San Gabriel/Pomona Regional Center
Home and Community-Based Services
1915(i) State Plan Amendment
Monitoring Review Report

Conducted by:

Department of Developmental Services

March 25, 2024-April 12, 2024

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EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) conducted the federal compliance monitoring review of the Home and Community-Based Services (HCBS) 1915(i) State Plan Amendment (SPA) program from March 25, 2024-April 12, 2024, at San Gabriel/Pomona Regional Center (SG/PRC). The monitoring team members were Fam Chao (Team Leader), Lena Mertz, Kelly Sandoval, Deeanna Tran, Dominique Johnson, Crystal La, Nora Muir, Natasha Clay, Nadia Flores, Jenny Mundo, and Bonnie Simmons from DDS, and Amalya Caballery from DHCS.

Purpose of the Review

DDS contracts with 21 private, non-profit corporations to operate regional centers, which are responsible under state law for coordinating, providing, arranging or purchasing the services needed for eligible individuals with developmental disabilities in California. All HCBS 1915(i) SPA services are provided through this system. It is the responsibility of DDS to ensure, with the oversight of DHCS, that the HCBS 1915(i) SPA is implemented by regional centers in accordance with Medicaid statute and regulations.

Overview of the HCBS 1915(i) SPA Programmatic Compliance Monitoring Protocol

The compliance monitoring review protocol is comprised of sections/components designed to determine if the individuals' needs and program requirements are being met and that services are being provided in accordance with the individual program plan (IPP). Specific criteria have been developed for the review sections listed below that are derived from federal/state statutes and regulations and from Centers for Medicare & Medicaid Services' directives and guidelines relating to the provision of HCBS 1915(i) SPA services.

Scope of Review

The monitoring team conducted reviewed of a sample of 15 records for individuals served who are on HCBS 1915(i) SPA. In addition, a supplemental sample of records were reviewed for five individuals who had special incidents reported to DDS during the review period of December 1, 2022 through November 30, 2023.

Overall Conclusion

SG/PRC is in substantial compliance with the federal requirements for the HCBS 1915(i) SPA program. Specific recommendations that require follow-up actions by SG/PRC are included in the report findings. DDS is requesting documentation of follow-up actions taken by SG/PRC in response to each of the specific recommendations within 30 days following receipt of this report.

Major Findings

Section I – Regional Center Record Review of Individuals Served

Fifteen sample records for individuals served on the 1915i SPA were reviewed for 24 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS 1915(i) SPA requirements. Criterion 1.4.a was 80 percent in compliance because 3 of the 15 applicable records did not contain documentation of the IPP signed by the individual and regional center. Criterion 1.4.b was 25 percent in compliance because 3 of the 4 applicable records did not contain documentation of the IPP addenda signed by the individual and regional center. Criterion 1.7.a was 67 percent in compliance because 5 of the 15 applicable records did not contain documentation that the IPP included type and amount of all services purchased by the regional center. Criterion 1.9.b was 75 percent in compliance because 1 of the 4 applicable records did not contain documentation of the quarterly progress toward IPP services for the individual served. Six criteria were rated as not applicable for this review.

The sample records were 93 percent in overall compliance for this review. SG/PRC's records were 93 and 97 percent in overall compliance for the collaborative reviews conducted in 2022 and in 2020, respectively.

Section II – Special Incident Reporting

The monitoring team reviewed 15 records for individuals served who are on the 1915(i) SPA and five supplemental sample records for special incidents during the review period. SG/PRC reported all special incidents timely for the sample selected for the HCBS 1915(i) SPA review. For the supplemental sample, the service providers reported four of the five incidents to SG/PRC within the required timeframes, and SG/PRC subsequently transmitted all five special incidents to DDS within the required timeframes. SG/PRC's follow-up activities on incidents were timely and appropriate for the severity of the situation.

SECTION I

REGIONAL CENTER
RECORD REVIEWOF INDIVIDUALS SERVED

I. Purpose

The review is based upon documentation criteria derived from federal/state statutes and regulations and from the Centers for Medicare & Medicaid Services' directives and guidelines relating to the provision of Home and Community-Based Services (HCBS) 1915(i) State Plan Amendment (SPA) services. The criteria address requirements for eligibility, individual choice, notification of proposed action and fair hearing rights, individual program plans and periodic reviews and reevaluations of services. The information obtained about the individuals' needs and services is tracked as a part of the onsite program reviews.

II. Scope of Review

1. Fifteen HCBS 1915(i) SPA records of individuals served were selected for the review sample.

2. The review period covered activity from December 1, 2022 to November 30, 2023.

III. Results of Review

The sample records were reviewed for 24 documentation requirements derived from federal and state statutes and regulations and HCBS 1915(i) SPA requirements. Six criteria were not applicable for this review.

- ✓ The sample records were in 100 percent compliance for 14 applicable criteria. There are no recommendations for these criteria.

- ✓ Findings for four criteria are detailed below.

- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

1.4.a The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the individual served or, where appropriate, his/her parents, legal guardian, or conservator. *[W&I Code §4646(g)]*

Findings

Twelve of the fifteen (80 percent) sample records of individuals served contained IPPs that were signed by SG/PRC and the individuals served, or their legal representatives. However, the following individuals' IPPs were not signed by the appropriate individuals:

1. Individual #2: The IPP dated September 29, 2020 was not signed by the individual served;

2. Individual #5: The IPP dated October 12, 2022 was not signed by the legal representative. The IPP was signed on March 14, 2024 by the individual served. Accordingly, no recommendation is required; and

3. Individual #13: The IPP dated March 24, 2022 was not signed by the individual served. The IPP was signed on April 4, 2024 by the individual served. Accordingly, no recommendation is required.

1.4.a Recommendations	Regional Center Plan/Response
SG/PRC should ensure that the IPP for individual #2 is signed by the individual served. If the individual served does not sign, SG/PRC should ensure that the record addresses the reason why the individual did not or could not sign.	Regarding Individual #2, Form was completed and received on 04/15/2024. Form will be submitted with this report.
In addition, SG/PRC should evaluate what actions may be necessary to ensure that the IPPs are signed by the individuals and regional center for all applicable individuals served.	SG/PRC will continue assessing how it can improve. Training and the development of materials has been identified thus far to ensure that the IPPs are signed by the individuals and regional center for all applicable individuals served.

1.4.b IPP addenda are signed by an authorized representative of the regional center and the individual served or, where appropriate, his/her parents, legal guardian, or conservator.

Findings

One of the four (25 percent) applicable sample records of individuals served contained addenda that were signed by SG/PRC and the individuals served or their legal representatives. However, the following individuals' IPP addenda were not signed by the appropriate individuals:

1. Individual #3: The IPP addendum dated January 23, 2023 was not signed by the legal representative. The IPP addendum was signed on April 4, 2024 by the individual served. Accordingly, no recommendation is required;

2. Individual #5: The IPP addenda dated December 16, 2022, February 22, 2023, June 14, 2023, July 17, 2023, July 20, 2023 and November 21, 2023 were not signed by the individual served. The IPP addenda were signed on March 14, 2024 by the individual served. Accordingly, no recommendation is required; and

3. Individual #13: The IPP addenda dated February 10, 2023 was not signed by the individual served. The IPP addenda was signed on April 4, 2024 by the individual served. Accordingly, no recommendation is required.

1.7.a The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. *[WIC §4646.5(a)(5)]*

Findings

Ten of the fifteen (67 percent) sample IPPs for individuals served included a schedule of the type and amount of all services and supports purchased by the regional center. However, IPPs for five individuals did not include SG/PRC funded services as indicated below:

1. Individual #2: Residential Facility Serving Adults-Staff Operated;

2. Individual #3: Adaptive Skills Training;

3. Individual #5: Behavior Management Consultant;

4. Individual #9: Supported Employment-Group; and

5. Individual #15: Behavior Analyst, In-Home Respite Service Agency, and Behavior Management Assistant.

1.7.a Recommendations	Regional Center Plan/Response
SG/PRC should ensure that the IPPs for individuals #2, #3, #5, #9, and #15 include a schedule of the type and amount of all services and supports purchased by SG/PRC.	Regarding individual #2, training was provided to SC. Clinical Team reviewed Addendum requirements with SC, but one was not completed prior to date requested by DDS. Regarding individual #3, Addendum was completed on 01/19/2024. Form will be submitted with this report. Regarding individual #5, Addendum was completed on 07/17/2023. Form will be submitted with this report. Regarding individual #9, Training was provided to SC. Addendum was completed on 01/19/2024 and approved on 03/04/2024. Regarding individual #15, Training was provided to SC. Addendum was completed on 07/17/2023 and approved on 07/20/2023.
In addition, SG/PRRC should evaluate what actions may be necessary to ensure that the IPPs include a schedule of type and amount of all services and supports purchased by SG/PRC are completed for all applicable individuals served.	SG/PRC's Clinical Team will provide ongoing Training to ensure that the IPPs include a schedule of type and amount of all services and supports purchased by SG/PRC are completed for all applicable individuals served.

1.9.b Quarterly reports of progress are completed for individuals living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or supported living and independent living settings. *(Title 17, CCR, §56047*; *Title 17, CCR, §56095*; *Title 17, CCR, §58680*; *Contract requirement)*

Finding

Three of the four (75 percent) applicable sample records of individuals served had quarterly reports of progress completed for individuals living in community out-of-home settings. However, the record for individual #1 contained documentation of three of the required quarterly reports of progress.

1.9.b Recommendation	Regional Center Plan/Response
SG/PRRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable individuals served.	Training, Case Oversight, Performance Evaluations and support from the HR Training Team will facilitate compliance in this area. SG/PRC will continue evaluating ways to mitigate these types of errors to remain in compliance with quarterly reports of progress so that they are completed for all applicable individuals served. SG/PRC's Clinical Team has provided this update to Client Services during Leadership Meeting dated 07/17/2024. They will increase oversight. Additionally, the SC Training on HCBS Medicaid Waiver Requirements on 10/08/2024 and 10/09/2024 (inclusive of 1915i and SDP requirements) will further address compliance issues identified during the monitoring review. New Staff Orientation – Medicaid Waiver Training was also completed on 08/01/2024.

Summary for Regional Center Record Review of Individuals Served Sample Size = 15 Records						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
1.0	The individual is Medi-Cal eligible. *(SMM 4442.1)*	15			100	None
1.1	Each record contains a "1915(i) State Plan Amendment Eligibility Record" (DS 6027 form), signed by qualified personnel, which documents the date of the individual's initial 1915(i) SPA eligibility certification and annual reevaluation, eligibility criteria, and short-term absences. *[SMM 4442.1*; *42 CFR 483.430(a)]*	Criterion 1.1 consists of four sub-criteria (1.1.a-d) that are reviewed and rated independently.				
1.1.a	The DS 6027 is signed and dated by qualified regional center personnel.			15	NA	None
1.1.b	The DS 6027 form indicates that the individual meets the eligibility criteria for the 1915(i) SPA.			15	NA	None
1.1.c	The DS 6027 form documents annual reevaluations.			15	NA	None
1.1.d	The DS 6027 documents short-term absences of 120 days or less, if applicable.			15	NA	None
1.2	There is written notification of a proposed action and documentation that the individual served has been sent written notice of their fair hearing rights whenever services or choice of services are denied or reduced without the agreement of the individual/authorized representative, or the individual/authorized representative does not agree with all, or part, of the components in the IPP. *[42 CFR Part 431, Subpart E*; *WIC §4710(a)(1)*			15	NA	None
1.3	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 CFR 441.301(b)(1)(l)]*	15			100	None
1.4.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the individual served, or where appropriate, his/her parents, legal guardian, or conservator. *[WIC §4646(g)]*	12	3		80	See Narrative

Summary for Regional Center Record Review of Individuals Served Sample Size = 15 Records						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
1.4.b	IPP addendums are signed by an authorized representative of the regional center and the individual, or where appropriate, his/her parents, legal guardian, or conservator.	1	3	11	25	See Narrative
1.4.c	The IPP is prepared jointly with the planning team. *[WIC §4646(d)]*	15			100	None
1.5	The IPP includes a statement of goals based on the needs, preferences, and life choices of the individual. *[WIC §4646.5(a)(2)]*	15			100	None
1.6	The IPP addresses the individual's goals and needs. *[WIC §4646.5(a)(2)]*	Criterion 1.6 consists of six sub-criteria (1.6.a-f) that are reviewed independently.				
1.6.a	The IPP addresses the special health care requirements, health status and needs as appropriate.	7		8	100	None
1.6.b	The IPP addresses the services which the CCF provider is responsible for implementing.	3		12	100	None
1.6.c	The IPP addresses the services which the day program provider is responsible for implementing.	10		5	100	None
1.6.d	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	2		13	100	None
1.6.e	The IPP addresses the individual's goals, preferences, and life choices.	15			100	None
1.6.f	The IPP includes a family plan component if the individual is a minor. *[WIC §4685(c)(2)]*			15	NA	None
1.7.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. *[WIC §4646.5(a)(5)]*	10	5		67	See Narrative
1.7.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. *[WIC §4646.5(a)(5)]*	15			100	None
1.7.c	The IPP specifies the approximate scheduled start date for new services and supports. *[WIC §4646.5(a)(5)]*	4		11	100	None
1.8	The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to, vendors, contract providers, generic service agencies, and natural supports. *[WIC §4646.5(a)(4)]*	15			100	None

Summary for Regional Center Record Review of Individuals Served Sample Size = 15 Records						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
1.9	Periodic reviews and reevaluations are completed *(at least annually)* to ascertain that planned services have been provided, that progress for the individual served has been achieved within the time specified, and that the individual and his/her family are satisfied with the IPP and its implementation. *[WIC §4646.5(a)(8)]*	15			100	None
1.9.a	Quarterly face-to-face meetings are completed with individuals living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or receiving supported living and independent living services. *(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)*	4		11	100	None
1.9.b	Quarterly reports of progress are completed for individuals living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or receiving supported living and independent living services. *(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)*	3	1	11	75	See Narrative

SECTION II

SPECIAL INCIDENT REPORTING

I. Purpose

The review verifies 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 complete.

II. Scope of Review

1. The records of the 15 individuals selected for the HCBS 1915(i) State Plan Amendment (SPA) sample were reviewed to determine that all required special incidents were reported to Department of Developmental Services (DDS) during the review period.

2. A supplemental sample of five individuals who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, resulting in an outcome that ensures the individual served is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. SG/PRC reported all special incidents in the sample of 15 records selected for the HCBS 1915(i) SPA review to DDS.

2. SG/PRC's vendors reported all five (100 percent) special incidents in the supplemental sample within the required timeframes.

3. SG/PRC reported all five (100 percent) incidents in the supplemental sample to DDS within the required timeframes.

4. SG/PRC's follow-up activities on incidents in the supplemental sample were appropriate for the severity of the situations for the five incidents.

IV. Findings and Recommendations

None.

SAMPLE OF INDIVIDUALS SERVED

HCBS 1915(i) State Plan Amendment Review of Individuals Served

#	UCI
1	7901610
2	7953238
3	7905934
4	7318006
5	7918670
6	5445465
7	4906756
8	7922654
9	7310017
10	7916553
11	7903566
12	6015440
13	7962006
14	1979015
15	7997006

SIR Review

#	UCI	Vendor
SIR 1	7913063	PP0346
SIR 2	6921063	HP6650
SIR 3	7492642	PB0127
SIR 4	1975242	PB6358
SIR 5	7917163	HP0331