

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

Conducted by:

Department of Developmental Services

April 17-May 5, 2023

TABLE OF CONTENTS

EXECUTIVE SUMMARY	page 3
SECTION I REGIONAL CENTER SELF-ASSESSMENT	page 6
SECTION II REGIONAL CENTER RECORD REVIEW OF INDIVIDUALS SERVED	page 7
SECTION III OBSERVATIONS AND INTERVIEWS OF INDIVIDUALS SERVED	page 16
SECTION IV SERVICE COORDINATOR INTERVIEWS	page 17
SECTION V SPECIAL INCIDENT REPORTING.....	page 19
SAMPLE OF INDIVIDUALS SERVED	page 20

EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) conducted the federal compliance monitoring review of the Home and Community-Based Services (HCBS) Self Determination Program (SDP) Waiver from April 17-May5, 2023 at San Diego Regional Center (SDRC). The monitoring team members were Natasha Clay (Team Leader), Nora Muir, Kelly Sandoval, Bonnie Simmons, Fam Chao, Ashley Guletz, and Nadia Flores from DDS, and Deeanna Tran and Crystal La 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 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 32 records for individuals served who are on the HCBS SDP Waiver. In addition, the following supplemental sample records of individuals were reviewed: 1) two individuals whose HCBS SDP Waiver eligibility had been previously terminated, 2) one individual who had a special incident reported to DDS during the review period of January 1, 2022, through December 31, 2023 and, 3) eighteen individuals who were enrolled in the HCBS SDP Waiver during the review period.

The monitoring team interviewed and/or observed 12 individuals selected for the HCBS monitoring review.

Overall Conclusion

SDRC is in substantial compliance with the federal requirements for the HCBS SDP Waiver program. Specific recommendations that require follow-up actions by SDRC are included in the report findings. DDS is requesting documentation of follow-up actions taken by SDRC 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 SDRC 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

Thirty-two 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. Seven criteria were rated as not applicable for this review. Criterion 2.13.a was 0 percent in compliance because two of the two applicable records did not contain documentation of all required quarterly face-to-face visits. Criterion 2.13.b was 0 percent in compliance because two of the two applicable records did not contain documentation of all required quarterly reports of progress. The sample records were 99 percent in overall compliance for this review.

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

Section III – Observations and Interviews of Individuals Served

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

Section IV – Service Coordinator Interviews

Six 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, the monitoring of services, health issues, and safety. The service coordinators were very familiar with the individuals and knowledgeable about their roles and responsibilities.

Section V – Special Incident Reporting

The monitoring team reviewed 32 records for individuals served who are on the HCBS SDP Waiver and one supplemental sample record for special incidents during the review period. SDRC reported all special incidents for the sample selected for the HCBS SDP Waiver review. For the supplemental sample, the service provider reported the one applicable incident to SDRC within the required timeframes, and SDRC subsequently transmitted the one special incident to DDS within the required timeframes. SDRC's follow-up activities for the one incident was 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 SDRC 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

SDRC 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. The questions are shown at the end of this section.

III. Results of Assessment

The self-assessment responses indicate that SDRC 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. Thirty-two HCBS SDP Waiver records were selected for the review sample.
2. The review period covered activity from January 1, 2022 through December 31, 2022.

III. Results of Review

The 32 sample records of individuals served were reviewed for 35 documentation requirements derived from federal and state statutes and regulations and HCBS SDP Waiver requirements. Eighteen supplemental records were reviewed for documentation that SDRC determined the level of care prior to receipt of HCBS SDP Waiver services.

- ✓ The sample records were in 100 percent compliance for 24 criteria. There are no recommendations for these criteria. Seven criteria were not applicable for this review.
- ✓ 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

- 2.2 Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form (DS 2200). [SMM 4442.7; 42 CFR 441.302(d)]

Findings

Thirty-one of the thirty-two (97 percent) sample records for individuals served contained a completed DS 2200 form. However, the DS 2200 form in the record for individual #20 was not signed by the individual served. During the monitoring review, it was observed, that the individual served turned 18 in 2018, but a new DS 2200 was not completed and signed until January 31, 2023. Accordingly, no recommendation is required.

- 2.11 The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to, vendors, contracted providers, generic service agencies, and natural supports. (WIC §4646.5(a)(4))

Findings

Twenty-nine of the thirty-two (91 percent) sample records of individuals served contained IPPs that identified the providers responsible for implementing services. However, the IPPs for individuals #7, #11, and #21 did not indicate the provider of the financial management services.

2.11 Recommendation	Regional Center Plan/Response
SDRC should ensure the IPPs for individuals #7, #11, and #21 identify the providers for the services listed.	SDRC is providing HCBS record review training for all units. The SDP team provides ongoing trainings that detail the necessity for listing the FMS in the IPP narrative. Individual #21 has a current IPA that lists the FMS provider in the narrative.

- 2.13.a Quarterly face-to-face meetings are completed for individuals living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (Title 17, CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement)

Findings

Neither of the two (0 percent) applicable sample records for individuals served had quarterly face-to-face meetings completed and documented as indicated below:

1. Individual #2 contained documentation of three of the required meetings.

2. Individual #6 contained documentation of one of the required meetings.

2.13.a Recommendations	Regional Center Plan/Response
SDRC should ensure that all future face-to-face meetings are completed and documented each quarter for individuals #2 and #6.	The Reports and Contacts for individuals #2 and #6 have been reviewed to ensure quarterly contacts are being met. Training is being provided to Service Coordinators.
In addition, SDRC should evaluate what actions may be necessary to ensure that quarterly face-to face meetings are completed and documented for all applicable individuals served.	SDRC is providing ongoing HCBS record review training for all units and is available electronically to all staff that details the requirement for quarterly face-to-face meetings. The SANDIS reports and contacts list is used as a tool for SCs to review with their PMs and is monitored by the Assistant Directors. The Leadership team has held trainings on quarterly review requirements and a new progress note is being implemented in SANDIS as a tracking system for upcoming quarterly meetings.

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 community care facilities, family home agencies or supported living and independent living settings. (*Title 17, CCR, §56047*), (*Title 17, CCR, §56095*), (*Title 17, CCR, §58680*), (*Contract requirement*)

Findings

Neither of the two (0 percent) applicable sample records for individuals served had quarterly reports of progress completed for individuals living in community out-of-home settings as indicated below:

1. The record for individual #2 contained documentation of three of the required quarterly reports of progress.
2. The record for individual #6 contained documentation of one of the required quarterly reports of progress.

2.13.b Recommendations	Regional Center Plan/Response
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SDRC should ensure that future quarterly reports of progress are completed for individuals #2 and #6.	The Reports and Contacts for individuals #2 and #6 have been reviewed to ensure quarterly reports are completed. Training is being provided to Service Coordinators.
In addition, SDRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable individuals served.	SDRC is providing ongoing HCBS record review training for all units and is available electronically to all staff that details the requirement for quarterly face-to-face meetings. The SANDIS reports and contacts list is used as a tool for SCs to review with their PMs and is monitored by the Assistant Directors. The Leadership team has held trainings on quarterly review requirements and a new progress note is being implemented in SANDIS as a tracking system for upcoming quarterly meetings.

Summary for Regional Center Record Review of Individuals Served Sample Size = 32						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The individual is Medi-Cal eligible. (SMM 4442.1)	32			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.	32			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.	32			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	32			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.			32	NA	None
2.2	Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). (SMM 4442.7), [42 CFR 441.302(d)]	31	1		97	See Narrative
2.3	There is a written notification of a proposed action and documentation that the individual 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 individual's 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)]			32	NA	None

Summary for Regional Center Record Review of Individuals Served Sample Size = 32						
	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)	32			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)	32			100	None
2.5.b	The individuals qualifying conditions documented in the CDER are consistent with information contained in the record.	32			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)]	32			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)			32	NA	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)]	32			100	None
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.	16		16	100	None
2.7.c	The IPP is prepared jointly with the planning team. [WIC §4646(d)]	32			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)]	32			100	None

Summary for Regional Center Record Review of Individuals Served Sample Size = 32						
	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the individual's goals and needs. [WIC §4646.5(a)(2)]	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).	32			100	None
2.9.b	The IPP addresses special health care requirements.	3		29	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.					N/A
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.					N/A
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.					N/A
2.9.f	The IPP addresses the individual's goals, preferences and life choices.	32			100	None
2.9.g	The IPP includes a family plan component if the individual is a minor. [WIC §4685(c)(2)]	9		23	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 [WIC §4646.5(a)(4)]	32			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. [WIC §4646.5(a)(5)]	32			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [WIC §4646.5(a)(5)]	16		16	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. [WIC §4646.5(a)(5)]	31	1		97	See Narrative
2.11.a	Copy of the spending plan attached to the participants IPP	32			100	None
2.11.b	The spending plan total amount does not exceed the amount of the certified budget.	32			100	None

Summary for Regional Center Record Review of Individuals Served Sample Size = 32						
	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	3		29	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.	3		29	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. [WIC §4646.5(a)(8)]	32			100	None
2.13.a	Quarterly face-to-face meetings are completed for individuals living in community out-of-home settings, i.e., (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	0	2	30	0	See Narrative
2.13.b	Quarterly reports of progress are completed for individuals living in community out-of-home settings, i.e., (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	0	2	30	0	See Narrative
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>)			32	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

Twelve of the thirty-two individuals, 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.

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

III. Results of Observations and Interviews

Eight of the thirteen individuals/parents of minors 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.

IV. Findings and Recommendations

Individual #23, #29, and #31 stated they were dissatisfied with their Financial Management Service regarding timeliness of reimbursements and communication.

Recommendation	Regional Center Plan/Response
SDRC should follow up with individual #23, #29, and #31 regarding their concerns.	The assigned Service Coordinators are working with these individuals to address concerns and provide ongoing support.

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, and how they monitor services, health and safety issues.

II. Scope of Interviews

1. The monitoring team interviewed six SDRC service coordinators.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to the ins 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. 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 and monitoring requirements. Service providers and 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. 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 SDRC 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 32 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 one individual 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 is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. SDRC reported all special incidents in the sample of 32 records selected for the HCBS SDP Waiver review to DDS.
3. SDRC's vendors reported all (100 percent) applicable incidents in the supplemental sample within the required timeframes.
4. SDRC reported all (100 percent) incidents in the supplemental sample to DDS within the required timeframes.
5. SDRC's follow-up activities on incidents in the supplemental sample were appropriate for the severity of the situations for the one incident.

IV. Finding and Recommendation

None

SAMPLE OF INDIVIDUALS SERVED

HCBS SDP Waiver Review of Individuals Served

#	UCI	#	UCI
1	XXXXXX	17	XXXXXX
2	XXXXXX	18	XXXXXX
3	XXXXXX	19	XXXXXX
4	XXXXXX	20	XXXXXX
5	XXXXXX	21	XXXXXX
6	XXXXXX	22	XXXXXX
7	XXXXXX	23	XXXXXX
8	XXXXXX	24	XXXXXX
9	XXXXXX	25	XXXXXX
10	XXXXXX	26	XXXXXX
11	XXXXXX	27	XXXXXX
12	XXXXXX	28	XXXXXX
13	XXXXXX	29	XXXXXX
14	XXXXXX	30	XXXXXX
15	XXXXXX	31	XXXXXX
16	XXXXXX	32	XXXXXX

Supplemental New Enrollees Sample

#	UCI	#	UCI
NE-1	XXXXXX	NE-10	XXXXXX
NE-2	XXXXXX	NE-11	XXXXXX
NE-3	XXXXXX	NE-12	XXXXXX
NE-4	XXXXXX	NE-13	XXXXXX
NE-5	XXXXXX	NE-14	XXXXXX
NE-6	XXXXXX	NE-15	XXXXXX
NE-7	XXXXXX	NE-16	XXXXXX
NE-8	XXXXXX	NE-17	XXXXXX
NE-9	XXXXXX	NE-18	XXXXXX

SIR Review

#	UCI
SIR 1	XXXXXX