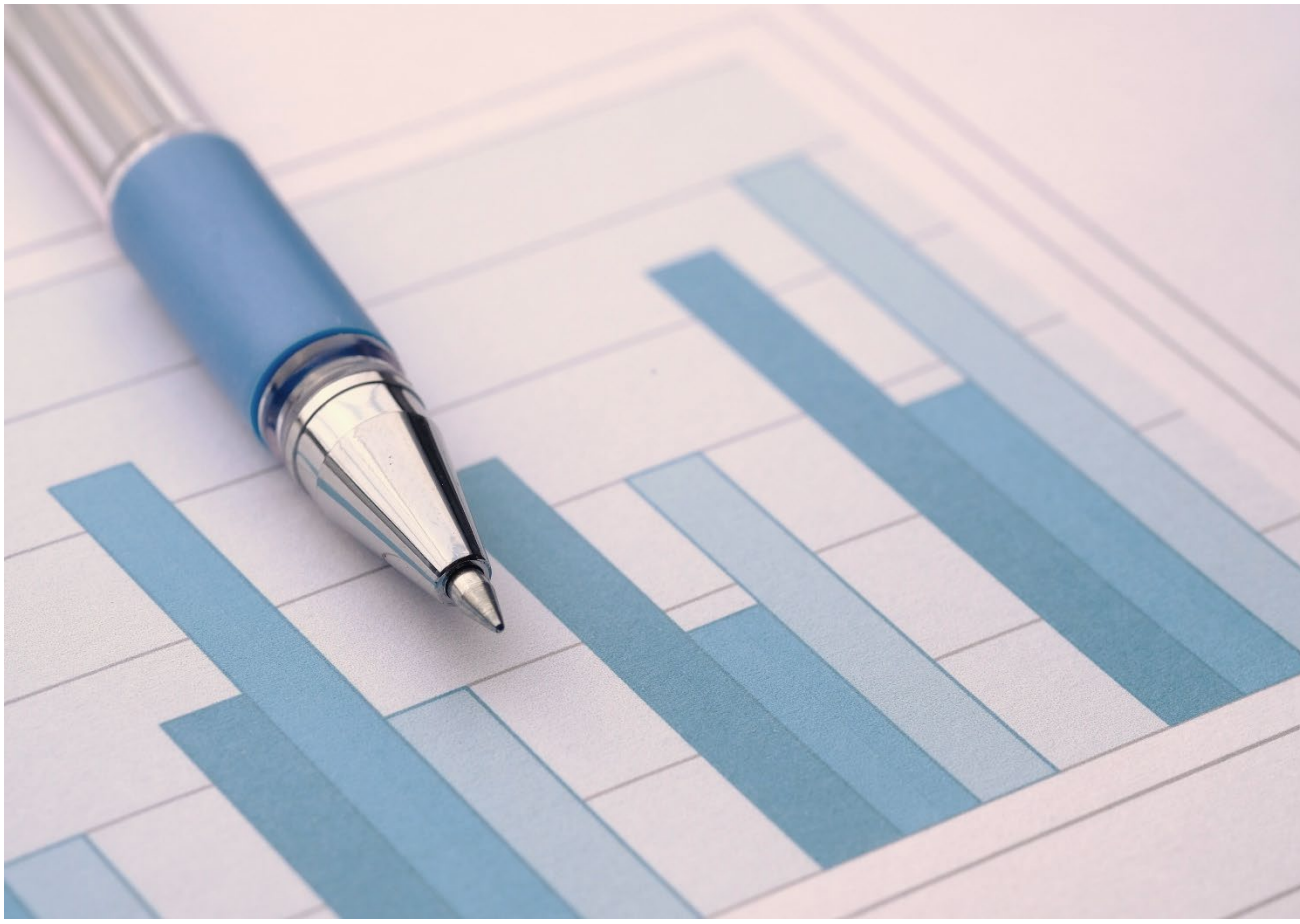
Tri-Counties Regional Center

Home and Community-Based Services 1915(c) Self-Determination Program Waiver Monitoring Review Report

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

Review Dates: February 9–27, 2026



DDS Department of Developmental Services

TABLE OF **CONTENTS**

SECTION I: REGIONAL CENTER SELF-ASSESSMENT

Tri-Counties Regional Center (TCRC) 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 TCRC is available upon request.

SECTION II: REGIONAL CENTER RECORD REVIEW

For the review period of November 1, 2024, through October 31, 2025, a total of nine records of individuals enrolled on the Home and Community-Based Services (HCBS) 1915(c) Self-Determination Program (SDP) Waiver and receiving services at Tri-Counties Regional Center (TCRC), 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. In addition, two supplemental records of individuals disenrolled from the waiver were reviewed for documentation of either voluntary disenrollment or for being provided with a notice of proposed action prior to disenrollment, if disenrollment from the waiver resulted in a loss of service. Lastly, there were no additional supplemental records that were reviewed for documentation that TCRC determined the individual met the HCBS Waiver level-of-care requirements prior to receiving HCBS Waiver supports.

The nine records reviewed were 97 percent in overall compliance for this review. Findings for four 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)]*

Finding

Eight of the nine (89 percent) sample records of individuals contained a signed and dated DS 2200 form. However, the DS 2200 for individual #6 was completed when the individual was a minor and a new DS 2200 was not signed and dated upon turning 18. An updated DS 2200 form was completed February 17, 2026. Accordingly, no recommendation is required.

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

Seven of the nine (78 percent) sample records of individuals documented level-of-care assessed needs 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 #3: "Other Special Treatment/Testing Requirement." A revised CDER and DS 3770 were completed on February 19, 2026, and February 24, 2026, to remove the above as an assessed need. Accordingly, no recommendation is required; and,

2. Individual #5: "Requires assistance to take medication." An addendum was completed February 19, 2026, to reflect consistency with the DS 3770. Accordingly, no recommendation is required.

2.5.b Recommendation	Regional Center Plan/Response
TCRC should evaluate what actions may be necessary to assure that level-of-care assessed needs are consistent with other information contained in the individual's records.	TCRC has implemented new case record review steps to ensure that 'Other Heath Care Requirement' and 'Other Special Treatment/Testing Requirement' is clearly identified in the individual's record. Where it is no longer applicable, the CDER will be updated to reflect this information.

2.9.a The IPP addresses the assessed needs identified in the CDER and the DS 3770. *[42 C.F.R. § 441.301(c)(2)(iii) (2025)] (HCBS Waiver requirement)*

Findings

Seven of the nine (78 percent) sample records of individuals contained IPPs that addressed the individual's assessed needs. However, the following IPPs did not address support for the assessed needs identified in the CDER:

1. Individual #6: The IPP dated February 2, 2025, does not address "physical aggression" and "property destruction." An addendum dated February 5, 2025, was completed to address both assessed needs listed above. Accordingly, no recommendation is required; and,

2. Individual #8: The IPP dated March 7, 2025, does not address "running/wandering" as noted in the CDER dated March 4, 2025.

2.9.a Recommendations	Regional Center Plan/Response
TCRC should assure that the IPP for individual #8 addresses the services and supports in place for the assessed needs identified above.	TCRC will ensure that the IPP for individual #8 addresses the assessed needs of the individual as well as what supports are in place related to those needs.
In addition, TCRC should evaluate what actions may be necessary to assure that IPPs address the assessed needs identified in the CDER.	TCRC will be completing a refresher training for all teams related to how assessed needs must be documented in the IPP. TCRC will ensure refresher training related to this topic occurs by 8/2026.

2.9.b The IPP addresses the special health care requirements and safety risks. *[W.I.C. § 4646.5(a)(2) (2023)]; [42 C.F.R. § 441.301(c)(2)(vi) (2025)]*

Findings

One of the three (33 percent) applicable sample IPPs for individuals addressed the individuals' special health care requirements and safety risks. However, IPPs for the following individuals do not address the special health care requirements and safety risks identified below:

1. Individual #3: "Other Special Treatment/Testing Requirement." An updated CDER and DS 3770 were completed on February 19, 2026, and February 24, 2026, to remove the special health care requirement listed above. Accordingly, no recommendation is required; and,

2. Individual #4: "Special diet", "use of walker", and "Other Health Requirement – not listed." An updated CDER and addendum dated February 24, 2026, were completed to address the special health care requirements listed above. Accordingly, no recommendation is required.

2.9.b Recommendation	Regional Center Plan/Response
TCRC should evaluate what actions may be necessary to assure that IPPs address special health care requirements and safety risks.	TCRC has implemented new case record review steps to ensure that 'Other Heath Care Requirement' and 'Other Special Treatment/Testing Requirement' is clearly identified in the individual's record. Where it is no longer applicable, the CDER will be updated to reflect this information.

New Enrollee Findings

None

Disenrollment Findings

Of the two records reviewed, there were no disenrollments that resulted in a loss of service.

SECTION III: OBSERVATIONS AND INTERVIEWS WITH INDIVIDUALS

Six of the nine individuals supported by Tri-Counties Regional Center (TCRC), 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

Two of the six individuals/parents of minors interviewed, indicated satisfaction with their FMS 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 #2 was dissatisfied with their FMS provider;

2. Individual #3 was dissatisfied with their FMS provider;

3. Individual #7 was dissatisfied with the services they receive from the regional center; and,

4. Individual #8 was dissatisfied with both their service coordinator and the services they receive from the regional center.

Recommendation	Regional Center Plan/Response
TCRC should follow up with individuals #2 and #3 regarding concerns with their FMS provider, individual #7 regarding concerns with their regional center services, as well as individual #8 regarding concerns with their service coordinator and their regional center services.	Findings from interview will be shared with Service Coordinator, Services and Supports Manager, and Assistant Director of Services and Supports for individuals #2, #3, #7, and #8. Service Coordinators will reach out to individuals/families in order to schedule a planning team meeting to address concerns by 5/31/2026.

SECTION IV: SERVICE COORDINATOR INTERVIEWS

The monitoring team interviewed two service coordinators (SC). The interviews determined that both 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 nine individuals supported by Tri-Counties Regional Center (TCRC) and selected for the Home and Community-Based (HCBS) 1915(c) Self-Determination Program Waiver (SDP) Waiver sample were reviewed to verify that special incidents have been reported. A supplemental sample of one record was also reviewed to verify that the special incident report (SIR) has 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. If applicable, the monitoring team verified that an incident report was completed for all individuals on the SDP Waiver supported by TCRC who passed away during the review period.

Summary of Findings

Tri-Counties Regional Center (TCRC) reported all special incidents in the sample of nine records selected for the HCBS 1915(c) SDP Waiver review to the Department. TCRC's vendors reported all (100 percent) incidents in the supplemental sample to the regional center within the required timeframes. TCRC reported all (100 percent) incidents in the supplemental sample to the Department within the required timeframe. TCRC's follow-up activities on incidents in the supplemental sample were appropriate for the severity of the situations for all (100 percent) incidents.

Findings

None

SECTION VI: SUPPLEMENTARY ISSUES

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