San Diego Regional Center

Home and Community-Based Services

Self-Determination Program Waiver

Monitoring Review Report

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

Review Dates: April 7 – 28, 2025

DDS Department of Developmental Services

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SECTION I: REGIONAL CENTER SELF-ASSSESSMENT

San Diego Regional Center (SDRC) responded to questions that align with the California Home and Community-Based (HCBS) 1915(c) Self-Determination Program 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 32 records of individuals enrolled on the Home and Community-Based Services (HCBS) 1915(c) Self-Determination Program (SDP) Waiver and receiving services at San Diego Regional Center (SDRC), were reviewed for individual choice, notification of proposed action and fair hearing rights, level-of-care, individual program plans (IPP) and periodic reviews and reevaluations of services. 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 32 records reviewed were 97 percent in overall compliance for this review. Findings for 10 criteria are detailed below:

2.2.a Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form (DS 2200). *[42 C.F.R. § 441.302(d) (2025)]*

Findings

Thirty of the thirty-two (94 percent) sample records of individuals contained a signed and dated DS 2200 form. However, there were identified issues regarding the DS 2200 form for the following individuals:

1. Individual #6: The DS 2200 was not signed until March 3, 2025. Accordingly, no recommendation is required; and,

2. Individual #9: The DS 2200 was not signed until March 14, 2025. Accordingly, no recommendation is required.

2.4 The individual record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12-months. Reevaluations, at least annually, of each individual receiving home or community-based services to determine if the individual continues to need the level-of-care provided and would, but for the provision of Waiver services, otherwise be institutionalized. [*42 C.F.R. § 441.302(c)(2) (2025)]*

Finding

Thirty-one of the thirty-two (97 percent) sample records of individuals contained a CDER that had been reviewed annually. However, the record for individual #25 did not contain documentation that the CDER had been reviewed annually.

2.4 Recommendation	Regional Center Plan/Response
SDRC should ensure that the CDER for individual #25 is reviewed annually.	SDRC provides training on HCBS documentation requirements for Service Coordinators; ongoing training and office hours are available to new and existing staff. A prompt to review the CDER has been integrated into SDRC's internal monitoring checklist. Individual #25 has a current CDER on file for 2025.

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)*

Finding

Thirty-one of the thirty-two (97 percent) sample records of individuals documented level-of-care qualifying assessed needs that were consistent with information found elsewhere in the record. However, for individual #20, the assessed need "takes medication with reminders" listed on the DS 3770 was not consistent in the record.

2.5.b Recommendation	Regional Center Plan/Response
SDRC should determine if the item listed above for individual #20 is appropriately identified as an assessed need. The individual's DS 3770 form should be corrected to ensure that any items that do not represent substantial limitations in the individual's' 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 issue is correctly identified as an assessed need, documentation (updated IPPs, progress reports, etc.) that supports the original determinations should be submitted with the response to this report.	The current IPP/IPA for individual #20 supports that he is supported with medical coordination and needs reminders for his medical plan and medications. IPPs and IPAs included with 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

Thirty of the thirty-two (94 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 #16: The IPP was dated July 6, 2023. There was no documentation that the IPP was reviewed annually. A new IPP was completed on December 5, 2024; and,

2. Individual #20: The IPP was dated March 28, 2023. There was no documentation that the IPP was reviewed annually. A new IPP was completed on May 7, 2024.

2.6.a Recommendation	Regional Center Plan/Response
SDRC should ensure that the IPPs for individuals #16 and #20 are reviewed at least annually by the planning team.	The contacts due for annual meetings for individuals #16 and #20 have been reviewed. SDRC provides SDP specific training on the requirement to review the IPP annually.

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

Finding

Fifteen of the sixteen (94 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 addendum for individual #16 completed on November 26, 2024, was not signed by the individual until March 3, 2025. Accordingly, no recommendation is required.

2.12.a Quarterly face-to-face meetings with the individual are completed for individuals living in community out-of-home settings, i.e., Service Level 2-7 community care facilities, family home agencies, or supported living and independent living settings. *[Cal. Code. Regs tit. 17, § 56047 (2023)]; [Cal. Code. Regs tit. 17, § 56095 (2023)]; [Cal. Code. Regs tit. 17, § 58680 (2023)]; (Contract requirement)*

Findings

Seven of the eleven (64 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 #15, #16, and #19 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 Recommendations	Regional Center Plan/Response
SDRC should ensure that all future face-to-face meetings are completed and documented each quarter for individuals #15, #16, #19, and #20.	The contacts due for quarterly face-to-face meetings have been reviewed for #15, #16, #19, and #20. All 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 toward achieving IPP objectives are completed for individuals living in community out-of-home settings, i.e., service Level 2-7 community care facilities, family home agencies, or supported living and independent living settings. *[Cal. Code. Regs tit. 17, § 56047 (2023)]; [Cal. Code. Regs tit. 17, § 56095 (2023)]; [Cal. Code. Regs tit. 17, § 58680 (2023)]; (Contract requirement)*

Findings

Seven of the eleven (64 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 requirements as indicated below.

1. The record for individuals #15, #16, and #19 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 Recommendations	Regional Center Plan/Response
SDRC should ensure that all future quarterly reports of progress are completed for individuals #15, #16, #19, and #20.	The quarterly reports have been reviewed for #15, #16, #19, and #20. All reports 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: OBSERVATIONS AND INTERVIEWS WITH INDIVIDUALS

Seventeen of the thirty-two 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 appear to be supported and healthy. Interview questions focused on the individuals' satisfaction with their financial management service (FMS) provider, independent facilitator, participation in developing budget and spending plan, and regional center services.

Findings

Thirteen of the seventeen 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. 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 #3 was dissatisfied with their Financial Management Service (FMS) provider;
2. Individual #5 was dissatisfied with their Financial Management Service (FMS) provider;
3. Individual #17 was dissatisfied with their service coordinator's lack of communication; and,
4. Individual #21 was dissatisfied with their regional center's lack of support and meeting their needs.

Recommendation	Regional Center Plan/Response
SDRC should follow up with individuals #3 and #5 regarding concerns with their FMS provider, individual #17 regarding concerns with their service coordinator, and individual #21 regarding concerns with their regional center.	Planning team discussions have been held with individuals #3, #5, #17, and #21 to address their concerns. SDRC will continue to provide FMS options to individuals #3 and #5. Individual #17 has been assigned a new Service Coordinator. An updated behavior services report was received for additional services requested by individual #21 and they continue to meet regularly to review satisfaction with services and supports.

SECTION IV: SERVICE COORDINATOR INTERVIEWS

The monitoring team interviewed seven 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, knowledge of self-determination program services and periodic review as well as monitoring the services, health, and safety of the individuals they support.

SECTION V: SPECIAL INCIDENT REPORTING

The records of the 32 individuals supported by San Diego Regional Center (SDRC) and selected for the Home and Community-Based (HCBS) 1915(c) Self-Determination Program (SDP) Waiver sample were reviewed to verify that special incidents have been reported. A supplemental sample of four records were also reviewed to verify that special incident reports (SIR) have been reported within the required timeframes, that documentation meets the requirements of Title 17, California Code of Regulations, and that the follow-up was appropriate and complete. In addition, the monitoring team verifies that an incident report was completed for all individuals on the SDP Waiver supported by SDRC who passed away during the review period.

Summary of Findings

SDRC reported all special incidents in the sample of 32 records selected for the HCBS 1915(c) SDP Waiver review to the Department. SDRC's vendors reported three of the four (75 percent) incidents in the supplemental sample to the regional center within the required timeframes. SDRC reported all (100 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 (100 percent) incidents. In addition, SDRC reported all deaths during the review period.

Findings

SIR #4: The incident occurred on November 30, 2024. However, the vendor did not submit a written report to SDRC until December 5, 2024.

Recommendations	Regional Center Plan/Response
SDRC should ensure that the vendor for SIR #4 reports special incidents within the required timeframes.	SDRC continues to provide regular training with service providers that includes the requirement for FMS to report any incidents they are made aware of.