2023)]; (contract requirement)*

Findings

Sixteen of the twenty (80 percent) applicable sample records of individuals contained completed quarterly face-to-face meetings. However, the following records did not meet the requirements as indicated below:

1. The records for individuals #1, #13 and #18 contained documentation of three of the four required meetings that were consistent with the quarterly timeline; and,

2. The record for individual #14 contained documentation of two of the four required meetings that were consistent with the quarterly timeline.

1.9.a Recommendations	Regional Center Plan/Response
ELARC should assure that all future face-to-face meetings are completed and documented each quarter for individuals #1, #13, #14, and #18.	The assigned Service Coordinators and Supervisors for individuals #1, #13, #14, and #18 have been provided guidance and instruction regarding the required timeframes for conducting quarterly face to face meetings pursuant to Title 17 regulation.
Further action is required by ELARC to assure quarterly face-to-face meetings are completed and documented for all applicable individuals.	Please see ELARC's proposed Plan of Correction. Service Coordinators have been provided strategies to be better organized in scheduling their quarterly face-to-face meetings. These strategies are incorporated into the trainings

	for new staff regarding IPP's and Medicaid Waiver. A monthly report for all quarterly cases, Medicaid Waiver and non-Medicaid Waiver, is provided to all Service Coordinators and Supervisors. If an individual chooses not to meet or is not responsive to the Service Coordinator's attempts to contact him/her, the ELARC Service Coordinator will complete a quarterly progress report. Within the quarterly progress report, the Service Coordinator will document all efforts to contact and educate the individual on the importance of meeting face-to-face, the reason why the meeting did not take place, and any contact/updates from service providers working with the consumer.

1.9.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

Sixteen of the twenty (80 percent) applicable sample records of individuals had quarterly reports of progress completed for individuals living in community out-of-home settings. However, the following records did not meet the requirements as indicated below:

1. The records for individuals #1, #13 and #18 contained documentation of three of the four required reports of progress that were consistent with the quarterly timeline; and,

2. The record for individual #14 contained documentation of two of the four required reports of progress that were consistent with the quarterly timeline.

1.9.b Recommendations	Regional Center Plan/Response
ELARC should assure that future quarterly reports of progress are completed for individuals #1, #13, #14, and #18.	The assigned Service Coordinators and Supervisors for individuals #1, #13, #14, and #18 have been provided guidance and instruction regarding the required timeframes for completing quarterly progress reports following quarterly face-to-face meetings pursuant to Title 17 regulation.
Further action is required by ELARC to assure quarterly face-to-face meetings are completed and documented for all applicable individuals.	Please see ELARC's proposed Plan of Correction. Service Coordinators have been provided strategies to be better organized in scheduling their quarterly face-to-face meetings. These strategies are incorporated into the trainings for new staff regarding IPP's and Medicaid Waiver. If an individual chooses not to meet or is not responsive to the Service Coordinator's attempts to contact him/her, the ELARC Service Coordinator will complete a quarterly progress report. Within the quarterly progress report, the Service Coordinator will document all efforts to contact and educate the individual on the importance of meeting face to face, the reason why the meeting did not take place, and any contact/updates from service providers working with the consumer.

Summary of Results for the 1915(i) State Plan Amendment Follow-Up Review

The results of the February 2026 follow-up review indicate that the issues identified during the regular biennial monitoring review in March 2025 require further action to assure quarterly face-to-face meetings and reports of progress are completed for individuals living in community out-of-home settings, i.e., service level 2-7 community care facilities, family home agencies, or supported living and independent living settings.

SECTION II: SPECIAL INCIDENT REPORTING

A supplemental sample of 10 records for the Home and Community-Based Services (HCBS) 1915(c) Developmental Disabilities Waiver follow-up review and 5 records for the HCBS 1915(i) State Plan Amendment follow-up review were also reviewed to verify 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 appropriate and complete. There were no special incidents to review for the HCBS 1915(c) Self-Determination Program Waiver follow-up review.

1915(c) Developmental Disabilities Waiver Follow-Up Review Summary of Findings

Eastern Los Angeles Regional Center's (ELARC) vendors reported nine of the ten (90 percent) incidents in the supplemental sample to the regional center within the required timeframes. ELARC reported nine of the ten (90 percent) incidents in the supplemental sample to the Department within the required timeframe. ELARC's follow-up activities on incidents in the supplemental sample were appropriate for the severity of the situations for all 10 (100 percent) incidents.

Findings

1. SIR #8: The vendor learned of the incident on December 23, 2025. However, the vendor did not report it to the regional center until December 26, 2025.

2. SIR #10: ELARC learned of the incident on October 7, 2025. However, ELARC did not report it to the Department until October 14, 2025.

Recommendations	Regional Center Plan/Response
ELARC should assure that the vendor for SIR #8 reports special incidents within the required timeframe.	ELARC's Quality Assurance & Compliance Supervisor has been notified of the finding. The following actions have been taken: 1. Investigation task has been generated. 2. Investigation will be assigned to a QA Specialist for follow-up. 3. The QA Specialist will notify South Central Los Angeles Regional Center, who is the vendoring regional center. 4. The QA Specialist will request a copy of the report that is completed by SCLARC.

ELARC should assure that all special incidents are reported to the Department within the required timeframe.	ELARC's SIR Specialist held 4 trainings for all case management staff regarding the reporting of SIR's. All staff who distribute SIR's to Service Coordinators will include the unit's office assistant and Supervisor to ensure that if the Service Coordinator is out of the office, the SIR will be assigned to the Officer of the Day. Additionally, all case management staff will indicate in their out of office replies for both voicemail and e-mail, who the covering staff is so that the SIR can be redirected to a person that is in the office.

1915(i) State Plan Amendment Follow-Up Review Summary of Findings

ELARC vendors reported all (100 percent) incidents in the supplemental sample to the regional center within the required timeframes. ELARC reported all (100 percent) incidents in the supplemental sample to the Department within the required timeframe. ELARC's follow-up activities on incidents in the supplemental sample were appropriate for the severity of the situations for all five (100 percent) incidents.

Findings

None

SECTION III: SUPPLEMENTARY ISSUES

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.

Comments

None