Westside Regional Center

Home and Community-Based Services

1915(i) State Plan Amendment

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 RECORD REVIEW

For the review period of June 1, 2024, through May 31, 2025, a total of 6 records of individuals enrolled on the Home and Community-Based Services 1915(i) State Plan Amendment and receiving services at Westside Regional Center (WRC), were reviewed for individual choice, notification of proposed action and fair hearing rights, individual program plans (IPP) and periodic reviews and reevaluations of services.

The 6 records reviewed were 91% percent in overall compliance for this review. Findings for 5 criteria are detailed below.

1.4.a The IPP is prepared jointly with the planning team and list of agreed upon services is signed, prior to its implementation, by an authorized representative of the regional center and the individual or, where appropriate, the individual's parents, legal guardian, conservator or the authorized representative. *[W.I.C. § 4646(d) (2023)]; [W.I.C. § 4646(i) (2023)]; [42 C.F.R. § 441.301(c)(1)(i) (2025)]; [42 C.F.R. § 441.301(c)(2)(ix) (2025)]*

Finding

Five of the six (83 percent) sample records of individuals contained IPPs that were signed by WRC and the individuals, where appropriate, their parents, legal guardian, conservator or the authorized representative. However, the IPP for individual #2, dated April 1, 2025, was not signed by the regional center.

1.4.a Recommendations	Regional Center Plan/Response
WRC should assure that the IPP for individual #2 is signed by the regional center.	Individual #2 does have a signed IPP.
In addition, WRC should evaluate what actions may be necessary to assure that IPPs are signed by the regional center.	We are rolling out SIPP training and an updated signature procurement workflow by June 30, 2026.

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

Findings

Four of the six (67 percent) sample IPPs of individuals included a schedule of the type and amount of all services and supports purchased by the regional center. However, IPPs for two individuals did not include WRC funded services as indicated below:

1. Individual #5: Parent Support Services was not included for the month June 2024, Supported Living Services was not included for the month June 2024, and Transportation

was not included for the months June 2024, August 2024 through May 2025 in the IPP dated May 26, 2022; and,

2. Individual #6: Dentistry was not included for the month July 2024, in IPP the dated November 29, 2022.

1.7.a Recommendations	Regional Center Plan/Response
WRC should assure that the IPPs for individuals #5 and #6 include a schedule of the type and amount of all services and supports purchased by WRC.	IPPs for individuals #5 and #6 include a schedule of the type and amount of all services and supports purchased by WRC.
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 have developed a protocol which involves Unit Assistants helping to coordinate MW add and recertifications. Vetting authorizations against IPPs is part of the process. We are implementing in April 2026 to pilot and fine tune. I have included the protocol as a separate attachment. An SIPP training, which will include how to document services, is still under development with a goal of implementing by June 30, 2026. We are working out technical questions to implement. An SIPP checklist is under development as well.

1.8 The IPP or addenda 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. *[W.I.C. § 4646.5(a)(5) (2023)]; [42 C.F.R. § 441.301(c)(2)(v) (2025)]*

Finding

Five out of six (84 percent) sample records of individuals contained IPPs that identified the provider or providers responsible for implementing services. However, the IPP for individual #6 did not indicate the provider for the WRC-funded service of Dentistry in the IPP dated November 29, 2022.

1.8 Recommendation	Regional Center Plan/Response
WRC should assure the IPP for individual #6 identifies the provider for the service listed above.	Individual #6 current IPP captures all services including service providers.
In addition, WRC should evaluate what actions may be necessary to assure that IPPs identify the provider for the services.	Workflow processes will be established to both compel signatures before services begin and administrative support for

	outstanding signature pages by June 30, 2026.

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))*

Finding

Three of the four (75 percent) applicable sample records of individuals had quarterly face-to-face meetings completed and documented. However, the record for individual #1 contained documentation of two of the four required meetings that were consistent with the quarterly timeline.

1.9.a Recommendations	Regional Center Plan/Response
WRC should assure that all future face-to-face meetings are completed and documented each quarter for individual #1.	Individual #1 has a current quarterly and the service coordinator has a tracking system in place to ensure these take place moving forward.
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.

1.9.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

Two of the four (50 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 two individuals did not meet the requirement as indicated below:

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

1.9.b Recommendations	Regional Center Plan/Response
WRC should assure that future quarterly reports of progress are completed for individuals #1 and #5.	We will assure that future quarterly reports of progress are completed for individuals #1 and #5.
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.

SECTION II: SPECIAL INCIDENT REPORTING

The records of the six individuals supported by Westside Regional Center and selected for the Home and Community-Based Services (HCBS) 1915(i) State Plan Amendment sample were reviewed to verify that special incidents have been reported. A supplemental sample of five records of individuals receiving services 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 SPA supported by WRC who passed away during the review period.

Summary of Findings

WRC reported all special incidents in the sample of six records selected for the HCBS 1915(i) State Plan Amendment review, to the Department. WRC's vendors reported four of the five (80 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 5 incidents. In addition, WRC reported all deaths during the review period.

Findings

SIR #5: The incident occurred on December 28, 2024. However, the vendor did not submit a written report to WRC until January 6, 2025.

Recommendations	Regional Center Plan/Response
WRC should assure that all vendors report special incidents within the required timeframes.	We reviewed reporting regulations with this service provider as it relates to this submission.

SECTION III: 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

None