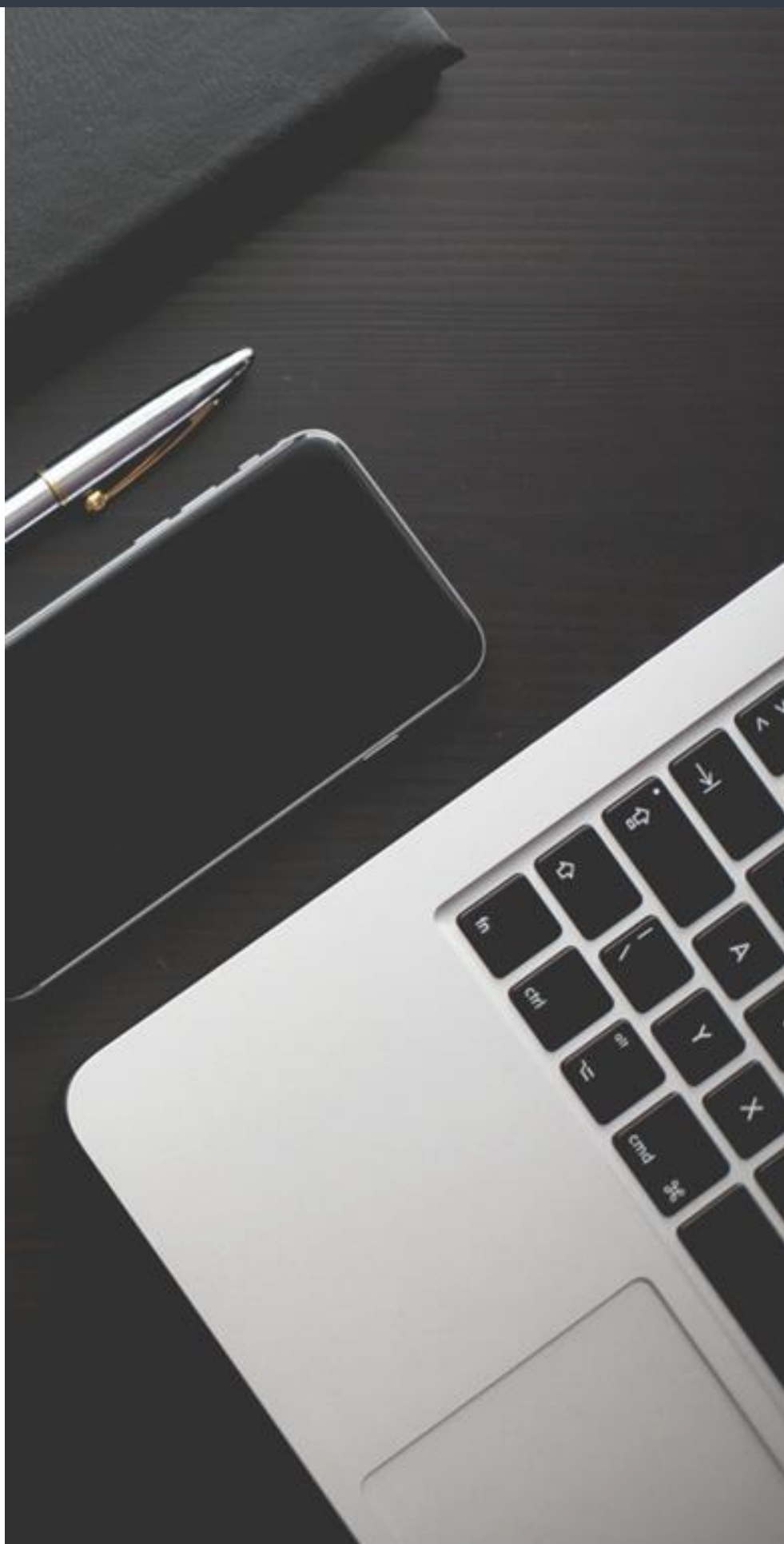
Regional Center of the East Bay Home and Community-Based Services 1915c Developmental Disabilities Waiver, Self-Determination Program Waiver, and 1915i State Plan Amendment Follow-Up Review Report



Conducted by: Department of Developmental Services

Review Date: February 2, 2026

DDS Department of Developmental Services

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SECTION I: REGIONAL CENTER RECORD REVIEW

The Department of Developmental Services conducted a follow-up review on the Home and Community-Based Services 1915(c) Developmental Disabilities (DD) Waiver, the Home and Community-Based Services 1915(c) Self-Determination Program (SDP) Waiver and the 1915(i) State Plan Amendment (SPA) with Regional Center of the East Bay (RCEB) on February 2, 2026, to verify that issues raised during the collaborative review completed February 2025, have been addressed. For the review period of December 1, 2024, through November 30, 2025, 20 records for the 1915(c) DD Waiver, 20 records for the 1915(c) SDP Waiver, and 20 records for the 1915(i) SPA were selected to assess performance on the criteria detailed in the areas below.

1915(c) Developmental Disabilities Waiver Follow-Up Review Findings

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)]*

Finding

Sixteen of the twenty (80 percent) sample records of individuals contained documentation that the individual's IPP had been reviewed annually by the planning
team. However, the following records did not meet the requirement as indicated below:

1. Individual #3: The annual review was dated April 8, 2025. There was no documentation that the IPP was reviewed annually;

2. Individual #7: The IPP was dated March 25, 2025. There was no documentation that the IPP was reviewed annually;

3. Individual #19: The IPP was dated March 18, 2025. There was no documentation that the IPP was reviewed annually; and,

4. Individual #20: The IPP was dated October 23, 2025. There was no documentation that the IPP was reviewed annually.

2.6.a Recommendations	Regional Center Plan/Response
RCEB should assure the IPPs for individuals #3, #7, #19, and #20 are	RCEB will provide a training for the case managers assigned to Individual #3, #7,

reviewed at least annually by the planning team.	#19, and #20 by 5/31/26 to reiterate the agency expectations of annual IPP review. RCEB has enacted a stringent report completion tracking system to capture these errors.
In addition, RCEB should evaluate what actions may be necessary to assure IPPs are reviewed annually for all individuals.	RCEB will provide a training for the case managers assigned by 5/31/26 to reiterate the agency expectations of annual IPP review. RCEB has enacted a stringent report completion tracking system to capture these errors.

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

Fifteen of the twenty (75 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 #12, #18 and #20 contained documentation of three of the four required meetings that were consistent with the quarterly timeline; and,

2. The records for individuals #3 and #10 contained documentation of two of the four required meetings that were consistent with the quarterly timeline.

2.12.a Recommendations	Regional Center Plan/Response
RCEB should assure all future face-to-face meetings are completed and documented each quarter for individuals #3, #10, #12, #18, and #20.	RCEB will provide a training for the case managers assigned to Individual #3, #10, #12, #18, and #20 by 5/31/26 to reiterate the agency expectations of quarterly face to face requirements. RCEB has enacted a stringent report completion tracking system to capture these errors.
Further action is required by RCEB to assure that quarterly face-to-face meetings are completed and documented for all applicable individuals.	RCEB will provide a training for the case managers assigned by 5/31/26 to reiterate the agency quarterly face to face requirements. RCEB has enacted a stringent report completion tracking system to capture these errors.

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

Fourteen of the twenty (70 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 #18 and #20 contained documentation of three of the four required reports of progress that were consistent with the quarterly timeline; and,

2. The record for individuals #1, #3, #10, and #12 contained documentation of two of the four required reports of progress that were consistent with the quarterly timeline.

2.12.b Recommendations	Regional Center Plan/Response
RCEB should assure future quarterly reports of progress are completed for individuals #1, #3, #10, #12, #18, and #20.	RCEB will provide a training for the case managers assigned to Individual #1, #3, #10, #12, #18, and #20 by 5/31/26 to reiterate the agency expectations of quarterly documentation of progress. RCEB has enacted a stringent report completion tracking system to capture these errors.
Further action is required by RCEB to assure that quarterly face-to-face meetings are completed and documented for all applicable individuals.	RCEB will provide a training for the case managers assigned to these cases by 5/31/26 to reiterate the agency expectations of quarterly documentation of progress. RCEB has enacted a stringent report completion tracking system to capture these errors.

Summary of Results for the 1915(c) Developmental Disabilities Waiver Follow-Up Review

The results of the February 2026 follow-up review indicate that the issues identified during the regular biennial monitoring review in February 2025 require further action to assure quarterly face-to-face meetings and reports of progress are completed for

individuals living in community out-of-home settings, i.e., service level 2-7 community care facilities (CCF), family home agencies, or supported living and independent living settings.

1915(c) Self-Determination Program Waiver Follow-Up Review Findings

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)]*

Finding

Seventeen of the twenty (85 percent) sample records of individuals contained documentation that the individual's IPP had been reviewed annually by the planning
team. However, there was no documentation that the IPPs for the following individuals were reviewed annually as indicated below:

1. Individual #2: The IPP was dated August 22, 2025. There was no documentation that the IPP was reviewed annually;

2. Individual #4: The IPP was dated October 24, 2024. There was no documentation that the IPP was reviewed annually; and,

3. Individual #14: The IPP was dated November 6, 2025. There was no documentation that the IPP was reviewed annually.

2.6.a Recommendations	Regional Center Plan/Response
RCEB should assure that the IPPs for #2, #4, and #14 are reviewed at least annually by the planning team.	RCEB will provide a training for the case managers assigned to Individuals #2, #4, and #14 by 5/31/26 to reiterate the agency expectations of annual IPP review. RCEB has enacted a stringent report completion tracking system to capture these errors.
In addition, RCEB should evaluate what actions may be necessary to assure that IPPs are reviewed annually.	RCEB will provide a training for the case managers assigned by 5/31/26 to reiterate the agency expectations of annual IPP review. RCEB has enacted a stringent report completion tracking system to capture these errors.

2.7.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, their 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)]*

Finding

Fourteen of the twenty (70 percent) applicable sample records of individuals contained IPPs that were signed by RCEB and the individuals, or, where appropriate, their parents, legal guardian, conservator or the authorized representative. However, the following IPPs were not signed by the appropriate individual:

1. Individual #3: The IPP dated May 30, 2025, was not signed by the individual and the regional center until January 13, 2026. Accordingly, no recommendation is required;

2. Individual #5: The IPP dated July 28, 2025, was not signed by the conservator until January 15, 2026. Accordingly, no recommendation is required;

3. Individual #8: The IPP dated October 7, 2025, was not signed by the individual and the regional center until February 4, 2026. Accordingly, no recommendation is required;

4. Individual #13: The IPP dated September 15, 2025, was not signed by the individual and the regional center until January 20, 2026. Accordingly, no recommendation is required;

5. Individual #14: The IPP dated November 6, 2025, was not signed by the individual and the regional center; and,

6. Individual #18: The IPP dated November 19, 2025, was not signed by the individual and the regional center until February 4, 2026. Accordingly, no recommendation is required.

2.7.a Recommendations	Regional Center Plan/Response
RCEB should assure the IPP for #14 is signed by the appropriate individual. If the individual does not sign, RCEB should	The IPP for Consumer #14 was signed 6/2024 and is now included in the record.

assure the IPP addresses the reason why the individual did not or could not sign.	
In addition, RCEB should evaluate what actions may be necessary to assure that all IPPs are signed by the appropriate individuals.	RCEB implemented an administrative logging process to ensure signature pages are in consumer file upon completion of the report.

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
None

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

Three of the eight (38 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 and #12 contained documentation of three of the four required meetings that were consistent with the quarterly timeline; and,

2. The records for individuals #8, #13 and #14 contained documentation of one of the four required meetings that were consistent with the quarterly timeline.

2.12.a Recommendations	Regional Center Plan/Response
RCEB should assure all future face-to-face meetings are completed and documented each quarter for individuals #5, #8, #12, #13, and #14.	RCEB will provide a training for the case managers assigned to Individuals #5, #8, #12, #13, and #14 by 5/31/26 to reiterate the agency expectations around quarterly contacts. RCEB has enacted a stringent report completion tracking system to capture these errors.
Further action is required by RCEB to assure that quarterly face-to-face meetings are completed and documented for all applicable individuals.	RCEB will provide a training for the case managers assigned by 5/31/26 to reiterate the agency expectations around quarterly contacts. RCEB has enacted a stringent

	report completion tracking system to capture these errors.

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

Three of the eight (38 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 record for individual #12 contained documentation of three of the four required reports of progress that were consistent with the quarterly timeline;

2. The record for individual #5 contained documentation of two of the four required reports of progress that were consistent with the quarterly timeline; and,

3. The records for individuals #8, #13, and #14 contained documentation of one of the four required reports of progress that were consistent with the quarterly timeline.

2.12.b Recommendations	Regional Center Plan/Response
RCEB should assure future quarterly reports of progress are completed for individuals #5, #8, #12, #13, and #14.	RCEB will provide a training for the case managers assigned to Individuals #5, #8, #12, #13, and #14 by 5/31/26 to reiterate the agency expectations of quarterly documentation of progress. RCEB has enacted a stringent report completion tracking system to capture these errors.
Further action is required by RCEB to assure that quarterly face-to-face meetings are completed and documented for all applicable individuals.	RCEB will provide a training for the case managers assigned by 5/31/26 to reiterate the agency expectations of quarterly documentation of progress. RCEB has enacted a stringent report completion tracking system to capture these errors.

Summary of Results for the 1915(c) SDP Waiver Follow-Up Review

The results of the February 2026 follow-up review indicate that the issues identified during the regular biennial monitoring review in February 2025 require further action to assure quarterly face-to-face meetings and reports of progress 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.

1915(i) State Plan Amendment Follow-Up Review Findings

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

Fourteen of the twenty (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 three individuals were reviewed annually as indicated below:

1. Individual #6: The IPP was dated February 25, 2025. There was no documentation that the IPP was reviewed annually;

2. Individual #7: The IPP was dated November 13, 2024. There was no documentation that the IPP was reviewed annually;

3. Individual #8: There was no documentation that the IPP was reviewed annually;

4. Individual #9: There was no documentation that the IPP was reviewed annually.

5. Individual #15: The IPP was dated October 17, 2025. There was no documentation that the IPP was reviewed annually; and,

6. Individual #20: There was no documentation that the IPP was reviewed annually.

1.3 Recommendations	Regional Center Plan/Response
RCEB should assure the IPP for individuals #6, #7, #8, #9, #15, and #20 are reviewed at least annually by the planning team.	RCEB will provide a training for the case managers assigned to Individuals #6, #7, #8, #9, #15, and #20 by 5/31/26 to reiterate the agency expectations of annual IPP review.

	RCEB has enacted a stringent report completion tracking system to capture these errors.
In addition, RCEB should evaluate what actions may be necessary to assure IPPs are reviewed annually for all individuals.	RCEB will provide a training for the case managers assigned by 5/31/26 to reiterate the agency expectations of annual IPP review. RCEB has enacted a stringent report completion tracking system to capture these errors.

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 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

Twelve of the twenty (60 percent) applicable sample records of individuals contained completed quarterly face-to-face meetings. However, the following records did not meet the requirement as indicated below:

1. The records for individuals #4, #9, #10, #15, and #16 contained documentation of three of the four required meetings that were consistent with the quarterly timeline;

2. The records for individuals #3 and #7 contained documentation of two of the four required meetings that were consistent with the quarterly timeline;

3. The record for individual #20 did not contain documentation of any of the four required meetings that were consistent with the quarterly timeline.

1.9.a Recommendations	Regional Center Plan/Response
RCEB should assure all future face-to-face meetings are completed and documented each quarter for individuals #3, #4, #7, #9, #10, #15, #16, and #20.	RCEB will provide a training for the case managers assigned Individuals #3, #4, #7, #9, #10, #15, #16, and #20 by 5/31/26 to reiterate the agency expectations around quarterly contacts. RCEB has enacted a stringent report completion tracking system to capture these errors.
Requires further action to assure that quarterly face-to-face meetings are completed and documented for all applicable individuals.	RCEB will provide a training for the case managers assigned by 5/31/26 to reiterate the agency expectations around quarterly contacts. RCEB has enacted a stringent report completion

	tracking system to capture these errors.

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, § 56047 (2023)]; [Cal. Code. Regs tit. 17, § 56095 (2023)]; [Cal. Code. Regs tit. 17, § 58680 (2023)]; (contract requirement)*

Findings

Ten of the twenty (50 percent) applicable sample records of individuals had quarterly reports of progress completed for individuals living in community out-of-home settings. However, the records for ten individuals did not meet the requirement as indicated below:

1. The records for individuals #4, #10, #15, #16, and #17 contained documentation of three of the four required reports of progress that were consistent with the quarterly timeline;

2. The records for individuals #3, #7, and #9 contained documentation of two of the four required reports of progress that were consistent with the quarterly timeline; and,

3. The record for individuals #8 and #20 did not contain documentation of any of the four required reports of progress that were consistent with the quarterly timeline.

1.9.b Recommendations	Regional Center Plan/Response
RCEB should assure future quarterly reports of progress are completed for individuals #3, #4, #7, #8, #9, #10, #15, #16, #17, and #20.	RCEB will provide a training for the case managers assigned to Individual #3, #4, #7, #8, #9, #10, #15, #16, #17, and #20 by 5/31/26 to reiterate the agency expectations of quarterly documentation of progress. RCEB has enacted a stringent report completion tracking system to capture these errors.
Further action is required by RCEB to assure quarterly face-to-face meetings are completed and documented for all applicable individuals.	RCEB will provide a training for the case managers assigned by 5/31/26 to reiterate the agency expectations of quarterly documentation of progress. RCEB has enacted a stringent report completion tracking system to capture these errors.

Summary of Results for the 1915(i) State Plan Amendment Follow-Up Review

The results of the February 2026 follow-up review indicate that the issues identified during the regular biennial monitoring review in February 2025 require further action to assure the IPP includes a schedule of the type and amount of all services and supports purchased by the regional center and to assure quarterly face-to-face meetings and reports of progress 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.

SECTION II: SPECIAL INCIDENT REPORTING

A supplemental sample of 10 records for the 1915(c) DD Waiver follow-up review and 5 records for the 1915(i) SPA follow-up review were also reviewed to verify that special incidents 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. There were no special incidents to review for the 1915(c) Self-Determination Program Waiver follow-up review.

1915(c) Developmental Disabilities Waiver Follow-Up Review Summary of Findings

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 eight of the ten (80 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.

Finding

1. SIR #6: The incident occurred on January 7, 2025. However, the vendor did not submit a written report to RCEB until January 13, 2025.

2. SIR #7: RCEB learned of the incident on July 23, 2025. However, did not report it to the Department until July 28, 2025.

3. SIR #9: RCEB learned of the incident on August 1, 2025. However, did not report it to the Department until August 8, 2025.

Recommendations	Regional Center Plan/Response
RCEB should assure the vendor for SIR #6 reports special incidents within the required timeframes.	RCEB will provide guidance to this vendor to ensure understanding with agency expectation by 5/31/26.
RCEB should evaluate what actions may be necessary to assure that SIRs are reported to the Department within the required timeframe.	RCEB will provide guidance to agency staff to ensure understanding with agency expectation by 5/31/26.

1915(i) State Plan Amendment Follow-Up Review Summary of Findings

RCEB's vendors reported four of the five (80 percent) incidents in the supplemental sample to the regional center within the required timeframes. RCEB reported four of the five (80 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 five (100 percent) incidents.

Findings

1. SIR #2: The incident occurred on July 18, 2025. However, the vendor did not submit a written report to RCEB until October 29, 2025. RCEB did not report the incident to the Department until November 4, 2025.

Recommendations	Regional Center Plan/Response
RCEB should assure that the vendor for SIR #2 reports special incidents within the required timeframes.	RCEB will provide guidance to this vendor to ensure understanding with agency expectation by 5/31/26.
RCEB should evaluate what actions may be necessary to assure that SIRs are reported to the Department within the required timeframe.	RCEB will provide guidance to agency staff to ensure understanding with agency expectation by 5/31/26.

SECTION III: 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

None