North Bay 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: May 12 – 23, 2025

DDS Department of Developmental Services

TABLE OF CONTENTS

SECTION I: REGIONAL CENTER SELF-ASSSESSMENT

North Bay Regional Center (NBRC) responded to questions that align with the California 1915(c) Home and Community-Based (HCBS) 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 NBRC is available upon request.

SECTION II: REGIONAL CENTER RECORD REVIEW

For the review period of February 1, 2024, through January 31, 2025, a total of seven records of individuals enrolled on the 1915(c) Home and Community-Based Services (HCBS) Self-Determination Program (SDP) Waiver and receiving services at North Bay Regional Center (NBRC), 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.

The seven records reviewed were 93 percent in overall compliance for this review. Findings for six criteria are detailed below:

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

Six of the seven (86 percent) sample records of individuals had documented assessed needs that meet the level-of-care requirements. However, the record for individual #1 only listed one assessed need.

2.5.a Recommendation	Regional Center Plan/Response
NBRC should reevaluate the HCBS Waiver eligibility for individual #1 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.	For individual # 1, we will re-evaluate his case and update his level-of-care requirements. If we do not find replacement qualifying conditions, then we will take him off the SDP waiver and the CDER will be reviewed and corrected as needed.

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)*

Finding

Six of the seven (86 percent) sample records of individuals documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. However, the assessed need of "assistance taking prescription medication" listed on the DS 3770 for individual #1 was not consistent with the IPP dated October 8, 2024.

2.5.b Recommendation	Regional Center Plan/Response
NBRC should determine if the item listed above for individual #1 is appropriately identified as an assessed need. The individual's CDER 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 NBRC determines that the issue is correctly identified as assessed need, documentation (updated IPPs, progress reports, etc.) that supports the original determinations should be submitted with the response to this report.	Individual #1: This person is being removed from the MW due to only one assessed need. An addendum has been completed.

2.9.b The IPP addresses the individual's 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

One of the two (50 percent) applicable sample IPPs for individuals addresses the individual's special health care requirements. However, the IPP for individual #7 did not address the special health care requirement "suctioning".

2.9.b Recommendation	Regional Center Plan/Response
NBRC should ensure that the IPP for individual #7 addresses special health care requirements and/or safety risks as noted.	Individual #7: Current IPP notes that Suctioning is no longer needed and addresses both Safety Awareness and Personal Care.
In addition, NBRC should evaluate what actions may be necessary to ensure that IPPs address special health care requirements and/or safety risks for all applicable individuals.	NBRC retrained SCs on the requirement to include all special health care needs in the SIPP document. Moving forward we will be using an SIPP check list to ensure that needs from the CDER are included in the

	IPP, in particular that the evaluation elements and specialized healthcare requirements are listed as requirements. SC's will be reminded to seek clinical input as needed to ensure all healthcare issues are addressed in the SIPP.

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)]*

Findings

Five of the seven (71 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 NBRC funded services as indicated below:

1. Individual #4: Financial Management Services was not included in the IPPs covering the review period; and,

2. Individual #7: Financial Management Services was not included for the months February 2024 through July 2024 and November 2024 through January 2025, in the IPPs dated August 27, 2024 and September 20, 2023.

2.10.a Recommendation	Regional Center Plan/Response
NBRC should ensure that the IPPs for individuals #4 and #7 include a schedule of the type and amount of all services and supports purchased by NBRC.	Individual #4: The new IPP includes FMS services. Individual #7: An addendum was completed to address FMS services.
In addition, NBRC 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 NBRC.	NBRC has re-trained case management on the requirement that all addendums require type and amount of service to be included in the SIPP. Moving forward the SIPP checklist includes the prompt to include a description of all authorized POS. Case Management Supervisors will also review that all services are included in the SIPP.

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

One of the four (25 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 records for individuals #1 and #4 contained documentation of three of the four required meetings that were consistent with the quarterly timeline; and,

2. The record for individual #5 contained documentation of two of the four required meetings that were consistent with the quarterly timeline.

2.12.a Recommendation	Regional Center Plan/Response
NBRC should ensure that all future face-to-face meetings are completed and documented each quarter for individuals #1, #4, and #5.	Individual #1: This was due to deleted ticklers. We no longer delete ticklers. Individual #4: This was due to deleted ticklers. We no longer delete ticklers. SC was also struggling with caseload, and this was reassigned. Individual #5: This was due to deleted ticklers. We no longer delete ticklers.
In addition, NBRC should evaluate what actions may be necessary to ensure that quarterly face-to-face meetings are completed and documented for all applicable individuals.	NBRC is ensuring all quarterly ticklers are entered and aligned correctly to prevent late meetings. SC's have been retrained as to the requirement and importance of completing all quarterlies on time and to document all attempts to schedule meetings if meetings are not held. The Federal Revenue team will support case management through monthly audits.

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

One of the four (25 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 records for individuals #1 and #4 contained documentation of three of the four required meetings that were consistent with the quarterly timeline; and,

2. The record for individual #5 contained documentation of two of the four required meetings that were consistent with the quarterly timeline.

2.12.b Recommendation	Regional Center Plan/Response
NBRC should ensure that future quarterly reports of progress are completed for individuals #1, #4, and #5.	Individual #1: This was due to deleted ticklers. We no longer delete ticklers. Individual #4: This was due to deleted ticklers. We no longer delete ticklers. SC was also struggling with caseload, and this was reassigned. Individual #5: This was due to deleted ticklers. We no longer delete ticklers.
In addition, NBRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable individuals.	NBRC is ensuring all quarterly ticklers are entered and aligned correctly to prevent late reports. We have stopped deleting ticklers and informed case management of the 30-day rule for quarterlies and IPPs. SC's have been retrained as to the requirement and importance of completing all quarterlies on time and to document all attempts to schedule meetings if meetings are not held. The Federal Revenue team will support case management through monthly audits.

SECTION III: OBSERVATIONS AND INTERVIEWS WITH INDIVIDUALS

Four of the seven individuals supported by North Bay Regional Center (NBRC), 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.

Two of the four 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. All individuals interviewed and observed reflected personal choice and individual style. However, individuals #6 and #7 were dissatisfied with their Financial Management Service (FMS) provider.

Recommendation	Regional Center Plan/Response
NBRC should follow up with individual #6 and #7 regarding concerns with their FMS provider.	For individual #6, our case management checked in with the family, and they have worked out the issues with the FMS and are happy with it. For individual #7, the family switched to another FMS provider and have reported they are happy with the new service.

SECTION IV: REGIONAL CENTER STAFF INTERVIEW

SECTION IV A: SERVICE COORDINATOR INTERVIEWS

The monitoring team interviewed one service coordinator (SC). The interview determined that the SC, was knowledgeable about the desires, preferences, life circumstances and service needs of the individuals they support. The SC 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 individual they support.

SECTION V: SPECIAL INCIDENT REPORTING

The record of the seven individuals supported by North Bay Regional Center (NBRC) and selected for the Home and Community-Based (HCBS) Self-Determination Program Waiver sample were reviewed to verify that special incidents have been reported. A supplemental sample of one record was 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 waiver supported by NBRC who passed away during the review period.

Summary of Findings

NBRC reported all special incidents in the sample of seven records selected for the HCBS Self-Determination Program Waiver review to the Department. NBRC's vendors reported all (100 percent) incidents in the supplemental sample to the regional center within the required timeframes. NBRC reported all (100 percent) incidents in the supplemental sample to the Department within the required timeframe. NBRC'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, NBRC reported all deaths during the review period.