Kern 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: November 10 – 21, 2025

DDS Department of Developmental Services

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SECTION I: REGIONAL CENTER RECORD REVIEW

For the review period of August 1, 2024, through July 31, 2025, a total of eight records of individuals enrolled on the Home and Community Based Services 1915(i) State Plan Amendment and receiving services at Kern Regional Center (KRC), 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 eight records reviewed were 87 percent in overall compliance for this review. Findings for six criteria are detailed below.

1.3 The IPP for every individual is reviewed, and revised as appropriate, 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

Six of the eight (75 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 February 5, 2023. There was no documentation that the IPP was reviewed annually. A new IPP was completed on April 29, 2025; and,

2. Individual #4: The IPP was dated October 27, 2023. There was no documentation that the IPP was reviewed annually.

1.3 Recommendations	Regional Center Plan/Response
KRC should ensure that the IPP for individuals #3 and #4 are reviewed at least annually by the planning team.	Individual #3: Kern Regional Center completed the IPP for individual #3 on 02/05/2023, 02/05/2024, and on 04/09/2025; 2025 was completed, however not within the time limit. Individual #4: KRC completed the IPP for individual #4 on 10/27/2023, however, KRC did not complete an IPP for 2024. KRC completed an IPP on 10/20/2025. 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 IPP 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.

1.4.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, 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)]*

Findings

Four of the eight (50 percent) applicable sample records of individuals contained IPPs that were signed by KRC and the individuals, or their legal representatives. However, there were issues with the following IPPs as indicated below:

1. Individual #3: The IPP dated April 9, 2025, was missing the signature page;

2. Individual #4: The IPP dated October 28, 2024, was missing the signature page;

3. Individual #6: The IPP dated September 30, 2024, was missing the signature page;

4. Individual #8: The IPP dated November 18, 2024, was missing the signature page;

1.4.a Recommendations	Regional Center Plan/Response
KRC should ensure that the IPPs for individuals #3, #4, #6, and #8 are signed. If the individual does not sign, KRC should ensure that the IPP addresses the reason why the individual did not or could not sign.	Individual #3: KRC has obtained the signature page for IPP dated April 9, 2025 and has been signed by individual #3 and all meeting participants. Individual #4: Signature page for IPP dated October 28, 2024 is missing and cannot be completed. Individual #4 and

	all meeting participants have signed the signature page for a newly completed IPP on 10/20/2026. Individual #6: KRC obtained the IPP signature page at the time of the September 30, 2024 meeting, Copy of the IPP and signature for the September 30, 2024 IPP has been filed into client case record. Individual #8: Signature page for IPP dated November 18, 2024 is missing and cannot be completed. The parent and all meeting participants for Individual #8 have signed a newly completed IPP signature page on November 14, 2025 KRC Program Managers will conduct monthly case reviews to monitor compliance with IPP signature requirements, including verification that signature pages are completed and appropriately documented when a signature is not obtained. 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 signature requirements are met and reasons for unsigned IPPs are clearly documented prior to finalizing the client record.
In addition, KRC should evaluate what actions may be necessary to ensure that all IPPs are signed by the appropriate individuals.	KRC to review/adjust monitoring protocols to ensure IPP meetings are reviewed annually. SC to obtain signature page signed at the time of IPP meeting annually or as amended. 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.

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

Six of the eight (75 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 two individuals did not include KRC funded services as indicated below:

1. Individual #4: Community Integration Training Program was not covered for the month March 2024, and Social Recreational Program was not included in an IPP for the months covering December 2024 through May 2025; and,

   Individual #6: Independent Living Services and Community Activities Support Service were not included in an IPP for the month of August 2024 in an IPP.

1.7.a Recommendations	Regional Center Plan/Response
KRC should ensure that the IPPs for individuals #4 and #6 include a schedule of the type and amount of all services and supports purchased by KRC.	Individual #4: KRC does not have record a community integration training service being authorized for March 2024. KRC identified that a POS authorizations covering this service from 03/10/2025–10/20/25 were in place, however, not captured in the IPP. Due to system limitations related to the discontinuation of the legacy feature for IPPs established prior to 2025, KRC is unable to complete an IPP addendum for the identified time period. The service has since been reflected in the SIPP dated 10/20/2025. KRC's records indicate that a POS for Social Recreational services was initiated effective 12/19/24, however, was not included in the IPP. The service was finally included in the IPP effective 10/20/25 as such the period between 12/19/24 through 10/19/25 was not captured in the IPP. Individual #6: KRC was unable to complete an IPP addendum to include Independent Living and Community Activity Support

	services for the month of August 2024 due to the same system limitations associated with the legacy feature no longer being accessible. The services have since been included in the IPP dated 09/30/2024. 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.
In addition, KRC 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 KRC.	KRC will evaluate current practices related to service documentation within the IPP to identify any process gaps impacting the inclusion of complete service schedules. Based on this evaluation, KRC will implement targeted process improvements to strengthen consistency in documenting the type, amount, frequency, and duration of services at the time of IPP development. KRC will also reinforce expectations with Service Coordinators and supervisory staff to ensure service schedule components are clearly defined and incorporated during the planning process, reducing the need for post-development corrections.

1.8 The IPP or addenda identifies the provider or providers of service responsible for implementing services and/or supports, including, but not limited to, vendors, contracted providers, generic service agencies, and natural supports. *[W.I.C. § 4646.5(a)(5) (2023)]; [42 C.F.R. § 441.301(c)(2)(v) (2025)]*

Finding

Six of the seven (86 percent) sample records of individuals contained IPPs that identified the provider or providers responsible for implementing services. However, the IPP for individual #4 did not indicate the providers for the KRC funded services of Social Recreation Program and Community Integration Training Program in the IPP dated October 27, 2023.

1.8 Recommendation	Regional Center Plan/Response
KRC should ensure the IPP for individual #4 identifies the provider for the service listed above.	Individual #4: KRC included the services in the SIPP for social recreation and community interaction However, KRC is unable to update the IPP dated October 27, 2023, through an addendum due to the discontinuation of the legacy system feature for IPPs established prior to 2025. The services in question were incorporated into the IPP on 10/20/25 with a listing of the providers.

1.9.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 services. *[Cal. Code. Regs tit. 17, § 56047 (2023)]; [Cal. Code. Regs tit. 17, §56095 (2023)]; [Cal. Code. Regs tit. 17, § 58680 (2023)]; (Contract Requirement)*

Finding

Five of the six (83 percent) applicable sample records of individuals had quarterly face-to-face meetings completed and documented. However, the record for individual #5 contained documentation of two of the four required meetings that were consistent with the quarterly timeline.

1.9.a Recommendations	Regional Center Plan/Response
KRC should ensure that all future face-to-face meetings are completed and documented each quarter for individual #5.	Individual #5: KRC did not complete the missing quarterly, face-to-face 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.

1.9.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, CCR, § 56047 (2023)]; [Cal. Code. Regs tit. 17, § 56095 (2023)]; [Cal. Code. Regs tit. 17, § 58680 (2023)]; (Contract Requirement)*

Finding

Five of the six (83 percent) applicable sample records of individuals had quarterly reports of progress completed for individuals living in community out-of-home settings. However, the record for individual #5 contained documentation of two of the four required quarterly reports of progress that were consistent with the quarterly timeline.

1.9.b Recommendations	Regional Center Plan/Response
KRC should ensure that future quarterly reports of progress are completed for individual #5.	Individual #5: KRC did not complete the missing quarterly reports of progress.
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.

SECTION II: SPECIAL INCIDENT REPORTING

The records of the eight individuals supported by Kern Regional Center (KRC) and selected for the Home and Community-Based Services (HCBS) 1915(i) 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 KRC who passed away during the review period.

Summary of Findings

KRC reported all special incidents in the sample of eight records selected for the HCBS 1915(i) State Plan Amendment review, to the Department. KRC's vendors reported five of the five (100 percent) incidents in the supplemental sample to the regional center within the required timeframes. KRC reported five of the five (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 5 incidents. In addition, KRC reported all deaths during the review period.