Regional Center of the East Bay

Home and Community-Based Services Developmental Disabilities Waiver

Monitoring Review Report

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

Review Dates: February 10 – 28, 2025

DDS Department of Developmental Services

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SECTION I: REGIONAL CENTER SELF- ASSESSMENT

The Regional Center of the East Bay (RCEB) responded to questions that align with the California 1915(c) Home and Community-Based (HCBS) Developmental Disabilities 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 RCEB is available upon request.

SECTION II: REGIONAL CENTER RECORD REVIEW

For the review period of November 1, 2023, through October 31, 2024, a total of 73 records of individuals enrolled on the 1915(c) Home and Community-Based Services (HCBS) Developmental Disabilities (DD) Waiver and receiving services at Regional Center of the East Bay (RCEB), were reviewed for individual choice, HCBS settings requirements, notification of proposed action and fair hearing rights, level-of-care, individual program plans (IPP) and periodic reviews and reevaluations of services. In addition, nine supplemental records were identified for review solely for verification that RCEB had issued appropriate documentation prior to disenrolling an individual from the HCBS Waiver. None of these HCBS Waiver disenrollments resulted in a loss of regional center or generic services. Lastly, five additional supplemental records were reviewed for documentation that RCEB determined the individual met the HCBS Waiver level-of-care requirements prior to receiving HCBS Waiver supports.

The 73 records reviewed were 92 percent in overall compliance for this review. Findings for six 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

Sixty-seven of the seventy-three (90 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 #4: The DS 2200 was not signed until January 13, 2025. Accordingly, no recommendation is required;
2. Individual #6: There was no DS 2200 form in the file;
3. Individual #13: The DS 2200 was not signed until December 5, 2024. Accordingly, no recommendation is required;
4. Individual #17: The DS 2200 was not signed until January 6, 2025. Accordingly, no recommendation is required;
5. Individual #28: The individual did not sign and date the DS 2200 upon turning 18. A new form was completed on February 11, 2025. Accordingly, no recommendation is required; and,

6. Individual #61: The DS 2200 was not signed until January 9, 2025. Accordingly, no recommendation is required.

2.2.a Recommendation	Regional Center Plan/Response
RCEB should ensure that a DS 2200 form for individual #6 is signed and dated.	DS 2200 is signed for Individual #6.

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

Sixty-nine of the seventy-three (95 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 #4: "reminders for hygiene" and "bathing". A new DS 3770 was completed in December 2024 removing the above as assessed needs. Accordingly, no recommendation is required;

2. Individual #18: "bladder control";

3. Individual #43: "bathing"; and,

4. Individual #56: "seizures".

2.5.b Recommendation	Regional Center Plan/Response
RCEB should determine if the items listed above for individuals #18, #43, and #56 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 RCEB determines that the issues are correctly identified as assessed needs, documentation (updated IPPs, progress reports, etc.) that supports the original	DS 3770 has been corrected to be consistent in records for Individual #18. IPP Addendum has been completed to be consistent in records for Individual #43. CDER was updated to be consistent in records for Individual #56.

determinations should be submitted with the response to this report.	

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

Fifty-eight of the seventy-three (80 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 the following individuals were reviewed annually as indicated below:

1. Individual #3: The IPP was dated January 20, 2023. There was no documentation that the IPP was reviewed annually. An annual review was not completed until May 16, 2024;

2. Individual #5: The IPP was dated July 14, 2022. There was no documentation that an annual review of the IPP was conducted in 2023;

3. Individual #8: The previous IPP was dated August 31, 2018. There was no documentation that an annual review of the IPP was conducted in 2023;

4. Individual #11: The IPP was dated August 23, 2024. There was no documentation that an annual review of the IPP was conducted in 2023;

5. Individual #13: The IPP was dated April 2, 2024. There was no documentation that an annual review of the IPP was conducted in 2023;

6. Individual #14: The IPP was dated April 4, 2024. There was no documentation that an annual review of the IPP was conducted in 2023;

7. Individual #19: The IPP was dated April 11, 2022. There was no documentation that that an annual review of the IPP was conducted in 2023;

8. Individual #21: The IPP was dated January 26, 2022. There was no documentation that an annual review of the IPP was conducted in 2023;

9. Individual #34: The IPP was dated February 13, 2024. There was no documentation that an annual review of the IPP was conducted in 2023;

10. Individual #37: The IPP was dated May 15, 2023. There was no documentation that an annual review of the IPP was conducted in 2024;

11. Individual #48: The IPP was dated May 24, 2022. There was no documentation that an annual review of the IPP was conducted in 2023;

12. Individual #62: The IPP was dated June 25, 2024. There was no documentation that an annual review of the IPP was conducted in 2023;

13. Individual #64: IPP was dated November 17, 2024. There was no documentation that that an annual review of the IPP was conducted in 2023;

14. Individual #65: The IPP was dated May 24, 2022. There was no documentation that that an annual review of the IPP was conducted in 2023; and,

15. Individual #66: The IPP was dated March 15, 2023. There was no documentation that that an annual review of the IPP was conducted in 2024.

2.6.a Recommendations	Regional Center Plan/Response
RCEB should ensure that the IPPs for individuals #3, #5, #8, #11, #13, #14, #19, #21, #34, #37, #48, #62, #64, #65, and #66 are reviewed at least annually by the planning team.	Annual Review was completed on 5/16/2024 for Individual #3. An IPP was completed on 2/10/2025 for Individual #5. An IPP was completed on 7/8/2025 for Individual #8. Annual Review was completed 6/20/2025 for Individual #11. An IPP was completed 2/12/2025 for Individual #13. Annual Review was completed 3/5/2025 for Individual #14. Annual Review was completed 3/17/2025 for Individual #19. Annual Review to be scheduled by 12/2025 for Individual #21. Annual Review completed 1/27/2025 for Individual #34. Annual Review completed 12/17/2024 for Individual #37 and annual review will be completed by 12/31/2025. An IPP was completed 5/28/2025 for Individual #48. An IPP was completed 5/20/2025 for Individual #62.

	An IPP meeting was completed 11/7/2024 for Individual #64 and annual review will be completed by 11/30/2025. An IPP meeting was completed 4/23/2025 for Individual #65. An IPP meeting was completed 4/8/2025 for Individual #66.
In addition, RCEB should evaluate what actions may be necessary to ensure that IPPs are reviewed annually for all individuals.	Current practices are under review to identify effective actions and systemic improvements that will ensure all individuals receive timely annual IPP reviews.

2.6.b The HCBS Waiver Standardized Annual Review Form (SARF) is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary and that the individual's health status and CDER have been reviewed. (*HCBS Waiver Requirement)*

Findings

Forty-four of the forty-nine (90 percent) applicable sample records contained a completed SARF or annual review report. However, the following records did not contain a completed SARF:

1. Individual #9: Missing SARF for annual review dated on August 28, 2024;

2. Individual #10: Missing SARF for annual review dated on August 22, 2024;

3. Individual #15: SARF dated July 29, 2024 was not signed. The SARF was signed and dated December 17, 2024. Accordingly, no recommendation is required;

4. Individual #46: Missing SARF for annual review dated on December 27, 2023

5. Individual #69: Missing SARF for annual review dated on October 30, 2024.

2.6.b Recommendations	Regional Center Plan/Response
RCEB should ensure that the SARF for individuals #9, #10, #15, #46, and #69 are completed during the annual IPP review process.	RCEB has scheduled the AR 8/6/2025, where a SARF will be completed for Individual #9. Individual #10 passed away 2/2025. No remedial actions possible. RCEB has obtained SARF for Individual #46 and #69.

	SARF is a part of annual review reporting. RCEB acknowledges high open caseloads have contributed to delays in annual IPP reviews. RCEB is actively evaluating systemic and strategic solutions to ensure annual IPP reviews and documentation are completed as required.
In addition, RCEB should evaluate what actions may be necessary to ensure that SARFs are completed and documented for all applicable individuals.	Current practices are under review to identify effective actions and systemic improvements that will ensure all individuals receive timely annual IPP reviews

2.7.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)]*

Findings

Seventy of the seventy-three (96 percent) sample records of individuals contained IPPs that were signed by RCEB and the individuals, or their legal representatives. However, the following IPPs were not signed by the appropriate individual:

1. Individual #12: The IPP dated April 21, 2022 was not signed by the individual and the regional center until March 15, 2023. Accordingly, no recommendation is required;

2. Individual #27: The IPP dated September 28, 2023 was not signed by the appropriate individuals; and,

3. Individual #41: The IPP dated March 19, 2024, was not signed by the individual and the regional center until December 20, 2024. Accordingly, no recommendation is required.

2.7.a Recommendation	Regional Center Plan/Response
RCEB should ensure that the IPP for individual #27 is signed. If the individual does not sign, RCEB should ensure that the IPP addresses the reason why the individual did not or could not sign.	RCEB has obtained signature for IPP for Individual #27.

2.7.b IPP addenda are signed by an authorized representative of the regional center and the individual or, where appropriate, his/her parents, legal guardian, conservator or authorized representative and/or documentation of planning team agreement. [*W.I.C. § 4646(g) (2023)]; [42 C.F.R. § 441.301(c)(2)(ix) (2025)]*

Finding

Twenty-nine of the thirty (97 percent) applicable sample records for individuals contained IPP addenda signed by RCEB and the individual or, where appropriate, his/her parents, legal guardian, or conservator and there was no documentation of planning team agreement. However, the addendum for individual #9 completed on March 6, 2024, was not signed by the individual.

2.7.b Recommendation	Regional Center Plan/Response
RCEB should ensure that the IPP addendum for individual #9 is signed by the individual.	Copy of the 3/6/24 addendum has been resent to #9 for signature.

2.9.a The IPP addresses the assessed needs identified in the Client Development Evaluation Report (CDER). *[42 C.F.R. § 441.301(c)(2)(iii) (2025)] (HCBS Waiver Requirement)*

Findings

Sixty-seven of the seventy-three (92 percent) sample records of individuals contained IPPs that addressed the individual's assessed needs. However, the following IPPS did not address the supports for assessed needs identified in the CDER:

1. Individual #9: The IPP dated August 7, 2023, does not address the assessed need "diabetes". An addendum was completed January 13, 2025 adding "diabetes" to the IPP. Accordingly, no recommendation is required;

2. Individual #10: The IPP dated September 20, 2022, does not address the assessed need "supervision in unfamiliar environments" as noted in the annual review dated August 22, 2024;

3. Individual #11: The IPP dated August 23, 2024, does not address the assessed needs "disruptive behaviors", "aggressive behaviors", and "emotional outbursts" as noted in the annual review dated August 2022;

4. Individual #15: The IPP dated August 16, 2022, does not address the assessed need "safety awareness" as noted in the annual review dated July 29, 2024. An addendum was completed December 17, 2024 adding "safety awareness" to the IPP. Accordingly, no recommendation is required;

5. Individual #43: The IPP dated December 2, 2022, does not address the assessed need "bladder control" as noted in the annual review dated December 2023; and,

6. Individual #54: The IPP dated March 16, 2022, does not address the assessed needs "diabetes" and "cholesterol" as noted in the Supportive Living Services Individual Service Plan dated February 19, 2024.

2.9.a Recommendation	Regional Center Plan/Response
RCEB should ensure that the IPP for individuals #10, #11, #43, and #54 address the services and supports in place for the assessed needs identified above.	RCEB has completed an IPP Addendum to address the services and supports in place for the assessed needs identified above for Individual #10 RCEB has completed an IPP Addendum to address the services and supports in place for the assessed needs identified above for Individual #11. RCEB has completed an IPP Addendum to address the services and supports in place for the assessed needs identified above for Individual #43. RCEB has completed an IPP Addendum to address the services and supports in place for the assessed needs identified above for Individual #54.

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

Findings

Forty-three of the forty-five (96 percent) applicable sample IPPs for individuals addresses the individuals' special health care requirements. However, IPPs for the following individuals do not address the special health care requirements identified below:

1. Individual #2: Manual Wheelchair and Walker; and,

2. Individual #23: Special Diet.

2.9.b Recommendation	Regional Center Plan/Response
RCEB should ensure that the IPPs for individuals #2 and #23 address risk factors and/or special health care requirements as noted.	RCEB has completed an IPP Addendum to address risk factors and/or special health care requirements as identified above for Individual #2. RCEB has completed an IPP Addendum to address risk factors and/or special health care requirements as identified above for Individual #23.

2.9.d The IPP reflects the services and supports that will assist the individual to achieve identified goals, and the providers of those services and supports. The vendor shall be responsible for establishing, maintaining, and modifying, as necessary, documentation regarding the manner in which it will assist each individual in achieving the individual's IPP objective(s) for which the vendor is responsible. *[42 C.F.R. § 441.301(c)(2)(v) (2025)]; [Cal. Code. Regs tit. 17, 56720(a) (2023)]*

Findings

Forty-six of the forty-seven (98 percent) applicable sample records of individuals contained IPPs that addressed the individuals' day program services. However, the IPP for individual #1 did not address the services which the day program provider is responsible for implementing.

2.9.d Recommendation	Regional Center Plan/Response
RCEB should ensure that the IPP for individual #1 addresses the services which the day program provider is responsible for implementing.	RCEB has completed an IPP Addendum to addresses the services which the day program provider is responsible for implementing for Individual #1.

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

Sixty-three of the seventy-three (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, the following IPPs did not include RCEB funded services as indicated below:

1. Individual #3: In-Home Day Program service was not included for the months November 2023 through April 2024 and June 2024 through September 2024 in the IPP dated January 20, 2023;

2. Individual #8: Adult Development Center, Transportation, Respite, and Residential Facility Adult was not included for the months July 2022 through August 2023 in the IPP dated July 14, 2022;

3. Individual #12: Residential Facility Adult was not included for the months November 2023 through May 2024 in the IPP dated April 21, 2022;

4. Individual #18: Community Integration Program and Transportation was not included for the months November 2023 through December 2023 in the IPP dated January 18, 2024;

5. Individual #19: In-Home Day Program, Residential Facility Adult, Supplemental Residential Supports, Transportation, Behavior Management Program, and Supplemental Day Program Supports not included in the IPP covering the review period. An addendum was completed January 7, 2025 addressing the purchased services. Accordingly, no recommendation is required;

6. Individual #21: Residential Facility Adult, Behavior Management Program and Transportation were not included in the IPP covering the review period. A new IPP was completed on December 2, 2024 addressing the purchased services. Accordingly, no recommendation is required;

7. Individual #30: Residential Facility Adult was not included in the IPP covering the review period. An addendum was completed on July 18, 2024 addressing the purchased service. Accordingly, no recommendation is required;

8. Individual #34: Respite was not included for the months November 2023 through January 2024 in the IPP dated February 13, 2024;

9. Individual #41: Supported Living Services amount not included for the months November 2023 through October 2024 in the IPP dated March 19, 2024; and,

10. Individual #55: Supported Living Services not included for the months of November 2023 through September 2024 in the IPP dated January 29, 2022.

2.10.a Recommendation	Regional Center Plan/Response
RCEB should ensure that the IPPs for individuals #3, #8, #12, #18, #34, #41, and #55 include a schedule of the type and amount of all services and supports purchased by RCEB.	RCEB has completed an IPP Addendum to include schedule of the type and amount of RCEB purchased services for Individual #3. RCEB has completed an IPP Addendum to include schedule of the type and amount of RCEB purchased services for Individual #8. RCEB has completed an IPP Addendum to include schedule of the type and amount of RCEB purchased services for Individual #12. RCEB has completed an IPP Addendum to include schedule of the type and amount of RCEB purchased services for Individual #18. RCEB has completed an IPP Addendum to include schedule of the type and amount of

	RCEB purchased services for Individual #34. RCEB has completed an IPP Addendum to include schedule of the type and amount of RCEB purchased services for Individual #41. RCEB has sent an IPP Addendum for signature to include schedule of the type and amount of RCEB purchased services for Individual #55.

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

Twenty-eight of the fifty-nine (48 percent) applicable sample records of individuals contained quarterly face-to-face meetings completed and documented. However, the following records did not meet the requirement as indicated below:

1. The records for individuals #5, #6, #7, #9, #13, #18, #30, and #60 contained documentation of three of the four required meetings that were consistent with the quarterly timeline;

2. The records for individuals #11, #12, #14, #15, #19, #23, #26, #31, #43, #48, #51, #52, #59, #62, and # 66 contained documentation of two for the four required meetings that were consistent with the quarterly timeline;

3. The records for individuals #3, #8, #21, #49, #54, and #64 contained documentation of one of the four required meetings that were consistent with the quarterly timeline; and

4. The record for individuals #53 and #65 did not contain documentation of any of the four required meetings that were consistent with the quarterly timeline.

2.12.a Recommendations	Regional Center Plan/Response
RCEB should ensure that all future face-to-face meetings are completed and documented each quarter for individuals #3, #5, #6, #7, #8, #9, #11, #12, #13, #14, #15, #18, #19, #21, #23, #26, #30, #31,	RCEB acknowledges delays in completing quarterly progress reports and is committed to ensuring they are completed timely for all individuals. A root cause analysis has been underway since 3/2025; and RCEB has

#43, #48, #49, #51, #52, #53, #54, #59, #60, #62, #64, #65, and #66.	submitted a Plan of Correction to the Department of Developmental Services to address training, tracking, and compliance.
In addition, RCEB should evaluate what actions may be necessary to ensure that quarterly face-to face meetings are completed and documented for all applicable individuals.	As a part of corrective action initiatives, RCEB is meeting with the Department of Developmental Services. RCEB is committed to take actions necessary ensure that quarterly face-to face meetings are completed and documented for all applicable individuals.

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

Findings

Twenty-five of the fifty-nine (42 percent) applicable sample records of individuals contained quarterly reports of progress completed for individuals living in community out-of-home settings. However, the following records did not meet the requirement as indicated below:

1. The records for individuals #5, #6, #7, #9, #13, #18, #20, #30, #45, and #60 contained documentation of three of the four required quarterly reports of progress that were consistent with the quarterly timeline;

2. The record for individuals #11, #12, #14, #15, #19, #23, #26, #31, #41, #43, #48, #51, #52, #59, #62, and # 66 contained documentation of two of the four required quarterly reports of progress that were consistent with the quarterly timeline;

3. The record for individuals #3, #8, #21, #49, #54, and #64 contained documentation of one of the four required quarterly reports of progress that were consistent with the quarterly timeline; and,

4. The record for individuals #53 and #65 did not contain documentation of any of the four required quarterly reports of progress that were consistent with the quarterly timeline.

2.12.b Recommendations	Regional Center Plan/Response
RCEB should ensure that future quarterly reports of progress are completed for individuals #3, #5, #6, #7, #8, #9, #11, #12, #13, #14, #15, #18, #19, #20, #21, #23, #26, #30, #31, #41, #43, #45, #48, #49,	RCEB acknowledges delays in completing quarterly progress reports and is committed to ensuring they are completed timely for all individuals. A root cause analysis has been underway since 3/2025; and RCEB has submitted a Plan of Correction to the

#51, #52, #53, #54, #59, #60, #62, #64, #65, and #66.	Department of Developmental Services to address training, tracking, and compliance. Additionally, RCEB is conducting targeted training on quarterly requirements for current staff.
In addition, RCEB should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable individuals.	As a part of corrective action initiatives, RCEB is meeting with the Department of Developmental Services. RCEB is committed to take actions necessary ensure that quarterly face-to face meetings are completed and documented for all applicable individuals.

SECTION III: COMMUNITY CARE FACILITY RECORD REVIEW

The monitoring team visited 22 community care facilities (CCF) and reviewed 23 individual records for individuals supported by Regional Center of the East Bay (RCEB) who are living in those facilities. The monitoring team reviewed the records to determine if the record addressed all the elements CCFs are required to maintain in their individual records. The monitoring team also reviewed that the CCFs prepared written reports of progress in relation to the services and supports identified in the individual program plan (IPP) for which the facility is responsible. The review criteria in this section are derived from Title 17, California Code of Regulations and Title 42, Code of Federal Regulations.

The 23 records reviewed were 97 percent in overall compliance for 16 criteria. Findings for four criteria are detailed below.

3.1.e The individual's record contains a recent photograph and a physical description of the individual. *[Cal. Code. Regs tit. 17, § 56059(b)(2) (2023)]*

Finding

Twenty-two of the twenty-three (96 percent) sample records of individuals contained a recent photograph and physical description. However, the record for individual #12 at CCF #17 did not include a recent photograph of the individual.

3.1.e Recommendation	Regional Center Plan/Response
RCEB should ensure that the record for individual #12 at CCF #17 includes a recent photograph.	RCEB Quality Assurance Department in process of scheduling next unannounced visit by 10/1/25 and will ensure a recent photograph of Individual #12 at CCF #17 is in the file. RCEB will issue a Corrective Action Plan (CAP) at that time, if appropriate.

3.3 The facility has a copy of the individual's current IPP. *[Cal. Code. Regs tit. 17, § 56017(b)(1) (2023)]; [Cal. Code. Regs tit. 17, § 56022(c) (2023)]*Finding

Twenty-two of the twenty-three (96 percent) sample records of individuals contained a copy of the individual's current IPP. However, the record for individual #5 at CCF #10 did not have a copy of the current IPP.

3.3 Recommendation	Regional Center Plan/Response
RCEB should ensure that the record for individual #5 at CCF #10 contains a copy of the current IPP.	RCEB has provided CCF#10 with a current IPP for Individual #5.

3.5.a Service Level 4-7 facilities prepare and maintain written quarterly reports of the individual's progress that are completed within 30 days of the end of the quarter. *[Cal. Code. Regs tit. 17, § 56026(c) (2023)]*

Finding

Sixteen of the nineteen (84 percent) applicable sample records for individuals contained quarterly reports of the individual's progress. However, the records for individual #5 at CCF #10 contained one report of progress, individual #11 at CCF #18 contained no reports of progress, and individual #9 at CCF #21 contained three reports of progress during the review period.

3.5.a Recommendation	Regional Center Plan/Response
RCEB should ensure CCFs #10, #18 and #21 prepare and maintain written quarterly reports of progress for individuals #5, #11, and #9 respectively.	RCEB has planned for targeted training and technical assistance by RCEB Quality Assurance (QA) Department to be completed by 9/2025 for identified CCFs. QA will ensure quarterly reports are being written for #5, #11 and #9.

3.5.b Quarterly reports include a summary of data collection for target behaviors. *[Cal. Code. Regs tit. 17, § 56026(c)(1) (2023)]*

Finding

Sixteen of the nineteen (84 percent) applicable sample records for individuals contained a summary of data collection for target behaviors. However, the records for individual #5 at CCF #10, individual #11 at CCF #18, and individual #9 at CCF #21 did not contain data collection for target behaviors.

3.5.b Recommendation	Regional Center Plan/Response
RCEB should ensure CCFs #10, #18 and #21 collect target behavior data for individuals #5, #11, and #9 respectively.	RCEB has planned for targeted training and technical assistance by RCEB Quality Assurance (QA) Department to be completed by 9/2025 for identified CCFs. QA will ensure quarterly reports are being written for #5, #11 and #9.

SECTION IV: DAY PROGRAM RECORD REVIEW

The monitoring team visited 13 day programs and reviewed 17 records for individuals supported by Regional Center of the East Bay (RCEB) who are receiving services from those day programs. The monitoring team reviewed the records to ensure that the day program addressed the requirements to maintain records and prepare written reports of progress in relation to the services and supports identified in the individual program plan (IPP) for which the day program is responsible. The review criteria in this section are derived from Title 17, California Code of Regulations and Title 42, Code of Federal Regulations.

The 17 records reviewed were 93 percent in overall compliance for 13 criteria. Findings for five criteria are detailed below.

4.1.e The individual's record contains documentation that the individual and/or the authorized representative for the individual has been informed of his/her personal rights including an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint. *[Cal. Code. Regs tit. 17, § 56730(c)(1)(E) (2023)]; [42 C.F.R. § 441.301(c)(4)(iii) (2025)]*

Finding

Sixteen of the seventeen (94 percent) sample records for individuals contained documentation that the individual and/or their authorized representative had been informed of their personal rights. However, the record for individual #48 at DP #6 did not contain documentation that the individual and/or their authorized representative were informed of the individual's personal rights.

4.1.e Recommendation	Regional Center Plan/Response
RCEB should ensure the record for individual #48 at DP #6 contain documentation that the individual and/or their authorized representative have been informed of their personal rights.	By 8.15.25, the QA will ask for proof the person has been informed of their rights and in a way/language they understand.

4.1.f The individual's record includes data collection for IPP objectives. *[Cal. Code. Regs tit. 17, § 56730(c)(2)(C) (2023)]*

Finding

Fourteen of the seventeen (82 percent) sample records for individuals contained documentation that data is collected to measure progress in relation to the services and supports addressed in the IPP for which the day program provider is responsible for implementing. However, the records for individual #66 at DP #2, individual #48 at DP #6, and individual #39 at DP #10 did not contain documentation that data is collected that measures progress in relation to the services and supports addressed in the IPP for which the day program provider is responsible for implementing.

4.1.f Recommendations	Regional Center Plan/Response
RCEB should ensure the records for individual #66 at DP #2, individual #48 at DP #6, and individual #39 at DP #10 contain documentation that data is collected that measures progress in relation to the services and supports addressed in the IPP for which the day program provider is responsible for implementing.	RCEB QA will visit DP#2, DP#6, and DP#10 by October 1, 2025. They will ensure there is data to measure IPP goal progress and follow up with a CAP if needed.
In addition, RCEB should evaluate what actions may be necessary to ensure that individual records contain documentation that data is collected that measures progress in relation to the services and supports addressed in the IPP for which the day program provider is responsible for implementing.	RCEB is in the process of implementing a new QA process for Day Programs.

4.1.g The individual's record contains case notes reflecting important events or information not documented elsewhere. *[Cal. Code. Regs tit. 17, § 56730(c)(2)(B) (2023)]*

Finding

Fifteen of the seventeen (88 percent) sample records of individuals contained up-to-date case notes reflecting important events or information not documented elsewhere. However, the records for individual #66 at DP #2 and individual #48 at DP #6 did not contain case notes.

4.1.g Recommendation	Regional Center Plan/Response
RCEB should ensure the records for the records for individual #66 at DP #2 and individual #48 at DP #6 contain up-to-date case notes reflecting important events or information not documented elsewhere.	By 8/15/25, the QA will ask for copies of notes. They will follow up with a CAP if needed.

4.2 The day program has a copy of the individual's current IPP*. [Cal. Code. Regs tit. 17, § 56730)(c)(1)(F) (2023)]*

Finding

Fifteen of the seventeen (88 percent) sample records of individuals contained a copy of the individual's current IPP. However, the records for individual #59 at DP #1 and individual #55 at DP #9 did not contain a copy of their current IPP.

4.2 Recommendation	Regional Center Plan/Response
RCEB should ensure that the records for individual #59 at DP #1, and individual #55 at DP #9 contain a current copy of the individual's IPP.	By 8/15/25, case managers will provide copies of IPPs to day program.

4.4 The day program prepares and maintains written semiannual reports of the individual's performance and progress and address the individual's performance and progress toward achieving each of the IPP objectives for which the day program is responsible. *[Cal. Code. Regs tit. 17, § 56720(c)(1) (2023)]*

Finding

Eleven of the seventeen (65 percent) sample records of individuals contained written semiannual reports of progress. However, the records for individual #59 at DP #1, individual #66 at DP #2, individual #4 at DP #5, individual #48 at DP #6, individual #39 at DP #10, and individual #1 at DP #14 did not contain the required progress reports for which the day program is responsible.

4.4 Recommendations	Regional Center Plan/Response
RCEB should ensure that day programs write the required semi-annual reports for individual #59 at day program #1, individual #66 at DP #2, individual #4 at DP #5, individual #48 at DP #6, individual #39 at DP #10, and individual #1 at DP #14.	By 8/15/25, the RCEB QA will ask for copies of notes from DP#1, DP #2, DP#5, DP#6, and DP#10. They will follow up with a CAP if needed. RCEB has confirmed DP#14 documents reports semi-annually for Individual #1.
In addition, RCEB should evaluate what is necessary to ensure that day programs prepare and maintain written semiannual reports of the individual's performance and progress and address the individual's performance and progress toward achieving each of the IPP objectives for which the day program is responsible.	RCEB is in the process of implementing a new QA process for Day Programs.

SECTION V: OBSERVATIONS AND INTERVIEWS WITH INDIVIDUALS

Fifty-two of the seventy-three individuals supported by Regional Center of the East Bay, 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 appeared to be supported and healthy and if applicable, the setting was compliant with the Home and Community-Based Services Settings Requirements. Interview questions focused on the individuals' satisfaction with their living situation, day program or work activities, health, choice, and regional center services.

All of individuals and parents of minors interviewed, indicated satisfaction with their living situation, day program, work activities, health, choice, and regional center services. The appearance for all of the individuals that were interviewed and observed reflected personal choice and individual style.

SECTION VI: REGIONAL CENTER STAFF INTERVIEWS

SECTION VI A: SERVICE COORDINATOR INTERVIEWS

The monitoring team interviewed 14 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 and periodic review as well as monitoring the health and safety of individuals and monitoring that the service providers who support them comply with HCBS Waiver and Settings requirements.

SECTION VI B: CLINICAL SERVICES INTERVIEW

The monitoring team interviewed the director of clinical services to ensure that the regional center has practices in place to provide clinical support to individuals and service coordinators. The interview determined the regional center conducts routine monitoring of individuals with medical issues, monitoring of medications, monitoring of behavior plans, coordination of medical and mental health, improvements in access to preventive health care resources, and ensures that clinical services play a role in special incident reporting and the Risk Management Committee to address the ongoing health and safety of individuals who are on the 1915(c) Home and Community-Based Services (HCBS) Waiver.

SECTION VI C: QUALITY ASSURANCE INTERVIEW

The monitoring team interviewed the quality assurance manager to ensure the regional center has practices in place to conduct Title 17 and HCBS Waiver and Settings monitoring and quality assurance activities. The interview determined the regional center conducts routine Title 17 monitoring of community care facilities, including two unannounced visits, service provider training, corrective action plans as required and technical assistance is provided when needed. In addition, the regional center verifies provider qualifications, resource development activities, and quality assurance among programs and providers where there are no regulatory requirements to conduct monitoring. Quality assurance also participates in special incident reporting and the Risk Management Committee to address the ongoing quality assurance needs of individuals who are on the HCBS Waiver.

SECTION VII: VENDOR STAFF INTERVIEWS

SECTION VII A: SERVICE PROVIDER INTERVIEWS

The monitoring team interviewed service providers at 13 community care facilities (CCF) and 9 day programs. The interviews determined that all service providers assess the needs of the individual in their program, participate in the development of an individual program plan (IPP), foster independence and an environment where the individual is treated with dignity and respect, advocate for and oversee the training and implementation of policies and procedures that ensure the health, safety, and rights of the individual are being planned for and met in accordance with the 1915(c) Home and Community-Based Services (HCBS) Waiver and Settings requirements.

SECTION VII B: DIRECT SUPPORT PROFESSIONALS INTERVIEWS

The monitoring team interviewed direct support professionals at 13 CCFs and 9 day programs. The interviews determined that all direct support professionals are familiar with and respect the individuals they are supporting, understand the individual's goals and objectives on their IPP, understand the service delivery and HCBS Waiver and Settings Requirements, are prepared to address safety issues, engage in emergency preparedness, and are knowledgeable about safeguarding medications.

SECTION VIII: VENDOR PROGRAM MONITORING REVIEW

The monitoring teams reviewed a total of 14 community care facilities (CCF) and 9 day programs to determine if the settings are Home and Community-Based Services (HCBS) Settings Requirement compliant, and are supporting individuals in a safe, healthy and positive environment where their privacy, rights and choices are respected, they have control of their personal resources and individual preferences and styles are reflected in CCFs where individuals live. All of the CCFs and the day programs were found to be in good condition with no immediate health and safety concerns.

8.3.b The individual's record contains documentation that the individual and/or the authorized representative for the individual has been informed of his/her personal rights including an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint. *[Cal. Code. Regs tit. 17, § 56730(c)(1)(E) (2023)]; [42 C.F.R. § 441.301(c)(4)(iii) (2025)]*

Finding

See finding and recommendation for the vendor's non-compliance detailed in day program record review, criterion 4.1.e. The record for individual #48 at DP #6 did not contain documentation that the individual and/or their authorized representative were informed of the individual's personal rights.

SECTION IX: SPECIAL INCIDENT REPORTING

The records of the 73 individuals supported by Regional Center of the East Bay (RCEB) and selected for the 1915(c) Home and Community-Based Services (HCBS) Developmental Disabilities Waiver sample were reviewed to verify that special incidents have been reported. A supplemental sample of 10 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 HCBS Waiver supported by RCEB who passed away during the review period.

Summary of Findings

RCEB reported all special incidents in the sample of 73 records selected for the HCBS Developmental Disabilities Waiver review to the Department. RCEB's vendors reported 9 of the 10 (90 percent) incidents in the supplemental sample to the regional center within the required timeframes. RCEB reported all (100 percent) incidents in the supplemental sample to the Department within the required timeframe. RCEB's follow-up activities on incidents in the supplemental sample were appropriate for the severity of the situations for all 10 (100 percent) incidents. In addition, RCEB reported all deaths of individuals on the HCBS Waiver during the review period.

Finding

SIR #3: The incident occurred on March 5, 2024. However, the vendor did not submit a written report to RCEB until June 5, 2024.

Recommendation	Regional Center Plan/Response
RCEB should ensure that the vendor for SIR #3 reports special incidents within the required timeframes.	RCEB will provide technical assistance to the identified vendor by 10/31/2025.

SECTION X: SUPPLEMENTARY ISSUE

This section contains any supplementary issues identified by the monitoring team during the review that are not specifically addressed by the standard review protocol criteria or directly related to the individuals selected for the review but should be reviewed and addressed by the regional center.

Comments

During the monitoring review site visit at Community Care Facility #16, the monitoring team observed that the morning medications for individual #8 were not signed off in the medication administration record. When pointed out, the service provider confirmed the medication was administered and initialed for verification.