

**San Gabriel/Pomona Regional Center
Home and Community-Based Services
Self Determination Program Waiver
Monitoring Review Report**

Conducted by:

**Department of Developmental Services
and
Department of Health Care Services**

March 25, 2024-April 12, 2024

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EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the Home and Community-Based Services (HCBS) Self Determination Program (SDP) Waiver 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 all services needed for eligible individuals with developmental disabilities in California. All HCBS SDP Waiver services are provided through this system. It is the responsibility of DDS to ensure, with the oversight of DHCS, that the HCBS SDP Waiver is implemented by regional centers in accordance with Medicaid statute and regulations.

Overview of the HCBS SDP Waiver 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 plans (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 SDP Waiver services.

Scope of Review

The monitoring team reviewed a sample of 19 records for individuals served who are on the HCBS SDP Waiver. In addition, the following supplemental sample records were reviewed: 1) 10 individuals who were enrolled in the HCBS SDP Waiver during the review period were reviewed to ensure that the level of care determination was completed before enrollment, and 2) two individuals who had special incidents reported to DDS during the review period of December 1, 2022, through November 30, 2023.

The monitoring team interviewed and/or observed eight individuals selected for the HCBS monitoring review.

Overall Conclusion

SG/PRC is in substantial compliance with the federal requirements for the HCBS SDP Waiver 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 Self-Assessment

The self-assessment responses indicated that SG/PRC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self-assessment criteria.

Section II – Regional Center Record Review of Individuals Served

Nineteen sample records for individuals served on the HCBS SDP Waiver were reviewed for 35 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS SDP Waiver requirements. Four criteria were rated as not applicable for this review. The sample records were 99 percent in overall compliance for this review.

New Enrollees: Ten sample records of individuals served were reviewed for level-of-care determination prior to receipt of HCBS SDP Waiver services. SG/PRC's records were 100 percent in overall compliance for this review.

Section III Observations and Interviews of Individuals Served

Eight individuals served, or in the case of minors, their parents, were interviewed and/or observed. The monitoring team observed that all the individuals were in good health and were treated with dignity and respect. All but one of the interviewed individuals/parents indicated that they were satisfied with their services, health and choices.

Section IV – Service Coordinator Interviews

Four service coordinators were interviewed using a standard interview instrument. The service coordinators responded to questions regarding their knowledge of the individual served, the IPP/annual review process, SDP services and supports, the monitoring of services, health issues, and safety. The service coordinators were very familiar with the individuals served and knowledgeable about their roles and responsibilities.

Section V – Special Incident Reporting

The monitoring team reviewed 19 records for individuals served who are on the HCBS SDP Waiver and two supplemental sample records for special incidents during the review period. SG/PRC reported all special incidents for the sample selected for the HCBS SDP Waiver review. For the supplemental sample, the service providers reported all applicable incidents to SG/PRC within the required timeframes, and SG/PRC subsequently transmitted one of the two special incidents to DDS within the

required timeframes. SG/PRC's follow-up activities for the two incidents were timely and appropriate for the severity of the situation.

SECTION I

REGIONAL CENTER SELF-ASSESSMENT

I. Purpose

The regional center self-assessment addresses the California Home and Community-Based Services (HCBS) Waiver assurances criteria and is designed to provide information about the regional center's processes and practices. The responses are used to verify that the regional center has processes in place to ensure compliance with federal and state laws and regulations.

The self-assessment obtains information about SG/PRC procedures and practices to verify that there are processes in place to ensure compliance with state and federal laws and regulations as well as the assurances contained in the HCBS Waiver application approved by the Centers for Medicare & Medicaid Services.

II. Scope of Assessment

SG/PRC is asked to respond to questions in four categories that correspond to the HCBS Waiver assurances with which the regional center is responsible for complying.

III. Results of Assessment

The self-assessment responses indicate that SG/PRC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self-assessment criteria.

- ✓ A portion of the self-assessment can be found on the HCBS Waiver Monitoring Report.
- ✓ The full response to the self-assessment is available upon request.

SECTION II

REGIONAL CENTER RECORD REVIEW OF 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) Self-Determination Program (SDP) Waiver services. The criteria address requirements for eligibility, individual choice, notification of proposed action and fair hearing rights, level of care, individual program plans (IPP) and periodic reviews and reevaluations of services. The information obtained about the individual's needs and services is tracked as a part of the program review.

II. Scope of Review

1. Nineteen HCBS SDP Waiver records were selected for the review sample.
2. The review period covered activity from December 1, 2022–November 30, 2023.

III. Results of Review

The 19 sample records of individuals served were reviewed for 35 documentation requirements derived from federal and state statutes and regulations and HCBS SDP Waiver requirements. Ten supplemental records were reviewed for documentation that SG/PRC determined the level of care prior to receipt of HCBS SDP Waiver services.

- ✓ The supplemental records were in 100 percent compliance for determining the level of care prior to receiving HCBS SDP Waiver services.
- ✓ The sample records were in 100 percent compliance for 29 criteria. There are no recommendations for these criteria. Four criteria were not applicable for this review.
- ✓ Findings for two 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

- 2.7.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)]*

Finding

Eighteen of the nineteen (95 percent) sample records of individuals served contained IPPs that were signed by SG/PRC and the individuals served, or their legal representatives. However, the IPP dated May 5, 2022, for individual #15 was not signed by an authorized representative of the regional center. The IPP was signed on March 6, 2024 by the regional center. Accordingly, no recommendation is required.

- 2.7.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 and/or there is documentation of planning team agreement.

Finding

Seventeen of the eighteen (94 percent) applicable sample records for individuals served contained IPP addenda signed by SG/PRC and the individual served or, where appropriate, his/her parents, legal guardian, or conservator and there was no documentation of planning team agreement. However, the addendum for individual #2 completed on March 15, 2023, was not signed by an authorized representative of the regional center. The IPP addendum was signed on March 6, 2024 by the regional center. Accordingly, no recommendation is required.

Summary for Regional Center Record Review of Individuals Served Sample Size = 19						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The individual is Medi-Cal eligible. (SMM 4442.1)	19			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Intellectual Disabilities Professional (QIDP), which documents the date of the individual's initial HCBS SDP Waiver eligibility certification, annual recertifications, the individual's qualifying conditions and short-term absences. (SMM 4442.1), [42 CFR 483.430(a)]	Criterion 2.1 consists of four sub-criteria (2.1.a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Intellectual Disabilities Professional and the title "QIDP" appears after the person's signature.	19			100	None
2.1.b	The DS 3770 form identifies the individual's qualifying conditions and any applicable special health care requirements for meeting the Title 22 level of care requirements.	18		1	100	None
2.1.c	The DS 3770 form documents annual re-certifications.	19			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	1		18	100	None
2.2	Each record contains a dated and signed <i>Medicaid Waiver Consumer Choice of Services/Living Arrangements</i> form, (DS 2200). (SMM 4442.7), [42 CFR 441.302(d)]	19			100	None
2.3	There is a written notification of a proposed action and documentation that the individual served has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the individual/parent/legal guardian or legal representative does not agree with all or part of the components in the individuals IPP, or the individual's HCBS SDP Waiver eligibility has been terminated. (SMM 4442.7), (42 CFR Part 431, Subpart E), [WIC §4710(a)(1)]	1		18	100	None

Summary for Regional Center Record Review of Individuals Served Sample Size = 19						
	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5), (42 CFR 441.302)	19			100	None
2.5.a	The qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in an ICF/DD, ICF/DD-H, and ICF/DD-N facility are documented in the individual's CDER and other assessments. (SMM 4442.5), [42 CFR 441.302(c)], (Title 22, CCR, §51343)	18		1	100	None
2.5.b	The individuals qualifying conditions documented in the CDER are consistent with information contained in the record.	18		1	100	None
2.6.a	IPP is reviewed (<i>at least annually</i>) 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)(I)]	19			100	None
2.6.b	The HCBS SDP Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. (HCBS SDP Waiver requirement)	16		3	100	None
2.7.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 or legal guardian or conservator. [WIC §4646(g)]	18	1		95	See Narrative
2.7.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.	17	1	1	94	See Narrative
2.7.c	The IPP is prepared jointly with the planning team. [WIC §4646(d)]	19			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the individual. [WIC §4646.5(a)]	19			100	None

Summary for Regional Center Record Review of Individuals Served Sample Size = 19						
	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the individual's goals and needs. <i>[WIC §4646.5(a)(2)]</i>	Criterion 2.9 consists of seven sub-criteria (2.9.a-g) that are reviewed independently.				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	18		1	100	None
2.9.b	The IPP addresses special health care requirements.	7		12	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.				NA	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.				NA	None
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.				NA	None
2.9.f	The IPP addresses the individual's goals, preferences and life choices.	19			100	None
2.9.g	The IPP includes a family plan component if the individual is a minor. <i>[WIC §4685(c)(2)]</i>	5		14	100	None
2.10.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. Including budget and spending plan <i>[WIC §4646.5(a)(5)]</i>	19			100	None
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. <i>[WIC §4646.5(a)(5)]</i>	19			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. <i>[WIC §4646.5(a)(5)]</i>	18		1	100	None
2.11	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. <i>[WIC §4646.5(a)(5)]</i>	19			100	None
2.11.a	Copy of the spending plan attached to the participants IPP (<i>WIC § 4685.8(c)(7)</i>)	19			100	None
2.11.b	The spending plan total amount does not exceed the amount of the certified budget. (<i>WIC §4685.8(c)(7)</i>)	19			100	None

Summary for Regional Center Record Review of Individuals Served Sample Size = 19						
	Criteria	+	-	N/A	% Met	Follow-up
2.11.c	For individual budgets that were increased or decreased, the IPP documents the specific reason for the adjustment <i>WIC § 4685.8(m)(1)(A)(ii)(I)</i> .	19			100	None
2.11.d	Regional center or IPP team approve transfers in excess of 10 percent of the original amount allocated to any budget category. <i>(SC 310-330); Employment & Community (SC 331-335); and Health and Safety (SC 356-399) (WIC § 4685.8(n))</i> .	5		14	100	None
2.12	Periodic review and reevaluations of progress for individuals served are completed <i>(at least annually)</i> to ascertain that planned services have been provided, that progress has been achieved within the time specified, and the individual and his/her family are satisfied with the IPP and its implementation. <i>[WIC §4646.5(a)(8)]</i>	19			100	None
2.13.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 <i>(Title 17, CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement)</i>	2		17	100	None
2.13.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 <i>(Title 17, CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement)</i>	2		17	100	None
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the individual's move from a developmental center to a community living arrangement. <i>(WIC §4418.3)</i>			19	NA	None

SECTION III

OBSERVATIONS AND INTERVIEWS OF INDIVIDUALS SERVED

I. Purpose

The observations are conducted to verify that the individuals served appear to be healthy and have good hygiene. Interview questions focus on the individual's satisfaction with their financial management service provider, independent facilitator, participation in developing budget and spending plan, and regional center services.

II. Scope of Observations and Interviews

Eight of the 19 individuals served, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities (CCF), or in independent living settings.

- ✓ Four individuals agreed to be interviewed by the monitoring teams.
- ✓ Two individuals did not communicate verbally or declined an interview but were observed.
- ✓ Two interviews were conducted with parents of minors.
- ✓ Eleven individuals were unavailable for or declined interviews.

III. Results of Observations and Interviews

Seven of the eight individuals/parents of minors indicated satisfaction with their financial management service provider, independent facilitator, participation in developing budget and spending plan, and regional center services. The appearance for all of the individuals that were interviewed and observed reflected personal choice and individual style.

IV. Finding and Recommendation

Individual #15 reported their financial management service agency makes mistakes on payments and requires multiple follow-ups to obtain payments for service providers.

Recommendation	Regional Center Plan/Response
SG/PRC should follow up with individual #15 regarding their concern.	Regarding individual #15, SC discussed concerns with family and assisted with enrollment to a new FMS.

SECTION IV

SERVICE COORDINATOR INTERVIEWS

I. Purpose

The interviews determine how well the service coordinators know the individuals they serve, the extent of their participation in the individual program plan (IPP)/ annual review process, knowledge of self-determination program (SDP) services, and supports and how they monitor services, health and safety issues.

II. Scope of Interviews

1. The monitoring team interviewed four SG/PRC service coordinators.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to the individuals selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The service coordinators were very familiar with the individuals served selected for the monitoring review. They were able to relate specific details regarding the individuals' desires, preferences, life circumstances and service needs.
2. The service coordinators were knowledgeable about the IPP/annual review process, SDP process, and monitoring requirements. Family members provided input on the individuals' needs, preferences and satisfaction with services outlined in the IPP. For individuals in out-of-home placement settings, service coordinators conduct quarterly face-to-face visits and develop written assessments of progress and satisfaction of individuals served. In preparation for the quarterly visits, service coordinators review their previous progress reports, pertinent case notes, special incident reports, and vendor reports of progress.
3. To better understand issues related to individuals' use of medication and issues related to side effects, the service coordinators utilize SG/PRC medical director and online resources for medication.

4. The service coordinators monitor the services, health and safety during periodic visits. They are aware of the individuals' health issues. The service coordinators were knowledgeable about the special incident reporting process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed.

SECTION V

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 19 individuals selected for the Home and Community-Based Services (HCBS SDP) Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
2. A supplemental sample of two 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 19 records selected for the HCBS SDP Waiver review to DDS.
3. SG/PRC's vendors reported all incidents in the supplemental sample within the required timeframes.
4. SG/PRC reported one of the two (50 percent) incidents in the supplemental sample to DDS within the required timeframes.
5. SG/PRC's follow-up activities on incidents in the supplemental sample were appropriate for the severity of the situations for the two incidents.

IV. Finding and Recommendation

SIR #2: The individual's family reported the incident to SG/PRC on April 5, 2023. However, SG/PRC did not submit a written report to DDS until April 13, 2023.

Recommendation	Regional Center Plan/Response
SG/PRC should ensure that all special incidents are reported to DDS within the required timeframes.	SG/PRC's SDP Team will continue to collaborate with Risk Management Team to coordinate SIR training

	opportunities specifically for individuals enrolled in SDP as well as FMS Providers. 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 (inclusive of 1915i and SDP requirements) will further address compliance issues identified during the monitoring review. SIR and Medicaid Waiver trainings were also provided on 07/17/2024 and 08/01/2024 at New Staff Orientation respectively.
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SAMPLE OF INDIVIDUALS SERVED

HCBS SDP Waiver Review of Individuals Served

#	UCI
1	1976636
2	1977094
3	1978087
4	1978397
5	1978509
6	4861266
7	5008891
8	5472170
9	7900071
10	7312090
11	7316579
12	7330871
13	6043064
14	7322494
15	6053567
16	6054198
17	6060754
18	6957906
19	7329734

Supplemental Sample of Waiver Terminations

#	UCI
T-1	7310753

Supplemental New Enrollees Sample

#	UCI
NE-1	6053125
NE-2	7345822
NE-3	7971693
NE-4	8187697
NE-5	7967697
NE-6	7973348
NE-7	7961404
NE-8	7971055
NE-9	7970260
NE-10	7955518

SIR Review

#	UCI
SIR 1	7310753
SIR 2	7316579