Redwood Coast 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: August 25, 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 Redwood Coast Regional Center (RCRC) on August 25, 2025, to ensure that issues raised during the collaborative review completed July 2024, have been addressed. For the review period of May 1, 2024, through April 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

2.6.a The IPP is reviewed (at least annually) by the planning team and modified, as necessary, in response to the individual's changing needs, wants or health status. *[42 C.F.R. § 441.301 (C)(3) (2025)]; [W.I.C. § 4646.5(b) (2023)]*

Finding

Nineteen of the twenty (95 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 IPP for individual #18 was reviewed annually.

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

Findings

Seventeen of the twenty (85 percent) sample records of individuals contained IPPs that were signed by RCRC and the individuals or, where appropriate, their parents, legal guardian, conservator or the authorized representative. However, the IPPs for the following individuals were not signed by the individuals and regional center as indicated below:

1. Individual #3: The IPP completed on January 26, 2023, was not signed by the individual and regional center until June 17, 2025. Accordingly, no recommendation is required;

2. Individual #11: The IPP completed on November 12, 2024, was not signed by the conservator and regional center until June 12, 2025. Accordingly, no recommendation is required; and,

3. Individual #15: The IPP completed on May 27, 2022, was not signed by the conservator until May 27, 2025. Accordingly, no recommendation is required.

2.7.a Recommendation	Regional Center Plan/Response
RCRC should evaluate what actions may be necessary to ensure that IPPs are signed by the appropriate individuals.	Training on the IPP continues to be a part of the New Employee Orientation (NEO), which is a requirement for all new staff. We will create a system to track when IPPs and Addendum are being sent out for signature and returned or not returned, so that timely follow-up occurs to ensure IPPs are signed by the appropriate individuals.

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

Seven of the twenty (35 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 RCRC funded services as indicated below:

1. Individual #3: Camping Services was not included for the month of August 2024, and Sports Club was not included for the months of May 2024 through March 2025 in the IPP dated January 26, 2023. IPP addenda were completed on July 3, 2025, and July 24, 2025, addressing the purchased services. Accordingly, no recommendation is required;

2. Individual #4: Dental Services was not included for the months of December 2024 and March 2025 and Speech, Hearing and Language Services was not included for the months of May 2024 through April 2025 in the IPP dated January 6, 2023. IPP addenda were completed on July 17, 2025, and August 28, 2025, addressing the purchased services. Accordingly, no recommendation is required;

3. Individual #5: Residential Facility Serving Adults-Staff Operated was not included for the months of May 2024 through April 2025, Camping Services was not included for the month of August 2024, and Transportation Additional Component was not included for the months of May 2024 through April 2025 in the IPP dated November 30, 2023. An addendum was completed on June 20, 2025, addressing the purchased services. Accordingly, no recommendation is required;

4. Individual #8: Speech, Hearing and Language Services was not included for the months of May 2024 through April 2025 in the IPP dated December 7, 2022. An addendum was completed on July 3, 2025, addressing the purchased service. Accordingly, no recommendation is required;

5. Individual #9: Supplemental Residential Support Services was not included for the months of May 2024 through August 2024, and LVN was not included for the month of November 2024 in the IPP dated September 6, 2024. An addendum was completed on August 29, 2025, addressing the purchased services. Accordingly, no recommendation is required;

6. Individual #10: Community Activities Support Service was not included for the months of November 2024 through December 2024, in the IPP dated July 23, 2024. An addendum was completed on July 5, 2025, addressing the purchased service. Accordingly, no recommendation is required;

7. Individual #11: Dental Services was not included for the months of July 2024, October 2024, January 2025 and April 2025, and Speech, Hearing and Language Services was not included for the months of May 2024 through April 2025 in the IPPs dated October 6, 2021, and November 12, 2024. IPP addenda were completed on July 14, 2025 and August 29, 2025, addressing the purchased services. Accordingly, no recommendation is required;

8. Individual #14: Community Activities Support Services was not included for the months of August 2024 and December 2024, and Sports Club was not included for the month of May 2024 in the IPP dated January 12, 2023. An addendum as completed on July 12, 2025, addressing the purchased services. Accordingly, no recommendation is required;

9. Individual #15: Dental Services was not included for the month of June 2024, and Sports Club was not included for the months of January 2025 through April 2025 in the IPP dated May 27, 2022;

10. Individual #16: Crisis Team was not included for the months of May 2024 through April 2025, and Camping Services was not included for the month of August 2024 in the IPP dated March 26, 2024. An addendum as completed on June 24, 2025, addressing the purchased services. Accordingly, no recommendation is required;

11. Individual #18: Community Integration Training Program was not included for the months of December 2024 through March 2025, and Supported Living Services was not included for the months of December 2024 through February 2025 in the IPP dated December 1, 2021, and the addendum dated May 25, 2023. An addendum was completed on June 27, 2025, addressing the purchased services. Accordingly, no recommendation is required;

12. Individual #19: Transportation Company was not included for the months of May 2024 through February 2025, and Behavior Analyst was not included for the months of May 2024 through June 2024 in the IPPs dated October 28, 2021, and October 21, 2024. An

addendum as completed on June 25, 2025, addressing the purchased services. Accordingly, no recommendation is required; and,

13. Individual #20: Dental Services was not included for the months of August 2024 through September 2024, and Transportation Public/Rental/Taxi was not included for the months of May 2024 through March 2025 in the IPPs dated July 13, 2023, and July 30, 2024. An addendum as completed on June 24, 2025, addressing the purchased services. Accordingly, no recommendation is required.

2.10.a Recommendation	Regional Center Plan/Response
RCRC 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 RCRC.	Training on the IPP is a part of the New Employee Orientation (NEO), which is a requirement for all new staff. In addition, in-person HCBS training is currently being scheduled with each Service Coordination unit. This training includes a focus on areas of concern including ensuring IPPs and addendums include a schedule of the type and amount of all services and supports. In addition education, and a discussion and focus with Client Services Managers and Service Coordinators around the feedback forms that are provided to them after the annual HCBS recertification of clients and the importance of following up on any areas highlighted as these feedback forms clearly indicate to the CSMs and SCs when there are missing schedules of the type and amount of services and supports in the IPP and addendums are needed. It is being stressed to CSMs the importance of following up with the SCs on these feedback forms. In addition, we are looking at ways to better track whenever addendums are being sent for signatures and returned or not returned, so that if needed, timely follow-up occurs to ensure we have signed addendums any time a service or support has been added after the initial IPP.

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 (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 nineteen (74 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 #5, #9, #11, and #16 contained documentation of three of the four required meetings that were consistent with the quarterly timeline; and,

2. The record for individual #18 contained documentation of two of the four required meetings that was consistent with the quarterly timeline.

2.12.a Recommendation	Regional Center Plan/Response
RCRC should evaluate what actions may be necessary to ensure that quarterly face-to-face meetings are completed for all applicable individuals.	Overall, there is a continued focus on completing timely quarterly face-to-face meetings. Trainings on Quarterlies are held as part of the New Employee Orientation for all new staff, Agency wide training on quarterlies are being scheduled for every 3 months. There continues to be a review and discussion on current Agency status with regards to quarterlies at every bi-monthly Client Services Manager meeting. We are reviewing ways to improve the tracking system to ensure progress is made in achieving and maintaining compliance with the quarterly face-to-face visit requirements. The current tracking system only indicates if a quarterly was completed, it does not indicate the time frame in which it was done which does not indicate if a quarterly was completed outside of the quarterly timeline. The Director and Assistant Director of Client Services continue to meet individually with each Client Service Manager to monitor progress and coordinate efforts on quarterly completion. A query was completed for each Service Coordination unit producing a list of all clients for that unit sorted by SC showing the clients Residence Type and Residence Description. These lists will be

	provided to each CSM in order for the SC's to verify that the Residence code for their clients are correct and if not to indicate the correct Residence Code. The unit assistants will then use these lists to cross reference in Sandis against the Case Monitoring Frequency Status to verify those clients with Residence Code types that require quarterlies have the correct Case Monitoring Frequency status.

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 (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 nineteen (74 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 #5, #9, #11, and #16 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 #18 contained documentation of two of the four required quarterly reports of progress that was consistent with the quarterly timeline.

2.12.b Recommendation	Regional Center Plan/Response
RCRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable individuals.	Overall, there is a continued focus on completing timely quarterly face-to-face meetings. Trainings on Quarterlies are held as part of the New Employee Orientation for all new staff, Agency wide training on quarterlies are being scheduled for every 3 months. There continues to be a review and discussion on current Agency status with regards to quarterlies at every bi-monthly Client Services Manager meeting. We are reviewing ways to improve the tracking system to ensure progress is made in achieving and maintaining compliance

	with the quarterly face-to-face visit requirements. The current tracking system only indicates if a quarterly was completed, it does not indicate the time frame in which it was done which does not indicate if a quarterly was completed outside of the quarterly timeline. The Director and Assistant Director of Client Services continue to meet individually with each Client Service Manager to monitor progress and coordinate efforts on quarterly completion. A query was completed for each Service Coordination unit producing a list of all clients for that unit sorted by SC showing the clients Residence Type and Residence Description. These lists will be provided to each CSM in order for the SC's to verify that the Residence code for their clients are correct and if not to indicate the correct Residence Code. The unit assistants will then use these lists to cross reference in Sandis against the Case Monitoring Frequency Status to verify those clients with Residence Code types that require quarterlies have the correct Case Monitoring Frequency status to ensure that the required quarterly face-to-face visits and reports will occur.

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

The results of the August 2025 follow-up review indicate that the issues identified during the regular biennial monitoring review in July 2024 require further action to ensure that records of individuals contain IPPs that are signed by the appropriate individuals, IPPs include a schedule of the type and amount of all services and supports purchased by the regional center, and quarterly face-to-face meetings and reports of progress are completed timely.

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

2.12.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

Six of the eleven (55 percent) sample records of individuals served selected for the follow-up review contained documentation that quarterly face-to-face meetings were completed for individuals living in out-of-home community settings. However, the records for the following individuals were missing face-to-face meetings:

1. The records for individuals #5, #8, and #16 contained documentation of three of the four required meetings that were consistent with the quarterly timeline.

2. The record for individuals #13 and #14 contained documentation of one of the four required meetings that were consistent with the quarterly timeline.

2.12.a Recommendation	Regional Center Plan/Response
RCRC should evaluate what actions may be necessary to ensure that quarterly face-to-face meetings are completed for all applicable individuals.	RCRC has implemented a required monthly SDP Roundtable for all Service Coordinators who have SDP clients. In addition to reviewing new Directives or changes with SDP, and answering general questions, a review of HCBS Audit findings is discussed and those areas of concern and ways to address them are discussed. Overall, there continues to be a focus on completing timely quarterly face-to-face meetings. Trainings on Quarterlies are held as part of the New Employee Orientation for all new staff, Agency wide training on quarterlies are being scheduled for every 3 months. There continues to be a review and discussion on current Agency status with regards to quarterlies at every bi-monthly Client Services Manager meeting. We are reviewing ways to improve the tracking system to ensure progress is made in achieving and maintaining compliance with the quarterly face-to-face visit requirements. The current tracking system only indicates if a quarterly was completed,

	it does not indicate the time frame in which it was done which does not indicate if a quarterly was completed outside of the quarterly timeline. The Director and Assistant Director of Client Services continue to meet individually with each Client Service Manager to monitor progress and coordinate efforts on quarterly completion. A review was held of all clients who are receiving Community Living Supports and are not living with family to ensure they are coded with the correct Case Monitoring Frequency Status in Sandis. Any Service Coordinator who had an SDP client on an incorrect Case Monitoring Frequency Status in Sandis was contacted and asked to have it corrected within Sandis to ensure that the required quarterly face to face visits and reports will occur.

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 (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

Six of the eleven (55 percent) sample records of individuals served selected for the follow-up review contained documentation that quarterly reports of progress were completed for individuals living in out-of-home community settings. However, the records for the following individuals were missing reports of progress:

3. The records for individuals #5, #8, and #16 contained documentation of three of the four required quarterly reports of progress that were consistent with the quarterly timeline.

4. The record for individuals #13 and #14 contained documentation of one of the four required quarterly reports of progress that were consistent with the quarterly timeline.

2.12.b Recommendation	Regional Center Plan/Response
RCRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable individuals.	RCRC has implemented a required monthly SDP Roundtable for all Service Coordinators who have SDP clients. In addition to reviewing new Directives or changes with SDP, and answering general

	questions, a review of HCBS Audit findings is discussed and those areas of concern and ways to address them are discussed. Overall, there is a continued focus on completing timely quarterly face-to-face meetings. Trainings on Quarterlies are held as part of the New Employee Orientation for all new staff, Agency wide training on quarterlies are being scheduled for every 3 months. There continues to be a review and discussion on current Agency status with regards to quarterlies at every bi-monthly Client Services Manager meeting. We are reviewing ways to improve the tracking system to ensure progress is made in achieving and maintaining compliance with the quarterly face-to-face visit requirements. The current tracking system only indicates if a quarterly was completed, it does not indicate the time frame in which it was done, thus it does not indicate if a quarterly was completed outside of the quarterly timeline. We are looking at adjusting the tracking system to provide this information to assist in working on improving this area. The Director and Assistant Director of Client Services continue to meet individually with each Client Service Manager to monitor progress and coordinate efforts on quarterly completion. A review was held of all clients who are receiving Community Living Supports and are not living with family to ensure they are coded with the correct Case Monitoring Frequency Status in Sandis. Any Service Coordinator who had an SDP client on an incorrect Case Monitoring Frequency Status in Sandis was contacted and asked to have it corrected within Sandis to ensure that the required quarterly face to face visits and reports will occur.

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

The results of the August 2025 follow-up review indicate that the issues identified during the regular biennial monitoring review in July 2024 require further action to ensure that quarterly face-to-face meetings and reports of progress are completed timely.

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

1.4.a The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the individual or, where appropriate, his/her parents, legal guardian, or conservator. *[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)]*

Findings

Sixteen of the twenty (80 percent) applicable sample records of individuals contained IPPs that were signed by RCRC and the individuals, or their legal representatives. However, the following individuals' IPPs were not signed by the appropriate individual:

1. Individual #5: The IPP dated January 12, 2023, was not signed by the individual and the regional center. The IPP was signed on June 27, 2025. Accordingly, no recommendation is required;

2. Individual #13: The IPP dated September 14, 2022, was not signed by the individual. The IPP was signed on December 13, 2023. Accordingly, no recommendation is required;

3. Individual #18: The IPP dated September 12, 2023, was not signed by the individual and the regional center. The IPP was signed on June 10, 2025. Accordingly, no recommendation is required; and,

4. Individual #19: The IPP dated August 25, 2023, was not signed by the individual. The IPP was signed on November 17, 2023. Accordingly, no recommendation is required.

1.4.a Recommendation	Regional Center Plan/Response
RCRC should evaluate what actions may be necessary to ensure that IPPs are signed by the appropriate individuals.	Training on the IPP continues to be a part of the New Employee Orientation (NEO), which is a requirement for all new staff. We will create a system to track when IPPs and Addendum are being sent out for signature and returned or not returned, so that timely follow-up occurs to ensure IPPs are signed by the appropriate individuals.

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

Nine of the seventeen (53 percent) applicable sample records of individuals had quarterly face-to-face meetings completed and documented. However, the records for the following individuals were missing face-to-face meetings:

1. The records for individuals #1, #2, #4, #6, #10, and #13 contained documentation of three of the four required meetings that were consistent with the quarterly timeline.

2. The record for individual #5 contained documentation of two of the four required meetings that was consistent with the quarterly timeline.

3. The record for individual #8 contained documentation of one of the four required meetings that was consistent with the quarterly timeline.

1.9.a Recommendation	Regional Center Plan/Response
RCRC should evaluate what actions may be necessary to ensure that quarterly face-to-face meetings are completed for all applicable individuals.	Overall, there is a continued focus on completing timely quarterly face-to-face meetings. Trainings on Quarterlies are held as part of the New Employee Orientation for all new staff, Agency wide training on quarterlies are being scheduled for every 3 months. There continues to be a review and discussion on current Agency status with regards to quarterlies at every bi-monthly Client Services Manager meeting. We are reviewing ways to improve the tracking system to ensure progress is made in achieving and maintaining compliance with the quarterly face-to-face visit requirements. The current tracking system only indicates if a quarterly was completed, it does not indicate the time frame in which it was done which does not indicate if a quarterly was completed outside of the quarterly timeline. The Director and Assistant Director of Client Services continue to meet individually with each Client Service Manager to monitor progress and coordinate efforts on quarterly completion. A query was completed for each Service Coordination unit producing a

	list of all clients for that unit sorted by SC showing the clients Residence Type and Residence Description. These lists will be provided to each CSM in order for the SC's to verify that the Residence code for their clients are correct and if not to indicate the correct Residence Code. The unit assistants will then use these lists to cross reference in Sandis against the Case Monitoring Frequency Status to verify those clients with Residence Code types that require quarterlies have the correct Case Monitoring Frequency status to ensure that the required quarterly face to face visits and reports will occur.

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

Nine of the seventeen (53 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 nine individuals did not meet the requirement as indicated below:

1. The record for individuals #1, #2, #4, #6, #10, and #13 contained documentation of three of the four required quarterly reports of progress that were consistent with the quarterly timeline.

2. The record for individual #5 contained documentation of two of the four required quarterly reports of progress that was consistent with the quarterly timeline.

3. The record for individual #8 contained documentation of one of the four required quarterly reports of progress that was consistent with the quarterly timeline.

1.9.b Recommendation	Regional Center Plan/Response
RCRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable individuals.	Overall, there is a continued focus on completing timely quarterly face-to-face meetings. Trainings on Quarterlies are held as part of the New Employee Orientation for all new staff, Agency wide training on

	quarterlies are being scheduled for every 3 months. There continues to be a review and discussion on current Agency status with regards to quarterlies at every bi-monthly Client Services Manager meeting. We are reviewing ways to improve the tracking system to ensure progress is made in achieving and maintaining compliance with the quarterly face-to-face visit requirements. The current tracking system only indicates if a quarterly was completed, it does not indicate the time frame in which it was done, thus it does not indicate if a quarterly was completed outside of the quarterly timeline. We are looking at adjusting the tracking system to provide this information to assist in working on improving this area. The Director and Assistant Director of Client Services continue to meet individually with each Client Service Manager to monitor progress and coordinate efforts on quarterly completion. A query was completed for each Service Coordination unit producing a list of all clients for that unit sorted by SC showing the clients Residence Type and Residence Description. These lists will be provided to each CSM in order for the SC's to verify that the Residence code for their clients are correct and if not to indicate the correct Residence Code. The unit assistants will then use these lists to cross reference in Sandis against the Case Monitoring Frequency Status to verify those clients with Residence Code types that require quarterlies have the correct Case Monitoring Frequency status to ensure that the required quarterly face to face visits and reports will occur.

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

The results of the August 2025 follow-up review indicate that the issues identified during the regular biennial monitoring review in July 2024 require further action to ensure that IPPs are signed by the appropriate individuals and quarterly face-to face visits and documentation of progress are completed timely.

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, 5 records for the 1915(i) SPA Follow Up Review, and 4 records for the 1915(c) SDP Waiver 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 RCRC who passed away during the review period.

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

RCRC reported all deaths for individuals on the waiver during the review period. RCRC reported all special incidents in the sample of 20 records selected for the HCBS Waiver follow-up review to the Department. RCRC's vendors reported seven of the ten (70 percent) incidents in the supplemental sample to the regional center within the required timeframes. RCRC reported all ten (100 percent) incidents in the supplemental sample to the Department within the required timeframe. RCRC's follow-up activities on incidents in the supplemental sample were appropriate for the severity of the situations for all ten (100 percent) incidents.

Findings

SIR #5: The incident occurred on August 15, 2024. However, the vendor did not submit a written report to RCRC until September 4, 2024.

SIR #7: The incident occurred on September 18, 2024. However, the vendor did not submit a written report to RCRC until September 23, 2024.

SIR #9: The incident occurred on March 6, 2025. However, the vendor did not submit a written report to RCRC until March 14, 2025.

Recommendation	Regional Center Plan/Response
RCRC should evaluate what actions may be necessary to ensure that vendors report SIRs to the regional center within the required timeframe.	SIR #5 Vendor did not initially receive information that would indicate a need to submit a SIR. Upon receiving further details, vendor submitted the SIR and received technical assistance that staff be removed. Staff was terminated from service. Agency received a Quality Assurance Review in 2025.

	SIR #7 Vendor received immediate technical assistance to the Program Director from Community Resource Manager. In-person SIR training to Vendor staff was provided by CRM in October 2024. Agency is in process of Quality Assurance Review. SIR #9 Vendor received immediate technical assistance to the Program Director from Community Resource Manager. In-person SIR training to Vendor Staff was provided by CRM in June 2025. Additionally, Vendor is scheduled for a Quality Assurance Review in December 2025, part of which will include a review of Vendor SIRs. To better address findings in all areas of Section II, the RCRC Quality Assurance (QA) team is in the beginning phases of moving towards an Electronic SIR submission format. Currently, we are only able to accept SIRs via fax or in-person due to technology and manpower limitations, which has at times created a barrier for timely and efficient SIR submissions. It is hoped that by moving to the new format, vendors will have a smoother submission process with fewer errors. It will also provide RCRC with better data, outcome tracking and the ability to provide more targeted support to vendors. In addition, the QA team is in the process of developing an on-demand, self-guided vendor SIR training. The training will be available to all vendors for basic/new staff orientation needs but is also intended to address recurring SIR errors and training needs with vendor/their staff and may be assigned as part of risk mitigation efforts.

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

RCRC reported all deaths for individuals on the waiver during the review period. RCRC reported all special incidents in the sample of 20 records selected for the HCBS Waiver follow-up review to the Department. RCRC's vendors reported one of the four (25 percent) incidents in the supplemental sample to the regional center within the required timeframes. RCRC reported all four (100 percent) incidents in the supplemental sample to the Department within the required timeframe. RCRC's follow-up activities on incidents in the supplemental sample were appropriate for the severity of the situations for all four (100 percent) incidents.

Findings

SIR #1: The incident occurred on May 7, 2024. However, the vendor did not submit a written report to RCRC until May 28, 2024.

SIR #2: The incident on May 10, 2024. However, the vendor did not submit a written report to RCRC until May 28, 2024.

SIR #3: The incident occurred on May 12, 2024. However, the vendor did not submit a written report to RCRC until May 28, 2024.

Recommendation	Regional Center Plan/Response
RCRC should evaluate what actions may be necessary to ensure that vendors report SIRs to the regional center within the required timeframe.	SIR #1, #2, and #3 were for the same Vendor. They were placed on a Corrective Action Plan in 8/2024. As part of that Plan they requested and were provided SIR training materials to update and train their staff. To better address findings in all areas of Section II, the RCRC Quality Assurance (QA) team is in the beginning phases of moving towards an Electronic SIR submission format. Currently, we are only able to accept SIRs via fax or in-person due to technology and manpower limitations, which has at times created a barrier for timely and efficient SIR submissions. It is hoped that by moving to the new format, vendors will have a smoother submission process with fewer errors. It will also provide RCRC with better data, outcome tracking and the ability to provide more targeted support to vendors. In addition, the QA team is in the process of developing an on-demand, self-guided vendor SIR training.

	The training will be available to all vendors for basic/new staff orientation needs but is also intended to address recurring SIR errors and training needs with vendor/their staff and may be assigned as part of risk mitigation efforts.

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

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

Finding

SIR #2: The incident occurred on July 14, 2024. However, the vendor did not submit a written report to RCRC until July 22, 2024.