Valley Mountain 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: March 10–28, 2025

DDS Department of Developmental Services

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SECTION I: REGIONAL CENTER SELF-ASSSESSMENT

Valley Mountain Regional Center (VMRC) 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 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 13 records of individuals enrolled on the Home and Community-Based Services (HCBS) 1915(c) Self-Determination Program (SDP) Waiver and receiving services at Valley Mountain Regional Center (VMRC), 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, four supplemental records were reviewed for documentation of voluntary disenrollment or a notice of proposed action, if there was a loss of service. None of these HCBS Waiver disenrollments resulted in a loss of regional center or generic services.

The 13 records reviewed were 95 percent in overall compliance for this review. Findings for nine 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

Ten of the thirteen (77 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 #1: The DS 2200 in the record was not signed and dated until February 10, 2025. Accordingly, no recommendation is required;

2. Individual #11: The DS 2200 in the record was not signed and dated until February 10, 2025. Accordingly, no recommendation is required; and

3. Individual #13: The DS 2200 in the record was not signed and dated until March 4, 2025. Accordingly, no recommendation is required.

2.2.a Recommendation	Regional Center Plan/Response
VMRC should evaluate what actions may be necessary to ensure that all individual records contain a signed DS 2200 form.	VMRC will do a refresher training for Case Management staff by November 26, 2025 to ensure that all individual records contain a signed DS 2200 form.

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

Ten of the thirteen (77 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 three individuals were reviewed annually as indicated below:

1. Individual #3: There was no documentation that an annual review of the IPP was conducted in 2023;

2. Individual #4: The IPP was dated March 21, 2024. There was no documentation that the IPP was reviewed annually; and,

3. Individual #13: The IPP was dated July 28, 2023. There was no documentation that the IPP was reviewed annually. A new IPP was completed on February 20, 2025.

2.6.a Recommendations	Regional Center Plan/Response
VMRC should ensure that the IPPs for individuals #3, #4 and #13 are reviewed at least annually by the planning team.	VMRC will ensure that the IPPs for individuals #3, #4 and #13 are reviewed at least annually by the planning team.
In addition, VMRC should evaluate what actions may be necessary to ensure that IPPs are reviewed annually for all individuals.	VMRC Program Managers have a tracking mechanism in SANDIS to ensure that IPPs are reviewed annually for all individuals.

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

Twelve of the thirteen (92 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 the authorized representative. However, the IPP for individual #1 dated January 25, 2024 was not signed by the individual.

2.7.a Recommendation	Regional Center Plan/Response
VMRC should ensure that the IPP for individual #1 is signed. If the individual does not sign, VMRC should ensure that the IPP	VMRC will continue to attempt to attain the client's signature on the IPP for individual #1. In this case it was documented that the client refused to sign, and this information was

addresses the reason why the individual did not or could not sign.	provided to the audit lead during the review. Consumer's refusal to sign the IPP due to behaviors and IDT's agreement to IPP on consumer's behalf is now noted on the ARS.

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

Three of the four (75 percent) applicable sample records for individuals contained IPP addenda signed by VMRC and the individual or, where appropriate, the individual's parents, legal guardian, conservator or authorized representative. However, the IPP addendum dated February 23, 2023 was not signed by individual #4 until March 7, 2025. Accordingly, no recommendation is required for this individual.

2.7.b Recommendations	Regional Center Plan/Response
VMRC should evaluate what actions may be necessary to ensure that addenda are signed by the appropriate individuals.	VMRC will provide a refresher training to Case Management to ensure that addenda are signed by the appropriate individuals by November 26, 2025.

2.9.b The IPP addresses special health care requirements and safety risks. *[42 C.F.R. § 441.301(c)(2)(vi) (2025)]; (HCBS Waiver Requirement)*

Finding

Eight of the nine (89 percent) applicable sample IPPs for individuals addresses the individuals' special health care requirements and safety risks. However, IPP for individual #8 does not address the special health care requirement, Other Health Care Requirement. Subsequent to the monitoring review, a new Client Development Evaluation Report 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

Eleven of the thirteen (85 percent) sample IPPs of individuals included a schedule of the type and amount of all services and supports purchased by the regional center. However, IPPs for five individuals did not include VMRC funded services as indicated below:

1. Individual #3: Financial Management Services was not included for the months covering December 2023 through April 2024. No IPP was completed in 2023; and,

2. Individual #7: Financial Management Services was not included for the months covering December 2023 through January 2024, in the IPP dated February 29, 2024. No IPP was completed in 2023.

2.10.a Recommendations	Regional Center Plan/Response
VMRC should ensure that the IPPs for individuals #3 and #7 include a schedule of the type and amount of all services and supports purchased by VMRC.	VMRC will ensure that the SC for individuals #3 and #7 complete addenda to the 2022 IPPs for these services by November 26, 2025.
In addition, VMRC should evaluate what actions may be necessary to ensure that IPPs include a schedule of the type and amount of services and supports purchased by VMRC.	Program Managers will verify the type and amount of services and supports purchased by VMRC is included in the IPP or an addendum.

2.11.c For individual budgets that were increased or decreased within the budget year, does the IPP document the specific reason for the adjustment. *[W.I.C. § 4685.8(m)(1)(A)(ii)(I) (2023)]*

Finding

Four of the five (80 percent) applicable records of individuals served had IPPs that documented the reason for the increase or decrease of individual budgets. However, the IPP for individual #1 did not document the reason for the change. A new IPP addendum was completed on April 2, 2025, addressing the individual budget change. Accordingly, no recommendation is required for this individual.

2.11.c Recommendations	Regional Center Plan/Response
VMRC should evaluate what actions may be necessary to ensure that IPPs document specific reasons an individual budget was increased or decreased within a budget year.	VMRC will provide training for the SDP team and SCs to ensure that IPPs document specific reasons an individual budget was increased or decreased within a budget year by November 26, 2025.

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)*

Finding

None of the one (0 percent) applicable sample records of individuals contained quarterly face-to-face meetings completed and documented. The record for individual #7 contained documentation of three of the four required meetings that were 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 individual #7.	VMRC will provide training to case management staff 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 face-to face meetings are completed and documented for all applicable individuals.	VMRC will work with program managers to ensure they are monitoring the completion and documentation of quarterly face-to-face meetings by November 26, 2025.

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, § 56047 (2023)]; [Cal. Code. Regs tit. 17, § 56095 (2023)]; [Cal. Code. Regs tit. 17, § 58680 (2023)]; (Contract requirement)*

Finding

None of the one (0 percent) applicable sample records of individuals contained quarterly reports of progress completed for individuals living in community out-of-home settings. The record for individual #7 contained documentation of three 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 individual #7.	VMRC will provide training to case management staff 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 work with program managers to ensure they are monitoring the completion and documentation of quarterly face-to-face meetings by November 26, 2025.

SECTION III: OBSERVATIONS AND INTERVIEWS WITH INDIVIDUALS

Six of the thirteen individuals supported by Valley Mountain Regional Center (VMRC), 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 provider, independent facilitator, participation in developing budget and spending plan, and regional center services.

Five of the six 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. However, individual #1 was dissatisfied with their Financial Management Service (FMS) provider and regional center services. The appearance for all of the individuals that were interviewed and observed reflected personal choice and individual style.

Recommendation	Regional Center Plan/Response
VMRC should follow up with individual #1 regarding concerns with their FMS provider and regional center services.	SFPS let the SC know that during the MW Audit interview the parent expressed dissatisfaction with the FMS provider. SC inform SFPS that family has already switched to a new provider for this year's budget. VMRC is also aware that there are some VMRC vendors that do not work with SDP. However, the Program Manager believes parents' issues were more with community providers and not vendors. In terms of explaining SDP to community providers that are not part of our system, that is part of the role of the parent if they choose to have their child participate in the SD Program.

SECTION IV: REGIONAL CENTER STAFF INTERVIEWS

SECTION IV A: SERVICE COORDINATOR INTERVIEWS

The monitoring team interviewed three 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 13 individuals supported by Valley Mountain Regional Center (VMRC) and selected for the Home and Community-Based (HCBS) 1915(c) Self-Determination Program waiver sample were reviewed to verify that special incidents have been reported. In addition, the monitoring team verified that an incident report was completed for all individuals on the waiver supported by VMRC who passed away during the review period. There were no additional special incident reports to be reviewed.

Summary of Findings

VMRC reported all special incidents in the sample of 13 records selected for the HCBS 1915(c) Self-Determination Program waiver review to the Department. In addition, VMRC reported all deaths during the review period.