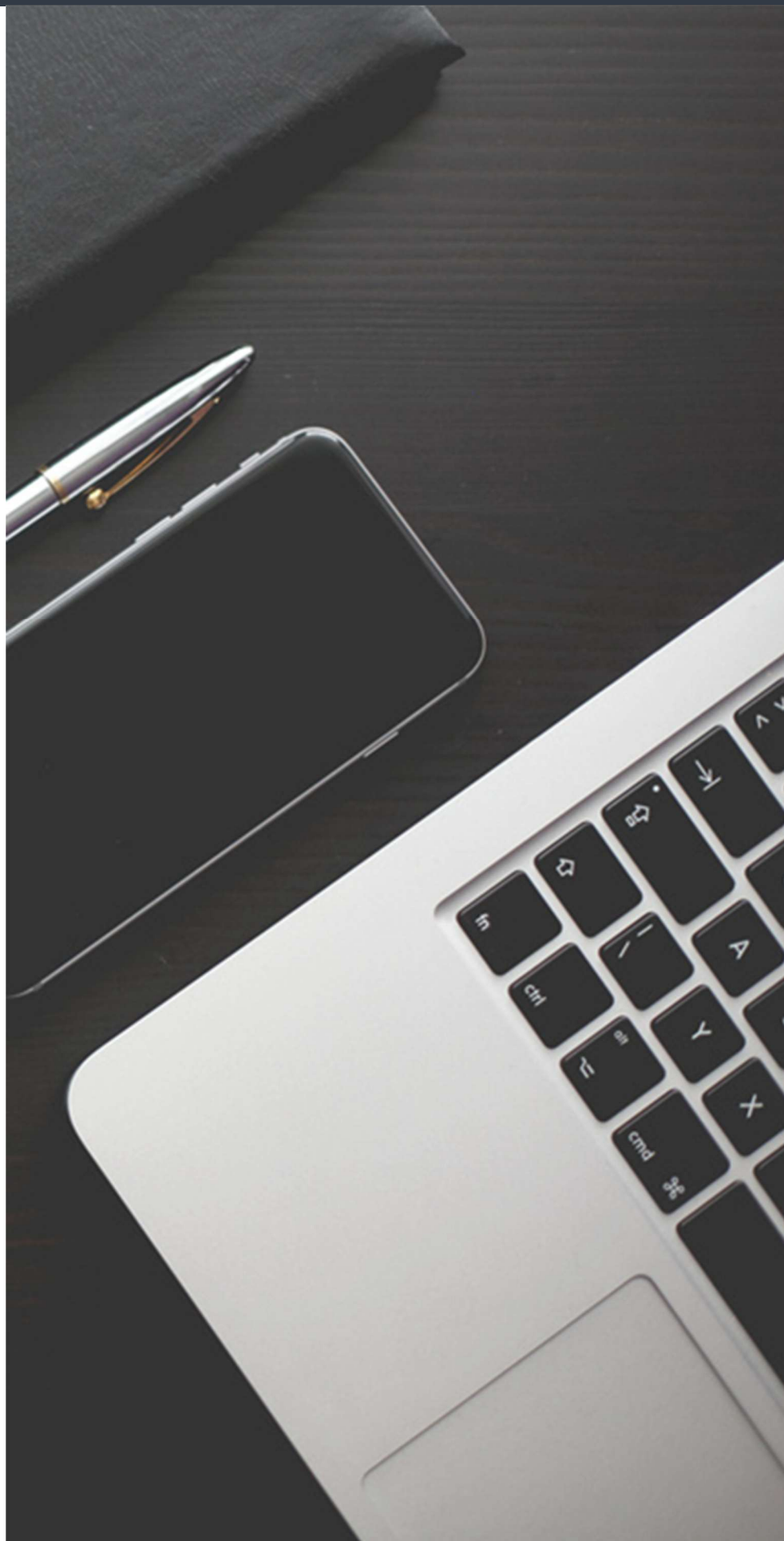


# **Harbor Regional Center Home and Community-Based Services 1915(c) Self- Determination Program Waiver Monitoring Review Report**

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

Review Dates: July 7 – 18, 2025



# TABLE OF CONTENTS

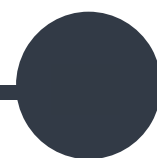
SECTION I: REGIONAL CENTER SELF-ASSESSMENT

SECTION II: REGIONAL CENTER RECORD REVIEW

SECTION III: OBSERVATIONS AND INTERVIEWS WITH INDIVIDUALS

SECTION IV: REGIONAL CENTER STAFF INTERVIEWS

SECTION V: SPECIAL INCIDENT REPORTING



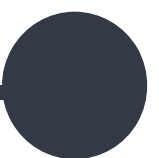
# SECTION I: REGIONAL CENTER SELF-ASSESSMENT

---

Harbor Regional Center (HRC) 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 HRC is available upon request.



# SECTION II: REGIONAL CENTER RECORD REVIEW

For the review period of April 1, 2024, through March 31, 2025, a total of 13 records of individuals enrolled on the Home and Community-Based Services (HCBS) 1915(c) Self-Determination Program (SDP) Waiver and receiving services at Harbor Regional Center (HRC), 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, nine additional supplemental records were reviewed for documentation that HRC determined the individual met the HCBS Waiver level-of-care requirements prior to receiving HCBS Waiver supports.

The 13 records reviewed were 94 percent in overall compliance for this review. Findings for six criteria are detailed below:

- 2.4 The individual record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12-months. Reevaluations, at least annually, of each individual receiving home or community-based services to determine if the individual continues to need the level-of-care provided and would, but for the provision of Waiver services, otherwise be institutionalized. [42 C.F.R. § 441.302(c)(2) (2025)]

### Findings

Eleven of the thirteen (85 percent) sample records of individuals contained a CDER that had been reviewed annually. However, the records for individuals #3 and #9 did not contain documentation that the CDER had been reviewed annually.

| 2.4 Recommendations                                                                                                            | Regional Center Plan/Response                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HRC should ensure that the CDER for individuals #3 and #9 are reviewed annually.                                               | Harbor service coordinator (SC) for individual #9 received CDER training on 11/18/25. SC for individual #3 will receive CDER training on 01/05/26. Both CDER trainings have emphasis on annual reporting requirements. Harbor will ensure that all future CDERs are reviewed annually. |
| In addition, HRC should evaluate what actions may be necessary to ensure that CDERs are reviewed annually for all individuals. | Harbor will continue to provide targeted training to staff to stress the requirement to update the CDER on an annual basis. Harbor management teams will provide ongoing oversight to ensure that staff are reviewing CDERs annually utilizing tracking tools.                         |



- 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*)

### Findings

Eleven of the thirteen (85 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 listed on the DS 3770 were not consistent in the following records:

1. Individual #12: "Aggressive Social Behavior" and "Running or Wandering Away;" and,
2. Individual #13: "Safety Awareness" and "Running or Wandering Away." A new CDER was completed in July 2025 to reflect consistency with the rest of the record. Accordingly, no recommendation is required.

| 2.5.b Recommendations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Regional Center Plan/Response                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HRC should determine if the items listed above for individual #12 are appropriately identified as assessed needs. The individual's DS 3770 form should be corrected to ensure that any items that do not represent substantial limitations in the individuals' ability to perform activities of daily living and/or participate in community activities are no longer identified as assessed needs. If HRC determines that the issues are correctly identified as assessed needs, documentation (updated IPPs, progress reports, etc.) that supports the original determinations should be submitted with the response to this report. | The DS 3770 was corrected to remove those two assessed needs as they no longer reflect the individual's current status. The corrected DS 3770 will be included with this report.                                                              |
| In addition, HRC should evaluate what actions may be necessary to ensure that the individual's assessed needs documented in the CDER and DS 3770 are consistent with other information contained in the individual's records.                                                                                                                                                                                                                                                                                                                                                                                                          | Harbor will continue to provide targeted training to case management staff on proper documentation of assessed needs on the CDER and DS 3700, and how to ensure that the information is consistently and appropriately documented on the IPP. |

- 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

Eleven of the thirteen (85 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 two individuals were reviewed annually as indicated below:

1. Individual #3: The IPP was dated March 16, 2023. There was no documentation that the IPP was reviewed annually. A new IPP was completed on July 19, 2024; and,
2. Individual #9: The IPP was dated December 1, 2023. There was no documentation that the IPP was reviewed annually. A new IPP was completed on January 28, 2024.

| 2.6.a Recommendations                                                                                                        | Regional Center Plan/Response                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HRC should ensure that the IPP for individuals #3 and #9 are reviewed at least annually by the planning team.                | Harbor SCs assigned to these individuals will receive IPP training on 12/10/25 with special emphasis on annual review requirements. Harbor will ensure that IPPs are reviewed annually by the case management teams.    |
| In addition, HRC should evaluate what actions may be necessary to ensure that IPP are reviewed annually for all individuals. | Harbor will provide targeted training to remind staff of the annual IPP requirements. Harbor management teams will provide ongoing oversight to ensure that staff are reviewing IPPs annually utilizing tracking tools. |

- 2.11.c The IPP team determines that an adjustment to this amount is necessary due to a change in the participant's circumstances, needs, or resources that would result in an increase or decrease in purchase of service expenditures, or the IPP team identifies prior needs or resources that were unaddressed in the IPP, which would have resulted in an increase or decrease in purchase of service expenditures. When adjusting the budget, the IPP team shall document the specific reason for the adjustment in the IPP. *[W.I.C. § 4685.8(m)(1)(A)(ii)(I) (2023)]*

## Findings

Three of the five (60 percent) applicable records of individuals had IPPs that documented the reason for the increase or decrease of individual budgets. However, there was no documentation in the IPP for the reason for the change for two individuals as indicated below:

1. Individual #12: The IPP dated April 30, 2024, did not document the reason for the budget increase dated January 14, 2025. An IPP addendum was completed on May 16, 2025, to document the reason for the change. Accordingly, no recommendation is required.
2. Individual #13: The IPP dated August 7, 2024, did not document the reason for the budget increase dated February 6, 2025. An IPP addendum was completed

on July 14, 2025, to document the reason for the change. Accordingly, no recommendation is required.

| 2.11.c Recommendation                                                                                                                                        | Regional Center Plan/Response                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HRC should evaluate what actions may be necessary to ensure that the IPPs document the specific reason for individual budget changes within the budget year. | Harbor's SDP specialists have provided targeted training to case management staff regarding documentation requirements around changes to budgets and spending plans. This training will continue to be provided as needed. |

2.12.a Quarterly face-to-face meetings with the individual 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

Two of the seven (29 percent) applicable sample records of individuals contained quarterly face-to-face meetings completed and documented. However, the records for five individuals did not meet the requirement as indicated below:

1. The record for individuals #3 and #6 contained documentation of three of the four required meetings that were consistent with the quarterly timeline;
2. The record for individual #5 contained documentation of two of the four required meetings that were consistent with the quarterly timeline; and,
3. The record for individuals #1 and #2 contained documentation of one of the four required meetings that were consistent with the quarterly timeline.

| 2.12.a Recommendations                                                                                                                   | Regional Center Plan/Response                                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HRC should ensure that all future face-to-face meetings are completed and documented each quarter for individuals #1, #2, #3, #5 and #6. | Harbor will ensure that all future face-to-face meetings are being held and documented in Virtual Chart (VC). Additionally, Harbor will ensure that all efforts to schedule the meetings are properly documented. Staff will continue to use VC as a tracking tool for upcoming meetings. |
| In addition, HRC should evaluate what actions may be necessary to ensure that                                                            | Harbor will provide ongoing targeted training to case management staff to ensure that                                                                                                                                                                                                     |

|                                                                                              |                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| quarterly face-to face meetings are completed and documented for all applicable individuals. | face-to-face quarterly meetings are being held for all applicable individuals. Harbor management teams will be providing ongoing oversight through the utilization of tracking tools. |
|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

Two of the seven (29 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 five individuals did not meet the requirement as indicated below:

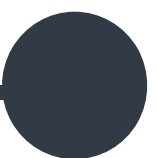
1. The record for individuals #3 and #6 contained documentation of three of the four required quarterly reports of progress that were consistent with the quarterly timeline;
2. The record for individuals #5 contained documentation of two of the four required quarterly reports of progress that were consistent with the quarterly timeline; and,
3. The record for individuals #1 and #2 contained documentation of one of the four required quarterly reports of progress that were consistent with the quarterly timeline.

| 2.12.b Recommendations                                                                                                                                    | Regional Center Plan/Response                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HRC should ensure that future quarterly reports of progress are completed for individuals #1, #2, #3, #5 and #6.                                          | Harbor will ensure that all future quarterly reports are completed and filed accordingly. Staff will continue to use VC as a tracking tool for documenting the completion of reports.                                                                                       |
| In addition, HRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable individuals. | Harbor will provide ongoing targeted training to case management staff to ensure that face-to-face quarterly meetings are being held for all applicable individuals. Harbor management teams will be providing ongoing oversight through the utilization of tracking tools. |

### New Enrollees

Nine supplemental records were reviewed for documentation that HRC determined the HCBS Waiver level-of-care prior to receipt of HCBS Waiver supports. All nine records (100 percent)

contained a DS 3770 showing that the level-of-care was determined before the receipt of HCBS services.



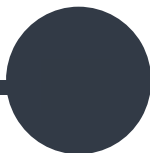
# SECTION III: OBSERVATIONS AND INTERVIEWS WITH INDIVIDUALS

Seven of the thirteen individuals supported by Harbor Regional Center (HRC), 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.

## Findings

Four of the five 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. However, individual #4 was dissatisfied with their Financial Management Service (FMS) provider. The appearance for all the individuals that were interviewed and observed reflected personal choice and individual style.

| Recommendation                                                                      | Regional Center Plan/Response                                                                                                                       |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| HRC should follow up with individual #4 regarding concerns with their FMS provider. | Harbor has followed up with the family to discuss the process of changing their FMS provider. The family was provided with the resources necessary. |



# SECTION IV: REGIONAL CENTER STAFF INTERVIEWS

---

## SECTION IV A: SERVICE COORDINATOR INTERVIEWS

The monitoring team interviewed three 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 13 individuals supported by Harbor Regional Center (HRC) and selected for the Home and Community-Based (HCBS) 1915(c) Self-Determination Program 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 HRC who passed away during the review period. There were no additional special incident reports to be reviewed.

### Summary of Findings

HRC reported all special incidents in the sample of 13 records selected for the HCBS 1915(c) Self-Determination Program Waiver review to the Department. In addition, HRC reported all deaths during the review period.