Westside Regional Center

Home and Community-Based Services

1915(c) Self-Determination Program Waiver

Monitoring Review Report

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

Review Dates: September 8-19, 2025

DDS Department of Developmental Services

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SECTION I: REGIONAL CENTER SELF-ASSSESSMENT

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

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

The full response to the self-assessment provided by 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 15 records of individuals enrolled on the Home and Community-Based Services (HCBS) 1915(c) Self-Determination Program (SDP) Waiver and receiving services at Westside Regional Center (WRC), were reviewed for individual choice, notification of proposed action and fair hearing rights, level-of-care, individual program plans (IPP) and periodic reviews and reevaluations of services. Lastly, three 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 15 records reviewed were 88 percent in overall compliance for this review. Findings for eight 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)(5) 2025)]*

Findings

Thirteen of the fifteen (87 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 #6: The DS 3770 is missing from the record; and,

2. Individual #7: The DS 3770 is missing from the record.

2.1.a Recommendations	Regional Center Plan/Response
WRC should assure that a DS 3770 form for individuals #6 and #7 is completed.	We have signed DS 3770 forms for individuals #6 and #7.

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

Eleven of the thirteen (85 percent) sample records of individuals 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 #6: DS 3770 is missing from the record; and,

2. Individual #7: DS 3770 is missing from the record.

2.1.b Recommendations	Regional Center Plan/Response
WRC should assure that individual #6 and #7 have a DS 3770 form that lists assessed needs and special health care conditions.	We have DS 3770 forms for individuals #6 and #7 that list assessed needs and special health care conditions.
In addition, WRC should evaluate what actions may be necessary to assure that the DS 3770 form is included that summarizes the individual's assessed needs and/or special health care conditions for meeting the level-of-care requirements.	We are completing updated DS3770 training by June 30, 2026. We have provided an outline of our training and updated process which is being implemented effective June 1, 2026.

2.1.c The DS 3770 form documents annual recertifications. *[42, C.F.R § 441.302(c) (2025)]*

Findings

Eleven of the thirteen (85 percent) sample records of individuals contained a timely DS 3770 annual recertification. However, the following sample records did not contain a current DS 3770 to confirm annual recertification.

1. Individual #13: The record contained a DS 3770 dated November 1, 2023 but did not contain a current DS 3770 annual recertification; and

2. Individual #14: The record contained a DS 3770 dated March 1, 2024 but did not contain a current DS 3770 annual recertification.

2.1.c Recommendations	Regional Center Plan/Response
WRC should assure that individuals #13 and #14 have a current DS 3770 to document annual recertification for HCBS waiver eligibility.	Individuals #13 and #14 have a current DS 3770 to document annual recertification for HCBS waiver eligibility.
In addition, WRC should evaluate what actions may be necessary to assure documentation of timely annual recertification.	We are completing updated DS3770 training and will be enlisting administrative assistant support to help track recertifications by June 30, 2026. We have provided an outline of our training and updated process which is being implemented effective June 1, 2026.

2.2.a Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living arrangements from (DS 2200). *[42 C.F.R. § 441.302(d) (2025)]*

Finding

Fourteen of the fifteen (93 percent) sample records of individuals contained a signed and dated DS 2200 form. However, the record for Individual #12, the DS 2200 was not signed until July 23, 2025. Accordingly, no recommendation is required;

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

Fourteen of the fifteen (93 percent) sample records of individuals contained a CDER that had been reviewed annually. However, the record for individual #7 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 #7 is reviewed annually.	A current CDER has been updated.

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

Fourteen of the fifteen (93 percent) sample records of individuals had documented assessed needs that meet the level-of-care requirements. However, the record for individual #7 did not include the DS 3770 and CDER that list the assessed needs and any special health care conditions used to meet the level-of-care.

2.5.a Recommendation	Regional Center Plan/Response
WRC should evaluate the HCBS Waiver eligibility for individual #7 to assure that the individual meets the level-of-care requirements. If the individual does not have at least two distinct assessed needs	The DS 3770 and CDER for individual #7 has been updated and captures sufficient deficits to meet level of care requirements.

that meet the level-of-care requirements, the individual's HCBS Waiver eligibility should be terminated.	

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

Thirteen of the fifteen (87 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 two individuals were reviewed annually as indicated below:

1. Individual #4: The IPP was dated December 20, 2022. There was no documentation that an annual review of the IPP was conducted in 2023. An annual review of the IPP was conducted February 6, 2024; and,

2. Individual #9: The IPP was dated October 1, 2021. There was no documentation that an annual review of the IPP was conducted in 2023 or 2024.

2.6.a Recommendation	Regional Center Plan/Response
WRC should assure that the IPPs for individuals #4 and #9 are reviewed at least annually by the planning team.	Current IPPs for individuals #4 and #9 have been completed and tracking systems have been implemented.

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)*

Finding

Nine of the ten (90 percent) applicable sample records contained a completed SARF or annual review report. However, for individual #4 there was no SARF completed for annual review dated February 6, 2024.

2.6.b Recommendation	Regional Center Plan/Response
WRC should assure that the SARF for individual #4 is completed during the annual IPP review process.	The SARF has been completed as part of an updated IPP for individual #4.

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, 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)]*

Findings

Eleven of the fifteen (73 percent) sample records of individuals contained IPPs that were signed by WRC and the individuals or, where appropriate, the individual's parents, legal guardian, conservator or the authorized representative. However, there were issues with the following IPPs as indicated below:

1. Individual #2: The IPP dated August 31, 2024, was not signed by the individual and the regional center;

2. Individual #9: The IPP dated October 1, 2021, was not signed by the individual and the regional center;

3. Individual #10: The IPP dated January 18, 2024, was not signed by the individual and the regional center; and,

4. Individual #15: The IPP dated May 29, 2025, was not signed by the authorized representative until October 1, 2025. Accordingly, no recommendation is required.

2.7.a Recommendations	Regional Center Plan/Response
WRC should assure that the IPP for individual's #2, #9, and #10 is signed. If the individual does not sign, WRC should ensure that the IPP addresses the reason why the individual did not or could not sign.	IPP signatures for individuals #2, #9, and #10 have been obtained.
In addition, WRC should evaluate what actions may be necessary to assure that the IPP is signed by the individual and the planning team prior to implementation.	Training related to authorized signatories will be taking place by June 30, 2026. Workflow processes will be established to both compel signatures before services begin and administrative support for outstanding signature pages by June 30, 2026.

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

Findings

Thirteen of the fourteen (93 percent) sample records of individuals contained IPPs that addressed the individual's assessed needs. However, for individual #6, the IPP dated June 8, 2023, does not address the assessed need "emotional outbursts" identified in the CDER.

2.9.a Recommendation	Regional Center Plan/Response
WRC should assure that the IPP for individual #6 address the services and supports in place for the assessed need identified above.	The IPP for individual #6 addresses the services and supports in place for the assessed need identified above.

2.10.a The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. *[W.I.C. § 4646.5(a)(5) (2023)]; [42 C.F.R. § 441.301(c)(2)(v) (2025)]*

Findings

Eleven of the fifteen (73 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 four individuals did not include WRC funded services as indicated below:

1. Individual #4: Financial Management Services was not included for the months April 2025 through May 2025, in the IPP February 06, 2024;

2. Individual #8: Financial Management Services was not included for the months June 2024 through May 2025, in the IPP dated May 15, 2023;

3. Individual #9: Financial Management Services Fiscal Employment Agent was not included for the months June 2024 through May 2025, in the IPP October 1, 2021. The 2024 IPP was not included in the record; and,

4. Individual #11: Financial Management Service was not included for the month March 2025, in the IPP October 10, 2024.

2.10.a Recommendations	Regional Center Plan/Response
WRC should assure that the IPPs for individuals #4, #8, #9, and #11 include a schedule of the type and amount of all services and supports purchased by WRC.	An IPP and addendum with required service details were completed respectively for individual #4, #8 and #9. An IPP meeting was completed April 7, 2026, and the IPP has the FMS POS information. An IPP addendum was developed and sent for signature for individual #11 on May 4, 2026.

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 will be training staff on the new IPP and how it interacts with SDP FMS and other services 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)]*

Finding

Fourteen of the fifteen (93 percent) sample records of individuals contained IPPs that identified the provider or providers responsible for implementing services. However, for individual #9, the provider for WRC funded services, Financial Management Services was not included in IPP dated October 1, 2021. The IPP for 2024 was not included in the record.

2.11 Recommendation	Regional Center Plan/Response
WRC should assure the IPP for individual #9 identifies the providers for the services listed above.	The current IPP for individual #9 does identity FMS services.

2.11.a (SDP only) A copy of the spending plan attached to the participant's IPP. *[W.I.C. § 4685.8(c)(7) (2023)].*

Findings

Fourteen of the fifteen (93 percent) sample IPPs of individuals served had a spending plan attached to their IPP. However, individual #6 did not have a spending plan attached to their IPP.

2.11.a Recommendation	Regional Center Plan/Response
WRC should assure the spending plan for individual #6 is attached to their IPP.	A spending plan has been developed and is attached to the IPP.

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, family home agencies, 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 ten (60 percent) applicable sample records of individuals contained quarterly

face-to-face meetings completed and documented. However, the records for four individuals did not meet the requirement as indicated below:

1. The record for individuals #2 and #5 contained documentation of three of the four required meetings that were consistent with the quarterly timeline;

2. The record for individual #10 contained documentation of one of the four required meetings that were consistent with the quarterly timeline; and,

3. The record for individual #9 did not contain any documentation of any of the four required meetings within the review period.

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 #2, #5, #9, and #10.	Managers have assured their staff have tickler systems in place and are monitoring.
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.	We have implemented a process whereby email quarterly meeting status reports by caseload to service coordination managers for oversight and service coordinator support. We have a draft Quarterly template which we plan on using by June 30, 2026. We are also developing a training which covers the quarterly requirement. We are working out technical questions to fully implement. We are implementing updated training and a tracking system by June 30, 2026.

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, family home agencies, 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 out of ten (60 percent) applicable sample records of individuals contained quarterly reports of progress completed for individuals living in community out-of-home settings. However, the records for four individuals did not meet the requirement as indicated below:

1. The record for individual #2 and #5 contained documentation of three of the four required quarterly reports of progress that were consistent with the quarterly timeline;

2. The record for individual #10 contained documentation of one of the four required quarterly reports of progress that were consistent with the quarterly timeline; and,

3. The record for individuals #9 did not contain documentation of any of the four required quarterly reports of progress that were consistent with the quarterly timeline.

2.12.b Recommendations	Regional Center Plan/Response
WRC should assure that future quarterly reports of progress are completed for individuals #2, #5, #9, and #10.	Managers have assured their staff have tickler systems in place and are monitoring.
In addition, WRC should evaluate what actions may be necessary to assure that quarterly reports of progress are completed for all applicable individuals.	We have implemented a process whereby email quarterly meeting status reports by caseload to service coordination managers for oversight and service coordinator support. We have a draft Quarterly template which we plan on using by June 30, 2026. We are also developing a training which covers the quarterly requirement. We are working out technical questions to fully implement. We are implementing updated training and a tracking system by June 30, 2026.

New Enrollees

Three supplemental records were reviewed for documentation that WRC determined the HCBS Waiver level-of-care prior to receipt of HCBS SDP Waiver services. Two of the three records (67 percent) contained a DS 3770 documenting that the level-of-care was determined prior to the receipt of HCBS SDP services. However, there was no documentation provided for NE #2 to determine HCBS Waiver level-of-care.

Recommendation	Regional Center Plan/Response
WRC should assure that level-of-care is determined prior to the receipt of HCBS Waiver services.	We will assure that level-of-care is determined prior to the receipt of HCBS Waiver services.

SECTION III: OBSERVATIONS AND INTERVIEWS WITH INDIVIDUALS

Eight of the fifteen individuals supported by Westside Regional Center (WRC), or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities, or in independent living settings to verify that the individuals appear to be supported and healthy. Interview questions focused on the individuals' satisfaction with their financial management service (FMS) provider, independent facilitator, participation in developing budget and spending plan, and regional center services.

Findings

Four of the eight individuals/parents of minors interviewed, indicated satisfaction with their financial management service provider, independent facilitator, living situation, day program, work activities, health, choice, and regional center services. The appearance for all the individuals that were interviewed and observed reflected personal choice and individual style. However, the following individuals shared issues regarding the services they receive:

1. Individual #2 (SDP observation), the individual's nursing supervisor and Independent Facilitator expressed dissatisfaction with their current service coordinator's absences to meetings, unresponsiveness with phone calls, and the individual's budget and spending plan not being approved timely;

2. Individual #3 was dissatisfied with their service coordinator regarding not having the opportunity to collaborate with the development of the spending plan;

3. Individual #7 was dissatisfied with their FMS provider regarding their ability to get in contact with the FMS, the FMS inability to answer their questions, and inability to manage their budget; and,

4. Individual #13 was dissatisfied with their FMS provider regarding timeliness of reimbursements.

Recommendations	Regional Center Plan/Response
WRC should follow up with individuals #2 and #3 regarding concerns with their service coordinator, and individuals #7 and #13 in regards to concerns with their FMS provider.	Follow up took place for all the individuals listed here to address service coordinator or FMS concerns.

SECTION IV: SERVICE COORDINATOR INTERVIEWS

The monitoring team interviewed two service coordinators (SC). The interviews determined that both of the SCs, are knowledgeable about the desires, preferences, life circumstances and service needs of the individuals they support. The SCs had knowledge of the processes for individual program planning, knowledge of Self-Determination Program services and periodic review as well as monitoring the services, health, and safety of the individuals they support.

SECTION V: SPECIAL INCIDENT REPORTING

The records of the four individuals supported by Westside Regional Center (WRC) and selected for the Home and Community-Based (HCBS) 1915(c) Self-Determination Program Waiver sample were reviewed to verify that special incidents have been reported. A supplemental sample of three records were also reviewed to verify that special incident reports (SIR) 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 waiver supported by WRC who passed away during the review period.

Summary of Findings

WRC reported all special incidents in the sample of 15 records selected for the HCBS 1915(c) Self-Determination Program waiver review to the Department. WRC's vendors reported three out of the four (75 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 (100 percent) incidents. In addition, WRC reported all deaths during the review period.

Findings

SIR #1: The incident occurred on March 10, 2025. However, the vendor did not submit a written report to WRC until March 24, 2025.

Recommendation	Regional Center Plan/Response
WRC should assure that vendors report special incidents within the required timeframes.	We are developing vendor training related to the new SIR regulations and will use that opportunity for basic training as well. We expect to roll this out by April 30, 2026.

SECTION VI: SUPPLEMENTARY ISSUES

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 #6 and #7 did not have two DS 3770 forms to verify that the recertification process was completed timely.

2.11.b (SDP only) The spending plan shall identify the cost of each good, and service, and support that will be purchased with regional center funds. The total amount of the spending plan cannot exceed the amount of the individual budget. *[W.I.C. § 4685.8(c)(7) (2023)]*

Findings

Thirteen of the fifteen (87 percent) sample records of individuals did not have a current spending plan attached to the IPP to verify that the spending plan did not exceed the amount of the certified budget. Individuals #4 and #11 did not include the current spending plan attached to the participants IPP to ensure the spending plan does not exceed the amount of the certified budget.

2.11.b Recommendations	Regional Center Plan/Response
WRC should assure the current spending plan is attached to the participants IPP in the record for the individuals #4 and #11 to ensure the spending plan does not exceed the amount of the certified budget.	WRC is assuring the current spending plan for individuals #4 and #11 is attached to the IPP to ensure it does not exceed the amount of the certified budget.