

Tri-Counties Regional Center

Home and Community-Based Services

1915(i) State Plan Amendment Monitoring Review Report

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

Review Dates: February 9–27, 2026



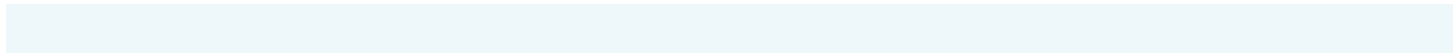


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SECTION I: REGIONAL CENTER RECORD REVIEW

For the review period of November 1, 2024, through October 31, 2025, a total of 15 records of individuals enrolled on the Home and Community Based Services 1915(i) State Plan Amendment and receiving services at Tri-Counties Regional Center (TCRC), were reviewed for individual choice, notification of proposed action and fair hearing rights, individual program plans (IPP) and periodic reviews and reevaluations of services.

The 15 records reviewed were 97 percent in overall compliance for this review. Findings for six criteria are detailed below.

- 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)]

Finding

Fourteen of the fifteen (93 percent) sample records of individuals contained documentation that the individual's IPP had been reviewed annually by the planning team. However, the IPP for individual #3 was dated September 27, 2021. There was no documentation that IPP was reviewed annually. A new IPP was completed on December 13, 2024.

1.3 Recommendation	Regional Center Plan/Response
TCRC should assure that the IPP for individual #3 is reviewed at least annually by the planning team.	TCRC will ensure that the IPP for individual #3 will be reviewed annually. This will be done through a periodic internal review. In addition, this is trained at new Service Coordinator orientation and discussed at individual team meetings/trainings, Services and Supports Manager meetings and reminders to the Assistant Director Team. TCRC will ensure refresher training related to this topic occurs by 8/2026.

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

Finding

Eleven of the twelve (92 percent) applicable sample records of individuals contained addenda that were signed by TCRC and the individuals or their legal representatives. However, the addendum dated August 1, 2025, for individual #9, was not signed by the individual or the regional center until January 13, 2026. Accordingly, no recommendation is required.

1.6.a The IPP addresses special health care requirements and safety risks. *[42 C.F.R. § 441.301(c)(2)(vi) (2025)]*
Finding

Two of the three (67 percent) applicable sample records of individuals contained IPPs that addressed special health care requirements and safety risks. However, the IPP dated January 23, 2025, for individual #7, did not address “Other Health Requirement – not listed.” A Client Development Evaluation Report was revised on February 2, 2026, to remove the special health care requirement listed above. Accordingly, no recommendation is required.

1.6.a 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 Health Care Requirement’ is clearly identified in the individual’s records. Where it is no longer applicable, the CDER will be updated to reflect this information.

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

Fourteen of the fifteen (93 percent) sample IPPs of individuals included a schedule of the type and amount of all services and supports purchased by the regional center. However, for individual #3, Supported Employment and Residential Facility, were not included for the month covering November 2024 in the IPPs dated September 27, 2021, and December 13, 2024. An addendum was completed February 10, 2026, to address the purchase of services. Accordingly, no recommendation is required.

1.9.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, 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)*

Finding

Eight of the nine (89 percent) applicable sample records of had quarterly face-to-face meetings completed and documented. However, the record for individual #9 contained documentation of two for the four required meetings that were consistent with the quarterly timeline.

1.9.a Recommendation	Regional Center Plan/Response
TCRC should assure that future quarterly face-to-face meetings are completed for individual #9.	TCRC will ensure that all future face-to-face meetings are completed and documented each quarter for individual #9. TCRC will monitor this through monitoring of TCRC's Service Coordinator JeffNet dashboard as well as the Quarterly/Annual review dashboard. This is trained to at new Service Coordinator orientation and discussed at individual team meetings/trainings, Services and Supports Manager meetings. In addition, Service and Supports managers will audit to this during annual recertification. TCRC will ensure refresher trainings related to this topic occur by 8/2026.

- 1.9.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)*

Finding

Eight of the nine (89 percent) applicable sample records of individuals had quarterly reports of progress completed for individuals living in community out-of-home settings. However, the record for individual #9 contained documentation of two of the four required quarterly reports of progress that were consistent with quarterly timelines.

1.9.b Recommendation	Regional Center Plan/Response
TCRC should assure that future quarterly reports of progress are completed for individual #9.	TCRC will ensure that all future face-to-face meetings are completed and documented each quarter for individual #9. TCRC will monitor this through monitoring of TCRC's Service Coordinator JeffNet dashboard as well as the Quarterly/Annual review dashboard. This is trained to at new Service Coordinator orientation and discussed at individual team meetings/trainings, Services and Supports Manager meetings. In addition, Service and Supports managers will audit to this during annual recertification. TCRC will ensure refresher trainings related to this topic occur by 8/2026.

SECTION II: SPECIAL INCIDENT REPORTING

The records of the 15 individuals supported by Tri-Counties Regional Center (TCRC) and selected for the Home and Community-Based Services (HCBS) 1915(i) State Plan Amendment sample were reviewed to verify that special incidents have been reported. A supplemental sample of five 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 SPA 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 15 records selected for the HCBS 1915(i) State Plan Amendment 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 five incidents.

Findings

None

SECTION III: 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

