

**North Los Angeles County 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**

**July 29–August 16, 2024**

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## EXECUTIVE SUMMARY

The Department of Developmental Services (Department) 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 July 29, 2024 through August 16, 2024, at North Los Angeles County Regional Center (NLACRC). The monitoring team members were Natasha Clay (Team Leader), Kelly Sandoval, Nora Muir, Fam Chao, Deeanna Tran, Amalya Caballery, Crystal La, Janie Hironaka, Dominique Johnson, and Vannessa Fonseca from the Department.

### Purpose of the Review

The Department 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 the Department 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 12 records for individuals served who are on the HCBS SDP Waiver. In addition, the following supplemental sample records were reviewed: 1) One individual who had a special incident reported to the Department during the review period of April 1, 2023 through March 31, 2024, 2) 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.

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

### Overall Conclusion

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

Twelve 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. Eight criteria were rated as not applicable for this review. Criterion 2.2 was 67 percent in compliance because 4 of the 12 applicable sample records did not contain a signed and/or dated DS 2200 form. Criterion 2.7.a was 83 percent in compliance because 2 of the 12 applicable records did not contain documentation IPPs were signed by NLACRC and the individuals served, legal representative/guardian or conservators. Criterion 2.7.b was 78 percent in compliance because 2 of the 9 applicable records did not contain documentation IPP addendums were signed by NLACRC and the individuals served, legal representative/guardian or conservators. Criterion 2.10.a was 83 percent in compliance because 2 of the 12 applicable records did not contain documentation IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. Criterion 2.11.c was 60 percent in compliance because 2 of the 5 applicable records did not contain documentation IPP documents the specific reason(s) for individual budgets that were increased or decreased. Criterion 2.13.a was 38 percent in compliance because 5 of the 8 applicable sample records did not contain documentation of all required quarterly face-to-face visits. Criterion 2.13.b was 38 percent in compliance because 5 of the 8 applicable records did not contain documentation of all required quarterly reports of progress. The sample records were 92 percent in overall compliance for this review.

NLACRC's records were 92 percent in overall compliance for the collaborative review conducted in 2022.

### Section III Observations and Interviews of Individuals Served

Six individuals served 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

Two 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 12 records for individuals served who are on the HCBS SDP Waiver and one supplemental sample record for special incident during the review period. NLACRC reported all special incidents for the sample selected for the HCBS SDP Waiver review. For the supplemental sample, the service providers reported the applicable one incident to NLACRC within the required timeframes, and NLACRC subsequently transmitted one special incident to the Department within the required timeframes. NLACRC'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 NLACRC 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

NLACRC 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 NLACRC 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. Twelve HCBS SDP Waiver records were selected for the review sample.
2. The review period covered activity from April 1, 2023 – March 31, 2024.

#### III. Results of Review

The 12 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 NLACRC 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 18 criteria. There are no recommendations for these criteria. Eight criteria were not applicable for this review.
- ✓ Findings for nine 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

Eight of the twelve (67 percent) sample records of individuals served contained a signed and dated DS 2200 form. However, there were identified issues regarding the DS 2200 form for the following individuals:

1. Individual #4: The individual was determined eligible July 1, 2015. The DS 2200 form was signed, but not dated, and the choice of living arrangement was not selected;
2. Individual #6: The individual was enrolled November 1, 2022. The DS 2200 form was not signed and dated until July 24, 2024. Accordingly, no recommendation is required;
3. Individual #9: The individual was enrolled October 1, 2023, the DS 2200 form was signed, but not dated; and,
4. Individual #13: The individual served was determined eligible on August 1, 2018. The DS 2200 form was signed and dated July 25, 2024. Accordingly, no recommendation is required.

2.2 Recommendations	Regional Center Plan/Response
<p>NLACRC should ensure that the DS 2200 forms for individuals #4 and #9 are properly signed and dated.</p>	<p><b>#4 and #9 Service Coordinators were trained on the importance of the DS2200 forms being properly signed and dated by all individuals enrolled on the HCBS Waiver.</b></p> <p><b>#4 Service Coordinator obtained the signature and date for the DS2200 on 5/2/2024.</b></p> <p><b>#9 Service Coordinator attempted to obtain dated DS2200 to no avail. The plan is to obtain signature at next IPP meeting due in February 2025.</b></p>
<p>In addition, NLACRC should evaluate what actions may be necessary to ensure that DS 2200s are completed</p>	<p><b>The importance of ensuring the DS2200 is completed and documented by all individuals enrolled on the HCBS Waiver will be</b></p>



and documented for all individuals enrolled on the HCBS Waiver.	<p><b>discussed at the Case Management Leadership Huddle Meeting with the expectation that supervisors discuss and ensure that we are in compliance with the DS2200s.</b></p> <p><b>Continued training provided to Service Coordinators and Supervisors regarding the DS2200.</b></p>
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- 2.4 Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed annually. (SMM 4442.5; 42 CFR 441.302(c))

Finding

Eleven of the twelve (92 percent) sample records of individuals served contained a CDER that had been reviewed annually. However, the record for individual #5 did not contain documentation that the CDER had been reviewed annually.

2.4 Recommendation	Regional Center Plan/Response
NLACRC should ensure that the CDER for individuals #5 is reviewed annually.	<p><b>#5 Service Coordinator was trained on expectation and importance of making sure CDERS are reviewed annually and saved in the consumer’s electronic chart. The CDER was updated for #5 on 5/9/2024.</b></p>

- 2.6.a The 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(c)(3)]

Finding

Eleven of the twelve (92 percent) sample records of individuals served contained documentation that the individual’s IPP had been reviewed annually by the planning team. For individual #13, IPP was dated February 24, 2022. There was no documentation that the IPP was reviewed within the year. A new IPP was completed August 1, 2023. Accordingly, no recommendation is required.

- 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)]

Findings

Ten of the twelve (83 percent) sample records of individuals served contained IPPs that were signed by NLACRC and the individuals served, or their legal representatives. However, the following individuals' IPPs were not signed by the appropriate individual:

1. Individual #3: The IPP dated July 26, 2023 was not signed by the individual served. The IPP was signed May 23, 2024, by the individual served. Accordingly, no recommendation is required; and,
2. Individual #13: The IPP dated August 1, 2023 was not signed by the individual served. The IPP was signed July 24, 2024, by the individual served. Accordingly, no recommendation is required.

2.7.a Recommendation	Regional Center Plan/Response
NLACRC should evaluate what actions may be necessary to ensure that IPPs are signed by the appropriate individuals.	<p><b>The importance of ensuring that IPPs are signed by the appropriate individuals will be discussed at the next Case Management Leadership Huddle Meeting. We are also currently training Service Coordinators and Supervisors on the new IPP template therefore this is being discussed during those training.</b></p> <p><b>Supervisors are expected to review signature pages when approving reports to ensure that IPPs are signed by the appropriate individuals.</b></p>

- 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

Seven of the nine (78 percent) applicable sample records for individuals served contained IPP addenda signed by NLACRC 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 following individuals' IPP addendum were not signed by the appropriate individual:

1. Individual #5: The IPP addendum dated July 23, 2023, was not signed by the individual served; and
2. Individual #13: The IPP addenda dated June 29, 2023, December 8, 2023, and March 5, 2024 were not signed by the individual served. The IPP addenda were signed July 24, 2024 by the individual served. Accordingly, no recommendation is required.

2.7.b Recommendations	Regional Center Plan/Response
NLACRC should ensure that the IPP addendum for individual #5 is signed by the individual served.	<b>#5 Service Coordinator was trained on expectation and importance of making sure IPP addendums are signed by the individual served. The IPP addendum dated 7/23/2023 was signed on 7/26/2024.</b>
In addition, NLACRC should evaluate what actions may be necessary to ensure that addendums are signed by the appropriate individuals.	<b>The importance of ensuring that addendums are signed by the appropriate individuals will be discussed at the next Case Management Leadership Meeting. As previously mentioned, we are also currently training Service Coordinators and Supervisors on the new IPP template therefore this is being discussed during those training.</b>

2.10.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 twelve (83 percent) sample IPPs of individuals served included a schedule of the type and amount of all services and supports purchased by NLACRC. However, IPPs for two individuals did not indicate NLACRC funded services as indicated below:

1. Individual #3: Financial Management Services was not covered for the month of April 2023 in the IPP dated August 24, 2022; and
2. Individual #5: Financial Management Services was not covered for the month of April 2023 in the IPP dated March 17, 2022.

2.10.a Recommendations	Regional Center Plan/Response
<p>NLACRC should ensure that the IPPs for individuals #3 and #5 include a schedule of the type and amount of services and supports purchased by NLACRC.</p>	<p><b>#3 and #5 Service Coordinators were instructed and trained on completing addendum reports to including a schedule of the type and amount of services and supports purchased by NLACRC. Both Service Coordinators are completing addendums to reflect services and supports purchased by NLACRC.</b></p>
<p>In addition, NLACRC should evaluate what actions may be necessary to ensure that IPPs include a schedule of the type and amount of services and supports purchased by NLACRC.</p>	<p><b>The importance of documenting a schedule of the type and amount of services and supports purchased by NLACRC in the IPP's or addendums was discussed at the SDP unit meeting on 11/12/2024 to ensure SDP Specialists and Participant Choice Specialists train Service Coordinators on the documentation required in IPPs and addendums for SDP. This will also be discussed at the Case Management Leadership Meeting and at the SDP Virtual Office Hour meeting.</b></p> <p><b>The expectation is for Supervisors to ensure proper documentation in IPPs and Addendums, which includes a schedule of the type and amount of services and supports purchased by NLACRC.</b></p>

2.11.c The IPP documents the specific reason(s) for individual budgets that were increased or decreased. 4685.8(m)(1)(A)(ii)(I)).

Three of the five (60 percent) applicable records of individuals served had IPPs that documented the reason for the increase or decrease of individual budgets. However, the IPPs for the following did not document the reason for the change:

1. Individual #5: The IPPs dated March 17, 2022 and May 16, 2023 did not document the reason for the change in each respective budget and did not include an addendum; and,
2. Individual #8: The IPP dated October 18, 2023 did not document the reason for the change in budget.

2.11.c Recommendations	Regional Center Plan/Response
<p>NLACRC should ensure the IPPs for individuals #5 and #8 document the reason for the individual budget change.</p>	<p><b>#5 and #8 Service Coordinators were instructed and trained on completing IPP report on documenting reason for the individual budget change.</b></p> <p><b>#5- Addendums were completed on 8/20/24 and on 10/07/2024 to ensure budget changes were captured. #8- Addendum was completed on 11/21/24 to capture the budget changes.</b></p>
<p>In addition, NLACRC should evaluate what actions may be necessary to ensure that IPPs document the specific reason(s) for individual budgets that were increased or decreased.</p>	<p><b>The importance of documenting specific reason(s) for individual budgets that were increased or decreased was discussed at the SDP unit meeting on 11/12/2024 to ensure SDP Specialists and Participant Choice Specialists train Service Coordinators on the documentation required in IPPs and addendums for SDP. This will also be discussed at the Case Management Leadership Meeting. The plan is to ensure that proper documentation is in place before processing a budget change.</b></p>

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 or 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)*

Findings

Three of the eight (38 percent) applicable sample records of individuals served had quarterly face-to-face meetings completed and documented. However, the records for five individuals did not meet the requirement as indicated below:

1. The records for individuals #3 and #8 contained documentation of three of the four required meetings that were consistent with the quarterly timeline.
2. The records for individuals #9 and #11 contained documentation of two for the four required meetings that were consistent with the quarterly timeline.
3. The record for individual #4 contained documentation of one of the four required meetings that were consistent with the quarterly timeline.

2.13.a Recommendations	Regional Center Plan/Response
<p>NLACRC should ensure that all future face-to-face meetings are completed and documented each quarter for individuals #3, #4, #8, #9, and #11.</p>	<p><b>#3, #4, #8, #9, and #11 Service Coordinator and respective supervisor were trained on expectation and importance of face-to-face quarterly meetings and progress reports.</b></p> <p><b>#3 The IPP was 7/30/2024, quarterly is scheduled for November 2024</b></p> <p><b>#8 Quarterlies were held 6/27/2024 and 9/27/2024. The current IPP is being scheduled for December 2024.</b></p> <p><b>#11 Case was in an open caseload. Case has been assigned to ensure face to face quarterlies occur.</b></p> <p><b>#4 Case was in an open caseload, however now there is Service Coordinator overseeing the case and she will ensure face to face compliance with future quarterlies.</b></p> <p><b>#9 Services Coordinator and their respective Supervisor have been instructed to ensure face to face quarterlies occur. A quarterly meeting took place on 11/20/24.</b></p>

<p>In addition, NLACRC should evaluate what actions may be necessary to ensure that quarterly face-to face meetings are completed and documented for all applicable individuals served.</p>	<p><b>The importance of timely quarterly face-to-face meetings and progress reports will be discussed at Case Management Leadership Huddle Meeting on 12/2/2024. Supervisors to ensure implementation of monitoring timely complete of reports during scheduled supervision with each Service Coordinator. Continued training provided to Service Coordinators and Supervisors from the date of IPP. Floater Service Coordinator positions implemented to provide support for uncovered caseloads to ensure compliance. Last, NLACRC has implemented a tracking data base, Power BI Caseload Reports, to assist Case Management with Title 17 compliance.</b></p>
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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

Three of the eight (38 percent) applicable sample records of individuals served had quarterly reports of progress completed for individuals living in community out-of-home settings. However, the records for individuals did not meet the requirement as indicated below:

1. The records for individuals #3 and #8 contained documentation of three of the four required quarterly reports of progress that were consistent with the quarterly timeline.
2. The record for individuals #9 and #11 contained documentation of two of the four required quarterly reports of progress that were consistent with the quarterly timeline.
3. The record for individual #4 contained documentation of two of the four required quarterly reports of progress that were consistent with the quarterly timeline.

2.13.b Recommendations	Regional Center Plan/Response
<p>NLACRC should ensure that future quarterly reports of progress are completed for individuals #3, #4, #8, #9, and #11.</p>	<p><b>#3, #4, #8, #9, and #11 Service Coordinator and respective supervisor were trained on expectation and importance of face-to-face quarterly meetings and progress reports.</b></p> <p><b>#3 The IPP was 7/30/2024, quarterly is scheduled for November 2024</b></p> <p><b>#8 Quarterlies were held 6/27/2024 and 9/27/2024. The current IPP is being scheduled for December 2024.</b></p> <p><b>#11 Case was in an open caseload. Case has been assigned to ensure face to face quarterlies occur.</b></p> <p><b>#4 Case was in an open caseload, however now there is Service Coordinator overseeing the case and she will ensure face to face compliance with future quarterlies.</b></p> <p><b>#9 Services Coordinators and their respective Supervisors have been instructed to ensure face to face quarterlies occur. A quarterly took place on 11/20/24 report has been entered in SANDIS.</b></p>
<p>In addition, NLACRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable individuals served.</p>	<p><b>The importance of timely quarterly face-to-face meetings and progress reports will be discussed at Case Management Leadership Huddle Meeting. Supervisors to ensure implementation of monitoring timely complete of reports during scheduled supervision with each Service Coordinator. Continued training provided to Service Coordinators and Supervisors regarding this Title 17 requirement</b></p>



	<p><b>from date of IPP. Floater Service Coordinator positions implemented to provide support for uncovered caseloads to ensure compliance. Last, NLACRC has implemented a tracking data base, Power BI Caseload Reports, to assist Case Management with Title 17 compliance.</b></p>
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<b>Summary for Regional Center Record Review of Individuals Served</b> <b>Sample Size = 12 Supplemental Records (see Section II, Part III)</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.0	The individual is Medi-Cal eligible. (SMM 4442.1)	12			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.	12			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.	12			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	12			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.			12	NA	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)]	8	4		67	See Narrative
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)]			12	NA	None

<b>Summary for Regional Center Record Review of Individuals Served</b> <b>Sample Size = 12 Supplemental Records (see Section II, Part III)</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. <i>(SMM 4442.5), (42 CFR 441.302)</i>	11	1		92	See Narrative
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. <i>(SMM 4442.5), [42 CFR 441.302(c)], (Title 22, CCR, §51343)</i>	12			100	None
2.5.b	The individuals qualifying conditions documented in the CDER are consistent with information contained in the record.	12			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. <i>[42 CFR 441.301(b)(1)(I)]</i>	11	1		92	See Narrative
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. <i>(HCBS SDP Waiver requirement)</i>			12	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. <i>[WIC §4646(g)]</i>	10	2		83	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.	7	2	3	78	See Narrative
2.7.c	The IPP is prepared jointly with the planning team. <i>[WIC §4646(d)]</i>	12			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the individual. <i>[WIC §4646.5(a)]</i>	12			100	None

<b>Summary for Regional Center Record Review of Individuals Served</b>						
<b>Sample Size = 12 Supplemental Records (see Section II, Part III)</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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).	12			100	None
2.9.b	The IPP addresses special health care requirements.	4		8	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.	12			100	None
2.9.g	The IPP includes a family plan component if the individual is a minor. [WIC §4685(c)(2)]	1		11	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)(5)]	10	2		83	See Narrative
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)]	12			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [WIC §4646.5(a)(5)]	10		2	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)]	12			100	None
2.11.a	Copy of the spending plan attached to the participants IPP(WIC § 4685.8(c)(7))	12			100	None

<b>Summary for Regional Center Record Review of Individuals Served</b> <b>Sample Size = 12 Supplemental Records (see Section II, Part III)</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.11.b	The spending plan total amount does not exceed the amount of the certified budget. <i>(WIC §4685.8(c)(7))</i>	12			100	None
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> .	3	2	7	60	See Narrative
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 &amp; Community (SC 331-335); and Health and Safety (SC 356-399) (WIC § 4685.8(n))</i> .			12	NA	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>	12			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>	3	5	4	38	See Narrative
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>	3	5	4	38	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>			12	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

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

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

#### III. Results of Observations and Interviews

One of the two individuals served 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 #2: Stated they were dissatisfied with their Financial Management Service regarding timeliness of reimbursements.

Recommendation	Regional Center Plan/Response
NLACRC should follow up with individual #2 regarding their concerns.	<b>Conservator was informed that they can switch to a new FMS agency if they are not satisfied with their current services. Service Coordinator encouraged participant and conservators to report when</b>

	<p><b>things are not going well so that NLACRC staff can advocate on their behalf.</b></p>
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Individual #2: Parent reported difficulty in communication with the regional center due to frequent reassignments to different service coordinators.

Recommendation	Regional Center Plan/Response
<p>NLACRC should follow up with individual #2 regarding their concerns.</p>	<p><b>Case was reassigned three times this past year; however, it was due to conservator's request for a new Service Coordinator. Conservators tend to get confused with SDP services therefore Supervisor and Branch Manager try to attend meetings.</b></p>

## 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 two NLACRC 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 NLACRC 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 12 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 the Department during the review period.
2. A supplemental sample of 1 individual who had a special incident reported to the Department 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. NLACRC reported all special incidents in the sample of 12 records selected for the HCBS SDP Waiver review to the Department.
2. NLACRC's vendors reported all (100 percent) incidents in the supplemental sample within the required timeframes.
3. NLACRC reported all (100 percent) incidents in the supplemental sample to the Department within the required timeframes.
4. NLACRC's follow-up activities on incidents in the supplemental sample were appropriate for the severity of the situations for the one incident.

#### V. Finding and Recommendation

None

## SAMPLE OF INDIVIDUALS SERVED

### HCBS SDP Waiver Review of Individuals Served

#	UCI
1	canceled
2	5018163
3	5169230
4	5627971
5	6045203
6	6050902
7	7874553
8	6217266
9	6470905
10	6637537
11	6740353
12	7830664
13	6054778

### Supplemental New Enrollees Sample

#	UCI
NE-1	7437177
NE-2	7619665
NE-3	7886797
NE-4	8152566
NE-5	8375983
NE-6	8214247
NE-7	8366395
NE-8	8368119
NE-9	8368564
NE-10	8372725

### SIR Review

#	UCI
SIR 1	7602032