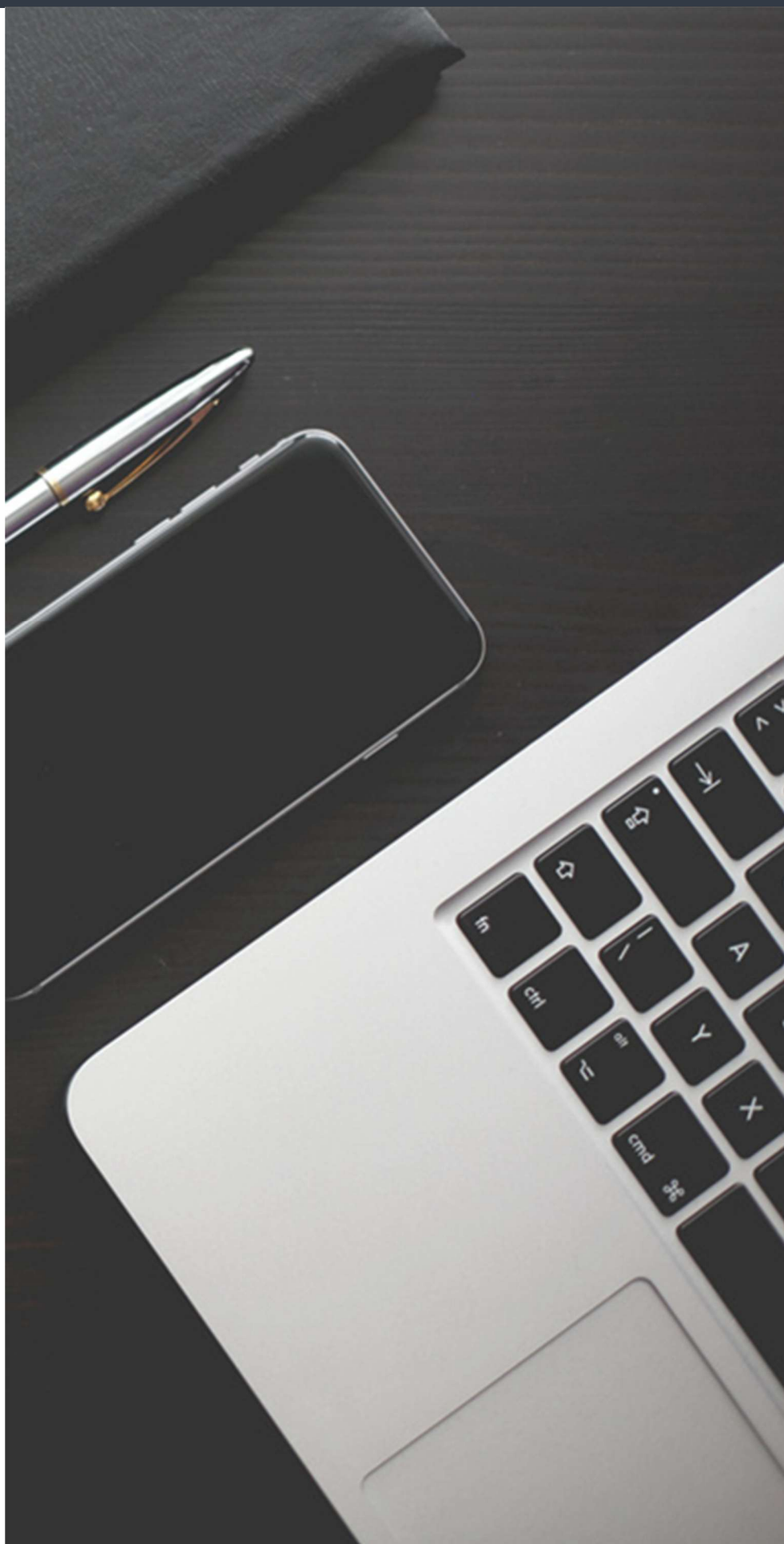
San Andreas Regional Center Home and Community-Based Services 1915c Developmental Disabilities Waiver, Self-Determination Program Waiver, and 1915i State Plan Amendment Follow-Up Review Report



Conducted by: Department of Developmental Services

Review Date: November 3, 2025

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 1915(i) State Plan Amendment (SPA) with San Andreas Regional Center (SARC) on November 3, 2025, to ensure that issues raised during the collaborative review completed October 2024, have been addressed. For the review period of September 1, 2024, through August 31, 2025, 20 records for the 1915(c) DD Waiver, 19 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 Individual Program Plan (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

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 IPP was reviewed annually for the individuals indicated below:

1. Individual #7: The IPP was dated June 24, 2025. There was no documentation that the IPP was reviewed annually;

2. Individual #9: The IPP was dated August 27, 2024. There was no documentation that the IPP was reviewed annually;

3. Individual #15: The IPP was dated September 25, 2023. There was no documentation that the IPP was reviewed annually. An annual review was completed September 19, 2025;

4. Individual #16: The IPP was dated December 12, 2024. There was no documentation that the IPP was reviewed annually;

5. Individual #18: The IPP was dated February 16, 2023. There was no documentation that the IPP was reviewed annually; and,

6. Individual #19: The IPP was dated October 24, 2023. There was no documentation that the IPP was reviewed annually.

2.6.a Recommendation	Regional Center Plan/Response
SARC should evaluate what actions may be necessary to ensure that IPPs are reviewed annually for all individuals.	Case management teams for Individuals: #7, #9, #15, #16, #18, #19 were made aware of this finding regarding annual reviews for IPP's that extend the annual basis and its importance in regards to advocacy for our individuals served. DM's and SC's are trained in assuring IPP's that are bi-annual and tri-annual are reviewed and signed while assuring the client is seen in person every 12 months. DM's will utilize a File Review Checklist Form to randomly review their staff's caseload, which includes annual review monitoring of an individuals IPP. DM's and SC's are also made aware of the benefits of pursing annual IPP formats in order to avoid SARF's and annual reviews and instead compose a new IPP. SARC will continue to monitor this area and Standards Compliance manager will report progress on a monthly basis to the monitoring team.

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

Fourteen of the twenty (70 percent) sample records of individuals contained IPPs that were signed by SARC 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 #2: The IPP completed on January 8, 2025, was not signed by the individual and regional center;

2. Individual #4: The IPP completed on December 20, 2024, was not signed by the individual and the regional center until November 3, 2025.

3. Individual #5: The IPP completed on May 28, 2025, was not signed by the individual and the regional center until September 15, 2025.

4. Individual #6: The IPP completed January 14, 2025, was not signed by the individual and the regional center;

5. Individual #11: The IPP completed December 17, 2024, was not signed by the individual and by the conservator and regional center until November 17, 2025, and;

6. Individual #17: The IPP completed November 28, 2022, was not signed by the individual and the regional center.

2.7.a Recommendation	Regional Center Plan/Response
SARC should evaluate what actions may be necessary to ensure that IPPs are signed by the appropriate individuals.	Case management teams for Individuals: #2, #4, #5, #6, #11, #17 were made aware of this finding for correction. DM's and SC's were reminded that IPP's are not considered complete or valid without a signature from the planning team and most importantly the individual served/conservator. SARC is seeking improvement in this area by continued training and also the implementation of electronic signatures with the use of Adobe signature.

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

Nineteen of the twenty (95 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 #18 did not include SARC funded services for Individual or Family Training Services for the months of July and August 2025.

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 (CCF), family home agencies (FHA), 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 023)]; (Contract requirement)*

Findings

Sixteen of the twenty (80 percent) applicable sample records of individuals contained quarterly face-to-face meetings completed and documented. However, the records for individuals #1, #9, #13, and #18 contained documentation of three of the four required meetings that were consistent with the quarterly timeline.

2.12.a Recommendation	Regional Center Plan/Response
Further action is required by SARC to ensure that quarterly face-to-face meetings are completed and documented for all applicable individuals.	SARC continues to actively seek improvement in quarterly face-to-face meeting compliance. Standards Compliance Manager meets with the monitoring team from DDS on a monthly basis to update and collaborate towards continued improvement in this area. On a monthly basis, Standards Compliance manager generates and distributes a query that identifies all individuals served that require a quarterly visit, regardless of waiver status, to all district managers. District managers must confirm with a 'Yes' or 'No' if the F-F meeting occurred. Standards Compliance manager submits the completed spreadsheets to the DDS monitoring team on a monthly basis. While SARC is not at 86% compliance for F-F quarterly meetings, SARC has improved since January 2025 where it was recorded SARC was at 75% for F-F meetings. SARC endeavors towards full 86% and above compliance by improved case management accountability, use of the File Review Checklist, and significantly increased staff and improved caseload ratios. Standards Compliance manager will continue to meet with the monitoring team and will continue to collect completed quarterly query spreadsheets from the case management team on a monthly basis, as well as implement any recommendations and requirements from the monitoring team.

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 (CCF), family home agencies (FHA), 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 #1, #9, #11, #13, and #16 contained documentation of three of the four required reports of progress that were consistent with the quarterly timeline; and,

2. The record for individual #18 contained documentation of two of the four required reports of progress that were consistent with the quarterly timeline.

2.12.b Recommendation	Regional Center Plan/Response
SARC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable individuals.	SARC continues to actively seek improvement in quarterly report completion following the face-to-face meeting occurring. Standards Compliance Manager meets with the monitoring team from DDS on a monthly basis to update and collaborate towards continued improvement in this area. On a monthly basis, Standards Compliance manager generates and distributes a query that identifies all individuals served that require a quarterly visit, regardless of waiver status, to all district managers. District managers must confirm with a 'Yes' or 'No' if the quarterly report was completed following the face-to-face meeting. Standards Compliance manager submits the completed spreadsheets to the DDS monitoring team on a monthly basis. Though SARC's F-F quarterly meeting have improved we are still seeking improved compliance as well in assuring the corresponding reports are also completed and on time. SARC endeavors and targets full 86% and above compliance in quarterly report completion by improved case management accountability, use of the File Review Checklist, and significantly increased staff and improved caseload ratios. DM's and SC's are also reminded of the health and safety importance of quarterly reporting for our individuals when

	they don't reside in the family home. Standards Compliance manager will continue to meet with the monitoring team and will continue to collect completed quarterly query spreadsheets from the case management team on a monthly basis, as well as implement any recommendations and requirements from the monitoring team.

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

The results of the November 2025 follow-up review indicate that the issues identified during the regular biennial monitoring review in October 2024 require further action to ensure that the records of individuals contain IPPs that are reviewed at least every 12-months by the planning team, IPPs are prepared jointly with the planning team and signed, and quarterly face-to-face meetings and reports of progress are completed timely.

1915(c) Self-Determination 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)]*

Findings

Fifteen of the nineteen (79 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 IPP was reviewed annually for the individuals indicated below:

1. Individual #4: The IPP was dated June 7, 2024. There was no documentation that the IPP was reviewed annually;

2. Individual #7: The IPP was completed June 17, 2024. There was no documentation that the IPP was reviewed annually. A new IPP was completed August 12, 2025;

3. Individual #9: The IPP was dated April 22, 2025. There was no documentation that the IPP was reviewed annually; and,

4. Individual #16: The IPP was dated July 31, 2024. There was no documentation that the IPP was reviewed annually.

2.6.a Recommendation	Regional Center Plan/Response
SARC should evaluate what actions may be necessary to ensure that IPPs are reviewed annually for all individuals.	In the Self Determination program at SARC, the expectation is that IPP's be done on an annual basis. In order to support our goal of improved compliance in this area, the SDP manager will meet with the Standards Compliance Manager on a monthly basis to review cases that are still in the traditional IPP tri-annual format and are transitioning to the SDP annual IPP process. Standards Compliance Manger will report back progress to the monitoring team on a monthly basis to track progress in this endeavor. SARC will assure all IPP's, regardless of service delivery, will have annual reviews or a new IPP will be completed every 12 months.

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

2.11 The IPP identifies the provider or providers of service responsible for implementing services and/or support, including, but not limited to, vendors, contracted providers, generic service agencies, and natural supports. [*WIC § 4646.5(a)(5)], [Title 42, CFR, § 441.301(c)(2)(v)]*

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 (CCF), family home agencies (FHA), 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 023)]; (Contract requirement)*

Findings

Five of the thirteen (39 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 #3 and #17 contained documentation of three of the four required meetings that were consistent with the quarterly timeline;

2. The records for individuals #2 and #5 contained documentation of two of the four required meetings that were consistent with the quarterly timeline;

3. The records for individuals #4, #8 and #19 contained documentation of one of the four required meetings that were consistent with the quarterly timeline; and,

4. The record for individual #16 did not contain documentation of the four required meetings that were consistent with the quarterly timeline.

2.12.a Recommendation	Regional Center Plan/Response
Further action is required by SARC to ensure that quarterly face-to-face meetings are completed and documented for all applicable individuals.	SARC will ensure that all individuals who are identified as residing outside the family home will have a quarterly face-to-face meeting regardless of service delivery. Self-Determination Manager and Standards

	Compliance Manager will meet on a monthly basis to review progress and to assure individuals are being seen F-F. This to ensure the health and safety of the individual residing outside the family home. SDP manager will monitor and execute the completion of the File-Review Checklist Form for those individuals who require quarterlies. SDP manager will assure completion of monthly quarterly tracking spreadsheet and submit them to the Standards Compliance Manager on a monthly basis in order to track progress. Standards Compliance manager will support the SDP team in identifying any and all individuals requiring quarterly visits. Standards Compliance Manager will meet with the monitoring team on a monthly basis and share quarterly tracking spreadsheet as well. Service Coordinators are trained and reminded of the importance of face-to-face visits, as it assures the health and safety needs of the individual are met while the individual does not reside in the family home.

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 (CCF), family home agencies (FHA), 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

Five of the thirteen (39 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 #3 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 #2 and #5 contained documentation of two of the four required reports of progress that were consistent with the quarterly timeline;

3. The records for individuals #4, #8, and #19 contained documentation of one of the four required reports of progress that were consistent with the quarterly timeline; and,

4. The record for individual #16 did not contain documentation of the four required reports of progress that were consistent with the quarterly timeline.

2.12.b Recommendation	Regional Center Plan/Response
Further action is required by SARC to ensure that quarterly face-to-face meetings are completed and documented for all applicable individuals.	SARC will ensure that all individuals who are identified as residing outside the family home will have a quarterly face-to-face meeting. Self-Determination Manager and Standards Compliance Manager will meet on a monthly basis to review progress and to assure individuals are being seen F-F and meeting is accurately documented on the Quarterly form as well as T-19 in order to assure the health and safety of the individual residing outside the family home is documented. SDP manager will assure completion of the File-Review Checklist form for those individuals who require quarterlies. SDP manager will assure completion of monthly quarterly tracking spreadsheet and submit them to the Standards Compliance Manager on a monthly basis in order to track progress. Standards Compliance manager will support the SDP team in identifying any and all individuals requiring quarterly visits. Standards Compliance Manager will meet with the monitoring team on a monthly basis and share quarterly tracking spreadsheet as well to assure reports are completed and tracked.

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

The results of the November 2025 follow-up review indicate that the issues identified during the regular biennial monitoring review in October 2024 require further action to ensure that the records of individuals contain IPPs that are reviewed at least every 12-months by the planning team, and quarterly face-to-face meetings and reports of progress are completed timely.

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

Fifteen of the twenty (75 percent) sample records of individuals contained documentation that the individual's IPP had been reviewed annually by the planning team. However, there was no documentation that the IPPs for five individuals were reviewed annually as indicated below:

1. Individual #2: The IPP was dated August 3, 2023. There was no documentation that the IPP was reviewed annually. A new IPP was completed December 12, 2024;

2. Individual #6: The IPP was dated April 21, 2022. There was no documentation that the IPP was reviewed annually. A new IPP was dated January 13, 2025;

3. Individual #7: The IPP was dated February 6, 2024. There was no documentation that the IPP was reviewed annually;

4. Individual #10: The IPP was dated April 12, 2024. There was no documentation that the IPP was reviewed annually; and,

5. Individual #19: The IPP was dated August 2, 2023. There was no documentation that the IPP was reviewed annually.

1.3 Recommendation	Regional Center Plan/Response
SARC should evaluate what actions may be necessary to ensure that IPP are reviewed annually for all individuals.	SARC will endeavor towards full compliance in IPP being reviewed annually. This will be done through the use of the File Review Checklist Form, ongoing service coordinator training, and improved oversight of service coordinator documentation to assure the IPP is reviewed annually. Service coordinators are also educated on the benefits of meeting the individual served annually versus bi or tri-annually in that a new IPP would take the place of an annual review.

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

Finding

Nineteen of the twenty (95 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 #20 did not include SARC funded services for In-Home Respite Service Agency for the months of April, June, and July 2025.

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

The results of the November 2025 follow-up review indicate that the issues identified during the regular biennial monitoring review in October 2024 require further action to ensure that the records of individuals contain IPPs that are reviewed at least every 12-months by the planning team.

SECTION II: SPECIAL INCIDENT REPORTING

The records of the 59 individuals selected for the HCBS 1915c Developmental Disabilities (DD) Waiver, the HCBS 1915c Self-Determination Program (SDP) Waiver, and the 1915(i) State Plan Amendment (SPA) follow-up were reviewed to verify that special incidents have been reported. A supplemental sample of 10 records for the 1915(c) DD Waiver Follow-Up Review, one record for 1915(c) SDP Waiver Follow-Up Review, and five 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. In addition, the monitoring team verifies that an incident report was completed for all individuals on the 1915(c) DD Waiver, 1915(c) SDP Waiver and 1915(i) SPA supported by SARC who passed away during the review period.

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

SARC reported all deaths for individuals on the waiver during the review period. SARC reported all special incidents in the sample of 20 records selected for the HCBS Waiver follow-up review to the Department. SARC's vendors reported all (100 percent) incidents in the supplemental sample to the regional center within the required timeframes. SARC reported all (100 percent) incidents in the supplemental sample to the Department within the required timeframe. SARC's follow-up activities on incidents in the supplemental sample were appropriate for the severity of the situations for all (100 percent) incidents.

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

SARC reported all deaths for individuals on the waiver during the review period. SARC reported all special incidents in the sample of 19 records selected for the HCBS Waiver follow-up review to the Department. SARC's vendors reported all (100 percent) incidents in the supplemental sample to the regional center within the required timeframes. SARC reported all (100 percent) incidents in the supplemental sample to the Department within the required timeframe. SARC's follow-up activities on incidents in the supplemental sample were appropriate for the severity of the situations for all (100 percent) incidents.

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

SARC reported all deaths for individuals on the waiver during the review period. SARC reported all special incident reports (SIR) in the sample of 20 records selected for the HCBS Waiver follow-up review to the Department. SARC's vendors reported four out of five (80 percent) incidents in the supplemental sample to the regional center within the required timeframes. SARC reported all (100 percent) incidents in the supplemental sample to the Department within the required timeframe. SARC's follow-up activities on incidents in the supplemental sample were appropriate for the severity of the situations for all five (100 percent) incidents.

Finding

1. SIR #4: The incident occurred on February 7, 2025. However, the vendor did not report it to the regional center until February 13, 2025.

Recommendation	Regional Center Plan/Response
SARC should evaluate what actions may be necessary to ensure that SIRs are reported to the regional center within the required timeframe.	SARC will endeavor towards full compliance with vendor reporting SIR's within the required time period. SARC actively engages our vendors in SIR training and follow up with our vendors when it is determined they are out of compliance in reporting SIR's. SARC recognizes the importance of accurate and timely reporting of SIR's as a health and safety requirement.