Regional Center of Orange County

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: August 4–15, 2025

DDS Department of Developmental Services

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SECTION I: REGIONAL CENTER SELF-ASSESSMENT

Regional Center of Orange County (RCOC) responded to questions that align with the California Home and Community-Based (HCBS) 1915(c) 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 RCOC is available upon request.

SECTION II: REGIONAL CENTER RECORD REVIEW

For the review period of May 1, 2024, through April 30, 2025, a total of 64 records of individuals enrolled on the Home and Community-Based Services (HCBS) 1915(c) Developmental Disabilities Waiver and receiving services at Regional Center of Orange County (RCOC), 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. There were no records reviewed for documentation of voluntary disenrollment or a notice of proposed action. Lastly, 10 additional supplemental records were reviewed for documentation that RCOC determined the individual met the HCBS Waiver level-of-care requirements prior to receiving HCBS Waiver supports.

The 64 records reviewed were 97 percent in overall compliance for this review. Findings for eight criteria are detailed below.

2.1.b The DS 3770 form summarizes the individual's assessed needs and/or any special health care conditions for meeting the Title 22 level-of-care requirements. *[Cal. Code. Regs tit. 22, § 51343(l)(5) (2025)]*

Findings

Fifty-eight of the sixty-four (91 percent) sample records of individuals summarized the assessed needs and/or special health care conditions on the DS 3770 form. However, the DS 3770 form in the record for individuals #13, #15, #33, #40, #45, and #49 listed only one assessed need or special health care condition.

2.1.b Recommendation	Regional Center Plan/Response
RCOC should ensure that the DS 3770 form for individuals #13, #15, #33, #40, #45, and #49 list at least two assessed needs and/or special health care conditions that meet the requirement for level-of-care.	RCOC completed a reevaluation of level of care for individuals #13, #15, #33, #40, #45, and #49 to determine if they have at least two assessed needs and/or special health care conditions that meet the requirement for level of care. Individuals #13, #33, #40, #45, and #49 have at least two assessed needs and/or special health conditions and thus continue to meet the requirement for level of care. Individual #15 does not have at least two assessed needs and/or special health conditions. She chose to voluntarily disenroll

	from the HCBS Waiver with a signed DS 2200 dated 08/13/25.

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 Client Development Evaluation Report (CDER). *[42 C.F.R. § 441.302(c) (2025)], [Cal. Code. Regs tit. 22, § 51343(l) (2025)]*

Findings

Fifty-eight of the sixty-four (91 percent) sample records of individuals had documented assessed needs that meet the level-of-care requirements. However, the records for individuals #13, #15, #33, #40, #45 and #49 only listed one assessed need.

2.5.a Recommendation	Regional Center Plan/Response
RCOC should reevaluate the HCBS Waiver eligibility for individuals #13, #15, #33, #40, #45 and #49 to ensure that the individuals meet the level-of-care requirements. If the individuals do not have at least two distinct assessed needs that meet the level-of-care requirements, the individuals' HCBS Waiver eligibility should be terminated.	RCOC completed a reevaluation of level of care for individuals #13, #15, #33, #40, #45, and #49 to determine if they have at least two assessed needs and/or special health care conditions that meet the requirement for level of care. Individuals #13, #33, #40, #45, and #49 have at least two assessed needs and/or special health conditions and thus continue to meet the requirement for level of care. Individual #15 does not have at least two assessed needs and/or special health conditions. She chose to voluntarily disenroll from the HCBS Waiver with a signed DS 2200 dated 08/13/25.

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-one of the sixty-four (95 percent) sample records of individuals documented level-of-care assessed needs that were consistent with information found in the record. However, the assessed needs listed on the DS 3770 were not consistent in the following records:

1. Individual #6: "running/wandering away." An addendum dated, August 12,2025, was completed to add information supporting the assessed need, running/wandering away. Accordingly, no recommendation is required;

2. Individual #13: "personal care at day program." An addendum dated, August 4, 2025, was complete to add information supporting the assessed need, personal care at day program. Accordingly, no recommendation is required; and,

3. Individual #40: "personal care at residential." An addendum dated, July 30, 2025, was completed to add information supporting the assessed need, personal care at residential. Accordingly, no recommendation is required.

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)]*

Findings

Fifty-six of the sixty-four (88 percent) sample records of individuals contained IPPs that were signed by RCOC and the individuals or, where appropriate, their parents, legal guardian, conservator or the authorized representative. However, there were issues with the following IPPs as indicated below:

1. Individual #10: The IPP dated September 25, 2024, was not signed by the individual and the regional center until July 11, 2025. Accordingly, no recommendation is required;

2. Individual #12: The IPP dated March 31, 2025, was not signed by the individual and the regional center until July 13, 2025. Accordingly, no recommendation is required;

3. Individual #13: The IPP dated January 17, 2025 was not signed by the individual and the regional center July 17, 2025. Accordingly, no recommendation is required;

4. Individual #33: The IPP dated September 19, 2024, was not signed by the individual and the regional center until July 23, 2025. Accordingly, no recommendation is required;

5. Individual #35: The IPP dated September 18, 2024, was not signed by the individual and regional center until August 14, 2025. Accordingly, no recommendation is required;

6. Individual #46: The IPP dated October 9, 2024, was not signed by the individual and regional center until February 7, 2025. Accordingly, no recommendation is required;

7. Individual #51: The IPP dated September 9, 2024, was not signed by the individual and regional center until July 31, 2025. Accordingly, no recommendation is required; and,

8. Individual #56: The IPP dated January 15, 2025, was not signed by the individual and regional center until July 13, 2025. Accordingly, no recommendation is required.

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

Findings

Twenty of the thirty (67 percent) applicable sample records for individuals contained IPP addenda signed by the regional center and the individual or, where appropriate their parents' legal guardian, conservator or authorized representative. However, the following addendums were not signed by an authorized representative of the regional center and the individual and there was no documentation of planning team agreement:

1. Individual #10: The addenda dated November 8, 2024, and January 22, 2025 were not signed by the individual and regional center until July 11, 2025. Accordingly, no recommendation is required;

2. Individual #13: The addenda dated September 24, 2024; October 28, 2024, and February 4, 2025, were not signed by the individual and regional center until July 17, 2025. Accordingly, no recommendation is required;

3. Individual #15: The addendum dated June 26, 2024, was not signed by the individual and regional center until July 10, 2025. Accordingly, no recommendation is required;

4. Individual #20: The addendum dated March 18, 2025, was not signed by the individual and regional center until July 30, 2025. Accordingly, no recommendation is required;

5. Individual #35: The addenda dated August 7, 2024 and September 11, 2024 were not signed by the individual and regional center until August 14, 2025. Accordingly, no recommendation is required;

6. Individual #39: The addenda dated October 9, 2024 and October 26, 2024 were not signed by the individual and regional center until July 15, 2025. Accordingly, no recommendation is required;

7. Individual #40: The addendum dated September 24, 2024 was not signed by the individual and regional center until July 30, 2025. Accordingly, no recommendation is required;

8. Individual #45: The addenda dated January 17, 2025 and March 28, 2025 were not signed by the individual and regional center until July 22, 2025. Accordingly, no recommendation is required;

9. Individual #46: The addendum dated February 24, 2025 was not signed by the individual and regional center until July 22, 2025. Accordingly, no recommendation is required; and,

10. Individual #49: The addendum dated January 17, 2025 was not signed by the individual and regional center until July 14, 2025. Accordingly, no recommendation is required.

2.7.b Recommendation	Regional Center Plan/Response
RCOC should evaluate what actions may be necessary to ensure that the IPP addenda are signed by the individual, their parents, legal guardian, conservator or authorized representative.	RCOC has implemented a task list with reminders for service coordinators when the IPP addenda is due. The reminder for each due IPP addendum will remain on the task list until the form is returned. A report has also been created for easier tracking of IPPs and IPP Addenda. RCOC will continue to provide ongoing training and oversight to service coordinators regarding the comprehensive completion of all IPPs/IPP Addenda and documentation. In-person refresher trainings for all service coordinators/management regarding the HCBS Waiver requirements were conducted on 04/14/25, 04/16/25, 04/23/25, and 05/07/25 to accommodate staff's availability. In-service refreshers/training with focus on targeted areas of the IPP/IPP Addenda have also been presented to staff in RCOC's Central area office on 01/08/25, 5/14/25, and 11/12/25, as well as the West area office on 01/14/25, 05/13/25, and 11/25/25. Ongoing email guidance for the signature forms were sent 01/06/25, 01/13/25, 01/24/25, 02/26/25, 04/11/25, 05/14/25, 10/14/25, and 10/22/25. Workshops were also conducted on 11/14/25 and 11/21/25 to assist staff with proper completion/documentation of IPPs/IPP addenda, in addition to upcoming workshops that have been scheduled through the end of 2025 and for the coming 2026 year.

2.10.a The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. *[W.I.C. § 4646.5(a)(5)(2023)]; [42 C.F.R. § 441.301(c)(2)(v)(2025)]*

Finding

Sixty-three of the sixty-four (98 percent) sample IPPs of individuals included a schedule of the type and amount of all services and supports purchased by the regional center. However, the IPP for individual #11 did not include RCOC funded services for supplemental residential program for the months of January 2025 through February 2025 in the IPPs covering the review period. An addendum was completed May 28, 2025, addressing the purchased services. Accordingly, no recommendation is required.

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 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

Forty-two of the forty-four (96 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 record for individual #15 contained documentation of three of the four required meetings that were consistent with the quarterly timeline; and,

2. The record for individual #20 contained documentation of two of the four required meetings that were consistent with the quarterly timeline.

2.12.a Recommendation	Regional Center Plan/Response
RCOC should ensure that all future face-to-face meetings are completed and documented each quarter for individuals #15 and #20.	RCOC will continue to provide ongoing training and oversight to service coordinators regarding the comprehensive completion of all IPPs and documentation, including quarterly face-to-face visits for all individuals living in community out-of-home settings. In-person refresher trainings for all service coordinators/management regarding the HCBS Waiver requirements were also conducted on 04/14/25, 04/16/25, 04/23/25, and 05/07/25 to accommodate staff's availability.

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

Forty-two of the forty-four (96 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 #15 contained documentation of three of the four required quarterly reports of progress that were consistent with the quarterly timeline; and,

2. The record for individual #20 contained documentation of two of the four required quarterly reports of progress that were consistent with the quarterly timeline.

2.12.b Recommendation	Regional Center Plan/Response
RCOC should ensure that future quarterly reports of progress are completed for individuals #15 and #20.	RCOC will continue to provide ongoing training and oversight to service coordinators regarding the comprehensive completion of quarterly reports for all individuals living in community out-of-home settings. In-person refresher trainings for all service coordinators/management regarding the HCBS Waiver requirements were also conducted on 04/14/25, 04/16/25, 04/23/25, and 05/07/25 to accommodate staff's availability.

SECTION III: COMMUNITY CARE FACILITY RECORD REVIEW

The monitoring team visited 20 community care facilities (CCF) and reviewed 21 individual records for individuals supported by Regional Center of Orange County (RCOC) 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 21 records reviewed were 94 percent in overall compliance for 16 criteria. Findings for one criterion is detailed below.

3.2.b In a provider-owned or controlled residential setting, the unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord tenant law of the State, county, city or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law. *[42, CFR, § 441.301(c)(4)(vi)(A) (2025)]*

Findings

Four of the twenty-one (19 percent) sample records contained documentation of agreement for eviction procedures and appeals process. The records of the following individuals did not include documentation of the appeals and eviction process:

1. Individual #13 at CCF #1;

2. Individual #22 at CCF #2;

3. Individual #3 at CCF #4;

4. Individual #20 at CCF #6;

5. Individual #2 at CCF #7;

6. Individual #10 at CCF #8;

7. Individual #4 at CCF #9;

8. Individual #17 at CCF #11;

9. Individual #7 at CCF #12;

10. Individual #6 at CCF #13;

11. Individual #21 at CCF #14;

12. Individual #12 at CCF #16;

13. Individual #9 at CCF #17;

14. Individual #16 at CCF #18;

15. Individual #14 at CCF #19; and,

16. Individual #5 at CCF #20.

3.2.b Recommendations	Regional Center Plan/Response
RCOC should ensure that individual file records maintained by CCF #1 for individual #13, CCF #2 for individual #22, CCF #4 for individual #3, CCF #6 for individual #20, CCF #7 for individual #2, CCF #8 for individual #10, CCF #9 for individual #4, CCF #11 for individual #17, CCF #12 for individual #7, CCF #13 for individual #6, CCF #14 for individual 21, CCF #16 for individual #12, CCF #17 for individual #9, CCF #18 for individual #16, CCF #19 for individual #14 and CCF #20	RCOC will be developing a document that outlines information about eviction and appeals rights for individuals who reside in CCFs and AFHA settings. Once the document is finalized, Service Coordinators will meet with individuals and their ID teams to review and gather signatures.

for individual #5 contain documentation of agreement for eviction procedures and appeals process.	
In addition, RCOC should ensure that individual file records maintained by all CCFs contain documentation of agreement for eviction procedures and appeals process.	RCOC will provide training and support to the CCFs to ensure that each individual residing in the home has a written agreement documenting the eviction and appeals procedures/process comparable to the protections provided under the landlord tenant law.

SECTION IV: DAY PROGRAM RECORD REVIEW

The monitoring team visited eight day programs and reviewed 10 records for individuals supported by Regional Center of Orange County (RCOC) 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 10 records reviewed were 98 percent in overall compliance for 13 criteria. Findings for two criteria are detailed below.

4.1.d The individual record contains authorization for emergency medical treatment signed by the individual and/or the authorized individual representative. *[Cal. Code. Regs tit. 17, § 56730(c)(1)(D)]*

Finding

Nine of the ten (90 percent) sample records for individuals signed authorizations for emergency medical treatment signed by the individual and/or the authorized individual representative. However, the record for individual #48 at DP #4 did not contain an authorization for emergency medical treatment that was signed by the individual or the authorized individual representative.

4.1.d Recommendation	Regional Center Plan/Response
RCOC should ensure the record for individual #48 at DP #4 contains an authorization for emergency medical treatment that is signed by the individual	RCOC has confirmed that an authorization for emergency medical treatment signed by the individual on 07/09/25 is in the day program record for individual #48.

and/or their authorized individual representative.	

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)]; [42 C.F.R. § 441.301(c)(4)(iii)]*

Finding

Nine of the ten (90 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 #4 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
RCOC should ensure the record for individual #48 at DP #6 contains documentation that the individual and/or their authorized representative have been informed of their personal rights.	RCOC has confirmed that documentation that the individual has been informed of her personal rights signed 11/17/25 is in the day program record for individual #48.

SECTION V: OBSERVATIONS AND INTERVIEWS WITH INDIVIDUALS

Fifty-one of the sixty-four individuals supported by Regional Center of the Orange County, 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.

Finding

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 11 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 Home and Community-Based Services (HCBS) 1915(c) Developmental Disabilities (DD) 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 HCBS 1915(c) DD 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 DD 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 DD 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 five 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 Home and Community-Based Services (HCBS) 1915(c) Developmental Disabilities Waiver and Settings requirements.

SECTION VII B: DIRECT SUPPORT PROFESSIONALS INTERVIEWS

The monitoring team interviewed direct support professionals at 13 CCFs and five 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 13 community care facilities (CCF) and five 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.

8.6 Federal Requirement #6: Residential Agreement

In a provider-owned or controlled residential setting, the unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord tenant law of the State, county, city or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law. *[42 C.F.R. § 441.301(c)(4)(vi)(A)]*

Findings

See finding and recommendation for the vendor's non-compliance detailed in Section III: Community Care Facility Record Review, criterion 3.2.

8.7.a Federal Requirement #7: Privacy

Bedroom doors are lockable by the individual with only appropriate staff having keys to doors. *[42 C.F.R. § 441.301(c)(4)(vi)(B)(1) (2025)]*

Finding

Five of the seven (83 percent) community care facilities had locks on bedroom doors with a process in place for only appropriate staff to have access to keys. However, individual #4, at CCF #9 and individual #16, at CCF #18 did not have a lock on their bedroom door and no modification was documented in their current IPP.

8.7.a Recommendation	Regional Center Plan/Response
RCOC should ensure that there is a lock on the bedroom door, that there is a process	Individual #4 has a lock on his bedroom door, but has chosen not to use the lock on

in place for only appropriate staff to have access to keys and the individuals have a key or a modification is documented in the current IPP for this federal requirement for individual #4 at CCF #9 and individual #16 at CCF #18.	his bedroom door as documented in the 08/29/25 IPP. Therefore, the key to the lock is secured in the home and is available to him should he change his mind and want to lock his door. Appropriate staff have access to the key and can provide it to him upon his request. Individual #16 has chosen not to have a lock on her bedroom door which is documented in the 07/31/25 IPP.
In addition, RCOC should ensure that CCF's have locks on bedroom doors with a process in place for only appropriate staff to have access to keys. If there is no lock on an individual's bedroom door, a modification should be documented in the current IPP.	RCOC will continue to provide ongoing training and oversight to service coordinators regarding individuals' privacy in the CCFs related to locks on the bedroom doors and a process in place for appropriate staff to have access to keys. In-person training for all service coordinators/management regarding the HCBS Final Rule were conducted on 05/08/25, 05/12/25, 05/20/25, and 05/29/25. Additionally, new hires received this training on 03/05/25, 04/08/25, and 08/27/25. RCOC also completed an initial review of all settings in August 2024.

SECTION IX: SPECIAL INCIDENT REPORTING

The records of the 64 individuals supported by Regional Center of Orange County (RCOC) and selected for the Home and Community-Based Services (HCBS) 1915(c) Developmental Disabilities (DD) 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 verified that an incident report was completed for all individuals on the HCBS DD Waiver supported by RCOC who passed away during the review period.

Summary of Findings

RCOC reported all special incidents in the sample of 64 records selected for the HCBS 1915(c) DD Waiver review to the Department. RCOC's vendors reported 8 of the 10 (80 percent) incidents in the supplemental sample to the regional center within the required timeframes. RCOC reported 9 of the 10 (90 percent) incidents in the supplemental sample to the Department within the required timeframe. RCOC's follow-up activities on incidents in the supplemental sample were appropriate for the severity of the situations for 9 of the 10 (90 percent) incidents. In addition, RCOC reported all deaths of individuals on the HCBS DD Waiver during the review period.

Finding

SIR #2: The incident occurred on July 28, 2024. However, the vendor did not submit a written report to RCOC until August 29, 2024;

SIR #6: The incident occurred on September 27, 2024. However, the vendor did not submit a written report to RCOC until September 30, 2024;

SIR #10: The incident occurred on December 23, 2024. However, RCOC did not report to Department until December 27, 2024; and,

SIR #10: The incident occurred on December 23, 2024. However, RCOC did not document any follow-up activity.

Recommendations	Regional Center Plan/Response
RCOC should ensure that the vendors for SIR #2 and SIR #6 report special incidents within the required timeframes.	Regarding SIR #2, it appears these were errors with the dates that were input likely due to selecting the wrong date on the drop-down calendar menu – accidentally selecting 29 instead of 28, and August instead of July. The written report was actually received by RCOC on 07/30/24, which is confirmed by the copy of the vendor's report in the individual's imaging/scanned chart which is stamped as received 07/30/24. The vendor learned of the incident on 07/28/24; the vendor's report indicates it was written on 07/29/24 and was sent to RCOC on 07/30/24. The dates in the SIR have been updated and re-submitted. Regarding SIR #6, SIR staff triaged the date received incorrectly. The date the vendor sent the report to RCOC by email was 09/29/24 (which was a Sunday). SIR staff marked the received date as 09/30/24 (Monday). SIR has been updated and resubmitted with the correct received date of 09/29/24 marked.
RCOC should ensure that all special incidents are reported to the Department within the required timeframes.	A refresher training was conducted with SIR staff in December 2024 to go over SIR reporting timelines and documentation of said reports. SIR refreshers with a focus on various targeted areas have also been provided to staff at both RCOC area offices. West area dates include 03/21/25, 04/08/25, 05/13/25, 06/10/25, and 07/08/25. Central area dates include 04/09/25, 05/14/25, 06/11/25, 08/13/25, and 09/10/25.
RCOC should ensure that appropriate follow-up is completed for SIR #10.	RCOC's Quality Assurance Supervisor issued a corrective action plan to the vendor regarding clients' rights violation and provided technical assistance to the vendor in the areas of supervision and safety.

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

None