Valley Mountain Regional Center

Home and Community-Based Services 1915(c) Developmental Disabilities Waiver

Monitoring Review Report

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

Review Dates: March 10–28, 2025

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SECTION I: REGIONAL CENTER SELF- ASSESSMENT

Valley Mountain Regional Center (VMRC) 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 VMRC is available upon request.

SECTION II: REGIONAL CENTER RECORD REVIEW

For the review period of December 1, 2023, through November 30, 2024, a total of 45 records of individuals enrolled on the Home and Community-Based Services (HCBS) 1915(c) Developmental Disabilities (DD) Waiver and receiving services at Valley Mountain Regional Center (VMRC), 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, ten 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 VMRC determined the HCBS Waiver level of care prior to receipt of HCBS Waiver supports.

The 45 records reviewed were 97 percent in overall compliance for this review. Findings for 11 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

Forty-two of the forty-five (93 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 #14: The DS 2200 was not signed until February 14, 2025. Accordingly, no recommendation is required;

2. Individual #41: The individual's choice was not specified in the DS 2200 dated April 17, 2019; and,

3. Individual #42: The DS 2200 was not signed until February 7, 2025. Accordingly, no recommendation is required.

2.2.a Recommendation	Regional Center Plan/Response
VMRC should ensure that the individual's choice is specified in the DS 2200 form for individual #41.	VMRC will ensure the individual's choice is specified in the DS 2200 form moving forward. #41's DS 2200 form has been corrected.

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

Forty-three of the forty-five (96 percent) sample records of individuals documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. However, the assessed needs listed on the DS 3770 were not consistent in the following records:

1. Individual #5: "safety awareness"; and,

2. Individual #35: "toileting". Subsequent to the monitoring review, a new CDER was completed, addressing the assessed need, toileting. Accordingly, no recommendation is required.

2.5.b Recommendation	Regional Center Plan/Response
VMRC should determine if the items listed above for individual #5 are appropriately identified as assessed needs. 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 VMRC determines that the issues are correctly identified as assessed needs, documentation (updated IPPs, progress reports, etc.) that support the original determinations should be submitted with the response to this report.	VMRC has reviewed "safety awareness" and will recode the CDER to match the IPP and 3770 for individual #5.

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 CDER have been reviewed. (*HCBS Waiver Requirement)*

Finding

Four of the five (80 percent) applicable sample records contained a completed SARF or annual review report. However, the SARF dated March 7, 2024 was not signed until February 20, 2025 for individual #26. Accordingly, no recommendation is required.

2.6.b Recommendation	Regional Center Plan/Response
VMRC should evaluate what actions may be necessary to ensure the SARF is completed and signed annually by the planning team for the appropriate individual.	VMRC will provide the Service Coordinator with technical assistance to ensure that the SARF is completed and signed annually by the planning team for the appropriate individual by November 26, 2025.

2.7.a The IPP is prepared jointly with the planning team and 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, the individual's 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)]*

Finding

Forty-four of the forty-five (98 percent) sample records of individuals contained IPPs that were signed by VMRC and the individuals, or where appropriate the individual's parents, legal guardian, conservator or authorized representative. However, the IPP for individual #20, dated May 24, 2024, was not signed by the individual until September 23, 2024. Accordingly, no recommendation is required.

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)]*

Findings

Three of the seven (43 percent) applicable sample records for individuals contained IPP addenda signed by VMRC and the individual or, where appropriate, the individual's parents, legal guardian, or conservator. However, the following IPP addenda were not signed by the individuals:

1. Individual #3: Addendum completed on April 10, 2024, was not signed by the individual until January 30, 2025. Accordingly, no recommendation is required;

2. Individual #6: Addendum completed on August 1, 2024, was not signed by the individual until February 3, 2025. Accordingly, no recommendation is required;

3. Individual #28: Addendum completed on September 10, 2024, was not signed by the individual until March 5, 2025. Accordingly, no recommendation is required; and,

4. Individual #43: Addendum completed on May 29, 2024, was not signed by the individual until March 5, 2025. Accordingly, no recommendation is required.

2.5.b Recommendation	Regional Center Plan/Response
VMRC should evaluate what actions may be necessary to ensure IPP addenda are signed by the appropriate individuals.	VMRC will provide staff training on obtaining signatures on IPP Addenda in a timely manner by November 26, 2025.

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

Twenty-seven of the twenty-nine (93 percent) applicable sample IPPs for individuals addresses the individuals' special health care requirements and safety risks. However, IPPs for the following individuals do not address the special health care requirements identified below:

1. Individual #14: Other Health Care Requirement. Subsequent to the monitoring review, a new CDER was completed, removing the special health care requirement. Accordingly, no recommendation is required; and,

2. Individual #15: Other Health Care Requirement. Subsequent to the monitoring review, a new CDER was completed, removing the special health care requirement. 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

Forty-two of the forty-five (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, the following IPPs did not include VMRC funded services as indicated below:

1. Individual #10: Out-of-Home Respite Services was not included for the month May 2024 in the IPPs dated February 16, 2024 and December 26, 2024;

2. Individual #14: Residential Facility Adult was not included in the IPP covering the review period. A new IPP was completed on February 3, 2025, addressing the purchased service. Accordingly, no recommendation is required;

3. Individual #33: FMS Co-Employer was not included for the months, January 2024, April 2024, and July 2024 through September 2024 in the IPPs dated July 20, 2023 and July 11, 2024; and,

4. Individual #42: Individual and Family Training Services was not included for the month January 2024 in the IPP dated January 31, 2024.

2.10.a Recommendation	Regional Center Plan/Response
VMRC should ensure that the IPPs for individuals #10, #33, and #42 include a schedule of the type and amount of all services and supports purchased by VMRC.	#10 VMRC will complete an addendum for the CCF for 5/2024. #33 VMRC has ensured that an IPP addendum was completed for service code 491. #42 VMRC has completed an addendum which has been signed by parent. Addendum was submitted to DDS lead during the audit review.

2.10.c The IPP, or addenda, specifies the approximate scheduled start date for new services and supports purchased by the regional center. [*WIC § 4646.5(a)(5)]*

Finding

Ten of the eleven (91 percent) applicable sample records of individuals contained an IPP that included an approximate scheduled start date for new services. However, the record for individual #43 contained dated May 17, 2023 and May 29, 2024, that did not identify a start date for personal assistance.

2.10.c Recommendation	Regional Center Plan/Response
VMRC should ensure that future IPPs for individual #43 include an approximate start date for new services and supports.	VMRC included the start date in May 2024 IPP objective for PA services. VMRC will ensure that future IPPs include approximate start dates.

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

Forty-three of the forty-five (96 percent) sample records of individuals contained IPPs that identified the provider or providers responsible for implementing services. However, two IPPs did not indicate the provider for the VMRC funded services indicated below:

1. Individual #14: Residential Facility Adult was not included in the IPP dated November 7, 2023. A new IPP was completed on February 3, 2025 indicating the provider implementing the above service. Accordingly, no recommendation is required; and,

2. Individual #43: Personal Assistance was not included in the IPPs dated May 17, 2023 and May 29, 2024.

2.11 Recommendation	Regional Center Plan/Response
VMRC should ensure the IPP for individual #43 identifies the provider for the service listed above.	VMRC will complete an addendum to the 2023 IPP confirming the service provider and indicating the number of hours being provided. VMRC will complete an addendum to the 2024 IPP identifying the Personal Assistant."

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

Twenty-five of the thirty (83 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 #1, #9, #17, and #30 contained documentation of three of the four required meetings that were consistent with the quarterly timeline; and,

2. The record for individual #12 contained documentation of two of the four required meetings that was consistent with the quarterly timeline.

2.12.a Recommendations	Regional Center Plan/Response
VMRC should ensure that all future face-to-face meetings are completed and documented each quarter for individuals #1, #9, #12, #17, and #30.	VMRC will provide training to the SCs for individuals #1, #9, #12, #17 and #30 regarding regulatory requirements to complete face-to-face meetings and document these each quarter by November 26, 2025.
In addition, VMRC should evaluate what actions may be necessary to ensure that quarterly face-to face meetings are	VMRC will retrain program managers to ensure they are monitoring the completion and documentation of quarterly face-to-face meetings by November 26, 2025.

completed and documented for all applicable individuals.	

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

Twenty-five of the thirty (83 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, and #17 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 #12, #30 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
VMRC should ensure that future quarterly reports of progress are completed for individuals #1, #9, #12, #17, and #30.	VMRC will provide training to the SCs assigned to individual # 1, #9, #12, #17 and #30 regarding regulatory requirement to complete and document quarterly face-to-face meetings by November 26, 2025.
In addition, VMRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable individuals.	VMRC will retrain program managers to ensure they are monitoring the completion and documentation of quarterly face-to-face meetings by November 26, 2025.

SECTION III: COMMUNITY CARE FACILITY RECORD REVIEW

The monitoring team visited nine community care facilities (CCF) and reviewed nine individual records for individuals supported by Valley Mountain Regional Center (VMRC) 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 nine records reviewed were 86 percent in overall compliance for 16 criteria. Findings for six criteria are detailed below.

3.1.a The individuals record contains a statement of ambulatory or non-ambulatory status. *[Cal. Code. Regs tit. 17, § 56017(b)(3) (2023)]*

Finding

Eight of the nine (89 percent) sample records for individuals contained documentation of ambulatory or non-ambulatory status. However, the record for individual #6 at CCF #5 contained statement of ambulatory or non-ambulatory status that were signed on January 7, 2025 and March 25, 2025. Accordingly, no recommendation is required.

3.1.d The individuals record contains current emergency information including the names and phone numbers for medical and dental providers, pharmacies, family members, conservators, legal representatives, etc**.** *[Cal. Code. Regs tit. 17, § 56059(b)(1) (2023)]*

Finding

Eight of the nine (89 percent) sample records of individuals contained documentation of current emergency information that includes the names and phone numbers for medical and dental providers, pharmacies, family members, conservators, legal representatives. However, the record for individual #1 at CCF #1 contained current emergency information that was incomplete. During the visit the information was updated. Accordingly, no recommendation is required.

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 HCBS 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 nine (11 percent) sample records of individuals contained written admission agreement completed and signed by the individual or his/her authorized representative, the regional center, the facility administrator that includes the certifying statements specified in Title 17 and included documentation of appeals and eviction processes comparable to those provided under the jurisdiction's landlord tenant law. However, the records the following individuals did not include documentation of appeals and eviction process.

1. Individual #1 at CCF #1;
2. Individual #2 at CCF #2;
3. Individual #3 at CCF #3;
4. Individual #5 at CCF #4;
5. Individual #6 at CCF #5;
6. Individual #9 at CCF #6;
7. Individual #11 at CCF #7; and,
8. Individual #16 at CCF #9.

3.2.b Recommendation	Regional Center Plan/Response
VMRC should ensure that the records for individual #1 at CCF #1, individual #2 at CCF #2, individual #3 at CCF #3, individual #5 at CCF #4, individual #6 at CCF #5, individual #9 at CCF #6, individual #11 at CCF #7, and individual #16 at CCF #9 contain documentation of appeals and eviction process in the admission agreement.	VMRC has updated the language regarding evictions and appeals in the Residential Agreement. This is currently being reviewed by VMRC's legal counsel. Once the language is finalized, the new agreement will be implemented agency wide for all residential placements.
In addition, VMRC should evaluate what is necessary to ensure that individuals' records contain documentation of the appeals and eviction process.	VMRC maintains the Residential Agreement in the client's Laserfiche file.

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

One of the two (50 percent) applicable sample records for individuals contained semiannual reports of the individual's progress. However, the record for individual #9 at CCF #6 contained no reports of individual progress during the review period.

3.4 Recommendation	Regional Center Plan/Response
VMRC should ensure that CCF #6 prepares and maintains written semiannual reports of progress for individual #9.	VMRC will provide training and technical assistance to CCF #6 regarding regulations on documentation for semi-annual reports by November 26, 2025.
In addition, VMRC should evaluate what is necessary to ensure that CCFs maintain written semiannual reports of progress.	Case management staff will request copies of semi-annual reports during annual and quarterly reviews by November 26, 2025.

3.5.a Service Level 4-7 facilities prepare and maintain written quarterly reports of the individual's progress that are completed within 30 days of the end of the quarter. *[Cal. Code. Regs tit. 17, § 56026(c) (2023)]*

Findings

Five of the seven (71 percent) applicable sample records for individuals contained quarterly reports of the individual's progress. However, the records for individual #1 at CCF #1 and individual #14 at CCF #8 contained only one report of progress.

3.5.a Recommendation	Regional Center Plan/Response
VMRC should ensure CCFs #1 and #8 prepare and maintain written quarterly reports of progress for individuals #1 and #14.	VMRC will provide training and technical assistance to CCFs #1 and #8 regarding regulations on documentation for quarterly reports by November 26, 2025.
In addition, VMRC should evaluate what is necessary to ensure that CCFs maintain written quarterly reports of progress.	Case management staff will request copies of quarterly reports during future quarterly reviews.

3.5.b Quarterly reports include a summary of data collection for target behaviors. *[Cal. Code. Regs tit. 17, § 56026(c)(1)]*

Findings

Five of the seven (71 percent) applicable sample records for individuals contained a summary of data collection for target behaviors. However, the records for individual #1 at CCF #1 and individual #14 at CCF #8 did not contain data collection for target behaviors.

3.5.b Recommendation	Regional Center Plan/Response
VMRC should ensure CCFs #1 and #8 collect target behavior data for individuals #1 and #14 respectively.	VMRC will provide technical support to CCFs #1 and #8 regarding completing data collection and documenting behavioral data on quarterly reports by November 26, 2025.
In addition, VMRC should evaluate what is necessary to ensure that CCFs collect data for target behaviors.	Case management will review quarterly reports to ensure behavioral data is documented on future quarterly reports.

SECTION IV: DAY PROGRAM RECORD REVIEW

The monitoring team visited nine day programs and reviewed thirteen records for individuals supported by Valley Mountain Regional Center (VMRC) 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 13 records reviewed were 93 percent in overall compliance for 13 criteria. Findings for six criteria are detailed below.

4.1.b The individuals record contains current health information that includes medical, dental and other health or safety needs of the individual including current medications, known allergies, medical diagnosis, infectious, contagious, or communicable conditions, special nutritional needs, and immunization records. *[Cal. Code. Regs tit. 17, § 56730(c)(1)(B) (2023)]*

Finding

Twelve of the thirteen (92 percent) sample day program records for individuals contained current health information. However, the record for individual #35 at day program #9 did not contain current health information.

4.1.b Recommendation	Regional Center Plan/Response
VMRC should ensure that the record for individual #35 at DP #9 contains current health information.	VMRC will provide technical assistance to DP #9 regarding documenting health information by November 26, 2025.

4.1.d. The individuals record contains authorization for emergency medical treatment signed by the individual and/or the authorized representative of the individual. *[Cal. Code. Regs tit. 17, § 56730(c)(1)(D) (2023)]*

Finding

Eleven of the twelve (92 percent) sample records for individuals contained signed authorizations for emergency medical treatment. However, the record for individual #7 at DP #2 did not contain an authorization for emergency medical treatment that was signed by the individual or conservator.

4.1.d Recommendation	Regional Center Plan/Response
VMRC should ensure that the record for individual #7 at DP #2 contains an authorization for emergency medical treatment that is signed by the individual or conservator.	VMRC will provide technical support to DP #2 and ensure that DP #2 obtains authorization for emergency medical treatment for individual #7 by November 26, 2025.

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

Finding

Twelve of the thirteen (92 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 #19 at DP #7 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
VMRC should ensure the record for individual #19 at DP #7 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.	VMRC will provide technical support to DP #7 regarding data collection and documentation of progress of the services and supports addressed in the IPP for which the day program provider is responsible for implementing by November 26, 2025.

4.1.g The individuals record contains case notes reflecting important events or information not documented elsewhere. *[Cal. Code. Regs tit. 17, § 56730(c)(2)(B) (2023)]*

Finding

Twelve of the thirteen (92 percent) sample records of individuals contained up-to-date case notes reflecting important events or information not documented elsewhere. However, the record for individual #19 at DP #7 did not contain case notes.

4.1.g Recommendation	Regional Center Plan/Response
VMRC should ensure the record for the individual #19 at DP #7 contain up-to-date case notes reflecting important events or information not documented elsewhere.	VMRC will provide technical assistance to DP #7 regarding maintaining up-to-date case notes reflecting important events or information not documented elsewhere by November 26, 2025.

4.2 The day program has a copy of the individual's current IPP. *[Cal. Code. Regs tit. 17, § 56730)(c)(1)(F)]*

Findings

Ten of the thirteen (77 percent) sample records of individuals contained a copy of the individual's current IPP. However, the records for individual #7 at DP #2, individual #20 at DP #3, and individual #23 at DP #8 did not contain a copy of their current IPP. The current IPP was provided to DP #8 for individual #23 at the time of the monitoring review. Accordingly, no recommendation is required.

4.2 Recommendations	Regional Center Plan/Response
VMRC should ensure that the records for individual #7 at DP #2, and individual #20 at DP #3 contain a current copy of the individual's IPP.	VMRC will provide technical assistance to DP #2 and DP #3 and ensure that DP #2 and DP #3 obtain a copy of current IPP for the records by November 26, 2025.
In addition, VMRC should evaluate what is necessary to ensure that day programs have a copy of the individuals' current IPP.	Case Management will ensure that a copy of the IPP is released to the DP when completed.

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

Ten of the thirteen (77 percent) sample records of individuals contained written semiannual reports of progress. However, the records for individual #7 at DP #2, individual #20 at DP #3, and individual #35 at DP #9 did not contain the required progress reports for which the day program is responsible. Subsequent to the monitoring review, a semi-annual report was provided for individual #20 at DP #3. Accordingly, no recommendation is required.

4.4 Recommendations	Regional Center Plan/Response
VMRC should ensure that day programs write the required semi-annual reports for individual #7 at DP #2, and individual #35 at DP #9.	VMRC will provide technical assistance to DP #2 and DP #9 regarding completing and documenting semi-annual reports by November 26, 2025.
In addition, VMRC 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.	In addition, VMRC's Community Service Liaisons (CSLs) monitor DP compliance for this requirement as part of the Day Program Standards/Compliance Review conducted annually.

SECTION V: OBSERVATIONS AND INTERVIEWS WITH INDIVIDUALS

Twenty-nine of the forty-five individuals supported by Valley Mountain Regional Center, 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.

All of individuals and parents of minors interviewed, indicated satisfaction with their living situation, day program, work activities, health, choice, and regional center services. The appearance for all of the individuals that were interviewed and observed reflected personal choice and individual style.

SECTION VI: REGIONAL CENTER STAFF INTERVIEWS

SECTION VI A: SERVICE COORDINATOR INTERVIEWS

The monitoring team interviewed 10 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) 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 a senior community service liaison 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 1915(c) Waiver.

SECTION VII: VENDOR STAFF INTERVIEWS

SECTION VII A: SERVICE PROVIDER INTERVIEWS

The monitoring team interviewed service providers at nine community care facilities (CCF) and four 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) Waiver and Settings requirements.

Findings

1. CCF #1 for individual #1: The service provider did not prepare for the annual plan development.

2. CCF #6 for individual #9: The service provider did not prepare for the annual plan development.

Recommendations	Regional Center Plan/Response
VMRC should ensure that the service providers assess the needs of the individuals in their program and participate in the development of an IPP for individual #1 at CCF #1, and individual #9 at CCF #6.	VMRC will provide technical assistance by 12/31/25 to RSP at CCF #1 and RSP at CCF #6 to prepare for IPPs by completing ISPs and quarterlies and reviewing ISP goals and quarterlies.

SECTION VII B: DIRECT SUPPORT PROFESSIONALS INTERVIEWS

The monitoring team interviewed direct support professionals at nine CCFs and four 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 nine community care facilities (CCF) and four 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

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 C.F.R. § 441.301(c)(4)(vi)(A)]*

Finding

One of the nine (11 percent) sample records reviewed for federal requirement #6, 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 #1;
2. Individual #2 at CCF #2;
3. Individual #3 at CCF #3;
4. Individual #5 at CCF #4;
5. Individual #6 at CCF #5;
6. Individual #9 at CCF #6;
7. Individual #11 at CCF #7; and,

8. Individual #16 at CCF #9.

Federal Requirement #6 Recommendation	Regional Center Plan/Response
VMRC should ensure that individual records maintained by all CCFs contain documentation of agreement for eviction procedures and appeals process.	VMRC has updated the language regarding evictions and appeals in the Residential Agreement. This is currently being reviewed by VMRC's legal counsel. Once the language is finalized, the new agreement will be implemented agency wide for all residential placements.

8.7.a Federal Requirement #7: Privacy

Bedroom doors are lockable by the individual with only appropriate staff having keys to doors. *[42 C.F.R. § 441.301(c)(4)(vi)(B)(1) (2025)]*

Finding

Eight of the nine (89 percent) community care facilities had locks on bedroom doors with a process in place for only appropriate staff to have access to keys. However, individual #9 at CCF #6, did not have a lock on their bedroom door and no modification was documented in the individual's IPP.

8.7.a Recommendation	Regional Center Plan/Response
VMRC should ensure that individual #9 at CCF #6 obtains a lock on their bedroom door or a modification is documented in the individual's IPP.	Technical support will be provided to CCF #6 to obtain a lock on individual #9's bedroom door. HCBS CSL will ensure that CCF #6 obtains a lock on individual # 9's bedroom door by November 26, 2025.

SECTION IX: SPECIAL INCIDENT REPORTING

The records of the 45 individuals supported by Valley Mountain Regional Center (VMRC) and selected for the Home and Community-Based Services (HCBS) 1915(c) Developmental Disabilities 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 VMRC who passed away during the review period.

Summary of Findings

VMRC reported all deaths during the review period. VMRC reported all special incidents in the sample of 45 records selected for the HCBS Waiver review to the Department. VMRC's vendors reported 9 of the 10 (90 percent) incidents in the supplemental sample to the regional center within the required timeframes. VMRC reported eight (80 percent) incidents in the supplemental sample to the Department within the required timeframe. VMRC's follow-up activities on incidents in the supplemental sample were appropriate for the severity of the situations for all 10 (100 percent) incidents.

Findings

SIR #2: The incident occurred on February 27, 2024. However, the vendor did not submit a written report to VMRC until March 2, 2024. Additionally, VMRC did not report the incident to the Department until March 6, 2024.

SIR #6: The incident occurred on February 15, 2024. However, VMRC did not report the incident to the Department until February 21, 2024.

Recommendations	Regional Center Plan/Response
VMRC should ensure that the vendors for SIR #2 and SIR #6 report special incidents within the required timeframes.	VMRC will provide technical assistance to the vendors for SIR # 2 and SIR #6 regarding SIR reporting timelines.
VMRC should ensure that all special incidents are reported to the Department within the required timeframes.	VMRC will continue to ensure that all special incidents are reported to the Department within the required timeframes.

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