Eastern Los Angeles 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: March 24 – April 4, 2025

DDS Department of Developmental Services

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SECTION I: REGIONAL CENTER SELF- ASSESSMENT

Eastern Los Angeles Regional Center (ELARC) responded to questions that align with the California 1915(c) Home and Community-Based (HCBS) 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 ELARC is available upon request.

SECTION II: REGIONAL CENTER RECORD REVIEW

For the review period of November 1, 2023, through October 31, 2024, a total of 31 records of individuals enrolled on the Home and Community-Based Services (HCBS) 1915(c) Developmental Disabilities Waiver and receiving services at Eastern Los Angeles Regional Center (ELARC), 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. In addition, six supplemental records were reviewed for documentation of voluntary disenrollment or a notice of proposed action, if there was a loss of service. Lastly, eight additional supplemental records were reviewed for documentation that ELARC determined the individual met the HCBS Waiver level-of-care requirements prior to receiving HCBS Waiver supports.

The 31 records reviewed were 96 percent in overall compliance for this review. Findings for seven criteria are detailed below.

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

Twenty-six of the thirty-one (84 percent) sample records of individuals contained a signed and dated DS 2200 form. However, there were identified issues regarding the DS 2200 form for the following individuals:

1. Individual #10: The individual did not sign and date the DS 2200 upon turning 18. A new form was completed on February 18, 2025. Accordingly, no recommendation is required;

2. Individual #11: The individual did not fill out Section 3 titled Services/Living Arrangement until March 25, 2025. Accordingly, no recommendation is required;

3. Individual #12: The DS 2200 was not signed until January 15, 2025. Accordingly, no recommendation is required;

4. Individual #23: The DS 2200 was not signed until January 15, 2025. Accordingly, no recommendation is required; and,

5. Individual #26: The individual did not fill out Section 3 titled Services/Living Arrangement until March 25, 2025. Accordingly, no recommendation is required.

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

Thirty of the thirty-one (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 of "eats with at least one utensil, with spillage" listed on the DS 3770 for individual #23 was not consistent. The IPP dated July 30, 2024, was revised on April 1, 2025, to reflect consistency with the DS 3770. 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)]*

Findings

Twenty-seven of the thirty-one (87 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 #1: The previous IPP was dated August 22, 2023. There was no documentation that the IPP was reviewed annually. The following IPP was not completed until September 27, 2024.

2. Individual #8: The previous IPP was dated July 17, 2023. There was no documentation that the IPP was reviewed annually. The following IPP was not completed until September 5, 2024.

3. Individual #10: The previous IPP was dated November 28, 2022. There was no documentation that the IPP was reviewed annually. The following IPP was not completed until January 4, 2024.

4. Individual #22: The previous IPP was dated August 23, 2023. There was no documentation that the IPP was reviewed annually. The following IPP was not completed until October 17, 2024.

2.6.a Recommendation	Regional Center Plan/Response
ELARC should ensure that the IPPs for individuals #1, #8, #10, #22 are reviewed at least annually by the planning team.	Each Service Coordinator/Supervisor was counseled individually regarding the importance of completing an annual IPP meeting, no later than 30 days after the date of the prior year's meeting. For example, for individual #1, an IPP was completed on

	08/22/2023. The next year's IPP should have been completed no later than 09/22/204. However, the best practice is to conduct the IPP within the individual's birth month, but no later than 12 months after the previous year's IPP. All staff were instructed to document all efforts to schedule IPP meetings with the individuals on their caseloads and the reasons why the meeting was held late. Lastly, all staff were advised to complete an IPP addendum if they are unable to hold the IPP meeting by the twelfth month. This IPP addendum would extend the previous year's IPP until a new IPP meeting is held. The above information will be included in all staff trainings related to the development of the IPP and Medicaid Waiver.

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

Twenty-nine of the thirty-one (94 percent) sample records of individuals contained IPPs that were signed by ELARC 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 #1: The IPP dated September 27, 2024, was not signed by the individual's authorized representative; and,

2. Individual #30: The IPP dated March 21, 2024, was not signed by the individual's authorized representative until December 18, 2024, and was not signed by the regional center until March 25, 2025. Accordingly, no recommendation is required.

2.7.a Recommendation	Regional Center Plan/Response
ELARC should ensure that the IPP for individual #1 is signed. If the individual does not sign, ELARC should ensure that the IPP addresses the reason why the individual did not or could not sign.	The Service Coordinator/Supervisor have been advised regarding the importance of having the individual or legally responsible party sign the IPP signature page. If the individual does not sign the IPP signature page, the IPP report itself should indicate why. The above information will be included in all staff trainings related to the development of the IPP and is already included in the Medicaid Waiver training. Specifically for #1, an IPP addendum was completed to document to address why the individual did not sign and why the conservator did not sign. This information will be included in all IPP reports moving forward.

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

Twenty-eight of the thirty-one (90 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 ELARC funded services as indicated below:

1. Individual #4: Behavior Management Program was not included for the months of January 2024 through May 2024 in the IPP dated April 13, 2023. An addendum was completed on March 26, 2025. Accordingly, no recommendation is required;

2. Individual #16: Sports Club was not included for the months of April 2024 through June 2024 in the IPP dated August 23, 2024. An addendum was completed March 27, 2025 addressing the purchased service. Accordingly, no recommendation is required; and,

3. Individual #25: Translation was not included for the month of April 2024 in the IPP dated March 7, 2024. An addendum was completed on March 27, 2025, addressing the purchased service. Accordingly, no recommendation is required.

2.12.a Quarterly face-to-face meetings are completed for individuals living in community out-of-home settings, i.e., Service Levels 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

Eleven of the seventeen (65 percent) applicable sample records of individuals contained quarterly face-to-face meetings completed and documented. However, the records for individuals #1, #7, #16, #20, #21, and #22 contained documentation of three of the four required meetings that were consistent with the quarterly timeline.

2.12.a Recommendations	Regional Center Plan/Response
ELARC should ensure that all future face-to-face meetings are completed and documented each quarter for individuals #1, #7, #16, #20, #21, and #22.	The Service Coordinators/Supervisors have been counseled individually regarding the importance of conducting quarterly face to face contact with individuals living in a CCF, SLS, ILS, FHA/FFA, or other independent living arrangement. Staff were instructed to document all efforts to schedule the quarterly face to face meetings with their individuals and the reasons why the meeting was held late or missed. When individuals served by ELARC do not wish to meet with their Service Coordinator, staff have been instructed that they must document their efforts to encourage the individual to meet with them and the reasons why the individual refuses to meet. The above information will be included in all staff trainings related to the development of the IPP and is already included in the Medicaid Waiver training.
In addition, ELARC should evaluate what actions may be necessary to ensure that quarterly face-to face meetings are completed and documented for all applicable individuals.	ELARC will provide better enforcement of Supervisors developing/reviewing monthly reports to ensure that all Service Coordinators complete quarterly face to face meetings, on a quarterly basis. This report will identify which individuals must be seen on a quarterly basis. Effective immediately, Service Coordinators will counsel individuals on their caseloads of

	the importance of meeting face to face on a quarterly basis to ensure their health and safety. 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 document their efforts in the TCM's and the reasons why the meeting could not take place.

2.12.b Quarterly reports of progress are completed for individuals living in community out-of-home settings, i.e., Service Levels 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

Eleven of the seventeen (65 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 #1, #7, #16, #20, #21, and #22 contained documentation of three of the four required quarterly reports of progress that were consistent with the quarterly timeline.

2.12.b Recommendations	Regional Center Plan/Response
ELARC should ensure that future quarterly reports of progress are completed for individuals #1, #7, #16, #20, #21, and #22.	Service Coordinators have been provided strategies to be better organized in scheduling their QTLY 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 with what information he/she has available based on contact with the individual and/or contact with the vendor providing support to the individual. 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 and any contact/updates from

	service providers working with the consumer.
In addition, ELARC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable individuals.	ELARC will provide better enforcement of Supervisors developing/reviewing monthly reports to ensure that all Service Coordinators complete quarterly progress reports for their individuals who must be seen face to face on a quarterly basis.

SECTION III: COMMUNITY CARE FACILITY RECORD REVIEW

The monitoring team visited four community care facilities (CCF) and reviewed four individual records for individuals supported by Eastern Los Angeles Regional Center (ELARC) 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 four records reviewed were 94 percent in overall compliance for 16 criteria. Findings for one criterion is 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 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 four (0 percent) sample records contained documentation of agreement for eviction procedures and appeals process as indicated below:

1. Individual #1 at CCF #4;
2. Individual #2 at CCF #1;
3. Individual #4 at CCF #2; and,
4. Individual #6 at CCF #3.

3.2.b Recommendation	Regional Center Plan/Response

ELARC should ensure that the records for individual #1 at CCF#4, individual #2 at CCF #1, individual #4 at CCF #2, and individual #6 at CCF #3 provides protections that address the eviction and appeals process.	Regional Centers updated and began using the attached revised Admission Agreement in August of 2024. ELARC implemented usage of the revised agreement by ensuring as staff (both SCs and QA Specialists when appropriate) made visits they would review and obtain signatures to replace the older version. Because of this, the older version may be in place in certain settings. While the version does speak to eviction rights (last page,) it does not outline detailed information regarding such rights or the appeal process. ELARC's Community Services Manager is developing an update to include this information for the immediate use in the ELARC service area. It will also be shared with the other six LA County Regional Centers. The Southern CA Community Services Directors have updated the form, and it will be presented to the Southern CA Directors of Client Services during their October 17th meeting for review and approval. Once approved, it will be implemented effective 11/01/2025 by all Southern CA Regional Center. The revised form will then be provided to all Service Coordinators who have individuals living in a CCF to sign and maintain in the CCF's records.

SECTION IV: DAY PROGRAM RECORD REVIEW

The monitoring team visited five day programs (DP) and reviewed seven records for individuals supported by Eastern Los Angeles Regional Center (ELARC) 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 seven records reviewed were 97 percent in overall compliance for 13 criteria. Findings for one criterion is detailed below.

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

Finding

Five of the seven (71 percent) sample records for individuals contained an authorization for emergency medical treatment signed by the individual and/or the authorized individual representative. However, the records for individuals #3 and #16 at DP #4 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
ELARC should ensure the records for individuals #3 and #16 at DP #4 contain authorization for emergency medical treatment signed by the individual and/or the authorized individual representative.	ELARC has provided day program #4 with updated records that contain authorization for emergency medical treatment signed by individuals #3 and #6 or their authorized representatives. ELARC does utilize a day program services checklist to ensure that all day program providers have necessary and relevant information about the individual being supported/served.

SECTION V: OBSERVATIONS AND INTERVIEWS WITH INDIVIDUALS

Twenty-three of the thirty-one individuals supported by Eastern Los Angeles Regional Center, 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.

All of individuals and parents of minors interviewed, indicated satisfaction with their living situation, day program, work activities, health, choice, and regional center services. The appearance for all of the individuals that were interviewed and observed reflected personal choice and individual style.

SECTION VI: REGIONAL CENTER STAFF INTERVIEWS

SECTION VI A: SERVICE COORDINATOR INTERVIEWS

The monitoring team interviewed eight 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 HCBS Waiver and settings requirements.

SECTION VI B: CLINICAL SERVICES INTERVIEW

The monitoring team interviewed the nurse coordinator 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 1915(c) Home and Community-Based Services (HCBS) Waiver.

SECTION VI C: QUALITY ASSURANCE INTERVIEW

The monitoring team interviewed the quality assurance and compliance specialist 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 Waiver.

SECTION VII: VENDOR STAFF INTERVIEWS

SECTION VII A: SERVICE PROVIDER INTERVIEWS

The monitoring team interviewed service providers at four community care facilities (CCF) and five day programs. The interviews determined that all service providers assess the needs of the individual in their program, participate in the development of an individual program plan (IPP), foster independence and an environment where the individual is treated with dignity and respect, advocate 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 in accordance with the 1915(c) Home and Community-Based Services (HCBS) Waiver and settings requirements.

SECTION VII B: DIRECT SUPPORT PROFESSIONALS INTERVIEWS

The monitoring team interviewed direct support professionals at four CCFs and five 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 Waiver and 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 three community care facilities (CCF) and four 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

None of the three (0 percent) sample records reviewed for federal Settings requirement #6, 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 #2 at CCF #1;

2. Individual #4 at CCF #2; and,

3. Individual #6 at CCF #3.

8.6 Recommendation	Regional Center Plan/Response
ELARC should ensure that individual records maintained by all CCFs contain documentation of agreement for eviction procedures and appeals process.	Regional Centers updated and began using the attached revised Admission Agreement in August of 2024. ELARC implemented usage of the revised agreement by ensuring as staff (both SCs and QA Specialists when appropriate) made visits they would review

	and obtain signatures to replace the older version. Because of this, the older version may be in place in certain settings. While the version does speak to eviction rights (last page,) it does not outline detailed information regarding such rights or the appeal process. ELARC's Community Services Manager is developing an update to include this information for the immediate use in the ELARC service area. It will also be shared with the other six LA County Regional Centers. The Southern CA Community Services Directors have updated the form, and it will be presented to the Southern CA Directors of Client Services during their October 17th meeting for review and approval. Once approved, it will be implemented effective 11/01/2025 by all Southern CA Regional Center. The revised form will then be provided to all Service Coordinators who have individuals living in a CCF to sign and maintain in the CCF's records.

SECTION IX: SPECIAL INCIDENT REPORTING

The records of the 31 individuals supported by Eastern Los Angeles Regional Center (ELARC) and selected for the 1915(c) Home and Community-Based Services (HCBS) 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 Waiver supported by ELARC who passed away during the review period.

Summary of Findings

ELARC reported all special incidents in the sample of 31 records selected for the HCBS DD Waiver review to the Department. ELARC's 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 10 (100 percent) incidents. In addition, ELARC reported all deaths of individuals on the HCBS DD Waiver during the review period.

Finding

None

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.

Comments

None