Golden Gate 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: September 15, 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 Golden Gate Regional Center (GGRC) on September 15, 2025, to ensure that issues raised during the collaborative review completed September 2024, have been addressed. For the review period of July 1, 2024, through June 30, 2025, 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

2.13.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

Fourteen of the twenty (70 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 #3, #8, #19 and #20 contained documentation of three of the four required meetings that were consistent with the quarterly timeline;

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

3. The record for individual #17 contained documentation of one of the four required meetings that were consistent with the quarterly timeline.

2.13.a Recommendation	Regional Center Plan/Response
GGRC should evaluate what actions may be necessary to ensure that quarterly face-to-face meetings are completed for all applicable individuals.	A Plan of Correction was submitted to DDS and included developing a system for monitoring completion of visits, contacting SANDIS to request a program for tracking visits, training case management staff on the POC and expectations for completion, and monthly meetings with DDS Staff to discuss progress on meeting the POC.

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

Fourteen of the twenty (70 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 #3, #8, #19 and #20 contained documentation of three of the four required reports of progress that were consistent with the quarterly timeline;

2. The record for individual #12 contained documentation of two of the four required reports of progress that were consistent with the quarterly timeline; and,

3. The record for individual #17 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
GGRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable individuals.	GGRC has developed a template for recording the quarterly visit. This template will be submitted through Title 19 recording for all visits. This will ensure that the visit documentation is recorded in the record thus avoiding a document be misfiled or lost in the OnBase record system. Supervisors review Title 19 submissions monthly.

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

The results of the September 2025 follow-up review indicate that the issues identified during the regular biennial monitoring review in September 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 GGRC and the individuals, or their legal representatives. However, the IPP for individual #9, dated August 5, 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)]*

Findings

None

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

Seven of the eleven (64 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 record for individual #10 contained documentation of three of the four required meetings that were consistent with the quarterly timeline;

2. The record for individual #9 contained documentation of two of the four required meetings that were consistent with the quarterly timeline; and,

3. The records for individuals #15 and #20 contained documentation of one of the four required meetings that were consistent with the quarterly timeline.

2.13.a Recommendation	Regional Center Plan/Response
GGRC should evaluate what actions may be necessary to ensure that quarterly face-to-	A Plan of Correction was submitted to DDS and included developing a system for monitoring completion of visits, contacting SANDIS to

face meetings are completed for all applicable individuals.	request a program for tracking visits, training case management staff on the POC and expectations for completion, and monthly meetings with DDS Staff to discuss progress on meeting the POC.

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

Seven of the eleven (64 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 record for individual #10 contained documentation of three of the four required reports of progress that were consistent with the quarterly timeline;

2. The record for individual #9 contained documentation of two of the four required reports of progress that were consistent with the quarterly timeline; and,

3. The records for individuals #15 and #20 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
GGRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable individuals.	GGRC has developed a template for recording the quarterly visit. This template will be submitted through Title 19 recording for all visits. This will ensure that the visit documentation is recorded in the record thus avoiding a document be misfiled or lost in the OnBase record system. Supervisors review Title 19 submissions monthly.

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

The results of the September 2025 follow-up review indicate that the issues identified during the regular biennial monitoring review in September 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

1.7.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)]*

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, IPPs for two individuals did not include SG/PRC funded services as indicated below:

1. Individual #3: Transportation Additional Component and Adult Development Center were not included in the IPP for the month of March 2025;

2. Individual #10: Transportation public/rental/taxi was not included in the IPP for the months of January 2025 through June 2025;

3. Individual #13: Supported Living Services was not included in the IPP for the months of December 2024 through June 2025 and Personal Assistant was not included for the entire review period.

1.7.a Recommendation	Regional Center Plan/Response
GGRC should evaluate what actions may be necessary to ensure that IPPs include a schedule of the type and amount of all services and supports purchased by GGRC.	Continue training on how to complete the IPP at New Hire training and periodically thereafter for all case management staff. Supervisors review all IPPs and will follow up with staff that all these items need to be listed in the IPP. Email will be sent to all case management staff from the Director reminding them that generic resources must also be documented in the IPP with type and amount of service/support.

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

Thirteen of the twenty (65 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 #1 and #16 contained documentation of three of the four required meetings that were consistent with the quarterly timeline;

2. The records for individuals #6, #7, and # 10 contained documentation of two of the four required meetings that were consistent with the quarterly timeline;

3. The record for individuals #3 and #20 did not contain documentation of any of the four required meetings that were consistent with the quarterly timeline.

1.9.a Recommendation	Regional Center Plan/Response
GGRC should evaluate what actions may be necessary to ensure that quarterly face-to-face meetings are completed for all applicable individuals.	A Plan of Correction was submitted to DDS and included developing a system for monitoring completion of visits, contacting SANDIS to request a program for tracking visits, training case management staff on the POC and expectations for completion, and monthly meetings with DDS Staff to discuss progress on meeting the POC.

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

Thirteen of the twenty (65 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 #1 and #16 contained documentation of three of the four required reports of progress that were consistent with the quarterly timeline;

2. The records for individuals #6, #7, and # 10 contained documentation of two of the four required reports of progress that were consistent with the quarterly timeline;

3. The record for individuals #3 and #20 did not contain documentation of any of the four required reports of progress that were consistent with the quarterly timeline.

1.9.b Recommendation	Regional Center Plan/Response
GGRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable individuals.	GGRC has developed a template for recording the quarterly visit. This template will be submitted through Title 19 recording for all visits. This will ensure that the visit documentation is recorded in the record thus avoiding a document be misfiled or lost in the OnBase record system.

	Supervisors review Title 19 submissions monthly.

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

The results of the September 2025 follow-up review indicate that the issues identified during the regular biennial monitoring review in September 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 GGRC who passed away during the review period.

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

GGRC reported all deaths for individuals on the waiver during the review period. GGRC reported all special incidents in the sample of 20 records selected for the HCBS Waiver follow-up review to the Department. GGRC's vendors reported all (100 percent) incidents in the supplemental sample to the regional center within the required timeframes. GGRC reported nine of the ten (90 percent) incidents in the supplemental sample to the Department within the required timeframe. GGRC'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 #6: GGRC learned of the incident on January 23, 2025. However, did not report it to the Department until January 28, 2025.

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

GGRC reported all deaths for individuals on the waiver during the review period. GGRC reported all special incidents in the sample of 20 records selected for the HCBS Waiver follow-up review to the Department. GGRC's vendors reported all (100 percent) incidents in the supplemental sample to the regional center within the required timeframes. GGRC reported two of the five (40 percent) incidents in the supplemental sample to the Department within the required timeframe. GGRC'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: GGRC learned of the incident on February 8, 2025. However, did not report it to the Department until February 14, 2025.

SIR #3: GGRC learned of the incident on January 2, 2025. However, did not report it to the Department until January 28, 2025.

SIR #5: GGRC learned of the incident on December 1, 2024. However, did not report it to the Department until January 10, 2025.

Recommendation	Regional Center Plan/Response
GGRC should evaluate what actions may be necessary to ensure that SIRs are reported to the Department within the required timeframe.	GGRC's SIR Coordination team has reviewed the SIRs in question and is putting into practice a plan to address findings with vendor and Regional Center SIR reporting timeliness. The plan includes supporting all GGRC vendors to utilize the SANDIS Provider Portal (SPP) to input reports directly to GGRC by June 2026. Additionally, GGRC's SIR Coordination team will continue providing ongoing SIR reporting training for GGRC Case Management teams. The team will continue to provide rolling SIR training to GGRC vendors, including SDP providers, licensed residential facilities, SLS, FHA, and day programs.