Eastern Los Angeles 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: March 24 – April 4, 2025

DDS Department of Developmental Services

TABLE OF CONTENTS

SECTION I: REGIONAL CENTER SELF-ASSSESSMENT

Eastern Los Angeles Regional Center (ELARC) 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 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 12 records of individuals enrolled on the Home and Community-Based Services (HCBS) 1915(c) Self-Determination Program (SDP) Waiver and receiving services at Eastern Los Angeles Regional Center (ELARC), 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, four 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 12 records reviewed were 95 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

Ten of the twelve (83 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 #3: The DS 2200 was not signed until January 11, 2025. Accordingly, no recommendation is required; and,

2. Individual #6: The DS 2200 was not signed until January 31, 2025. 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

Eleven of the twelve (92 percent) sample records of individuals contained documentation that the individual's IPP had been reviewed annually by the planning team. However, for individual #4 there was no documentation that the IPP was reviewed annually. The previous IPP was dated January 24, 2023. The following IPP was not completed until April 9, 2024.

2.6.a Recommendation	Regional Center Plan/Response
ELARC should ensure that the IPP for individual #4 is 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 #4, an IPP was completed on 01/24/2023. The next year's IPP should have been completed no later than 02/24/204. 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 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, the individual's 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)]*

Finding

Eleven of the twelve (92 percent) sample records of individuals contained IPPs that were signed by ELARC and the individuals, or, where appropriate, the individual's parents, legal guardian, conservator or the authorized representative. However, the IPP for individual #5, dated May 21, 2024, was not signed by the individual until March 28, 2025. Accordingly, no recommendation is required.

2.9.b The IPP addresses special health care requirements and safety risks. *[42 C.F.R. § 441.301(c)(2)(vi) (2025)]; (HCBS Waiver Requirement)*

Finding

Ten of the eleven (91 percent) applicable sample IPPs for individuals addresses the individuals' special health care requirements and safety risks. However, the IPP for individual #2 did not address braces/splints/cast/ortho/shoes, special bed, or frequent turning in bed. The IPP dated April 18, 2024, was revised to include the missing requirements. 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)]*

Finding

Eleven of the twelve (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 IPP for individual #10 did not include ELARC funded services for financial management services co-employer for the months of November 2023 through June 2024 in the IPPs covering the review period. An addendum was completed on January 9, 2025, addressing the purchased services. 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 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

Three of the five (60 percent) applicable sample records of individuals contained quarterly face-to-face meetings completed and documented. However, the records for individuals #6 and #8 contained documentation of three for 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 #6 and #8.	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.

	All 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. If the individuals served by ELARC do not wish to meet with their Service Coordinators, the staff were advised that they must document their efforts to encourage the individual to meet with them and the reasons 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.
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 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 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

Three of the five (60 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 #6 and #8 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 #6 and #8.	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 even if the individual chooses not to meet or cannot be contacted. 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: OBSERVATIONS AND INTERVIEWS WITH INDIVIDUALS

Ten of the twelve individuals supported by Eastern Los Angeles Regional Center (ELARC), 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 provider, independent facilitator, participation in developing budget and spending plan, and regional center services.

Seven of the ten individuals/parents of minors interviewed, indicated satisfaction with their financial management service provider, independent facilitator, living situation, day program, work activities, health, choice, and regional center services. The appearance for all the individuals that were interviewed and observed reflected personal choice and individual style. However, the following individuals shared issues regarding the services they receive:

1. Individual #9 was dissatisfied with their service coordinator's absences, unresponsiveness with phone calls, and the individual program plan not being corrected timely;

2. Individual #10 was dissatisfied with their Financial Management Service (FMS) provider; and,

3. Individual #12 was dissatisfied with their FMS provider.

Recommendation	Regional Center Plan/Response
ELARC should follow up with individual #9 regarding concerns with their service coordinator, as well as individuals #10, and #12 regarding concerns with their FMS provider.	ELARC's Quality Assurance & Compliance Unit addressed the concerns note during the interviews for individuals #10 and 12. #12: The Community Services Specialist spoke with the parent of #12 on 08/29/2025. Parent stated that the FMS is doing much better now. The issue that parent had brought up during the interview with the DDS auditors that it took the FMS too long to onboard providers into their system, but these were issues at the beginning of #12's SDP participation 3 years ago. Per parent, everything is now stable and parent and #12 are satisfied with the services. #10: The Community Services Specialist spoke with the assigned Service Coordinator on 08/25/2025. The Service Coordinator shared that #10 was upset with FMS agency as the

	FMS agency had paid for services using the wrong service code and that the FMS agency has not fixed it. What resulted was that all funding from one service code was utilized by the 6-month point. All funds had transferred to service code 320 to cover costs and after that the FMS agency overpaid a provider under service code 364. The FMS agency does not send expenditure reports on a monthly basis according to the Service Coordinator. #10 found out about the discrepancies when she inquired about the spending plan one month before it expired. By law expenditure reports must be sent to the Regional Center and SD participant. The Community Services Specialist conducted a Zoom meeting with the FMS agency Supervisor on 08/29/2025 and shared #10's concerns as described in the phone call with the Service Coordinator. Staff from the FMS agency will investigate the issue with the providers, being billed under service code 320 instead of 364 and provide an update to ELARC by 09/04/2025. Staff to look into the overpayment issue, develop a best practice, and provide an update to ELARC by 09/03/2025. Staff to verify if the employees in question had the necessary certifications for service code 364. Staff to consider implementing a written policy for 24-hour callback response time. Staff to consider documenting email response time policies. #9: Supervisor for the Service Coordinator assigned to SDP# 9 will conduct a one-on-one session with the Service Coordinator to review the DDS findings and clarify expectations for timeliness, communication, and case follow-up during her September 2025 supervision. A response tracking log will be implemented to ensure timely follow-up, (i.e. phone calls and emails) for the next 3 months. All requested IPP corrections must be finalized within five (5) business days which will be discussed at the monthly supervision meeting. During any

	Service Coordinator's absences, Officer of The Day staff will respond to urgent calls, handle documentation and manage service-related inquiries. After 3-month assessment, if progress is not identified, a Performance Improvement Plan (PIP) will be initiated.

SECTION IV: REGIONAL CENTER STAFF INTERVIEWS

SECTION IV A: SERVICE COORDINATOR INTERVIEWS

The monitoring team interviewed two 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 12 individuals supported by Eastern Los Angeles Regional Center (ELARC) 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. In addition, the monitoring team verified that an incident report was completed for all individuals on the waiver supported by ELARC who passed away during the review period. There were no additional special incident reports to be reviewed.

Summary of Findings

ELARC reported all special incidents in the sample of 12 records selected for the HCBS 1915(c) SDP Waiver review to the Department. In addition, ELARC reported all deaths during the review period.