San Diego Regional Center

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: April 7 – 25, 2025

DDS Department of Developmental Services

TABLE OF CONTENTS

SECTION I: REGIONAL CENTER SELF-ASSESSMENT

San Diego Regional Center (SDRC) 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 SDRC is available upon request.

SECTION II: REGIONAL CENTER RECORD REVIEW

For the review period of January 1, 2024, through December 31, 2024, a total of 93 records of individuals enrolled on the Home and Community-Based Services (HCBS) 1915(c) Developmental Disabilities (DD) Waiver and receiving services at San Diego Regional Center (SDRC), 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, 17 supplemental records were reviewed for documentation of voluntary disenrollment or a notice of proposed action, if there was a loss of service. Lastly, 10 additional supplemental records were reviewed for documentation that SDRC determined the individual met the HCBS Waiver level-of-care requirements prior to receiving HCBS Waiver supports.

The 93 records reviewed were 96 percent in overall compliance for this review. Findings for 10 criteria are detailed below.

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

Ninety-one of the ninety-three (98 percent) sample records of individuals documented level-of-care qualifying conditions that were consistent with information in the record. However, the assessed needs listed on the DS 3770 were not consistent in the following records:

1. Individual #30: "safety awareness;" and,

2. Individual #38: "personal care."

2.5.b Recommendation	Regional Center Plan/Response
SDRC should determine if the items listed above for individuals #30, and #38 are appropriately identified as assessed needs. The individuals' DS3770 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 SDRC determines that the issues are correctly identified as assessed needs,	DS3770s for #30 and CDER for #38 have been corrected to be consistent with the assessed needs supported in the IPP and CDER.

documentation (updated IPPs, progress reports, etc.) that supports the original 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

Eighty-five of the ninety-three (91 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 #1: The IPP was dated January 18, 2024. There was no documentation that an annual review of the IPP was conducted in 2023;

2. Individual #13: The IPP was dated February 28, 2023. There was no documentation that the IPP was reviewed annually. An annual review was not completed until May 30, 2024;

3. Individual #34: The IPP was dated January 10, 2022. There was no documentation that an annual review of the IPP was conducted in 2024;

4. Individual #35: The IPP was dated October 1, 2024. There was no documentation that an annual review of the IPP was conducted in 2023;

5. Individual #45: The IPP was dated January 16, 2024. There was no documentation that an annual review of the IPP was conducted in 2023;

6. Individual #57: The IPP was dated May 11, 2023. There was no documentation that the IPP was reviewed annually. An annual review was not completed until July 18, 2024;

7. Individual #68: The IPP was dated June 29, 2022. There was no documentation that the IPP was reviewed annually. An annual review was not completed until October 9, 2024; and

8. Individual #92: The IPP was dated January 12, 2023. There was no documentation that the IPP was reviewed annually. An annual review was not completed until May 13, 2024.

2.6.a Recommendation	Regional Center Plan/Response
SDRC should ensure that the IPPs for individuals #1, #13, #34, #35, #45, #57, #68, and #92 are reviewed at least annually by the planning team.	The reports and contacts due for annual review of IPPs for individuals #1, #13, #34, #35, #45, #57, #68, and #92 have been reviewed. Training is being provided to Service Coordinators and is available electronically that details the requirement for annual meetings and reports to be held within 12 months of the last annual review or IPP meeting.

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 Client Development Evaluation Report have been reviewed. (*HCBS Waiver Requirement)*

Findings

Forty-three of the fifty-six (77 percent) applicable sample records contained a completed SARF or annual review report. However, the following records did not contain a completed SARF:

1. Individual #10: SARF dated July 29, 2024 was not signed. The SARF was signed and dated March 21, 2025. Accordingly, no recommendation is required;

2. Individual #11: Missing SARF for annual review dated on June 20, 2024;

3. Individual #12: SARF dated December 16, 2024 was not signed. The SARF was signed and dated February 14, 2025. Accordingly, no recommendation is required;

4. Individual #13: Missing SARF for annual review dated on May 30, 2024;

5. Individual #27: Missing SARF for annual review dated on February 23, 2024;

6. Individual #28: SARF dated June 25, 2024 was not signed. The SARF was signed and dated March 19, 2025. Accordingly, no recommendation is required;

7. Individual #32: SARF dated November 22, 2024 was not signed. The SARF was signed and dated March 19, 2025. Accordingly, no recommendation is required;

8. Individual #40: SARF dated August 13, 2024 was not signed. The SARF was signed and dated March 19, 2025. Accordingly, no recommendation is required;

9. Individual #57: SARF dated July 18, 2024 was not signed. The SARF was signed and dated March 20, 2025. Accordingly, no recommendation is required;

10. Individual #68: SARF dated October 9, 2024 was not signed. The SARF was signed and dated March 11, 2025. Accordingly, no recommendation is required;

11. Individual #73: SARF dated December 17, 2024 was not signed. The SARF was signed and dated March 21, 2025. Accordingly, no recommendation is required;

12. Individual #82: SARF dated September 6, 2024 was not signed. The SARF was signed and dated March 3, 2025. Accordingly, no recommendation is required; and,

13. Individual #88: SARF dated December 4, 2024 was not signed. The SARF was signed and dated March 12, 2025. Accordingly, no recommendation is required.

2.6.b Recommendations	Regional Center Plan/Response
SDRC should ensure that the SARF for individuals #11, #13, and #27 are completed during the annual IPP review process.	The files for individuals #11, #13, and #27 have been reviewed to ensure the SARF has been completed during annual reviews, when applicable. Services Coordinators have been provided with training surrounding the need for the SARF during annual review of the IPP. This item is a part of the annual review template as well as the checklist for annual recertification.
In addition, SDRC should evaluate what actions may be necessary to ensure that SARFs are completed and documented for all applicable individuals.	SDRC has updated its capability within the current electronic signature system to allow Service Coordinators to re-deliver electronic signatures that have not been returned. Training is provided surrounding the need to document attempts to obtain signatures.

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

Fifty-eight of the sixty-one (95 percent) applicable sample records for individuals contained IPP addenda signed by SDRC and the individual or, where appropriate their parents, legal guardian, conservator or authorized representative. However, the following addenda were not signed:

1. Individual #11: Addenda completed on February 28, 2024, and October 8, 2024, were not signed by SDRC and the individual. The addenda were signed March 25, 2025. Accordingly, no recommendation is required;

2. Individual #18: Addendum completed on July 9, 2024 was not signed by SDRC and the conservator. The addendum was signed March 5, 2025. Accordingly, no recommendation is required; and,

3. Individual #63: Addendum completed on August 22, 2024 was not signed by SDRC and the conservator. The addendum was signed March 6, 2025. Accordingly, no recommendation is required.

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

Eighty-nine of the ninety-three (96 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 SDRC funded services as indicated below:

1. Individual #38: Participant Directed Transportation Services was not included for the month of December 2024 in the IPP dated November 20, 2024;

2. Individual #44: Transportation Services was not included for the month of December 2024 in the IPP dated December 17, 2024;

3. Individual #59: Transportation Services was not included for the months of July 2024 through December 2024 in the IPP dated June 6, 2024; and,

4. Individual #74: Financial Management Service, the Fiscal Employment Agent was not included for the month of December 2024 in the IPP dated June 7, 2024.

2.10.a Recommendation	Regional Center Plan/Response
SDRC should ensure that the IPPs for individuals #38, #44, #59, and #74 include a schedule of the type and amount of all services and supports purchased by SDRC.	The IPPs for individuals #38, #44, #59, and #74 have been reviewed to ensure that the type and amounts for current SDRC services are listed. SDRC provides guidance and examples for the S-IPP that details the requirement for the type and amount of services to be listed on the agreement page with dates of service that align with any one-time service end dates or specifies if the service rolls over at the fiscal year by indicating “ongoing” as an end date.

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

Eighty-seven of the ninety-three (94 percent) sample records of individuals contained IPPs that identified the provider or providers responsible for implementing services. However, the following IPPs did not indicate the provider for the SDRC funded services indicated below:

1. Individual #11: Transportation Company and Transportation Assistant services were not included in the IPP dated July 22, 2022;

2. Individual #28: Transportation was not included in the IPP dated July 12, 2022;

3. Individual #41: Translator was not included in the IPP dated June 10, 2024;

4. Individual #46: Participant Directed Transportation was not included in the IPP dated December 20, 2024;

5. Individual #57: Licensed Vocational Nurse and Registered Nurse services were not included in the IPP dated May 11, 2023. The Addendum was completed on March 18, 2025 indicating the provider implementing the above services. Accordingly, no recommendation is required; and,

6. Individual #78: Transportation was not included in the IPP dated October 19, 2023.

2.11 Recommendation	Regional Center Plan/Response
SDRC should ensure the IPP for individuals #11, #28, #41, #46, and #78 identify the provider for the services listed above.	The IPP has been reviewed IPP for individuals #11, #28, #41, #46, and #78 to ensure that current providers are identified. SDRC provides training and support to service coordinators to ensure that the provider responsible for services is identified in the IPP.

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

Forty-two of the sixty-two (69 percent) applicable sample records of individuals contained completed 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 #1, #13, #17, #19, #32, #51, #57, #58, #59, #60, #70, #72, #74, #75 and #76 contained documentation of three of the four required meetings that were consistent with the quarterly timeline;

2. The records for individuals #69 contained documentation of two of the four required meetings that were consistent with the quarterly timeline;

3. The records for individuals #50 and #68 contained documentation of one of the four required meetings that were consistent with the quarterly timeline; and,

4. The record for individual #33 contained documentation of one of the two required meetings that were consistent with the quarterly timeline.

2.12.a Recommendations	Regional Center Plan/Response
SDRC should ensure that all future face-to-face meetings are completed and documented each quarter for individuals #1, #13, #17, #19, #32, #33, #50, #51, #57, #58, #59, #60, #68, #69, #70, #72, #74, #75, and #76.	The contacts due for individuals #1, #13, #17, #19, #32, #33, #50, #51, #57, #58, #59, #60, #68, #69, #70, #72, #74, #75, and #76 have been reviewed. All quarterly meetings are monitored for timely completion or documented attempts as to why meetings were inconsistent with the quarterly timeline.
In addition, SDRC should evaluate what actions may be necessary to ensure that quarterly face-to face meetings are completed and documented for all applicable individuals.	SDRC provides ongoing HCBS Waiver training that details the Title 17 requirements for quarterly face-to-face meetings. Training on quarterly face-to-face requirements is also addressed in documentation training for new hires and for Service Coordinators serving out-of-home individuals. SANDIS generates the reports and contacts due list for Service Coordinators to track and schedule their quarterly meetings in advance to when they are due. This list is submitted to the Program Manager for review and approval and is also monitored by the Assistant Director. A quality improvement task force has been formed to address compliance with quarterly contact requirements. This team is tracking SDRC's data on quarterly

	meetings and developing tools for monitoring compliance and completion of quarterly meetings.

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 sixty-two (69 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, #13, #19, #32, #51, #57, #58, #59, #60, #70, #72, #73, #74, #75 and #76 contained documentation of three of the four required quarterly reports of progress that were consistent with the quarterly timeline;

2. The records for individuals #69 contained documentation of two of the four required quarterly reports of progress that were consistent with the quarterly timeline;

3. The records for individuals #50 and #68 contained documentation of one of the four required quarterly reports of progress that were consistent with the quarterly timeline; and,

4. The record for individual #33 contained documentation of one of the two required quarterly reports of progress that were consistent with the quarterly timeline.

2.12.b Recommendations	Regional Center Plan/Response
SDRC should ensure that future quarterly reports of progress are completed for individuals #1, #13, #19, #32, #33, #50, #51, #57, #58, #59, #60, #68, #69, #70, #72, #73, #74, #75, and #76.	The reports due for individuals #1, #13, #19, #32, #33, #50, #51, #57, #58, #59, #60, #68, #69, #70, #72, #73, #74, #75, and #76 have been reviewed. All quarterly reports due are monitored for timely completion or documented attempts as to why meetings and reports were inconsistent with the quarterly timeline.
In addition, SDRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable individuals.	SDRC provides ongoing HCBS Waiver training that details the Title 17 requirements for quarterly reports. SANDIS generates the reports and contacts due list for Service Coordinators to track and schedule their quarterly meetings in advance to when they are due. This list is

	submitted to the Program Manager for review and approval and is also monitored by the Assistant Director. A quality improvement task force has been formed to address compliance with quarterly contact requirements. This team is tracking SDRC's data on quarterly meetings and developing tools for monitoring compliance and completion of quarterly meetings. SANDIS contains a TCM template for the quarterly report.

SECTION III: COMMUNITY CARE FACILITY RECORD REVIEW

The monitoring team visited 18 community care facilities (CCF) and reviewed 19 individual records for individuals supported by San Diego Regional Center (SDRC) 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 19 records reviewed were 92 percent in overall compliance for 16 criteria. Findings for five criteria are 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

One of the nineteen (5 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 #1 at CCF #18;
2. Individual #2 at CCF #1;
3. Individual #5 at CCF #2;
4. Individual #7 at CCF #3;
5. Individual #10 at CCF #4;

6. Individual #12 at CCF #19;

7. Individual #17 at CCF #11;

8. Individual #19 at CCF #5;

9. Individual #20 at CCF #6;

10. Individual #22 at CCF #8;

11. Individual #23 at CCF #9;

12. Individual #24 at CCF #10;

13. Individual #25 at CCF #12;

14. Individual #26 at CCF #12;

15. Individual #27 at CCF #13;

16. Individual #29 at CCF #15;

17. Individual #30 at CCF #16; and,

18. Individual #31 at CCF #17.

3.2.b Recommendation	Regional Center Plan/Response
SDRC should ensure that individual file records maintained by all CCFs contain documentation of agreement for eviction procedures and appeals process.	Service Coordinators have provided updated residential admission agreements for signing. These new agreements detail the eviction procedures and appeals process.
In addition, SDRC should evaluate what actions may be necessary to ensure that individual file records maintained by all CCFs contain documentation of agreement for eviction procedures and appeals process.	The residential admission agreement has been updated to address the eviction procedures and appeals process. Title 17, CCR, § 56019(c)(1)) satisfied on page 10 "Acknowledgement." Title 42, CFR, § 441.301(c)(4)(vi)(A)) addressed in Tenant/landlord Rights and Responsibilities Agreement.

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

Finding

Eighteen of the nineteen (95 percent) sample records of individuals contained a copy of the individual's current IPP. However, the record for individual #19 at CCF #5 did not have a copy of the current IPP.

3.3 Recommendation	Regional Center Plan/Response
SDRC should ensure that the record for individual #19 at CCF #5 contains a copy of the current IPP.	A current IPP has been provided to this CCF. The last correspondence with the monitoring team indicates that this is a finding that has been corrected.

3.4. Service Level 2 and 3 facilities prepare and maintain written semiannual reports of the individual's progress. Semi-annual reports address and confirm the individual's progress toward achieving each of the IPP objectives for which the facility is responsible. *[Cal. Code. Regs tit. 17, § 56026(b) (2023)]*

Finding

Seven of the eight (88 percent) applicable sample records for individuals contained semiannual reports of the individual's progress. However, the record for individual #19 at CCF #5 did not contain reports of individual progress during the review period.

3.4 Recommendation	Regional Center Plan/Response
SDRC should ensure that CCF #5 prepares and maintains written semiannual reports of progress for individual #19.	Documentation for individual #19 will be monitored to ensure that semiannual reports are received from the CCF.

3.7.a Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. *[Cal. Code. Regs tit. 17, § 54327(f) (2023)]*

Finding

Four of the five (80 percent) applicable sample records of individuals served contained documentation that special incidents were reported to the regional center within 24 hours of occurrence. However, the special incident for Individual #20 at CCF #6 occurred on May 27, 2024, but was not reported to SDRC until October 11, 2024.

3.7.a Recommendation	Regional Center Plan/Response

SDRC should ensure that the vendor for CCF #6 reports special incidents within the required timeframes.	SDRC will continue to monitor special incident reports notification by CCF #6 to ensure timely reporting.
In addition, SDRC should evaluate what actions may be necessary to ensure that the vendor reports special incidents within the required timeframes.	SDRC provides ongoing service provider training on special incident reporting. SDRC has an online portal available for service providers to submit their SIRs electronically.

3.7.b A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. *[Cal. Code. Regs tit. 17, § 54327(g) (2023)]*

Finding

Four of the five (80 percent) applicable sample records of individuals served contained documentation that a written report of the special incident was submitted to the regional center within 48 hours after the occurrence of the special incident. However, the special incident for individual #20 at CCF #6 occurred on May 27, 2024, but the written report was not submitted to SDRC until October 11, 2024.

3.7.b Recommendation	Regional Center Plan/Response
SDRC should ensure that the vendor for CCF #6 submits reports of special incidents to the regional center within the required timeframes.	SDRC will continue to monitor special incident reports received by CCF #6 to ensure timely reporting.
In addition, SDRC should evaluate what actions may be necessary to ensure that vendors submit reports of special incidents to the regional center within the required timeframes.	SDRC provides ongoing service provider training on special incident reporting. SDRC has an online portal available for service providers to submit their SIRs electronically.

SECTION IV: DAY PROGRAM RECORD REVIEW

The monitoring team visited 14 day programs and reviewed 16 records for individuals supported by San Diego Regional Center (SDRC) 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 16 records reviewed were 95 percent in overall compliance for 13 criteria. Findings for five criteria are detailed below.

4.1.c The individual's record contains psychological, social, or medical evaluations provided by the regional center that identify the individual's ability and functioning level. *[Cal. Code. Regs tit. 17, § 56730(c)(1)(C) (2023)]*

Findings

Fourteen of the sixteen (88 percent) sample records for individuals contained medical, psychological, and social evaluations identifying the individual's abilities and functioning level, provided by the regional center. However, the records for individual #61 at day program #1, and individual #51 at day program #7 did not contain any medical, psychological, and social evaluations identifying the individuals' abilities and functioning level, provided by the regional center. During the review, a copy of the evaluations were provided. Accordingly, no recommendation is required.

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

Finding

Fifteen of the sixteen (94 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 record for individual #61 at day program #1 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 Recommendation	Regional Center Plan/Response
SDRC should ensure the record for individual #61 at day program #1 contains	SDRC will continue to monitor documentation from day program #1 to

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.	ensure data is collected on progress on IPP objectives that relate to the services the provider is responsible for implementing.

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)]*

Findings

Fifteen of the sixteen (94 percent) sample records of individuals contained up-to-date case notes reflecting important events or information not documented elsewhere. However, the record for individual #4 at day program #1 did not contain case notes.

4.1.g Recommendation	Regional Center Plan/Response
SDRC should ensure the records for the record for individual #4 at day program #1 contain up-to-date case notes reflecting important events or information not documented elsewhere.	SDRC will continue to monitor documentation from day program #1 to ensure the vendor record contains case notes that are up-to-date.

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 sixteen (94 percent) sample records of individuals contained a copy of the individual's current IPP. However, the record for individual #18 at day program #8 did not contain a copy of their current IPP. During the review, a copy of the IPP was provided to the day program. Accordingly, no recommendation is required.

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)]*

Findings

Twelve of the sixteen (75 percent) sample records of individuals contained written semiannual reports of progress. However, the records for individual #15 at day program #5, individual #51 at day program #7, individual #18 at day program #8, and individual #8 at day program #11 did not contain the required progress reports for which the day program is responsible.

4.4 Recommendations	Regional Center Plan/Response
SDRC should ensure that day programs write the required semiannual reports for individual #15 at day program #5, individual #51 at day program #7, individual #18 at day program #8, and individual #8 at day program #11.	SDRC will continue to monitor documentation from day programs #5, #7, #8, and #11 to ensure that semi-annual reports of progress are received.
In addition, SDRC 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.	SDRC's Community Services Department has reviewed the program designs of these day programs to ensure that compliance with this semiannual report requirement is listed. Any necessary amendments to program designs have been made.

SECTION V: OBSERVATIONS AND INTERVIEWS WITH INDIVIDUALS

Sixty-nine of the ninety-three individuals supported by San Diego Regional Center (SDRC), 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.

Findings

Sixty-six of the sixty-nine individuals/parents of minors interviewed, indicated satisfaction with their financial management service provider, independent facilitator, living situation, day program, work activities, health, choice, and regional center services. All individuals interviewed and observed reflected personal choice an-d individual style. The appearance for all the individuals that were interviewed and observed reflected personal choice and individual style. However, the following individuals shared issues regarding the services they receive

1. Individual #66 was dissatisfied with the supportive living services agency. Based on this interview, a referral for follow-up was requested by the Department. The follow-up review was completed by SDRC to address the individual's concern. Accordingly, no recommendation is required;

2. Individual #70 was dissatisfied with the lack of access to the community and choice of services and supports. A follow-up review was completed by SDRC to address the individual's concern. Accordingly, no recommendation is required; and,

3. Individual #77 was also dissatisfied with the lack of choice of services and supports. A follow-up review was completed by SDRC to address the individual's concern. Accordingly, no recommendation is required.

SECTION VI: REGIONAL CENTER STAFF INTERVIEWS

SECTION VI A: SERVICE COORDINATOR INTERVIEWS

The monitoring team interviewed 18 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 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) Waiver.

SECTION VI C: QUALITY ASSURANCE INTERVIEW

The monitoring team interviewed the quality assurance specialist 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 16 community care facilities (CCF) and 11 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 11 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 16 community care facilities (CCF) and 11 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

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. (Title 17, CCR, § 56019(c)(1)) (Title 42, CFR, § 441.301(c)(4)(vi)(A))

Finding

See finding and recommendation for the vendor's non-compliance detailed in community care facility record review, criterion 3.2.b

SECTION IX: SPECIAL INCIDENT REPORTING

The records of the 93 individuals supported by San Diego Regional Center (SDRC) 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 Waiver supported by SDRC who passed away during the review period.

Summary of Findings

SDRC reported all but three special incidents in the sample of 93 records selected for the HCBS 1915(c) DD Waiver review to the Department. SDRC's vendors reported 9 of the 10 (90 percent) incidents in the supplemental sample to the regional center within the required timeframes. SDRC reported 9 of the 10 (90 percent) incidents in the supplemental sample to the Department within the required timeframe. SDRC'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, SDRC reported all deaths of individuals on the HCBS Waiver during the review period.

Findings

SIR #3: The incident occurred on March 15, 2024. However, the vendor did not submit a written report to SDRC until March 18, 2024.

SIR #9: The incident occurred on March 1, 2024. However, SDRC did not report the incident to the Department until March 6, 2024.

Recommendations	Regional Center Plan/Response
SDRC should ensure that the vendor for SIR #3 reports special incidents within the required timeframes.	SDRC will continue to monitor special incident reports notification by this provider to ensure timely reporting. A timely reporting reminder was sent at the time of this SIR transmission.
SDRC should ensure that all special incidents are reported to the Department within the required timeframe.	SDRC provides ongoing service provider training on special incident reporting. SDRC has an online portal available for service providers to submit their SIRs electronically.

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