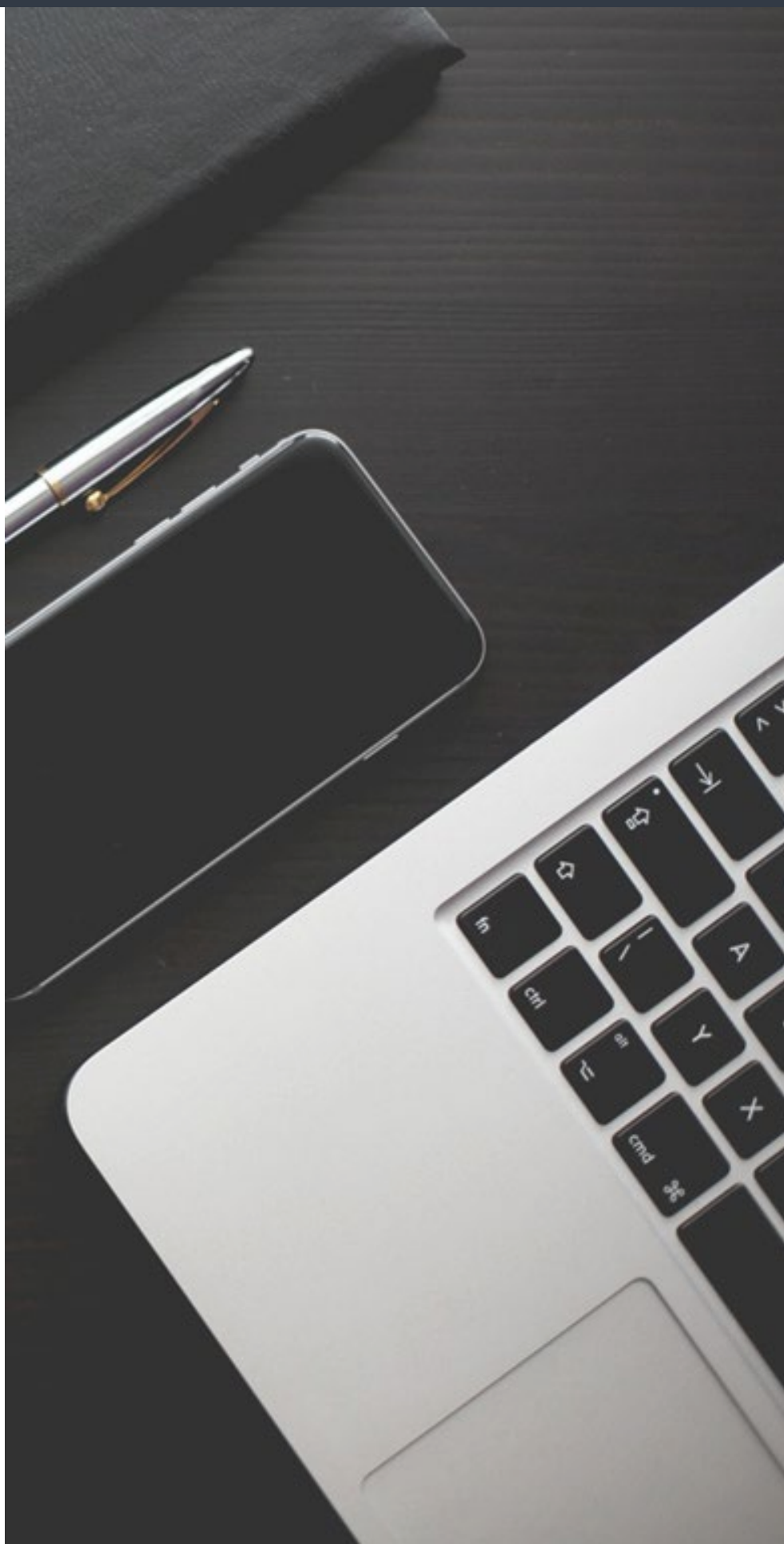
Frank D. Lanterman Regional Center Home and Community-Based Services 1915c Developmental Disabilities Waiver, Self- Determination Program Waiver, and 1915i State Plan Amendment Follow-Up Review Report



Conducted by: Department of Developmental Services

Review Date: May 27, 2025

DDS Department of Developmental Services

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SECTION I: REGIONAL CENTER RECORD REVIEW

The Department of Developmental Services conducted a follow-up review on the Home and Community-Based Services 1915(c) Developmental Disabilities (DD) Waiver, the Home and Community-Based Services 1915(c) Self-Determination Program (SDP) Waiver and 1915(i) State Plan Amendment (SPA) with Frank D. Lanterman Regional Center (FDLRC) on May 27, 2025, to ensure that issues raised during the collaborative review completed January 2024, have been addressed. For the review period of November 1, 2023, through October 31, 2024, 20 records for the 1915(c) DD Waiver, 20 records for the 1915(c) SDP Waiver, and 20 records for the 1915(i) SPA were selected to assess performance on the criteria detailed in the areas below.

1915(c) Developmental Disabilities Waiver Follow-Up Review Findings

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

Eleven of the twenty (55 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 #1: The IPP was dated September 14, 2022. There was no documentation that an annual review of the IPP was conducted in 2024;

2. Individual #4: The IPP was dated May 15, 2024. There was no documentation that an annual review of the IPP was conducted in 2023;

3. Individual #5: The IPP was dated September 3, 2024. There was no documentation that an annual review of the IPP was conducted in 2023;

4. Individual #10: The IPP was dated February 15, 2022. There was no documentation that an annual review of the IPP was conducted in 2024;

5. Individual #13: The IPP was dated January 31, 2024. There was no documentation that an annual review of the IPP was conducted in 2023;

6. Individual #14: The IPP was dated May 17, 2024. There was no documentation that an annual review of the IPP was conducted in 2023;

7. Individual #16: The IPP was dated June 28, 2022. There was no documentation that an annual review of the IPP was conducted in 2023;

8. Individual #17: The IPP was dated April 16, 2024. There was no documentation that an annual review of the IPP was conducted in 2023; and,

9. Individual #18: The IPP was dated February 23, 2023. There was no documentation that the IPP was reviewed annually. An annual review was not completed until May 2, 2024.

2.6.a Recommendation	Regional Center Plan/Response
FDLRC should ensure that IPPs for individuals #1, #4, #5, #10, #13, #14, #16, #17, and #18 are reviewed at least annually by the planning team.	Service Coordinators (SCs) received training on the Medicaid Waiver requirements in completing IPPS and/or Annual Review Reports within the mandated timelines in their individual team units on 09/18/25, 10/02/25, 10/14/25, 10/20/25, 11/03/25, 11/05/25, 11/10/25 and 11/12/25. Regional Managers will review the tracking system with each SC individually by the 10th of the month to ensure meeting was held for the previous month and make the necessary arrangements if an IPP or Annual Review meeting was not held within 30 days, to maintain compliance.
In addition, FDLRC should evaluate what actions may be necessary to ensure that IPPs are reviewed annually.	Regional Managers will continue to review the tracking system with each SC individually by the 10th of the month to ensure IPPs are reviewed Annually. Additionally, the nine individuals whose IPPs were not reviewed annually, have now been seen, and their 2025 IPP meetings have been completed. Meeting dates are listed below: Individual #1 IPP was conducted on 10/21/25. Individual #4 IPP was conducted on 05/06/25 Individual #5 IPP was conducted on 09/15/25 Individual #10 IPP was conducted on 02/20/25 Individual #13 IPP was conducted on 05/14/25

	Individual #14 IPP was conducted on 05/01/25 Individual #16 IPP was conducted on 07/22/25 Individual #17 IPP was conducted on 04/21/25 Individual #18 IPP was conducted on 05/15/25.

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

Seventeen of the twenty (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, the following IPPs did not include FDLRC funded services as indicated below:

1. Individual #7: Behavior Management Program was not included for the months of November 2023 through May 2024 in the IPP dated October 28, 2024;

2. Individual #14: SLS Services was not included for the months of July 2024 and August 2024 and Homemaker Services was not included for the months of August 2024 and September 2024 in the IPP dated May 17, 2024; and,

3. Individual #17: Individual or Family Training Services was not included for the months of November 2023 through January 2024 in the IPP dated April 16, 2024.

2.10.a Recommendation	Regional Center Plan/Response
FDLRC should ensure that the IPPs for individuals #7, #14, and #17 include a schedule of the type and amount of all services and supports purchased by FDLRC.	FDLRC will continue to conduct regularly scheduled trainings for service coordination staff on the inclusion of funded services and their scheduled delivery on the IPP. IPP Amendments have been completed for each of the clients mentioned; #7, #14 and #17.
In addition, FDLRC should evaluate what actions may be necessary to ensure that all IPPs include a schedule of the type and amount of all services and supports purchased by FDLRC.	FDLRC will continue to conduct annual trainings, along with supplemental unit-level team trainings throughout the year to maintain and strengthen compliance.

2.13.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 (CCF), family home agencies (FHA), 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 023)]; (Contract requirement)

Findings

Ten of the twenty (50 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, #5, #8, #11, #15, #16, and #18 contained documentation of three of the four required meetings that were consistent with the quarterly timeline;

2. The record for individual #3 contained documentation of two of the four required meetings that were consistent with the quarterly timeline; and,

3. The record for individuals #10, and #13 contained documentation of one of the four required meetings that were consistent with the quarterly timeline.

2.13.a Recommendation	Regional Center Plan/Response
FDLRC should evaluate what actions may be necessary to ensure that quarterly face-to-face meetings are completed for all applicable individuals.	Service Coordinators (SCs) received training on the Medicaid Waiver and Lanterman requirements in completing IPPS and/or Annual Review Reports and quarterly reports within the mandated timelines in their individual team units on 09/18/25, 10/02/25, 10/14/25, 10/20/25, 11/03/25, 11/05/25, 11/10/25 and 11/12/25. Regional Managers will review the tracking system with each SC individually by the 10th of the month to ensure meeting was held for the previous month and make the necessary arrangements if an IPP or Annual Review meeting or Quarterly Review meeting was not held within 30 days, to maintain compliance.

2.13.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 (CCF), family home agencies (FHA), 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

Ten of the twenty (50 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, #5, #8, #11, #15, #16, and #18 contained documentation of three of the four required reports of progress that were consistent with the quarterly timeline;

2. The record for individual #3 contained documentation of two of the four required reports of progress that were consistent with the quarterly timeline; and,

3. The record for individuals #10, and #13 contained documentation of one of the four required reports of progress that were consistent with the quarterly timeline.

2.13.b Recommendation	Regional Center Plan/Response
FDLRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable individuals.	Service Coordinators (SCs) received training on the Medicaid Waiver and Lanterman requirements in completing IPPS and/or Annual Review Reports and quarterly reports within the mandated timelines in their individual team units on 09/18/25, 10/02/25, 10/14/25, 10/20/25, 11/03/25, 11/05/25, 11/10/25 and 11/12/25. Regional Managers will review the tracking system with each SC individually by the 10th of the month to ensure meeting was held for the previous month and make the necessary arrangements if an IPP or Annual Review meeting or Quarterly Review meeting was not held within 30 days, to maintain compliance.

Summary of Results for the 1915(c) Developmental Disabilities Waiver Follow-Up Review

The results of the May 2025 follow-up review indicate that the issues identified during the regular biennial monitoring review in January 2024 require further action to ensure quarterly face-to-face meetings and reports of progress are completed for individuals living in community out-of-home settings, i.e., Service Level 2-7 community care facilities (CCF), family home agencies (FHA), or supported living and independent living settings.

1915(c) Self Determination Waiver Follow-Up Review Findings

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

Nineteen of the twenty (95 percent) applicable sample records of individuals contained IPPs that were signed by FDLRC and the individuals, or their legal representatives. However, the IPP for individual #17, dated October 15, 2024, was not signed by the individual and the regional center.

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)]*

Finding

Nineteen of the twenty (95 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 IPP for individual #17 did not include Financial Management Service-Co Employer Service for the months covering November 2023 through October 2024.

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) (2025)]*

Findings
None

2.11.c The IPP team determines that an adjustment to this amount is necessary due to a change in the participant's circumstances, needs, or resources that would result in an increase or decrease in purchase of service expenditures, or the IPP team identifies prior needs or resources that were unaddressed in the IPP, which would have resulted in an increase or decrease in purchase of service expenditures. When adjusting the budget, the IPP team shall document the specific reason for the adjustment in the IPP. *[W.I.C. § 4685.8(m)(1)(A)(ii)(I) (2023)]*

Findings

Four of the five (80 percent) applicable sample records of individuals served had IPPs that documented the reason for the increase or decrease of individual budgets. However, the IPP dated January 26, 2024 for individual #20 did not document the reason for the budget adjustment.

2.11.c Recommendation	Regional Center Plan/Response
FDLRC should ensure the IPP for individual #20 documents the reason for the individual budget adjustment.	Service Coordinators (SCs) received training on the Medicaid Waiver and Lanterman requirements in completing IPPS and/or Annual Review Reports and quarterly reports within the mandated timelines in their individual team units on 09/18/25, 10/02/25, 10/14/25, 10/20/25, 11/03/25, 11/05/25, 11/10/25 and 11/12/25. The training included instruction to address changes in the budget that have been identified through the IPP/PCP review Process. Service Coordinators will be expected to identify the changes in circumstances, changes in resources, and/or any other services identified by the IPP team as necessary to meet the IPP goals that led to a budget change in the IPP document for years that follow the initial budget certification. Regional Managers will ensure that signed certified budget is received and stored in the client record prior to submitting any spending plan or spending plan revision to the Associate Director for review and signature. Additionally, the Associate Director will review the client record to confirm that a signed certified budget has been received prior to submitting any spending plan or spending plan revision for authorization generation.
In addition, FDLRC should evaluate what actions may be necessary to ensure that IPPs document the specific reason(s) for individual budget adjustments.	Service Coordinators (SCs) received training on the Medicaid Waiver and Lanterman requirements in completing IPPS and/or Annual Review Reports and quarterly reports within the mandated timelines in their individual team units on 09/18/25, 10/02/25, 10/14/25, 10/20/25, 11/03/25, 11/05/25, 11/10/25 and 11/12/25. The training included instruction to address changes in the budget that have been identified through the IPP/PCP review Process. Service Coordinators will be expected to identify the changes in circumstances, changes in resources, and/or

	any other services identified by the IPP team as necessary to meet the IPP goals that led to a budget change in the IPP document for years that follow the initial budget certification. Regional Managers will ensure that signed certified budget is received and stored in the client record prior to submitting any spending plan or spending plan revision to the Associate Director for review and signature. Additionally, the Associate Director will review the client record to confirm that a signed certified budget has been received prior to submitting any spending plan or spending plan revision for authorization generation.

Summary of Results for the 1915(c) SDP Waiver Follow-Up Review

The results of the May 2025 follow-up review indicate that the issues identified during the regular biennial monitoring review in January 2024 require further action to ensure quarterly face-to-face meetings and reports of progress are completed for individuals living in community out-of-home settings, i.e., Service Level 2-7 community care facilities (CCF), family home agencies (FHA), or supported living and independent living settings.

1915(i) State Plan Amendment Follow-Up Review Findings

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 (CCF), family home agencies (FHA), 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

Twelve of the twenty (60 percent) applicable sample records of individuals contained completed quarterly face-to-face meetings. However, the following records did not meet the requirement as indicated below:

1. The records for individuals #8, #11, #13, and #19 contained documentation of three of the four required meetings that were consistent with the quarterly timeline; and,

2. The records for individuals #1, #9, #12, and #18 contained documentation of two of the four required meetings that were consistent with the quarterly timeline.

1.9.a Recommendation	Regional Center Plan/Response
FDLRC should evaluate what actions may be necessary to ensure that quarterly face-to-face meetings are completed for all applicable individuals.	Service Coordinators (SCs) received training on the Medicaid Waiver and Lanterman requirements in completing IPPS and/or Annual Review Reports and quarterly reports within the mandated timelines in their individual team units on 09/18/25, 10/02/25, 10/14/25, 10/20/25, 11/03/25, 11/05/25, 11/10/25 and 11/12/25. Regional Managers will review the tracking system with each SC individually the 10th of the month to ensure meeting was held for the previous month and make the necessary arrangements if an IPP or Annual Review meeting or Quarterly Review meeting was not held within 30 days, to maintain compliance.

1.9.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, CCR, § 56047 (2023)]; [Cal. Code. Regs tit. 17, § 56095 (2023)]; [Cal. Code. Regs tit. 17, § 58680 (2023)]; (Contract Requirement)

Findings

Eleven of the twenty (55 percent) applicable sample records of individuals had quarterly reports of progress completed for individuals living in community out-of-home settings. However, the records for seven individuals did not meet the requirement as indicated below:

1. The records for individuals #8, #11, #13, #14, and #19 contained documentation of three of the four required reports of progress that were consistent with the quarterly timeline; and,

2. The records for individuals #1, #9, #12, and #18 contained documentation of two of the four required reports of progress that were consistent with the quarterly timeline.

1.9.b Recommendation	Regional Center Plan/Response
FDLRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable individuals.	Service Coordinators (SCs) received training on the Medicaid Waiver and Lanterman requirements in completing IPPS and/or Annual Review Reports and quarterly reports within the mandated timelines in their individual team units on 09/18/25, 10/02/25,

	10/14/25, 10/20/25, 11/03/25, 11/05/25, 11/10/25 and 11/12/25. Regional Managers will review the tracking system with each SC individually by the 10th of the month to ensure meeting was held for the previous month and make the necessary arrangements if an IPP or Annual Review meeting or Quarterly Review meeting was not held within 30 days, to maintain compliance.

Summary of Results for the 1915(i) State Plan Amendment Follow-Up Review

The results of the May 2025 follow-up review indicate that the issues identified during the regular biennial monitoring review in January 2024 require further action to ensure the IPP includes a schedule of the type and amount of all services and supports purchased by the regional center and to ensure quarterly face-to-face meetings and reports of progress are completed for individuals living in community out-of-home settings, i.e., Service Level 2-7 community care facilities (CCF), family home agencies (FHA), or supported living and independent living settings.

SECTION II: SPECIAL INCIDENT REPORTING

The records of the 60 individuals selected for the HCBS 1915c Developmental Disabilities (DD) Waiver, the HCBS 1915c Self-Determination (SDP) Waiver, and the 1915(i) State Plan Amendment (SPA) follow-up were reviewed to verify that special incidents have been reported. A supplemental sample of 10 records for the 1915(c) DD Waiver Follow-Up Review and 5 records for the 1915(i) SPA Follow-Up Review were also reviewed to verify that special incidents 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 1915(c) SDP Waiver and 1915(i) SPA supported by FDLRC who passed away during the review period.

1915(c) Developmental Disabilities Waiver Follow-Up Review Summary of Findings

FDLRC reported all deaths for individuals on the waiver during the review period. FDLRC reported all special incidents in the sample of 20 records selected for the HCBS Waiver follow-up review to the Department. FDLRC's vendors reported all (100 percent) incidents in the supplemental sample to the regional center within the required timeframes. FDLRC reported nine of the ten (90 percent) incidents in the supplemental sample to the Department within the required timeframe. FDLRC's follow-up activities on incidents in the supplemental sample were appropriate for the severity of the situations for all 10 (100 percent) incidents.

Finding

SIR #7: FDLRC became aware of the incident on September 16, 2024, but did not submit a written report to the Department until September 19, 2024.

1915(i) State Plan Amendment Follow-Up Review Summary of Findings

FDLRC reported all deaths for individuals on the waiver during the review period. FDLRC reported all but one special incident in the sample of 20 records selected for the HCBS Waiver follow-up review to the Department. FDLRC's vendors reported four of the five (80 percent) incidents in the supplemental sample to the regional center within the required timeframes. FDLRC reported four of the five (80 percent) incidents in the supplemental sample to the Department within the required timeframe. FDLRC's follow-up activities on incidents in the supplemental sample were appropriate for the severity of the situations for all five (100 percent) incidents.

Findings

SIR #2: The incident occurred on April 17, 2024. However, the vendor did not submit a written report to FDLRC until April 24, 2024.

SIR #2: FDLRC learned of the incident on April 24, 2024. However, the regional center did not report it to the Department until April 29, 2024.

Recommendation	Regional Center Plan/Response
FDLRC should evaluate what actions may be necessary to ensure that vendors report special incidents within the required timeframes.	FDLRC Quality Assurance Specialist will provide special incident training and will review the reporting protocol regarding SIRs with the vendor to ensure the vendor reports within the mandated timelines.
FDLRC should evaluate what actions may be necessary to ensure that special incidents are reported to the Department within the required timeframe.	Associate Director provided training in the protocols and timelines to the Client and Family Services Regional Managers on 07/10/25.