Eastern Los Angeles Regional Center

Home and Community-Based Services

1915(i) State Plan Amendment

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 RECORD REVIEW

For the review period of November 1, 2023, through October 31, 2024, a total of 21 records of individuals enrolled on the Home and Community Based 1915(i) State Plan Amendment and receiving services at Eastern Los Angeles Regional Center (ELARC), were reviewed for individual choice, notification of proposed action and fair hearing rights, individual program plans (IPP) and periodic reviews and reevaluations of services.

The 21 records reviewed were 97 percent in overall compliance for this review. Findings for five criteria are detailed below.

1.4.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

Twenty of the twenty-one (95 percent) applicable 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 IPP dated October 29, 2024 for individual #2 was not signed by the individual.

1.4.a Recommendation	Regional Center Plan/Response
ELARC should ensure that the IPP for individual #2 is signed by the individual. 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 pages, 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 #2, an IPP addendum was completed to explain why the individual did not sign the IPP. This

	information will be included in all IPP reports moving forward.

1.6.a The IPP addresses the special health care requirements and safety risks. *[W.I.C. § 4646.5(a)(2) (2023)]; [42 C.F.R. § 441.301(c)(2)(vi) (2025)]*

Finding

Eight of the nine (89 percent) applicable sample IPPs for individuals address the individuals' healthcare requirements, current health conditions and safety risks. However, the IPP for individual #15 did not address the allergy injections taken by the individual. The IPP was revised on March 27, 2025, to address allergy injections taken by the individual. Accordingly, no recommendation is required.

1.7.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

Eighteen of the twenty-one (86 percent) sample IPPs of individuals included a schedule of the type and amount of all services and supports purchased by the regional center. However, IPPs for four individuals did not include ELARC funded services as indicated below:

1. Individual #2: Supplemental Day Program Support was not included for the months of November 2023 through June 2024 in the IPPs covering the review period;

2. Individual #6: START Services was not included for the month of November 2023 in the IPPs covering the review period. The IPP addendum dated October 30, 2023, was revised on April 7, 2025, to include START Services covering the month of November 2023. Accordingly, no recommendation is required;

3. Individual #9: Community Activities Support Service was not included for the month of November 2023, Independent Living Program was not included for the months of December 2023 through August 2024, Transportation – Public/Rental/Taxi was not included for the months of April 2024 through September 2024, and Driver Training was not included for the month of May 2024 in the IPPs covering the review period. An addendum was completed on April 1, 2025 addressing the purchased services. Accordingly, no recommendation is required; and,

1.7.a Recommendations	Regional Center Plan/Response
ELARC should ensure that the IPP for individual #2 includes a schedule of the type	The importance of detailing all regional center funded and generic funded services has been incorporated into the new staff

and amount of all services and supports purchased by ELARC.	trainings for completing IPP reports and Medicaid Waiver. Supervisors will also ensure that when reviewing/approving IPP reports that Service Coordinators are including all regional center funded and generic funded services in the IPP report and Service Provision Agreement. Specifically for #2, supplemental day program support is documented in the IPP acknowledgment pages for the 10/29/2024 IPP. This document is considered to be part of the IPP report itself. For the IPP dated 10/19/2023 an IPP addendum was completed on 9/25/2025 to include the information regarding the supplemental day program support.
In addition, ELARC should evaluate what actions may be necessary to ensure that IPPs include a schedule of the type and amount of services and supports purchased by ELARC.	Supervisors will ensure that when reviewing/approving IPP reports that Service Coordinators are including all regional center funded and generic funded services in the IPP report and Service Provision Agreement. If new services or an increase in services is requested after the IPP meeting has been held, an IPP amendment will be developed. ELARC will begin implementing self-audits of Medicaid Waiver cases at least semi-annually to ensure compliance.

1.9.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

Ten of the twelve (83 percent) applicable sample records of individuals had 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 #2 contained documentation of three of the four required meetings that were consistent with the quarterly timeline; and,

2. The record for individual #8 contained one of the four required meetings that was consistent with the quarterly timeline.

1.9.a Recommendations	Regional Center Plan/Response
ELARC should ensure that all future face-to-face meetings are completed and documented each quarter for individuals #2 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. At times individuals served by ELARC do not wish to meet with their Service Coordinators and 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.

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

Ten of the twelve (83 percent) applicable sample records of individuals had quarterly reports of progress completed for individuals living in community out-of-home settings. However, the records for two individuals did not meet the requirement as indicated below:

1. The record for individual #2 contained documentation of three of the four required quarterly reports of progress that were consistent with the quarterly timeline; and,

2. The record for individual #8 contained documentation of one of the four required quarterly reports of progress that was consistent with the quarterly timeline.

1.9.b Recommendations	Regional Center Plan/Response
ELARC should ensure that future quarterly reports of progress are completed for individuals #2 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 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.
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 II: SPECIAL INCIDENT REPORTING

The records of the 21 individuals supported by Eastern Los Angeles Regional Center (ELARC) and selected for the 1915(i) Home and Community-Based Services (HCBS) State Plan Amendment sample were reviewed to verify that special incidents have been reported. A supplemental sample of five 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 verifies that an incident report was completed for all individuals on the SPA supported by ELARC who passed away during the review period.

Summary of Findings

ELARC reported all special incidents in the sample of 21 records selected for the HCBS 1915(i) State Plan Amendment 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 5 incidents. In addition, ELARC reported all deaths during the review period.

Findings

None