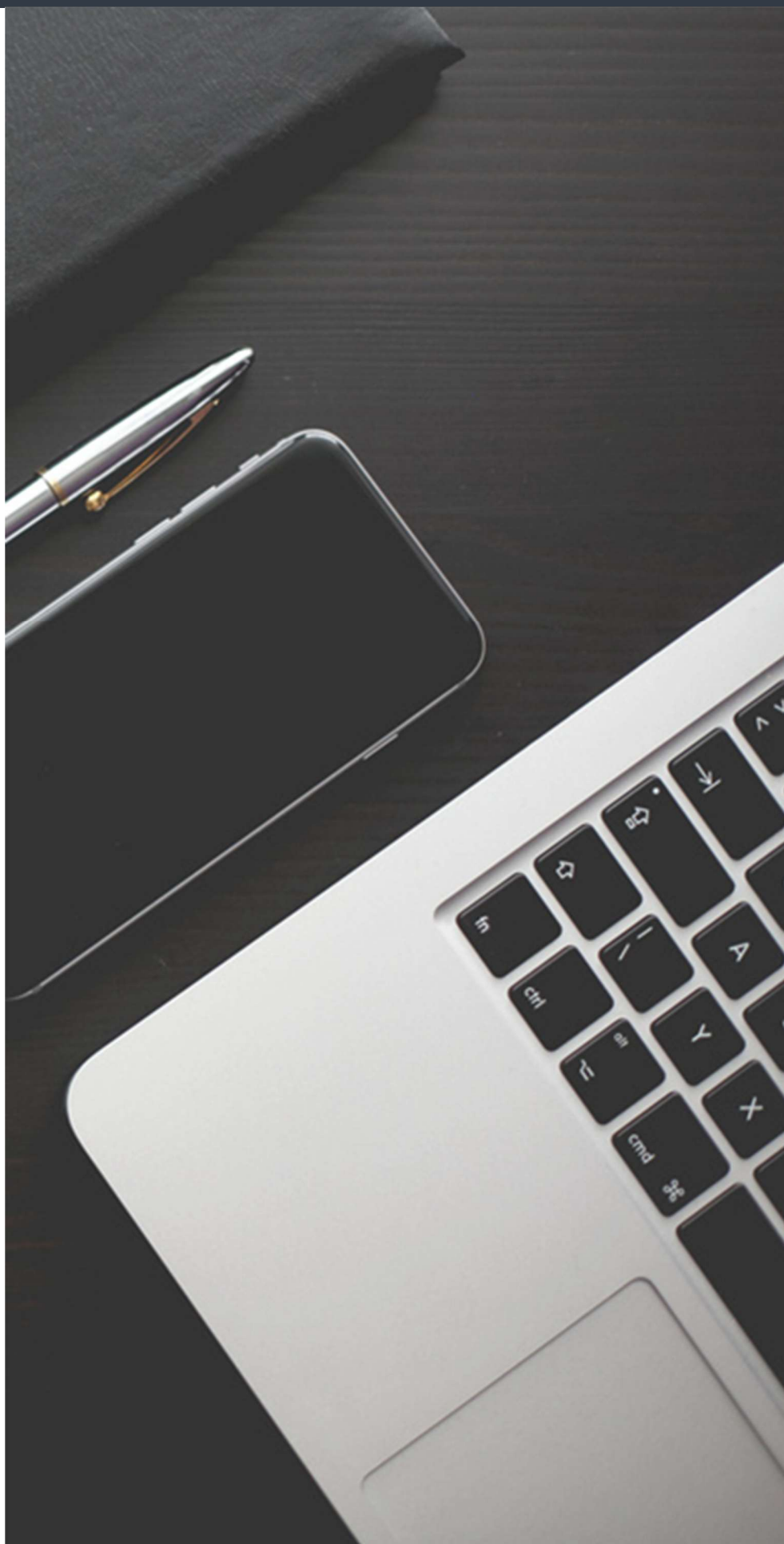
Kern Regional Center Home and Community-Based Services 1915(c) Self-Determination Program Waiver Monitoring Review Report



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

Review Dates: November 10 – 21, 2025

DDS Department of Developmental Services

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SECTION I: REGIONAL CENTER SELF-ASSSESSMENT

Kern Regional Center (KRC) responded to questions that align with the California Home and Community-Based Services (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 KRC is available upon request.

SECTION II: REGIONAL CENTER RECORD REVIEW

For the review period of August 1, 2024, through July 31, 2025, a total of 30 records of individuals enrolled on the Home and Community-Based Services (HCBS) 1915(c) Self-Determination Program (SDP) Waiver and receiving services at Kern Regional Center (KRC), 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, ten additional supplemental records were reviewed for documentation that KRC determined the individual met the HCBS Waiver level-of-care requirements prior to receiving HCBS Waiver support.

The 30 records reviewed were 93 percent in overall compliance for this review. Findings for 11 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 (87 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 November 7, 2025. Accordingly, no recommendation is required;

2. Individual #4: The DS 2200 was not signed until November 4, 2025. Accordingly, no recommendation is required;

3. Individual #24: The DS 2200 was not signed until October 30, 2025. Accordingly, no recommendation is required; and,

4. Individual #27: The DS 2200 was not signed until November 5, 2025. Accordingly, no recommendation is required.

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

Twenty-one of the thirty (70 percent) sample records of individuals contained a CDER that had been reviewed annually. However, the record for individuals #3, #5, #6, #10, #14, #18, #21, #27 and #28 did not contain documentation that the CDER had been reviewed annually.

2.4 Recommendations	Regional Center Plan/Response
KRC should ensure that the CDER for individuals #3, #5, #6, #10, #14, #18, #21, #27 and #28 are reviewed annually.	Individual #3: KRC did not complete the CDER for 2024 and 2025. However, KRC completed the CDER for 2026. Individual #5: KRC completed the CDER for 2024. KRC has completed the CDER for 2025, however not within the time limit. Individual #6: KRC did not complete the CDER for 2024. KRC has completed the CDER for 2025, however not within the time limit. Individual #10: KRC has completed the CDERs for both 2024 and 2025. Individual #14: KRC completed the CDERs for 2024 and 2025. However, the 2025 CDER was not updated within the time limit due to the client's health status. Individual #18: KRC has completed the CDER for 2024 and 2025; the 2025 CDER was completed, however not within the time limit. #21: KRC did not complete the CDER for 2024, however, KRC did complete the CDER for 2025. #27: KRC did not complete the CDER for 2024, however, KRC did update and complete the CDER for 2025. #28: KRC has completed the CDER for 2024 and 2025; the 2025 CDER was not completed within the time limits.

	KRC Program Managers will conduct monthly case reviews to monitor compliance with annual CDER requirements, including tracking of upcoming and overdue CDERs to ensure timely completion. Client Services leadership will provide oversight of this process through existing supervisory structures, with Program Managers following up with Service Coordinators, as needed, to address any delays and ensure CDERs are completed within required timelines.
In addition, KRC should evaluate what actions may be necessary to ensure that the CDER has been reviewed annually for all individuals.	KRC to review/adjust monitoring procedures. SCs to complete CDER report annually. When submitting CDER for review, SC to print and present annually updated and signed CDER to Program Manager during supervision meeting; once recorded, completed CDER to be filed in client record. Training to be provided to service coordination staff on revised protocols.

2.5.a The individual's assessed needs and any special health care conditions used to meet the level-of-care requirements for care provided in an ICF-DD, ICF-DDH, ICF/DD-N facility are documented on the DS 3770 and in the individual's CDER. *[42 C.F.R. § 441.302(c) (2025)], [Cal. Code. Regs tit. 22, § 51343(l) (2025)]*

Finding

Twenty-nine of the thirty (97 percent) sample records of individuals had documented assessed needs that meet the level-of-care requirements. However, the record for individual #5 the level-of-care assessed need of "taking medications with reminders" was not documented in the individual's CDER.

2.5.a Recommendation	Regional Center Plan/Response
KRC should reevaluate the HCBS Waiver eligibility for individual #5 to ensure that the individual meets the level-of-care requirements. If the individual does not have at least two distinct assessed needs that meet the level-of-care requirements, the individual's HCBS Waiver eligibility should be terminated.	Individual #5: KRC has updated the CDER to include at least two distinct assessed needs that meet the level of care requirements such as, "taking medications with reminders, walking, and personal care." KRC Program Managers will conduct monthly case reviews to monitor compliance with HCBS Waiver level-of-care eligibility requirements, including verification

	that individuals have at least two distinct assessed needs documented in the CDER that meet level-of-care criteria. Client Services leadership will provide oversight of this process through existing supervisory structures, with Program Managers following up with Service Coordinators, as needed, to ensure assessed needs are accurately documented and eligibility requirements are met and maintained.

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 CDER and the DS 3770 are consistent with other information contained in the individual's records. *(HCBS Waiver Requirement)*

Findings

Twenty-four of the thirty (80 percent) sample records of individuals documented level-of-care assessed needs that were consistent with information in the record. However, the assessed needs listed on the DS 3770 were not consistent in the following records:

1. Individual #1: "Self-injurious behavior but no apparent injury";
2. Individual #4: "History of substance abuse";
3. Individual #12: "Repetitive body movement";
4. Individual #14: "Becomes aggressive or hostile once a week" and "occasionally endangers self, requires supervision on daily basis";
5. Individual #17: "Personal care with assistance" and "performs some bathing/showering tasks but not all "; and,
6. Individual #19: "Resistive in one or more situations".

2.5.b Recommendations	Regional Center Plan/Response
KRC should determine if the items listed above for individuals #1, #4, #12, #14, #17 and #19 are appropriately identified as an assessed need. The individual's CDER and 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	Individual #1: An IPP addendum was completed on 03/09/2026 to address the assessed needs of self-injurious behaviors, but no apparent injury. Individual #4: An IPP addendum was completed on 03/12/2026 to include the assessed needs of history of substance abuse.

no longer identified as assessed needs. If KRC 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.	Individual #12: An IPP addendum was completed on 03/12/2026 to address the assessed needs of repetitive body movement. Individual #14: An IPP addendum was completed on 03/11/2026 to address the assessed needs of becoming aggressive or hostile once a week and occasionally endangers self and requires supervision on a daily basis. Individual #17: An IPP addendum was completed 03/11/2026 to address the assessed needs of personal care with assistance and performs bathing and showering tasks. Individual #19: An IPP addendum was completed on 03/12/2026 to address the assessed needs of resistive in one or more situations. KRC Program Managers will conduct monthly case reviews to monitor the accuracy and appropriateness of assessed needs documented in the CDER and DS 3770, including verification that identified needs reflect substantial limitations and are supported by the individual's record. Client Services leadership will provide oversight of this process through existing supervisory structures, with Program Managers following up with Service Coordinators, as needed, to ensure assessed needs are appropriately identified, aligned with the Individual Program Plan (IPP), and supported by documentation in the client record.
In addition, KRC should evaluate what actions may be necessary to ensure that the level-of-care assessed needs that are documented in the CDER and DS 3770 are consistent in individuals' records.	KRC to review/adjust documentation standards on how to ensure all records address the assessed needs identified in the CDER and DS3770. Assessed needs that are not formally included in the IPP and that are

	being addressed informally by the Consumer and/or their family will be included in the Additional Notes section of the IPP per the agreement with DDS. Training to be provided to service coordination staff on revised protocols.

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-one of the thirty (70 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 11 individuals were reviewed annually as indicated below:

1. Individual #3: The IPP was dated February 23, 2023. There was no documentation that the IPP was reviewed annually. A new IPP was completed on August 12, 2024;

2. Individual #5: The IPP was dated April 4, 2024. There was no documentation that the IPP was reviewed annually. A new IPP was completed on September 26, 2025;

3. Individual #6: The IPP was dated April 29, 2024. There was no documentation that the IPP was reviewed annually. A new IPP was completed on October 15, 2025;

4. Individual #10: The IPP was dated June 3, 2024. There was no documentation that an annual review of the IPP was conducted in 2025;

5. Individual #13: The IPP was dated March 8, 2024. There was no documentation that the IPP was reviewed annually. A new IPP was completed on May 5, 2025;

6. Individual #14: The IPP was dated June 21, 2024. There was no documentation that an annual review of the IPP was conducted in 2025;

7. Individual #18: The IPP was dated April 26, 2023. There was no documentation that the IPP was reviewed annually. A new IPP was completed on September 5, 2024;

8. Individual #21: The IPP was dated June 7, 2024. There was no documentation that the IPP was reviewed annually. A new IPP was completed on August 20, 2025;

9. Individual #27: The IPP was dated January 27, 2023. There was no documentation that the IPP was reviewed annually. A new IPP was completed on February 11, 2025; and,

10. Individual #28: The IPP was dated April 23, 2024. There was no documentation that an annual review of the IPP was conducted in 2025.

2.6.a Recommendations	Regional Center Plan/Response
KRC should ensure that the IPPs for individuals #3, #5, #6, #10, #13, #14, #18, #21, #27 and #28 are reviewed at least annually by the planning team.	Individual #3: An IPP was completed on 02/23/2023 and on 08/12/2024; 2024 IPP was not completed within the time limit. Individual #5: An IPP was completed on 04/04/2024 and 09/26/2025; 2025 IPP was not completed within the time limit. Individual #6: An IPP was completed on 08/24/2024 and on 10/15/2025; 2025 IPP not completed within the time limit. Individual #10: An IPP was completed on 06/03/2024, however, no IPP was completed in 2025. KRC and client have scheduled the next IPP meeting in April 2026. Individual #13: An IPP was completed on 03/08/2024 and 05/05/2025; 2025 IPP not completed within the time limit. Individual #14: An IPP was completed on 06/21/2024 and no IPP was completed in 2025 due to the client's health status. KRC will schedule an IPP meeting for August 2026. Individual #18: An IPP was completed on 04/26/2023, 09/05/2024, and on 11/25/2025; 2024 and 2025 IPPs were not completed within the time limit. Individual #21: An IPP was completed on 03/15/2023, 06/07/2024 and on 08/20/2025, however, 2024 and 2025 IPPs were not completed within the timeframe.

	Individual #27: An IPP was completed on 01/27/2023, no IPP was completed on 2024, however an IPP was completed on 2/11/2025 but was not completed within the time limit. Individual #28: An IPP was completed on 04/23/2024 & 5/20/2024 and on 10/27/2025. However, the 2025 IPP was not completed within the time limit. KRC Program Managers will conduct monthly case reviews to monitor IPP completion and annual compliance requirements are being met. Client Services leadership will provide oversight of this process through existing supervisory structures, with Program Managers following up with Service Coordinators as needed to ensure IPP completion and annual compliance requirements are being met.
In addition, KRC should evaluate what actions may be necessary to ensure that IPPs are reviewed annually for all individuals.	KRC to review/adjust monitoring protocols to ensure IPP meetings are reviewed annually. SC to submit completed and signed IPP to PM during supervision meetings. Once recorded, completed IPP to be filed in client record. Training to be provided to service coordination staff on revised protocols.

2.9.a The IPP addresses the assessed needs identified in the CDER and DS 3770. *[42 C.F.R. § 441.301(c)(2)(iii)(iv) (2025)] (HCBS Wavier Requirement)*

Findings

Twenty-six of the thirty (87 percent) sample records of individuals contained IPPs that addressed the individual's assessed needs. However, the following IPPs did not address the support for assessed needs identified in the CDER and DS 3770:

1. Individual #1: The IPP dated June 26, 2024, does not address the assessed need "taking medication with supervision";

2. Individual #2: The IPP dated May 27, 2025, does not address the assessed needs "toileting with assistance" and "emotional outbursts occur weekly not requiring intervention";

3. Individual #13: The IPP dated May 5, 2025, does not address the assessed needs “performs personal care activities, but needs assistance” and “dresses self, but needs assistance”; and,

4. Individual #27: The IPP dated February 11, 2025, does not address the assessed needs “hyperactive only in stressful situations” and “endangers self only in unfamiliar situations or settings”.

2.9.a Recommendation	Regional Center Plan/Response
KRC should ensure that the IPPs for individuals #1, #2, #13 and #27 address the services and supports in place for the assessed needs identified above.	Individual #1: An IPP Addendum was completed on 03/09/2026 to address the assessed need of “taking medication with supervision.” Individual #2: An IPP Addendum was completed on 03/11/2026 to address the assessed needs of “toileting with assistance” and “emotional outbursts occur weekly not requiring intervention.” Individual #13: An IPP Addendum was completed on 03/10/2026 to address the assessed needs of “performs personal care activities, but needs assistance” and “dresses self, but needs assistance.” Individual #27: An IPP Addendum was completed on 03/10/2026 to address the assessed needs of “hyperactive only in stressful situations” and “endangers self only in unfamiliar situations or settings.” KRC Program Managers will conduct monthly case reviews to monitor alignment between assessed needs and the services and supports identified in the Individual Program Plan (IPP), including verification that all assessed needs are appropriately addressed. Client Services leadership will provide oversight of this process through existing supervisory structures, with Program Managers following up with

	Service Coordinators, as needed, to ensure IPPs accurately reflect assessed needs and include appropriate services and supports prior to finalization.

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

Findings

Twelve of the fourteen (86 percent) applicable sample IPPs for individuals address the individuals' special health care requirements and safety risks. However, IPPs for the following individuals do not address the special health care requirements and safety risks identified below:

1. Individual #5: Braces/splints/casts/orthopedic shoes and other health care requirement not listed; and,

2. Individual #18: Walker.

2.9.b Recommendation	Regional Center Plan/Response
KRC should ensure that the IPPs for individuals #5 and #18 address special health care requirements and/or safety risks as noted.	Individual #5: KRC has completed an IPP Addendum 03/23/2026 to include braces/splints/casts/orthopedic shoes and other health care requirement not listed. Individual#18: KRC has updated the CDER to indicate that Individual #18 does not use specialized medical equipment identified as a walker as previously indicated in the CDER. An IPP addendum was completed to identify that the individual does not use a walker. KRC Program Managers will conduct monthly case reviews to monitor that special health care needs and identified safety risks are accurately reflected in the Individual Program Plan (IPP), including verification that these needs are addressed through

	appropriate services, supports, or documented rationale. Client Services leadership will provide oversight of this process through existing supervisory structures, with Program Managers following up with Service Coordinators, as needed, to ensure health and safety needs are appropriately documented and aligned across the IPP and CDER prior to finalization.

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

Twenty-nine of the thirty (97 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 dated February 6, 2024, for individual #19 did not include KRC funded services for Financial Management Services Fiscal Agent for the months of August 2024 through January 2025 in the IPPs covering the review period.

2.10.a Recommendation	Regional Center Plan/Response
KRC should ensure that the IPP for individual #19 includes a schedule of the type and amount of all services and supports purchased by KRC.	Individual #19: The IPP dated 02/06/2024 did not include KRC funded services for Financial Management Services Fiscal Agent for the months of August 2024 through January 2025. KRC did not complete an IPP Addendum for 2024, however, an IPP Addendum has been completed on 02/17/2026 to include KRC funded services for Financial Management Services Fiscal agent for the month of February 2026 and moving forward. KRC will ensure that all Individual Program Plans (IPPs) include a complete schedule of the type and amount of all services and supports purchased, including frequency, duration, and scope. Program Managers will review IPPs prior to

	finalization to verify that all required service information is included and accurately documented. Client Services leadership will provide oversight through existing supervisory structures to ensure ongoing compliance with documentation requirements.

2.11.b The spending plan shall identify the cost of each good, service, and support that will be purchased with regional center funds. The total amount of the spending plan cannot exceed the amount of the individual budget. *[W.I.C. § 4685.8(c)(7) (2023)]*

Findings

Nineteen of the thirty (63 percent) sample records of individuals had spending plans that did not exceed the amount of the certified budget. However, the certified budgets for following individuals were not included in the record to verify that the spending plan amount did not exceed the amount of the certified budget:

1. Individual #1: The certified budget for August 2024 through July 2025, was missing from the record;
2. Individual #4: The certified budget for October 2023 through September 2024, was missing from the record;
3. Individual #5: The certified budget for March 2025 through February 2026, was missing from the record;
4. Individual #12: The certified budget for April 2024 through March 2025, was missing from the record;
5. Individual #13: The certified budget for April 2024 through March 2025, was missing from the record;
6. Individual #19: The certified budget for March 2024 through February 2025, was missing from the record;
7. Individual #20: The certified budgets for June 2024 through May 2025 and June 2025 through May 2026 were missing from the record;
8. Individual #21: The certified budget for July 2024 through June 2025, was missing from the record;

9. Individual #22: The certified budgets March 2024 through February 2025 and March 2025 through February 2026 were missing from the record;

10. Individual #23: The certified budget for July 2023 through August 2024, was missing from the record; and,

11. Individual #24: The certified budget for December 2023 through November 2024, was missing from the record.

2.11.b Recommendations	Regional Center Plan/Response
KRC should ensure the certified budgets are included in the record for the individuals #1, #4, #5, #12, #13, #19, #20, #21, #22, #23 and #24 to ensure the spending plan do not exceed the amount of the certified budgets.	Individual #1: The signed certified budget for August 2024 through July 2025 has been located and scanned into the client record. Individual #4: The signed certified budget for October 2023 through September 2024 has been located and scanned into the client record. Individual #5: KRC was unable to get a signature on the budget for March 2025 through February 2026 from the individual until April 24, 2026. Individual #12: The signed certified budget for April 2024 through March 2025 has been completed and scanned into the client record. Individual #13: The signed certified budget for April 2024 through March 2025 has been completed and scanned into the client record. Individual #19: The signed certified budget for March 2024 through February 2025 has been completed and scanned into the client record. Individual #20: The certified budget was completed for June 2024 through May 2025 and signed by KRC on 5/3/2024. KRC obtained participant signature on 4/15/2026. The signed certified budget for June 2025 through May 2026 was completed on

	5/20/2025 and scanned into the client record. Individual #21: The signed certified budget for July 2024 through June 2025 and scanned into the client record. Individual #22: The signed certified budget for March 2024 through February 2025 and March 2025 through February 2026 and scanned into the client record. Individual #23: The signed certified budget for July 2023 through August 2024 was completed on 6/6/2023 and scanned into the client record. Individual #24: The certified budget was completed for December 2023 through November 2024 and signed by KRC on 12/4/2023. KRC obtained participant signature on 4/15/2026. KRC Program Managers will conduct monthly case reviews to monitor that certified budgets are included in the client record and that spending plans align with the approved budget amounts. Client Services leadership will provide oversight of this process through existing supervisory structures, with Program Managers following up with Service Coordinators, as needed, to ensure certified budgets are documented and spending plans do not exceed authorized amounts.
In addition, KRC should evaluate what actions may be necessary to ensure that the total amount of the spending plan does not exceed the amount of the individual budget.	Once an individual budget is certified (signed by all appropriate parties), certified copy to be filed in client case record and provide it to all interested parties (participant/family, IF, and KRC accounting department). KRC service coordination and accounting staff to cross reference individual budget and spending plan prior to approval of IPP to ensure spending plan does not exceed the amount of the individual budget.

	Once SDP plan is implemented, SC to monitor monthly FMS budget statements to ensure SDP participant's spending is within the approved agreed upon budget.

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 (2023)]; (Contract requirement)*

Findings

Six of the nine (67 percent) applicable sample records of individuals contained quarterly face-to-face meetings completed and documented. However, the records for three individuals did not meet the requirement as indicated below:

1. The record for individuals #14 and #15 contained documentation of three of the four required meetings that were consistent with the quarterly timeline; and,

2. The record for individual #17 contained documentation of one of the four required meetings that were consistent with the quarterly timeline.

2.12.a Recommendations	Regional Center Plan/Response
KRC should ensure that all future face-to-face meetings are completed and documented each quarter for individuals #14, #15, and #17.	Individual #14: KRC did not complete the missing quarterly meetings. Individual #15: KRC did not complete the missing quarterly meetings. Individual #17: KRC did not complete the missing quarterly meetings.
In addition, KRC should evaluate what actions may be necessary to ensure that quarterly face-to-face meetings are completed and documented for all applicable individuals.	KRC submitted a plan of correction to the Department for the issue of noncompliance with the completion of quarterly meetings and reports in the month of January 2025. KRC will continue to follow this plan, however, will provide a training to update service coordination staff on the particulars of the plan of correction. It is anticipated that this training will be conducted on or before July 31, 2026.

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

Six of the nine (67 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 three individuals did not meet the requirement as indicated below:

1. The record for individuals #14 and #15 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 #17 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
KRC should ensure that future quarterly reports of progress are completed for individuals #14, #15, and #17.	Individual #14: KRC did not complete the missing quarterly reports. Individual #15: KRC did not complete the missing quarterly reports. Individual #17: KRC did not complete the missing quarterly reports.
In addition, KRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable individuals.	KRC submitted a plan of correction to the Department for the issue of noncompliance with the completion of quarterly meetings and reports in the month of January 2025. KRC will continue to follow this plan, however, will provide a training to update service coordination staff on the particulars of the plan of correction. It is anticipated that this training will be conducted on or before July 31, 2026.

New Enrollees

Ten supplemental records were reviewed for documentation that KRC determined the HCBS Waiver level-of-care prior to individuals receiving HCBS Waiver supports. Nine of the ten records (90 percent) contained a DS 3770 showing that the level-of-care was determined before the receipt of HCBS services. However, the DS 3770 for NE #4 indicated that the individual was added to the waiver prior to determining the level of care.

Recommendation	Regional Center Plan/Response
KRC should ensure that level-of-care is determined prior to the receipt of HCBS Waiver services.	The LOC was determined by the QIDP at the time of enrollment but was added before receipt of HCBS Waiver services. The QIDP has been retrained to ensure that the enrollment date is in the same month as the signature date. Moving forward, KRC will ensure that level of care eligibility is determined prior to enrollment into HCBS wavier.

SECTION III: OBSERVATIONS AND INTERVIEWS WITH INDIVIDUALS

Ten of the thirty individuals supported by Kern Regional Center (KRC), 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

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 #10: Was dissatisfied with their Independent Facilitator;

2. Individual #18: Was dissatisfied with their FMS provider; and,

3. Individual #22: Was dissatisfied with their FMS provider.

Recommendation	Regional Center Plan/Response
KRC should follow up with individual #10 regarding concerns with their Independent Facilitator and individuals #18, and #22 regarding concerns with their FMS provider.	Individual #10: This individual was offered another Independent Facilitator but decided to stay with current IF. Individual #18: This individual was offered another FMS Provided but elected to stay with current FMS. Individual #22: Attempts to contact have been unsuccessful. KRC staff will continue to follow up with #22 to offer a change in FMS providers. Service Coordinators will continue to inform SDP participants/families that they have a right to change IF, FMS providers, and other providers at any time if they are unsatisfied with the

	service they receive (SCs engage in the practice with folks receiving services via the tradition service delivery system as well) and that if participants/families are interested in making such a change, all they have to do is contact their SC for assistance.

SECTION IV: SERVICE COORDINATOR INTERVIEWS

The monitoring team interviewed six 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 30 individuals supported by Kern Regional Center (KRC) and selected for the Home and Community-Based (HCBS) 1915(c) Self-Determination Program Waiver (SDP) Waiver sample were reviewed to verify that special incidents have been reported. A supplemental sample of eight records 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 SDP Waiver supported by KRC who passed away during the review period.

Summary of Findings

KRC reported all special incidents in the sample of 30 records selected for the HCBS 1915(c) SDP Waiver review to the Department. KRC's vendors reported all (100 percent) incidents in the supplemental sample to the regional center within the required timeframes. KRC reported all (100 percent) incidents in the supplemental sample to the Department within the required timeframe. KRC's follow-up activities on incidents in the supplemental sample were appropriate for the severity of the situations for all (100 percent) incidents. In addition, KRC reported all deaths during the review period.