

Westside Regional Center Home and Community-Based Services Developmental Disabilities Waiver Monitoring Review Report

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

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2025

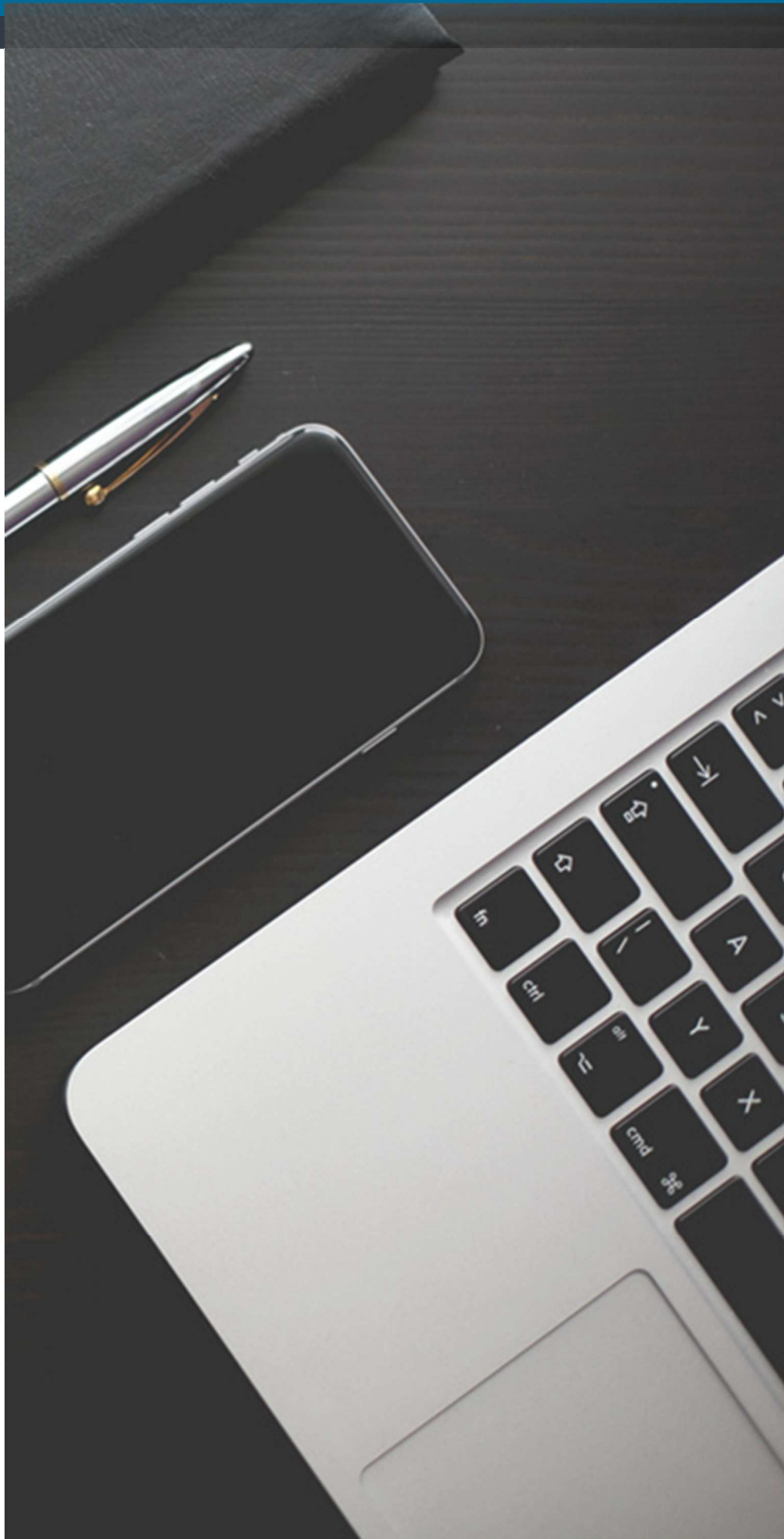


TABLE OF CONTENTS

SECTION I: REGIONAL CENTER SELF-ASSESSMENT	3
SECTION II: REGIONAL CENTER RECORD REVIEW	4
SECTION III: COMMUNITY CARE FACILITY RECORD REVIEW	15
SECTION IV: DAY PROGRAM RECORD REVIEW	18
SECTION V: OBSERVATIONS AND INTERVIEWS WITH INDIVIDUALS	19
SECTION VI: REGIONAL CENTER STAFF INTERVIEWS	20
SECTION VII: VENDOR STAFF INTERVIEWS	21
SECTION VIII: VENDOR PROGRAM MONITORING REVIEW	22
SECTION IX: SPECIAL INCIDENT REPORTING	23
SECTION X: SUPPLEMENTARY ISSUE	24

SECTION I: REGIONAL CENTER SELF-ASSESSMENT

Westside Regional Center (WRC) responded to questions that align with the California Home and Community-Based (HCBS) 1915(c) Developmental Disabilities Waiver requirements. The regional center self-assessment addresses the California HCBS Waiver assurances criteria and is designed to provide information about the regional center's processes and practices.

The responses indicated that the regional center has systems and procedures in place for implementing the State and HCBS Waiver laws and regulations addressed in the self-assessment criteria.

The full response to the self-assessment provided by WRC is available upon request.

SECTION II: REGIONAL CENTER RECORD REVIEW

For the review period of June 1, 2024, through May 31, 2025, a total of 28 records of individuals enrolled on the Home and Community-Based Services (HCBS) 1915(c) Developmental Disabilities Waiver and receiving services at Westside Regional Center (WRC), were reviewed for individual choice, HCBS Settings Rule requirements, notification of proposed action and fair hearing rights, level-of-care, individual program plans (IPP) and periodic reviews and reevaluations of services. In addition, one supplemental record was reviewed for documentation of voluntary disenrollment or a notice of proposed action, if there was a loss of service. Lastly, five additional supplemental records were reviewed for documentation that WRC determined the individual met the HCBS Waiver level-of-care requirements prior to receiving HCBS Waiver supports.

The 28 records reviewed were 90 percent in overall compliance for this review. Findings for fifteen criteria are detailed below.

- 2.1.a The DS 3770 is signed by a Qualified Intellectual Disability Professional (QIDP) and the title “QIDP” appears after the person’s signature. [42, C.F.R § 483.430(b)(2025)]

Findings

Twenty-five of the twenty-eight (89 percent) sample records of individuals contained DS 3770 forms that contained required title and signature. However, the DS 3770 form was not included in the record for the following individuals:

1. Individual #22: The DS 3770 is missing from the record;
2. Individual #23: The DS 3770 is missing from the record; and,
3. Individual #24: The DS 3770 is missing from the record.

2.1.a Recommendation	Regional Center Plan/Response
WRC should assure that a DS 3770 form for individual #22, #23 and #24 is completed.	Individuals #22, #23 and #24 have a current DS 3770. We are implementing a new electronic document folder/file structure via Therefore and an updated workflow which will improve document retention and procurement. This should be in place by May 31, 2026.

- 2.1.b The DS 3770 form summarizes the individual's assessed needs and/or any special health care conditions for meeting the Title 22 level-of-care requirements. *[Cal. Code. Regs tit. 22, § 51343(l)(5) (2025)]*

Findings

Twenty-five of the twenty-eight (89 percent) sample records of individuals summarized the assessed needs and/or special health care conditions on the DS 3770 form. However, the DS 3770 form was not included in the record for the following individuals.

1. Individual #22: The DS 3770 is missing from the record;
2. Individual #23: The DS 3770 is missing from the record; and,
3. Individual #24: The DS 3770 is missing from the record.

2.1.b Recommendation	Regional Center Plan/Response
WRC should assure that individuals #22, #23, and #24 have a DS 3770 form that lists assessed needs and special health care conditions.	Individuals #22, #23 and #24 have DS3770's which list assessed needs and special health care conditions. We are implementing a new electronic document folder/file structure via Therefore and an updated workflow which will improve document retention and procurement. This should be in place by May 31, 2026.

- 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

Twenty-six of the twenty-eight (93 percent) sample records of individuals contained a signed and dated DS 2200 form. However, there were identified issues regarding the DS 2200 form for the following individuals:

1. Individual #7: The DS 2200 form in the record was signed but not dated; and,
2. Individual #11: The DS 2200 was not signed until August 28, 2025. Accordingly, no recommendation is required.

2.2.a Recommendation	Regional Center Plan/Response
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WRC should assure that a DS 2200 for individual #7 is signed and dated.	The DS 2200 is signed and dated for individual #7.
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- 2.4 The individual record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12-months. Reevaluations, at least annually, of each individual receiving home or community-based services to determine if the individual continues to need the level-of-care provided and would, but for the provision of Waiver services, otherwise be institutionalized. [42 C.F.R. § 441.302(c)(2) (2025)]

Finding

Twenty-seven of the twenty-eight (96 percent) sample records of individuals contained a CDER that had been reviewed annually. However, the record for individual #24, did not contain documentation that the CDER had been reviewed annually.

2.4 Recommendation	Regional Center Plan/Response
WRC should assure that the CDER for individual #24 is reviewed annually.	We are implementing updated CDER training which includes implementation of CDER monitoring systems by June 30, 2026. Individual #24 does have a current CDER.

- 2.5.a The individual's assessed needs and any special health care conditions used to meet the level-of-care requirements for care provided in an ICF-DD, ICF-DDH, ICF/DD-N facility are documented on the DS 3770 and in the individual's Client Development Evaluation Report (CDER). [42 C.F.R. § 441.302(c) (2025)], [Cal. Code. Regs tit. 22, § 51343(l) (2025)]

Finding

Twenty-five of the twenty-six (96 percent) sample records of individuals had documented assessed needs that meet the level-of-care requirements. However, the record for individual #24 did not include the DS 3770 and CDER that list the assessed needs and any special health care conditions used to meet level-of-care.

2.5.a Recommendation	Regional Center Plan/Response
WRC should evaluate the HCBS Waiver eligibility for individual #24 to assure that the individual meets the level-of-care requirements. If the individual does not have at least two distinct assessed needs that meet the level-of-care requirements, the individual's HCBS Waiver eligibility should be terminated.	Individual #24 does have a current CDER and sufficient documented needs which meet HCBS Waiver eligibility requirements.

2.5.b The individual's assessed needs used to meet the level-of-care requirements for care provided in intermediate care facilities that is documented in the Client Development Evaluation Report (CDER) and the DS 3770 are consistent with other information contained in the individual's records. (*HCBS Waiver Requirement*)

Findings

Twenty-two of the twenty-six (85 percent) sample records of individuals documented level-of-care assessed needs that were consistent with information in the record. However, the assessed needs listed on the DS 3770 were not consistent in the following records:

1. Individual #4: "reminders for dressing";
2. Individual #5: "personal care with helpful movements";
3. Individual #18: "requires someone nearby during waking hours to prevent injury/harm in all settings"; and,
4. Individual #19: "physical aggression occurs once a month or more."

2.5.b Recommendations	Regional Center Plan/Response
WRC should determine if the items listed above for individuals #4, #5, #18, and #19 are appropriately identified as assessed needs. The individual's DS 3770 form should be corrected to assure that any items that do not represent substantial limitations in the individuals' ability to perform activities of daily living and/or participate in community activities are no longer identified as assessed needs. If WRC determines that the issues are correctly identified as assessed needs,	DS 3770's have been corrected for individuals #4, #5, #18, and #19 which align with the CDER.

documentation (updated IPPs, progress reports, etc.) that supports the original determinations should be submitted with the response to this report.	
In addition, WRC should evaluate what actions may be necessary to assure that the DS 3770 form is included in the record and corrected if any items that do not represent substantial limitations in the individuals' ability to perform activities of daily living and/or participate in community activities are no longer identified as assessed needs.	Renewed training will take place regarding CDER, IPP and DS3770 consistency by June 30, 2026.

- 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

Twenty-five of the twenty-eight (89 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 #9: The IPP was dated June 28, 2023. There was no documentation that the IPP was reviewed annually. An annual review was not completed until May 22, 2025;
2. Individual #11: The IPP was dated September 20, 2023. There was no documentation that the IPP was reviewed annually. An annual review was not completed until November 20, 2024; and,
3. Individual #20: The IPP was dated December 12, 2023. There was no documentation that the IPP was reviewed annually. An annual review was not completed until February 27, 2025.

2.6.a Recommendations	Regional Center Plan/Response
WRC should assure that the IPPs for individuals #9, #11, and #20 are reviewed at least annually by the planning team.	We will train and remind Service Coordinators to document efforts to schedule IPPs by June 30, 2026. We will assure that the IPPs for individuals #9, #11, and #20 are reviewed at least annually by the planning team.

- 2.6.b The HCBS Waiver Standardized Annual Review Form (SARF) is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary and that the individual’s health status and Client Development Evaluation Report have been reviewed. (*HCBS Waiver Requirement*)

Findings

Eighteen of the twenty (90 percent) applicable sample records contained a completed SARF or annual review report. However, the following records did not contain a completed SARF:

1. Individual #19: Missing SARF for annual review dated August 4, 2024; and,
2. Individual #20: Missing SARF for annual review dated February 27, 2025.

2.6.b Recommendation	Regional Center Plan/Response
WRC should assure that the SARF for individuals #19 and #20 are signed and completed during the annual IPP review process.	We are going to do renewed training on the Standardized IPP and SARF by June 30, 2026. Individuals #19 and #20 do have a current SARF.

- 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

Twenty-four of the twenty-eight (86 percent) sample records of individuals contained IPPs that were signed by WRC and the individuals or, where appropriate, their parents, legal guardian, conservator or the authorized representative. However, there were issues with the following IPPs as indicated below:

1. Individual #3: The IPP dated January 23, 2023, was not signed by the individual and the regional center until February 19, 2026. Accordingly, no recommendation is required;
2. Individual #11: The IPP dated November 20, 2024, was not signed by the individual’s parent until August 28, 2025. Accordingly, no recommendation is required;
3. Individual #15: The IPP dated January 26, 2023, was not signed by the individual and the regional center until April 17, 2026. Accordingly, no recommendation is required; and,

4. Individual #24: The IPP dated April 20, 2025, was not signed by the individual and the regional center until April, 6, 2024. Accordingly, no recommendation is required.

- 2.7.b IPP addenda are signed by an authorized representative of the regional center and the individual or, where appropriate, the individual's parents, legal guardian, conservator or authorized representative. [W.I.C. § 4646(g) (2023)]; [42 C.F.R. § 441.301(c)(2)(ix) (2025)]

Findings

Thirteen of the fifteen (87 percent) applicable sample records for individuals contained IPP addenda signed by WRC and the individual or, where appropriate the individual's parents, legal guardian, conservator or the authorized representative. However, the following addenda were not signed by the individual or authorized representative:

1. Individual #19: Addendum completed July 9, 2024 was not signed by the individual and the regional center; and,
2. Individual #26: Addendum completed March 14, 2025 was not signed until July 31, 2025. Accordingly, no recommendation is required.

2.7.b Recommendations	Regional Center Plan/Response
WRC should assure that the IPP addenda for individuals #19 is signed by the individual.	The IPP addenda for individual #19 has been signed. Training and oversight systems in this area are in development, which include administrative assistant support and will be implemented by June 30, 2026.

- 2.9.a The IPP addresses the assessed needs identified in the CDER and DS 3770. [42 C.F.R. § 441.301(c)(2)(iii)(iv) (2025)] (HCBS Waiver requirement)

Findings

Twenty-five of the twenty-seven (93 percent) sample records of individuals contained IPPs that addressed the individuals' assessed needs. However, the following IPPs did not address the supports for assessed needs identified in the CDER:

1. Individual #24: The IPP dated April 16, 2024 and April 30, 2025, the record did not contain a CDER to identify the assessed needs required to be addressed in the IPPs; and,
2. Individual #25: The IPP dated January 31, 2025, does not address the assessed needs of "taking meds with supervision"; "personal care with reminders"; "disruptive behavior interferes with social behavior weekly"; and, "emotional outbursts weekly with intervention".

2.9.a Recommendation	Regional Center Plan/Response
WRC should assure that the IPP for individuals #24 and #25 address the services and supports in place for the assessed needs identified above.	A new IPP is currently being developed for individual #24. The current IPP does address services and supports for individual #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

Fifteen of the twenty-eight (54 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 WRC funded services as indicated below:

1. Individual #3: Dentistry was not included for the month June 2024, Individual or Family Training was not included from October 2024 through November 2024, and January 2025 in the IPP dated January 23, 2023;
2. Individual #4: Transportation Services, Community Integration Training Program, and Residential Facility Serving Adults was not included for the month of June 2024 in IPPs dated February 23, 2023 and February 4, 2025;
3. Individual #9: Sports Club was not included for the month of June 2024 in IPPs dated June 28, 2023 and May 22, 2025;
4. Individual #15: Counseling Services was not included for the months of June 2024 through May 2025 in the IPP dated January 26, 2023;
5. Individual #17: Dentistry was not included for the months October 2024 and March 2025 in IPP dated July 1, 2024;
6. Individual #18: Specialized Therapeutic Services was not included for the month February 2025 in IPP dated June 6, 2022 and June 10, 2025;
7. Individual #19: Creative Arts Program was not included for the months of June 2024 through May 2025, Supported Living Services (PW8651) was not included for the months of June 2024 through July 2024, Supported Living Services (PW8580) was not included for the months October 2024 through May 2025, and Individual or Family Training Services was not included for the months of June 2024 through August 2024 in the IPP dated October 28, 2022;
8. Individual #20: Supported Living Services was not included for the months February 2025 through May 2025 in the IPP dated December 12, 2023;

9. Individual #21: Supported Living Services was not included for the months April 2025 through May 2025, Behavioral Management Program was not included for the months April 2025 through May 2025, Dentistry was not included for the month September 2024, Transportation Assistant was not included for the month April 2025, Supplemental Day Program Support was not included for the months March 2025 through May 2025, and Transportation Services was not included for the months April 2025 through May 2025 in the IPP dated January 26, 2023;
10. Individual #22: Dentistry was not included for the month of March 2025 in the IPP dated April 17, 2024;
11. Individual #23: Dentistry was not included for the months August 2024 and March 2025 in the IPP dated June 16, 2022;
12. Individual #24: Behavioral Management Program and Transportation Services was not included for the month of May 2025 in IPP dated April 30, 2025; and,
13. Individual #26: Dentistry was not included for the months June 2024 through July 2024, January 2025, and March 2025. Individual or Family Training Services was not included for the months February 2025 and April 2025 in IPP dated March 28, 2023.

2.10.a Recommendations	Regional Center Plan/Response
WRC should assure that the IPPs for individuals #3, #4, #9, #15, #17, #18, #19, #20, #21, #22, #23, #24, and #26 include a schedule of the type and amount of all services and supports purchased by WRC.	The current IPPs for #3, #4, #9, #15, #17, #18, #19, #20, #21, #22, #23, #24, and #26 now include service data as per requirements.
In addition, WRC should evaluate what actions may be necessary to assure that IPPs include a schedule of the type and amount of services and supports purchased by WRC.	We are implementing training related to documenting services via the IPP and IPP addendum process by June 30, 2026.

- 2.11 The IPP identifies the provider or providers of service responsible for implementing services and/or support, including, but not limited to, vendors, contracted providers, generic service agencies, and natural supports. *[WIC § 4646.5(a)(5)], [Title 42, CFR, § 441.301(c)(2)(v)]*

Findings

Twenty-two of the twenty-eight (79 percent) sample records of individuals contained IPPs that identified the provider or providers responsible for implementing services. However, the

following IPPs below did not indicate the provider for the WRC-funded services indicated below:

1. Individual #3: Dentistry and Individual or Family Training Services providers were not included in the IPP dated January 23, 2023;
2. Individual #18: Specialized Therapeutic Services provider was not included in the IPP dated June 6, 2022;
3. Individual #19: Creative Arts Program and Individual or Family Training Services providers were not included in the IPP dated October 28, 2022;
4. Individual #21: Dentistry, Transportation Services, Supplemental Day Program Support, and Transportation Assistant providers were not included in the IPP dated January 26, 2023;
5. Individual #22: Dentistry provider was not included in IPP dated April 17, 2024; and,
6. Individual #23: Dentistry provider was not included in IPP dated June 16, 2022.

2.11 Recommendations	Regional Center Plan/Response
WRC should assure that the IPP for individual #3, #18, #19, #21, #22, and #23 identifies the provider for the services listed above.	The current IPPs for individuals #3, #18, #19, #21, and #23 do include service data as per requirements. An addendum was completed for #22 to add dentistry provider information.
In addition, WRC should evaluate what actions may be necessary to assure that all IPP's identifies the provider for services.	We are implementing training related to documenting services via the IPP and IPP addendum process by June 30, 2026.

- 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 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)*

Findings

Eleven of the seventeen (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 #16, #17, #19, #20, and #22 contained documentation of three of the four required meetings that were consistent with the quarterly timeline; and,
2. The records for individual #21 contained documentation of two for the four required meetings that were consistent with the quarterly timeline.

2.12.a Recommendations	Regional Center Plan/Response
WRC should assure that all future face-to-face meetings are completed and documented each quarter for individuals: #16, #17, #19, #20, #21, and #22, quarterly face-to face meetings are completed and documented.	We will assure that all future face-to-face meetings are completed and documented each quarter for individuals #16, #17, #19, #20, #21, and #22.
In addition, WRC should evaluate what actions may be necessary to assure that quarterly face-to face meetings are completed and documented for all applicable individuals.	Training on the topic of quarterly meeting expectations will take place by March 31, 2026. Individual service coordinators working with the audited individuals have been coached. A system for tracking quarterly meetings is being implemented by June 30, 2026.

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

Findings

Eleven of the seventeen (65 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 #16, #17, #19, #20, and #22 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 #21 contained documentation of two of the four required quarterly reports of progress that were consistent with the quarterly timeline.

2.12.b Recommendations	Regional Center Plan/Response
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WRC should assure that future quarterly reports of progress are completed for individuals #16, #17, #19, #20, #21, and #22.	Individual service coordinators working with the audited individuals have been coached as it relates to expectations and implementation of a monitoring system.
In addition, WRC should evaluate what actions may be necessary to assure that quarterly reports of progress are completed for all applicable individuals.	Training on the topic of quarterly meeting expectations will take place by March 31, 2026. A system for tracking quarterly meetings is being implemented by June 30, 2026.

SECTION III: COMMUNITY CARE FACILITY RECORD REVIEW

The monitoring team visited three community care facilities (CCF) and reviewed three individual records for individuals supported by Westside Regional Center (WRC) who are living in those facilities. The monitoring team reviewed the records to determine if the record addressed all the elements CCFs are required to maintain in their individual records. The monitoring team also reviewed that the CCFs prepared written reports of progress in relation to the services and supports identified in the individual program plan (IPP) for which the facility is responsible. The review criteria in this section are derived from Title 17, California Code of Regulations and Title 42, Code of Federal Regulations.

The three records reviewed were 88 percent in overall compliance for 16 criteria. Findings for three criteria are detailed below.

- 3.2.b In a provider-owned or controlled residential setting, the unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord tenant law of the State, county, city or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address

eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law. [42, CFR, § 441.301(c)(4)(vi)(A) (2025)]

Findings

None of the three (0 percent) sample records contained documentation of agreement for eviction procedures and appeals process. The records of the following individuals did not include documentation of the appeals and eviction process:

1. Individual #1 at CCF #1;
2. Individual #2 at CCF #2; and,
3. Individual #3 at CCF #4;

3.2.b Recommendations	Regional Center Plan/Response
WRC should assure that individual file records maintained individual #1 for CCF #1, individual #2 for CCF #2, and individual #3 for CCF #4 contain documentation of agreement for eviction procedures and appeals process.	We will assure that individual file records maintained by CCF #1 for individual #1, CCF #2 for individual #2, and CCF #4 for individual #3 contain documentation of agreement for eviction procedures and appeals process.
In addition, WRC should evaluate what actions may be necessary to assure that individual file records maintained by all CCFs contain documentation of agreement for eviction procedures and appeals process.	Moving forward, all individuals moving into a CCF will sign an updated admissions agreement which contains the necessary tenant's protection language. Individuals currently living in CCFs will sign the updated admission agreement at the time of their quarterly or sooner meeting. Community Services Quality Assurance staff are notifying our CCFs of the need to update these forms by March 31, 2026. QA staff review a sampling of client files as part of their annual CCF review and check for admission agreement forms.

- 3.3 The facility has a copy of the individual's current IPP. [Cal. Code. Regs tit. 17, § 56017(b)(1)]; [Cal. Code. Regs tit. 17, § 56022(c)]

Finding

One of the three (67 percent) sample records of individuals contained a copy of the individual's current IPP. However, the record for individual #3 at CCF #4 did not have a copy of the current IPP.

3.3 Recommendations	Regional Center Plan/Response
WRC should assure that individual file records maintained by individual #3 for CCF #4 contains a copy of the current IPP.	We are assuring that individual file records maintained by CCF #4 for individual #3 contain a copy of the current IPP.
In addition, WRC should evaluate what actions may be necessary to assure that individual file records maintained by all CCFs contains a copy of the current IPP.	A regional center workflow is being established by June 30, 2026. CCF training on record keeping in this area is taking place June 30, 2026.

- 3.4 Service Level 2 and 3 facilities prepare and maintain written semiannual reports of the individual's progress. Semi-annual reports address and confirm the individual's progress toward achieving each of the IPP objectives for which the facility is responsible. *[Cal. Code. Regs. tit. 17, § 56026(b) (2023)]*

Finding

One of the two (50 percent) applicable sample records for individuals contained semiannual reports of the individual's progress. However, the records for individual #1 at CCF #1 contained no reports of the individual's progress during the review period.

3.4 Recommendations	Regional Center Plan/Response
WRC should assure that CCF #1 prepares and maintains written semiannual reports of progress for individual #1.	We are assuring CCF #1 prepares and maintains written semiannual progress reports for individual #1.
In addition, WRC should evaluate what actions action may be necessary to assure that CCFs maintain written quarterly reports of progress.	CCF training on progress reporting is taking place by June 30, 2026.

SECTION IV: DAY PROGRAM RECORD REVIEW

The monitoring team visited three day programs and reviewed three records for individuals supported by Westside Regional Center (WRC) who are receiving services from those day programs. The monitoring team reviewed the records to ensure that the day program addressed the requirements to maintain records and prepare written reports of progress in relation to the services and supports identified in the individual program plan (IPP) for which the day program is responsible. The review criteria in this section are derived from Title 17, California Code of Regulations and Title 42, Code of Federal Regulations.

The three records reviewed were (100 percent) in overall compliance for all criteria.

SECTION V: OBSERVATIONS AND INTERVIEWS WITH INDIVIDUALS

Seventeen of the twenty-eight individuals supported by Westside Regional Center, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities, or in independent living settings to verify that the individuals appeared to be supported and healthy and if applicable, the setting was compliant with the Home and Community-Based Services Settings requirements. Interview questions focused on the individuals' satisfaction with their living situation, day program or work activities, health, choice, and regional center services.

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

SECTION VI: REGIONAL CENTER STAFF INTERVIEWS

SECTION VI A: SERVICE COORDINATOR INTERVIEWS

The monitoring team interviewed five service coordinators (SC). The interviews determined that all of the SCs are knowledgeable about the desires, preferences, life circumstances and service needs of the individuals they support. The SCs had knowledge of the processes for individual program planning and periodic review as well as monitoring the health and safety of individuals and monitoring that the service providers who support them comply with Home and Community-Based Services (HCBS) 1915(c) Developmental Disabilities Waiver and Settings requirements.

SECTION VI B: CLINICAL SERVICES INTERVIEW

The monitoring team interviewed the Intake and Psychological Service Manager to assure that the regional center has practices in place to provide clinical support to individuals and service coordinators. The interview determined the regional center conducts routine monitoring of individuals with medical issues, monitoring of medications, monitoring of behavior plans, coordination of medical and mental health, improvements in access to preventive health care resources, and ensures that clinical services play a role in special incident reporting and the Risk Management Committee to address the ongoing health and safety of individuals who are on the HCBS 1915(c) Waiver.

SECTION VI C: QUALITY ASSURANCE INTERVIEW

The monitoring team interviewed the quality assurance specialist to assure the regional center has practices in place to conduct Title 17 and HCBS Waiver and settings monitoring and quality assurance activities. The interview determined the regional center conducts routine Title 17 monitoring of community care facilities, including two unannounced visits, service provider training, corrective action plans as required and technical assistance is provided when needed. In addition, the regional center verifies provider qualifications, resource development activities, and quality assurance among programs and providers where there are no regulatory requirements to conduct monitoring. Quality assurance also participates in special incident reporting and the Risk Management Committee to address the ongoing quality assurance needs of individuals who are on the HCBS Waiver.

SECTION VII: VENDOR STAFF INTERVIEWS

SECTION VII A: SERVICE PROVIDER INTERVIEWS

The monitoring team interviewed service providers at three community care facilities (CCF) and two day programs. The interviews determined that all service providers assess the needs of the individual in their program, participate in the development of an individual program plan (IPP), foster independence and an environment where the individual is treated with dignity and respect, advocate for and oversee the training and implementation of policies and procedures that ensure the health, safety, and rights of the individual are being planned for and met in accordance with the Home and Community-Based Services (HCBS) 1915(c) Developmental Disabilities Waiver and Settings requirements.

SECTION VII B: DIRECT SUPPORT PROFESSIONALS INTERVIEWS

The monitoring team interviewed direct support professionals at two CCFs. The interviews determined that all direct support professionals are familiar with and respect the individuals they are supporting, understand the individual's goals and objectives on their IPP, understand the service delivery and HCBS Waiver and settings requirements, are prepared to address safety issues, engage in emergency preparedness, and are knowledgeable about safeguarding medications.

SECTION VIII: VENDOR PROGRAM MONITORING REVIEW

The monitoring teams reviewed a total of two community care facilities (CCF) and two day programs to determine if the settings are Home and Community-Based Services Settings Requirement compliant, and are supporting individuals in a safe, healthy and positive environment where their privacy, rights and choices are respected, they have control of their personal resources and individual preferences and styles are reflected in CCFs where individuals live. All of the CCFs and the day programs were found to be in good condition with no immediate health and safety concerns.

8.6 Federal Requirement #6: Residential Agreement

In a provider-owned or controlled residential setting, the unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord tenant law of the State, county, city or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law. [42 C.F.R. § 441.301(c)(4)(vi)(A)]

Findings

Zero of the three (0 percent) sample records contained documentation of agreement for eviction procedures and appeals process. The records for the following CCFs did not include documentation of the appeals and eviction process:

1. CCF #1;
2. CCF #2; and,
3. CCF #4

See finding and recommendations for the vendor's non-compliance detailed in community care facility record review, criterion 3.2.b.

SECTION IX: SPECIAL INCIDENT REPORTING

The records of the 28 individuals supported by Westside Regional Center (WRC) and selected for the Home and Community-Based Services (HCBS) 1915(c) Developmental Disabilities (DD) Waiver sample were reviewed to verify that special incidents have been reported. A supplemental sample of 10 records of individuals receiving services were also reviewed to verify that special incident reports have been reported within the required timeframes, that documentation meets the requirements of Title 17, California Code of Regulations, and that the follow-up was appropriate and complete. In addition, the monitoring team verified that an incident report was completed for all individuals on the HCBS Waiver supported by WRC who passed away during the review period.

Summary of Findings

WRC reported all special incidents in the sample of 28 records selected for the HCBS 1915(c) DD Waiver review to the Department. WRC's vendors reported all 10 (100 percent) incidents in the supplemental sample to the regional center within the required timeframes. WRC reported all (100 percent) incidents in the supplemental sample to the Department within the required timeframe. WRC's follow-up activities on incidents in the supplemental sample were appropriate for the severity of the situations for all 10 (100 percent) incidents. In addition, WRC reported all deaths of individuals on the HCBS Waiver during the review period.

SECTION X: SUPPLEMENTARY ISSUE

This section contains any supplementary issues identified by the monitoring team during the review that are not specifically addressed by the standard review protocol criteria or directly related to the individuals selected for the review but should be reviewed and addressed by the regional center.

Comments

2.1.c Individuals #22, #23, #24, and #28 did not have two DS 3770 forms to verify that the recertification process was completed timely.