Golden Gate Regional Center
Home and Community-Based Services Waiver
Monitoring Review Report

Conducted by:

Department of Developmental Services
and
Department of Health Care Services

September 9-20, 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) Waiver from September 9-20, 2024, at Golden Gate Regional Center (GGRC). The monitoring team members were Lena Mertz (Team Leader), Nora Muir, Natasha Clay, Vannessa Fonseca, Deeanna Tran, Janie Hironaka, Fam Chao, Christine Wong, Dominique Johnson, and Jenny Mundo from the Department, and Michael Luu from DHCS.

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 Waiver services are provided through this system. It is the responsibility of the Department to ensure, with the oversight of DHCS, that the HCBS Waiver is implemented by regional centers in accordance with Medicaid statute and regulations.

Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

The compliance monitoring review protocol is comprised of sections/components designed to determine if the individuals' served 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 Waiver services.

Scope of Review

The monitoring team reviewed a sample of 36 records for individuals served on the 1915c HCBS Waiver. In addition, the following supplemental sample records were reviewed: 1) eight individuals whose HCBS Waiver eligibility had been previously terminated, 2) seven individuals who were enrolled in the HCBS Waiver during the review period were reviewed for documentation that GGRC determined the level of care prior to receipt of HCBS Waiver services, and 3) ten individuals who had special incidents reported to the Department during the review period of June 1, 2023 through May 31, 2024.

The monitoring team completed visits to nine community care facilities (CCF) and nine day programs. The team reviewed nine day program records for individuals served, nine CCF records and interviewed and/or observed 29 of the selected sample of individuals served.

Overall Conclusion

GGRC is in overall compliance with the federal requirements for the HCBS Waiver program. Specific recommendations that require follow-up actions by GGRC are included in the report findings. The Department is requesting documentation of follow-up actions taken by GGRC 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 GGRC 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-six sample records for individuals served on the HCBS Waiver were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Two criteria were rated as not applicable for this review. Criterion 2.6.b was 85 percent in compliance because 5 of the 34 applicable records did not include completion of the HCBS Waiver Standardized Annual Review Form. Criterion 2.7.b was 77 percent in compliance because 6 of the 26 applicable records did not contain IPP addendum signatures. Criterion 2.13.a was 59 percent in compliance because 11 of the 27 applicable records did not contain documentation of all required quarterly face-to-face visits. Criterion 2.13.b was 59 percent in compliance because 11 of the 27 applicable records did not contain documentation of all required quarterly reports of progress. The sample records were 94 percent in overall compliance for this review.

GGRC's records were 96 percent in overall compliance for the collaborative reviews conducted in 2020 and in 2022.

Section III – Community Care Facility Record Review for Individuals Served

Nine records for individuals served were reviewed at nine CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 97 percent in overall compliance for 16 criteria on this review. Three criteria were rated as not applicable for this review.

GGRC's records were 100 percent and 97 percent in overall compliance for the collaborative reviews conducted in 2020 and in 2022, respectively.

Section IV – Day Program Record Review for Individuals Served

Nine records for individuals served were reviewed at nine day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 86 percent in overall compliance for 14 criteria on this review. Three criteria were rated as not applicable for this review.

GGRC's records were 88 percent in overall compliance for the collaborative review conducted in 2022. The closure of day programs due to COVID-19 prevented the review of Section IV Day Program records and site visits for the 2020 review.

Section V –Observations and Interviews of Individuals Served

Twenty-nine individuals served, or in the case of minors, their parents, were interviewed and/or observed at their CCFs, day programs, or in independent living settings. The monitoring team observed that all of the individuals were in good health and were treated with dignity and respect. All of the interviewed individuals/parents indicated that they were satisfied with their services, health and choices.

Section VI A – Service Coordinator Interviews

Seven 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 served and knowledgeable about their roles and responsibilities.

Section VI B – Clinical Services Interview

The director of intake, early start, and clinical services was interviewed using a standard interview instrument. She responded to questions regarding the monitoring of individuals with medical issues, medications, behavior plans, the coordination of medical and mental health care for individuals, clinical supports to assist service coordinators, and the clinical team's role on the Risk Management and Mitigation Committee and special incident reporting.

Section VI C – Quality Assurance Interview

A supervisor of quality assurance was interviewed using a standard interview instrument. He responded to questions regarding how GGRC is organized to conduct Title 17 monitoring reviews, verification of provider qualifications, resource development activities, special incident reporting, and QA activities where there is no regulatory requirement.

Section VII A – Service Provider Interviews

Five CCF and three day program service providers were interviewed using a standard

interview instrument. The service providers responded to questions regarding their knowledge of the individual served, the annual review process, and the monitoring of health issues, medication administration, progress, safety, and emergency preparedness. The staff was familiar with the individuals served and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interviews

Five CCF and three day program direct service staff were interviewed using a standard interview instrument. The direct service staff responded to questions regarding their knowledge of individuals served, the IPP, communication, service delivery, procedures for safety, emergency preparedness, and medications. The staff were familiar with the individuals served and knowledgeable about their roles and responsibilities.

Section VIII – Vendor Standards Review

The monitoring team reviewed five CCFs and one day program utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. The reviewed CCFs and day program were in good repair with no immediate health or safety concerns observed.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of 36 records for individuals served who are on the HCBS Waiver and 10 supplemental sample records of individuals served for special incidents during the review period. GGRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported nine of the 10 applicable incidents to GGRC within the required timeframes, and GGRC subsequently transmitted all 10 special incidents to DDS within the required timeframes. GGRC's follow-up activities for all 10 incidents of individuals served 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 GGRC 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

GGRC 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 GGRC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self-assessment criteria.

✓ The full response to the self-assessment is available upon request.

Regional Center Self-Assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
State conducts level of care need determinations consistent with the need for institutionalization.	The regional center ensures that individuals served meet ICF/DD, ICF/DD-H, or ICF/DD-N facility level of care requirements as a condition of initial and annual eligibility for the HCBS Waiver Program. Regional center ensures that the regional center staff responsible for certifying and recertifying individual's HCBS Waiver eligibility meet the federal definition of a Qualified Intellectual Disabilities Professional (QIDP). The regional center ensures that individuals served are eligible for full scope Medi-Cal benefits before enrolling them in the HCBS Waiver.
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services.	The regional center takes action(s) to ensure individuals' rights are protected. The regional center takes action(s) to ensure that the individuals' health needs are addressed. The regional center ensures that behavior plans preserve the right of the individual served to be free from harm. The regional center maintains a Risk Management, Risk Assessment and Planning Committee. The regional center has developed and implemented a Risk Management/Mitigation Plan. Regional centers and local Community Care Licensing offices coordinate and collaborate in addressing issues involving licensing requirements and monitoring of CCFs pursuant to the MOU between the Department and Department of Social Services. The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 community care facilities. The regional center reviews each community care facility annually to assure services are consistent with the program design and applicable laws and development and implementation of corrective action plans as needed. The regional center conducts not less than two unannounced monitoring visits to each CCF annually. Service coordinators perform and document periodic reviews (at least annually) to ascertain progress toward achieving IPP objectives and the individual served and the family's satisfaction with the IPP and its implementation. Service coordinators have quarterly face-to-face meetings with individuals served in CCFs, family home agencies, supported living services, and independent living services to review services and progress toward achieving the IPP objectives for which the service provider is responsible. The regional center ensures that needed services and supports are in place when an individual moves from a developmental center (DC) to a community living arrangement.

Regional Center Self-Assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services (cont.)	Service coordinators provide enhanced case management to individuals who move from a DC by meeting with them face-to-face every 30 days for the first 90 days they reside in the community.
Only qualified providers serve HCBS Waiver participants.	The regional center ensures that all HCBS Waiver service providers have signed the "HCBS Provider Agreement Form" and meet the required qualifications at the time services are provided.
Plans of care are responsive to HCBS Waiver participant needs.	The regional center ensures that all individuals on HCBS Waiver are offered a choice between receiving services and living arrangements in an institutional or community setting. Regional centers ensure that planning for IPPs includes a comprehensive assessment and information gathering process which addresses the total needs of individuals on HCBS Waiver and is completed at least every three years at the time of his/her triennial IPP. The IPPs of individuals on HCBS Waiver are reviewed at least annually by the planning team and modified, as necessary, in response to the individuals' changing needs, wants and health status. The regional center uses feedback from individuals served, families and legal representatives to improve system performance. The regional center documents the manner by which individuals indicate choice and consent.

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) Waiver services. The criteria address requirements for eligibility, choice of individual served, 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 onsite program reviews.

II. Scope of Review

1. Thirty-six HCBS Waiver records of individuals served were selected for the review sample.

Living Arrangement	# of Individuals Served
Community Care Facility (CCF)	16
With Family	9
Independent or Supported Living Services	11

2. The review period covered activity from June 1, 2023, through May 31, 2024.

III. Results of Review

The 36 sample records of individuals served were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. The sample records were 94 percent in overall compliance for this review. Eight supplemental records were reviewed solely for documentation that GGRC had either provided the individual served with written notification prior to termination of the individual's HCBS Waiver eligibility, or the individual had voluntarily disenrolled from the HCBS Waiver. Seven supplemental records were reviewed for documentation that GGRC determined the level of care prior to receipt of HCBS Waiver services.

- ✓ The supplemental records were in 100 percent compliance for determining the level of care prior to receiving HCBS Waiver services.

- ✓ The supplemental records were in 100 percent compliance for documentation that the individual was either provided written notification before termination or voluntarily disenrolled from the HCBS Waiver.
- ✓ The sample records were in 100 percent compliance for 17 criteria. There are no recommendations for these criteria. Two criteria were not applicable for this review.
- ✓ Findings for 12 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

2.1.b Each record lists the deficits and special health care conditions listed on Medicaid Waiver Eligibility Waiver Record (DS 3770) *[SMM 4442.1; 42 CFR 483.430(a)]*

Finding

Thirty-five of the thirty-six (97 percent) sample records of individuals served listed the deficits and special health care conditions on the DS 3770 form. However, the DS 3770 form in the record for individual #28 did not list any deficits or special health care conditions.

2.1.b Recommendation	Regional Center Plan/Response
GGRC should ensure that the DS 3770 form list deficits and special health care conditions.	The DS 3770 form has been updated to reflect deficits.

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-four of the thirty-six (94 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 #3: The individual turned 18 in 2005. A new DS 2200 was not signed and dated; and,

2. Individual #22: The individual became eligible on August 1, 2011. The DS 2200 form was not signed and dated until July 31, 2024. Accordingly, no recommendation is required.

2.2 Recommendation	Regional Center Plan/Response
GGRC should ensure that the DS 2200 form for individual #3 is properly signed and dated.	This individual is deceased.

2.5.b The qualifying conditions documented in the Client Development Evaluation Report (CDER) are consistent with information contained in the individual's record. [SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343]

Findings

Thirty-five of the thirty-six (97 percent) sample records of individuals served documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in the record for Individual #28 did not support the determination that all the issues identified in the CDER and the Medicaid Waiver Eligibility Record (DS 3770) could be considered qualifying conditions. The qualifying condition of needing "occasional reminders for medication" was identified on the CDER, but the IPP dated March 17, 2022, states the individual can take medications independently.

2.5.b Recommendation	Regional Center Plan/Response
GGRC should determine if the item listed above for individual #28 is appropriately identified as a qualifying condition. The individual's CDER should be corrected to ensure that any items that do not represent substantial limitations in the individuals' ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying conditions. If GGRC determines that the issues are correctly identified as qualifying conditions, documentation (updated IPPs, progress reports, etc.) that supports the original determinations should be submitted with the response to this report.	The DS 3770 form was updated to make it consistent with the CDER.

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)]*

Findings

Thirty-four of the thirty-six (94 percent) sample records of individuals served contained documentation that the individual's IPP had been reviewed annually by the planning team. However, there was no documentation that the IPPs for two individuals were reviewed annually as indicated below:

1. Individual #25: The IPP was dated April 16, 2021. There was no documentation that the IPP was reviewed during the monitoring review period; and,

2. Individual #28: The IPP was dated March 17, 2022. There was no documentation that the IPP was reviewed during the monitoring review period.

2.6.a Recommendation	Regional Center Plan/Response
GGRC should ensure that the IPP for individuals #25 and #28 are reviewed at least annually by the planning team.	Staff make every attempt to schedule meetings in the proper timeframe. In one of these cases, it has been very hard to schedule. However, social workers continue to work with both individuals to get their reviews on track. IPP for #25 was completed 9/6/24. An Annual Review for #28 was held 2/23/24.

2.6.b The HCBS Waiver Standardized Annual Review Form (SARF) is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary and that the individual's health status and CDER have been reviewed. *(HCBS Waiver Requirement)*

Finding

Twenty-nine of the thirty-four (85 percent) applicable sample records of individuals served contained a completed SARF. However, one record did not contain a SARF and records for four individuals did not contain a completed SARF as indicated below:

1. Individual #9: SARF dated December 1, 2023, was not signed by the individual served;

2. Individual #15: SARF dated October 24, 2023, was not signed. The SARF was signed and dated July 1, 2024. Accordingly, no recommendation is required;
3. Individual #24: SARF dated July 18, 2023, was not signed. The SARF was signed and dated June 24, 2024. Accordingly, no recommendation is required;
4. Individual #25: No SARF completed; IPP was dated April 16, 2021; and,
5. Individual #26: SARF dated January 23, 2024, was not signed.

2.6.b Recommendation	Regional Center Plan/Response
GGRC should ensure that the SARF for individuals #9, #25, and #26 are completed during the annual IPP review process.	A SARF for #25 was completed 1/7/25 and a SARF for #26 was completed 1/23/24 and 1/27/25. The SARF of #9 has been signed by participant on 5/10/25.
In addition, GGRC should evaluate what actions may be necessary to ensure that SARFs are completed and documented for all applicable individuals.	Supervisors/managers to review with staff requirements for persons on the Waiver to ensure the SARF is completed along with the annual review and that it is signed by participant.

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

Thirty-one of the thirty-six (86 percent) sample records of individuals served contained IPPs that were signed by GGRC and the individuals served, or their legal representatives. However, the following individuals' IPPs were not signed by the appropriate individual:

1. Individual #4: The IPP dated October 29, 2021, was not signed by the individual served. The IPP was signed on July 2, 2024. Accordingly, no recommendation is required;
2. Individual #23: The IPP dated June 27, 2023, was not signed by the individual served;
3. Individual #24: The IPP dated April 16, 2021, was not signed by the individual served. The IPP was signed on June 28, 2023. Accordingly, no recommendation is required;

4. Individual #31: The IPP dated October 15, 2021 was not signed by the individual served. The IPP was signed on September 19, 2024. Accordingly, no recommendation is required; and,

5. Individual #33: The IPP dated June 17, 2021, was not signed by the individual served. The IPP was signed on June 24, 2024. Accordingly, no recommendation is required.

2.7.a Recommendation	Regional Center Plan/Response
GGRC should ensure that the IPP for individual #23 is signed by the individual served. If the individual served does not sign, GGRC should ensure that the record addresses the reason why the individual did not or could not sign.	Individual #23 signed the IPP Agreement page on 6/27/23.

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

Twenty of the twenty-six (77 percent) applicable sample records for individuals served contained IPP addenda signed by GGRC 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 addenda were not signed by the appropriate individuals:

1. Individual #4: The addendum dated March 27, 2024, was not signed by the individual served;

2. Individual #10: The addendum dated January 5, 2023, was not signed by the individual served. The addendum was signed on September 17, 2024. Accordingly, no recommendation is required;

3. Individual #13: The addenda dated March 22, 2024, and May 15, 2024, were not signed by individual served. The addenda reference that the client signature is on file from the IPP dated July 12, 2022. However, the July 12, 2022, IPP does not address the services indicated in the addenda. Therefore, no client signature is on file;

4. Individual #19: The addenda dated October 11, 2023, and April 10, 2023, were not signed by individual served. The addenda were signed on July 9, 2024. Accordingly, no recommendation is required. In addition, an addendum dated February 20, 2024, was not signed by the individual served;

5. Individual #28: The addenda dated August 24, 2023, August 29, 2023, and December 1, 2023, are not signed by the individual served. The addenda reference that the client signature is on file from the IPP dated March 17, 2022. However, the March 17, 2022, IPP does not address the service which is included in each addendum. Therefore, the client's signature is not on file; and,

6. Individual #32: The addendum dated October 11, 2023, is not signed by the individual served. The addendum references that the client signature is on file from the IPP dated March 27, 2023. However, the March 27, 2023, IPP does not address the service which is included in the addendum. Therefore, no client signature is on file.

2.7.b Recommendation	Regional Center Plan/Response
GGRC should ensure that the IPP addenda for individuals #4, #13, #19, #28, and #32 are signed by the individuals served.	#4 was an Addendum adding Medicaid Waiver to the IPP. The IPP did not adequately cover the Waiver deficits. An IPP addendum is written and sent on 6/11/25 to the participant to sign. #13 has signed both IPP addenda but did not date the consent pages. #19 signed the IPP addendum on 8/23/24. #32 signed the IPP addendum on 3/7/25. #28 has now signed the three addenda.
In addition, GGRC should evaluate what actions may be necessary to ensure that addendums are signed by the appropriate individuals.	Supervisors/managers to review with staff the need to always obtain signatures.

2.9.b The IPP addresses the special health care requirements. *[WIC §4646.5(a)(2)]*

Findings

Seven of the eight (88 percent) applicable sample IPPs for individuals served addresses the individuals' special health care requirements. However, the IPP for individual #30 does not address the specialized health care requirement of head protective devices and a walker. A DS 3770 was completed September 12,

2024, removing head protective devices and a walker. Accordingly, no recommendation is required.

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

Thirty-three of the thirty-six (92 percent) sample IPPs of individuals served included a schedule of the type and amount of all services and supports purchased by the regional center. However, IPPs for four individuals did not include GGRC funded services as indicated below:

1. Individual #13: Personal Assistance was not covered for March 2024 in the IPPs covering the review period;
2. Individual #18: Adult Development Center was not included for the months covering June 2023 through May 2024 in the IPP covering the review period;
3. Individual #23: Community Integration Training Program July 2023 through April 2024, Participant-Directed Transportation September 2023 through October 2023, FMS F/EA July 2023 through April 2024, Adult Development Center July 2023 through April 2024, and Supported Living Services June 2023 were not included in the IPP covering the review period; and,
4. Individual #32: FMS co-employer for the months covering June 2023 through September 21, 2023, was not included in the IPPs covering the review period.

2.10.a Recommendation	Regional Center Plan/Response
GGRC should ensure that the IPPs for individuals #13 #18, #23 and #32 include a schedule of the type and amount of all services and supports purchased by GGRC.	Schedules of supports are to be included in the IPP or IPP addendum. Social workers will ensure these individuals' IPP/Addenda contain their supports. #13 supports are documented in 3/1/24 addendum. #18 supports are documented in IPP addenda 7/20/22, 12/16/22 and 1/8/24. #23 CIT 7/2023-4/2024 are documented in IPP addendum dated 1/13/23. Transportation, FMS F/E

	and Adult Development Center were included in IPP 6/27/23. Supported Living Service for June 2023 is in the IPP dated 4/28/20. #32 IPP addendum 6/1/23 documents FMS co-employer and was signed 3/7/25.

2.12 Periodic reviews and reevaluations of progress for individuals served are completed (at least annually) to ascertain that planned services have been provided, that progress has been achieved within the time specified, and the individual served, and his/her family are satisfied with the IPP and its implementation. *[W&I Code §4646.5(a)(8)]*

Finding

Thirty-five of the thirty-six (97 percent) sample records of individuals served contained documentation of periodic review and reevaluation of progress at least annually. However, the record for individual #25 did not contain documentation that the individual's progress had been reviewed within the year.

2.12 Recommendation	Regional Center Plan/Response
GGRC should ensure that a review and reevaluation of progress regarding planned services, timeframes, and satisfaction for individual #25 is completed and documented at least annually.	This case is being brought back onto track. An IPP is scheduled, quarterly reports and annual reviews will be held.

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

Sixteen of the twenty-seven (59 percent) applicable sample records of individuals served contained quarterly face-to-face meetings completed and documented. However, the records for eleven individuals did not meet the requirement as indicated below:

1. The records for individuals #3, #11, #16, #23, #27, #29, #31, and #33 contained documentation of three of the four required meetings that were consistent with the quarterly timeline.

2. The records for individuals #24 and #30 contained documentation of two for the four required meetings that were consistent with the quarterly timeline.

3. The record for individual #25 did not contain documentation of any of the four required meetings that were consistent with the quarterly timeline.

2.13.a Recommendations	Regional Center Plan/Response
GGRC should ensure that all future face-to-face meetings are completed and documented each quarter for individuals #3, #11, #16, #23, #24, #25, #27, #29, #30, #31, and #33.	Social workers will get these cases on track and hold all required IPPs, annual review and quarterlies. #3 is deceased. #25 does not respond to requests to hold quarterly meetings but was able to hold a meeting in May 2025. Quarterlies are now being held for the rest of the participants. All required reviews should be on track. .
In addition, GGRC should evaluate what actions may be necessary to ensure that quarterly face-to face meetings are completed and documented for all applicable individuals.	Supervisors/managers will review with staff the importance of completing meetings on schedule, writing the documentation and getting it filed into the case record.

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 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

Sixteen of the twenty-seven (59 percent) applicable sample records of individuals served contained quarterly reports of progress completed for individuals living in community out-of-home settings. However, the records for eleven individuals did not meet the requirement as indicated below:

1. The records for individuals #3, #11, #16, #23, #27, #29, #31, and #33 contained documentation of three of the four required quarterly reports of progress that were consistent with the quarterly timeline.

2. The record for individuals #24, and #30 contained documentation of two of the four required quarterly reports of progress that were consistent with the quarterly timeline.

3. The record for individual #25 did not contain documentation of any of the four required quarterly reports of progress that were consistent with the quarterly timeline.

2.13.b Recommendations	Regional Center Plan/Response
GGRC should ensure that future quarterly reports of progress are completed for individuals #3, #11, #16, #23, #24, #25, #27, #29, #30, #31, and #33.	Social workers will get these cases on track and hold all required IPPs, annual review and quarterlies. #3 is deceased. #25 does not respond to requests to hold quarterly meetings but was able to hold a meeting in May 2025. Quarterlies are now being held for the rest of the participants. All required reviews should be on track. .
In addition, GGRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable individuals.	Supervisors/managers will review with staff the importance of completing meetings on schedule, writing the documentation and getting it filed into the case record.

Summary for Regional Center Record Review of Individuals Served **Sample Size = 36 + 8 Supplemental Records** *(see Section II, Part III)*						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
2.0	The individual is Medi-Cal eligible. *(SMM 4442.1)*	36		8	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 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.	36		8	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.	35	1	8	97	See Narrative
2.1.c	The DS 3770 form documents annual re-certifications.	36		8	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	2		42	100	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)]*	34	2	8	94	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 served/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 Waiver eligibility has been terminated. *(SMM 4442.7), (42 CFR Part 431, Subpart E), [WIC §4710(a)(1)]*	8		36	100	None

Summary for Regional Center Record Review of Individuals Served Sample Size = 36 + 8 Supplemental Records *(see Section II, Part III)*						
	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)*	36		8	100	None
2.5.a	The individual's 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)*	36		8	100	None
2.5.b	The individual's qualifying conditions documented in the CDER are consistent with information contained in the individual's record.	35	1	8	97	See Narrative
2.6.a	IPP is reviewed (*at least annually*) by the planning team and modified as necessary in response to the individual's changing needs, wants or health status. *[42 CFR 441.301(b)(1)(I)]*	34	2	8	94	See Narrative
2.6.b	The HCBS 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 Waiver requirement*)	29	5	10	85	See Narrative
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)]*	31	5	8	86	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.	20	6	18	77	See Narrative
2.7.c	The IPP is prepared jointly with the planning team. *[WIC §4646(d)]*	36		8	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)]*	36		8	100	None

Summary for Regional Center Record Review of Individuals Served Sample Size = 36 + 8 Supplemental Records *(see Section II, Part III)*						
	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).	36		8	100	None
2.9.b	The IPP addresses special health care requirements.	7	1	36	88	See Narrative
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	16		28	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	23		21	100	None
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	11		33	100	None
2.9.f	The IPP addresses the individual's goals, preferences and life choices.	36		8	100	None
2.9.g	The IPP includes a family plan component if the individual served is a minor. *[WIC §4685(c)(2)]*	3		41	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. *[WIC §4646.5(a)(5)]*	32	4	8	89	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)]*	36		8	100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. *[WIC §4646.5(a)(5)]*	25		19	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)]*	36			8	None

Summary for Regional Center Record Review of Individuals Served Sample Size = 36 + 8 Supplemental Records *(see Section II, Part III)*						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
2.12	Periodic review and reevaluations of progress are completed *(at least annually)* 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)]*	35	1	8	97	See Narrative
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 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)*	16	11	17	59	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 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)*	16	11	17	59	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. *(WIC §4418.3)*			44	N/A	None

SECTION III

COMMUNITY CARE FACILITY
RECORD REVIEW OF INDIVIDUALS SERVED

I. Purpose

The review addresses the requirements for community care facilities (CCF) to maintain records for the individuals served and prepare written reports of progress in relation to the services addressed in the individual program plan (IPP) for which the facility is responsible. The criteria are derived from Title 17, California Code of Regulations.

II. Scope of Review

Nine records for individuals served were reviewed at nine CCFs visited by the monitoring team. The facilities' records were reviewed to determine compliance with 19 criteria.

III. Results of Review

- ✓ The records were 100 percent in compliance for 13 criteria. Three criteria were rated as not applicable for this review.
- ✓ A summary of the results of the review is shown in the table at the end of this section.
- ✓ Findings for three criteria are detailed below.

IV. Findings and Recommendations

3.5.a Service Level 4 facilities prepare and maintain written quarterly reports of the consumer's progress that are completed within 30 days of the end of the quarter. *[Title 17, CCR, §56026(c)]*

Finding

Five of the seven (71 percent) applicable sample records contained quarterly reports of progress for the individuals served. However, the record for individual #16 at CCF #4 and individual #10 at CCF #8 did not contain any quarterly reports of individual's progress.

3.5.a Recommendation	Regional Center Plan/Response
GGRC should ensure that CCF providers #4 and #8 complete the required quarterly	Letters will be sent to these providers by 3/7/25 regarding this requirement. GGRC liaisons to level 4 homes will

reports of progress for individuals #16 and #10.	check on this with the provider when they go out to visit the resident.
In addition, GGRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed by all applicable vendors.	GGRC QA department will look at how to support the level 4 homes in this regard. GGRC home liaisons will periodically check on this with the home administrator.

3.6.a The facility prepares and maintains ongoing, written notes for each individual served, as required by Title 17. (Title 17, CCR §56026(a)).

Finding

Eight of the nine (89 percent) sample CCF records for individuals served contained ongoing, written notes, as required by Title 17. However, the record for individual #6 at CCF #5 did not contain ongoing notes.

3.5.a Recommendation	Regional Center Plan/Response
GGRC should ensure that CCF provider #5 has ongoing, written notes, available for the individual served.	Letter will be sent to this provider by 3/7/25 regarding this requirement. Social worker and/or QA will monitor.

3.6.b The ongoing notes/information verify that behavior needs are being addressed.

Finding

Eight of the nine (89 percent) applicable records of individuals served contained ongoing notes that verified behavior needs were being addressed. However, the record for individual #6 at CCF #5 did not contain ongoing notes that addressed behavior needs.

3.6.b Recommendation	Regional Center Plan/Response
GGRC should ensure that the record for individual #6 at CCF #5 contains ongoing notes that address behavior needs of the individual served.	Letter will be sent to this provider by 3/7/25 regarding this requirement. Social worker and/or QA will monitor.

Community Care Facility Record Review Summary Sample Size = 9						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
3.1	An individual file for individuals served is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. *[Title 17, CCR, §56017(b)], [Title 17, CCR §56059(b)], (Title 22, CCR, §80069)*	9			100	None
3.1.a	The individuals record contains a statement of ambulatory or non-ambulatory status.	9			100	None
3.1.b	The individuals record contains known information related to any history of aggressive or dangerous behavior toward self or others.	8		1	100	None
3.1.c	The individuals record contains current health information that includes medical, dental and other health needs of the individual including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	9			100	None
3.1.d	The individuals record contains current emergency information: family, physician, pharmacy, etc.	9			100	None
3.1.e	The individuals record contains a recent photograph and a physical description of the individual.	9			100	None
3.1.i	Special safety and behavior needs are addressed.	9			100	None
3.2	The individuals record contains a written admission agreement completed for the individual served that includes the certifying statements specified in Title 17 and is signed by the individual served or his/her authorized representative, the regional center and the facility administrator. *[Title 17, CCR, §56019(c)(1)]*	9			100	None
3.3	The facility has a copy of the individual's current IPP. *[Title 17,CCR, §56022(c)]*	9			100	None

Community Care Facility Record Review Summary Sample Size = 9						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of progress for individuals served. *[Title 17, CCR, §56026(b)]*	2		7	100	None
3.4.b	Semiannual reports address and confirm the individual's progress toward achieving each of the IPP objectives for which the facility is responsible.	2		7	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of progress. *[Title 17, CCR, §56026(c)]*	5	2	2	71	See Narrative
3.5.b	Quarterly reports address and confirm the individual's progress toward achieving each of the IPP objectives for which the facility is responsible.	7		2	100	None
3.5.c	Quarterly reports include a summary of data collected. *[Title 17, CCR, §56013(d)(4)], (Title 17, CCR, §56026)*	7		2	100	None
3.6.a	The facility prepares and maintains ongoing, written notes for the individual served, as required by Title 17. *[Title 17, CCR §56026(a)]*	8	1		89	See Narrative
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	8	1		89	See Narrative
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. *(Title 17, CCR, §54327)*			9	N/A	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. *(Title 17, CCR, §54327)*			9	N/A	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the individual served. *(Title 17, CCR, §54327)*			9	N/A	None

SECTION IV

DAY PROGRAM

RECORD REVIEW OF INDIVIDUALS SERVED

I. Purpose

The review criteria address the requirements for day programs to maintain records for individuals served and prepare written reports of progress in relation to the services addressed in the individual program plan (IPP) that the day program provider is responsible for implementing. The criteria are derived from Title 17, California Code of Regulations.

II. Scope of Review

Nine records for individuals served were reviewed at nine day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria.

III. Results of Review

- ✓ The records were 100 percent in compliance for three criteria. Three criteria were rated as not applicable for this review.
- ✓ A summary of the results of the review is shown in the table at the end of this section.
- ✓ Findings for 11 criteria are detailed below.

IV. Findings and Recommendations

4.1.b The individual's record contains current health information. *[Title 17, CCR § 56730]*

Finding

Eight of the nine (89 percent) sample day program records for individuals served contained current health information. However, the record for individual #18 at DP #3 did not contain current health information.

4.1.b Recommendation	Regional Center Plan/Response
GGRC should ensure that the record for individual #18 at DP #3 contains current health information.	Individual's doctor provided a Physician's Statement dated 9/2024 detailing current medical information and is filed into the day

	program's record. GGRC social worker has followed up with program.

4.1.c The individual's record contains any medical, psychological, and social evaluations identifying the individual's abilities and functioning level, provided by the regional center.

Finding

Eight of the nine (89 percent) sample records for individuals served contained medical, psychological, or social evaluations identifying the individual's abilities and functioning level. However, the record for individual #18 at DP #3 did not contain any medical, psychological, or social evaluations identifying the individual's abilities and functioning level provided by the regional center.

4.1.c Recommendation	Regional Center Plan/Response
GGRC should ensure that the record for individual #18 at DP #3, contains medical, psychological, or social evaluations identifying the individual's abilities and functioning level.	A letter was sent 3/4/25 to the program administrator which included these documents.

4.1.d The individual's record contains an authorization for emergency medical treatment signed by the individual served and/or the authorized representative. *(Title 17, CCR, §56730)*

Findings

Seven of the nine (78 percent) sample records for individuals served contained signed authorizations for emergency medical treatment. However, the records for the following individuals did not contain an authorization for emergency medical treatment that was signed by the individual served or conservator:

1. Individual #18 at DP #3; and,

2. Individual #19 at DP #9.

4.1.d Recommendation	Regional Center Plan/Response
GGRC should ensure that the records for individual #18 at DP #3 and individual #19 at DP #9 contain an authorization for emergency medical treatment that is signed by the individual served or conservator.	A letter was sent 3/5/25 to the program administrator advising they need to get these documents and file them into their records. Day programs #3 and #9 now have an emergency medical treatment

	authorization on file. Social workers and/or QA to monitor.

4.1.e The record contains documentation that the individual has been informed of his/her personal rights.

Finding

Eight of the nine (89 percent) sample records for individuals served contained documentation that the individual served and/or their authorized representative had been informed of their personal rights. However, the record for individual #18 at DP #3 did not contain documentation that the individual served and/or their authorized representative were informed of the individual's personal rights.

4.1.e Recommendation	Regional Center Plan/Response
GGRC should ensure the record for individual #18 at DP #3 contains documentation that the individual served and/or their authorized representative have been informed of their personal rights.	A letter was sent 3/5/25 to the day program advising they need to inform person of their rights and to file documentation in their record. Program has filed documentation of rights into their record. Social workers and/or QA to monitor.

4.1.f Data is collected that measures progress for the individual served in relation to the services addressed in the IPP for which the day program provider is responsible for implementing.

Finding

Seven of the eight (88 percent) applicable sample records for individuals served contained documentation that data is collected that measures progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing. However, the record for individual #23 at DP #2, did not contain documentation that data is collected that measures progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing.

4.1.f Recommendation	Regional Center Plan/Response
GGRC should ensure the record for individual #23 at DP #2, contains documentation that data is collected that measures progress in relation to the services addressed in the IPP for which	A letter was sent 3/5/25 to the program administrators notifying them of this requirement. Day program #2 advises they are keeping this type of data on-line for

the day program provider is responsible for implementing.	individuals served. Social workers and/or QA to monitor.

4.1.g The record contains up-to-date case notes reflecting important events or information not documented elsewhere.

Findings

Seven of the nine (78 percent) sample records of individuals served contained up-to-date case notes reflecting important events or information not documented elsewhere. However, the records for individual #23 at DP #2 and for individual #18 at DP #3 did not contain case notes.

4.1.g Recommendation	Regional Center Plan/Response
GGRC should ensure the records for individual #23 at DP #2 and individual #18 at DP #3, contain up-to-date case notes reflecting important events or information not documented elsewhere.	A letter was sent 3/5/25 to the program administrators notifying them of this requirement. Day program #2 has advises they are documenting case notes on-line for individuals served. Day program #3 advises they are keeping case notes. Social workers and/or QA to monitor.

4.1.h Special safety and behavior needs are addressed.

Finding

Seven of the eight (88 percent) applicable records of individuals-served contained documentation that special safety and behavior needs were being addressed. However, the record for individual #18 at DP #3 did not contain documentation that addressed special safety and behavior needs.

4.1.h Recommendation	Regional Center Plan/Response
GGRC should ensure that the record for individual #18 at DP #3 contains documentation that addresses special safety and behavior needs of the individual served.	A letter was sent 3/5/25 to the program administrator notifying them of this requirement. Social workers and/or QA to monitor.

4.2 The day program has a copy of the current IPP for the individual served. *[Title 17, CCR, §56720)(b)]*

Findings

Six of the eight (75 percent) applicable sample records of individuals served contained a copy of the individual's current IPP. However, the records for individual #30 at DP #4 and individual #19 at DP #9 did not contain a copy of their current IPP.

4.2 Recommendation	Regional Center Plan/Response
GGRC should ensure that the records for individual #30 at DP #4, and individual #19 at DP #9 contain a current copy of the individual's IPP.	These were sent to DP #4 on 3/7/25 and to DP #19 on 12/10/24.

4.3.b The day program's individual service plan or other program documentation is consistent with the services addressed in the individual's IPP.

Finding

Seven of the eight (88 percent) applicable sample records of individuals served contained documentation consistent with the consistent with the services addressed in the individual's IPP. However, the record for individual #30 at DP #4 did not have any program documentation available to assess this criterion.

4.3.b Recommendations	Regional Center Plan/Response
GGRC should ensure that the record for individual #30 at DP #4 contains program documentation consistent with the services addressed in the individual's IPP.	GGRC social worker will include in the cover letter with the IPP notification of this requirement. Social worker and/or QA will check for documentation.

4.4.a The day program prepares and maintains written semiannual reports of performance and progress. *[Title 17, CCR, §56720(c)]*

Findings

Four of the eight (50 percent) applicable sample records of individuals served contained written semiannual reports of progress. However, the record for the following individuals contained only one of the required progress reports:

1. Individual #23 at DP #2;
2. Individual #30 at DP #4;
3. Individual #12 at DP #7; and,
4. Individual #19 at DP #9.

4.4.a Recommendation	Regional Center Plan/Response
GGRC should ensure that day program providers #2, #4, #7, and #9 prepare written semiannual reports of individual progress.	A letter was sent 3/28/25 to the program administrators reminding them of this requirement. We will request copies of these reports be sent to GGRC. Reports from #7 have been received; social workers will follow up with the other providers.

4.4.b The semiannual reports address performance and progress toward achieving each of the IPP objectives for which the day program is responsible. *[Title 17, CCR, §56720(c)]*

Finding

Six of the seven (86 percent) applicable sample records of individuals served contained semiannual reports that addressed progress. However, the record for individual #30 at DP #4 contained none of the required progress reports.

4.4.b Recommendation	Regional Center Plan/Response
GGRC should ensure that day program provider #4 maintain semiannual reports that address progress toward achieving IPP objectives for individual #30.	A letter was sent 3/28/25 to the program administrator reminding them of this requirement. We will request copies of semi-annuals be sent to GGRC.

Day Program Record Review Summary Sample Size = 9						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
4.1	An individual file is maintained for the individual served by the day program that includes the documents and information specified in Title 17. *(Title 17, CCR, §56730)*	9			100	None
4.1.a	The individuals record contains current emergency and personal identification information including the individual's address, telephone number; names and telephone numbers of residential care provider, relatives, and/or guardian or conservator; physician name(s) and telephone number(s); pharmacy name, address and telephone number; and health plan, if appropriate.	9			100	None
4.1.b	The individuals record contains current health information that includes current medications, known allergies; medical disabilities; infectious, contagious, or communicable conditions; special nutritional needs; and immunization records.	8	1		89	See Narrative
4.1.c	The individuals record contains any medical, psychological, and social evaluations identifying the individual's abilities and functioning level, provided by the regional center.	8	1		89	See Narrative
4.1.d	The individuals record contains an authorization for emergency medical treatment signed by the individual served and/or the authorized representative.	7	2		78	See Narrative
4.1.e	The individuals record contains documentation that the individual served and/or the authorized representative has been informed of his/her personal rights.	8	1		89	See Narrative
4.1.f	Data is collected that measures progress in relation to the services addressed in the IPP which the day program provider is responsible for implementing.	7	1	1	88	See Narrative
4.1.g	The individuals record contains up-to-date case notes reflecting important events or information not documented elsewhere.	7	2		78	See Narrative

Day Program Record Review Summary Sample Size = 9						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
4.1.h	The individuals record contains documentation that special safety and behavior needs are being addressed.	7	1	1	88	See Narrative
4.2	The day program has a copy of the individual's current IPP. *[Title 17, CCR §56720(b)]*	6	2	1	75	See Narrative
4.3.a	The day program provider develops, maintains, and modifies as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. *[Title 17, CCR, §56720(a)]*	8		1	100	None
4.3.b	The day program's individual service plan or other program documentation is consistent with the services addressed in the individual's IPP.	7	1	1	88	See Narrative
4.4.a	The day program prepares and maintains written semiannual reports. *[Title 17, CCR, §56720(c)]*	4	4	1	50	See Narrative
4.4.b	Semiannual reports address the individual's performance and progress relating to the services for which the day program is responsible for implementing.	6	1	1	86	See Narrative
4.5.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. *(Title 17, CCR, §54327)*			9	N/A	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. *(Title 17, CCR, §54327)*			9	N/A	None
4.5.c	There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. *(Title 17, CCR, §54327)*			9	N/A	None

SECTION V

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 individuals' satisfaction with their living situation, day program, and work activities, health, choice, and regional center services.

II. Scope of Observations and Interviews

Twenty-nine of the thirty-six 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.

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

III. Results of Observations and Interviews

All of the individuals/parents of minors interviewed, 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. Finding and Recommendation

None

SECTION VI A

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 seven GGRC 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 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 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 GGRC's medical director and online resources for medication.

4. The service coordinators monitor the individuals' 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 VI B

CLINICAL SERVICES INTERVIEW

I. Purpose

The clinical services interview is used to obtain supplemental information on how the regional center is organized to provide clinical support to individuals served and service coordinators. This interview aids in determining what measures the regional center is utilizing to ensure the ongoing health and safety of all individuals who are on the Home and Community-Based Services Waiver.

II. Scope of Interview

1. The questions in the interview cover the following topics: routine monitoring of individuals with medical issues, medications and behavior plans; coordination of medical and mental health care for individuals; circumstances under which actions are initiated for medical or behavior issues; clinical supports to assist service coordinators; improved access to preventive health care resources; role on the Risk Management Assessment and Planning Committee and Special Incident Reports (SIR).

2. The monitoring team interviewed director of intake, early start, and clinical services at GGRC.

III. Results of Interview

1. The clinical team at GGRC consists of the director of intake, early start and clinical services, manager of clinical services operations, interdisciplinary nurses, physicians, clinical psychologists, a dental coordinator, a behavior analyst, administrative support, vendors, and contractors that act as support for eligibility of Early Start and Lanterman eligibility (PT, SLP, NP, M.D. Psychologist).

2. GGRC physicians provide medical evaluations as part of the assessment process to determine eligibility for potential individuals served. In addition, they provide consultation on medical matters to Social Workers and other staff in their on-going efforts for quality oversight of the needs of individuals served by GGRC.

3. Members of the clinical team will participate in the participant planning team meeting when needed. GGRC's physicians collaborate with local health care providers when indicated to ensure that participants' health care needs are met. In addition, physicians are available to sign consents for medical treatment when needed. The clinical team physicians and nurses are available to assist with discharge planning when requested. Nurses may also

visit hospitalized participants and will follow participants with complex medical needs. The team will also review and assist with developing restricted health care plans.

4. Furthermore, interdisciplinary nurses perform initial medical assessment of clients to determine needs for specialized nursing care, and to participate in the development, implementation, and on-going monitoring of a care plan for GGRC individuals. They work collaboratively with group homes, individuals, and social work case managers for the ongoing needs and support.

5. GGRC physicians work closely with nurses and case management staff for issues related to consents for medical treatment/advance directives and reviews medications in context to tasks described below:

   - ✓ Consults, as appropriate, on the medical aspects of developmental disability and care needs.
   - ✓ Determines medical diagnoses at eligibility.
   - ✓ Contact primary physicians and other agencies to obtain medical/health information and clarify or otherwise discuss diagnoses, treatment, and other pertinent concerns.
   - ✓ Arrange for specialty examinations and tests.
   - ✓ Serve as a consultant on complex medical issues for continuing cases, including the use of psychotropic medications & poly pharmacy.

6. The clinical team provides support for participants with behavior challenges. A physician, BCBA, and a psychologist are available to review behavior plans and requests for services as needed. The clinical team collaborates with community mental health agencies on a case-by-case basis to coordinate services and attends local meetings. In addition, GGRC interdisciplinary nurses working with EBSH homes to support individuals served by reviewing of documents and reporting information, coordinating with social workers or intermediate care facility specialists, providing information to case managers/discharge planners and other interested parties, contributing towards crisis plans and assisting with plans for preventative measures.

7. The clinical staff also participates in case consultation for individuals most impacted by disabilities and behavioral health. GGRC case management teams in San Mateo work specifically with Puente clinic in referring and coordinating services for adult GGRC individuals that are non-verbal and are severely mentally ill for psychiatric medication management and care coordination services. GGRC physicians provide oversight of consents for individuals unable to consent; have no family; not conserved and under no legal guardianship.

8. The clinical team supports to GGRC social worker case management include:

- ✓ Serves as lead member of interdisciplinary team in determining eligibility for center services.
- ✓ Participate with other GGRC professionals in planning for appropriate client care.
- ✓ Develop a plan to ensure that clients receive appropriate medical care.
- ✓ Serve as consultant on complex medical issues for continuing cases, including the use of psychotropic medications & poly pharmacy.
- ✓ Coordinate and serve as a liaison for family and case manager with medical/psychiatric/dental and other providers of care as necessary.
- ✓ Work closely with nurses and case management staff on the clinical team for issues related to Consents for medical treatment/Advance directives.
- ✓ Participate in treatment planning decisions.
- ✓ Document and report information; Coordinate with social workers or Intermediate Care Facility Specialists as needed.
- ✓ Provide information to case managers/discharge planners and other interested parties.
- ✓ Contribute towards crisis plans.

9. GGRC has improved access to preventive healthcare resources for participants through the following programs:

   - ✓ The dental coordinator develops community resources and coordinates care with participants and dental providers.
   - ✓ Medical residents from University of California, San Francisco visit GGRC to learn about the regional center system and individuals with developmental disabilities.
   - ✓ Director of Intake, Early Start and Clinical coordinate resources, services, and access to health/behavioral health benefits through quarterly Managed Health Plan meetings with Anthem, San Francisco Health Plan, Partnership Health Plan, Kaiser and San Mateo Health Plan.
   - ✓ Community collaborations such as "Help Me Grow" GGRC works with pediatric doctors in the area to assist coordinating referrals for participants.

10. The Quality Assurance supervisor and Quality Improvement & Risk Analysis Specialist develop trend analysis reports and present them to the committee at the two-trend analysis focused meetings. Quality Improvement & Risk Analysis Specialist coordinates with relevant GGRC stakeholders to drive interventions as defined in committee meetings. The clinical team drives mortality review conversations and presents any concerns that may need further follow up. The QA Supervisor presents quarterly data reports and drives conversation around potential concerns and needed interventions. The IEC Director, GGRC Physician, and Interdisciplinary Nurses participate in GGRC's Risk Management Committee on behalf of Clinical services.

11. Special incident reports (SIR) involving medical issues may be referred to a clinical team physician or nurse for review and coordination of follow-up as needed. All death-related SIRs are reviewed by the Director of Clinical Services or GGRC physician. The regional center also utilizes Mission Analytics Group, Inc., the State's risk management contractor, to analyze special incidents for trends. Trainings by clinical staff may be provided to staff and providers based on this analysis.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

The interview with quality assurance (QA) staff ascertains how the regional center has organized itself to conduct Title 17 monitoring of community care facilities (CCF), two unannounced visits to CCFs, and service provider training. The interview also inquires about verification of provider qualifications, resource development activities, and QA among programs and providers where there is no regulatory requirement to conduct QA monitoring.

II. Scope of Interview

The monitoring team interviewed a supervisor of quality assurance who is part of the team responsible for conducting GGRC QA activities.

III. Results of Interview

Service workers are assigned as liaisons to residential facilities and are responsible for conducting the two unannounced visits at each CCF. QA specialists are responsible for conducting the annual Title 17 monitoring reviews of the residential facilities. Each review utilizes standardized report forms and checklists based on Title 17 regulations. The dates of the reviews are tracked in a database monitored by the QA supervisor.

If systemic issues are identified, the QA team will begin with Technical Assistance (TA). If substantial inadequacies are identified, or TA has not led to changes, corrective action plans (CAP) are developed by the QA specialist. The QA specialist also takes the lead in conducting the follow-up review for the CAPs, with assistance from the facility liaisons and social workers as needed.

Updated assessment tool is now in active use by QA specialists during Annual Reviews. The updates to the tool emphasize person centered planning and includes HCBS Final Rule alignment. Opportunities for QA specialists to interview individuals and/or their conservators as well. The updated form also includes a question to identify residents who are Deaf or Hard of Hearing. Residents that are Deaf or Hard of Hearing are then flagged to GGRC's Deaf Access Specialist for follow up to ensure service needs are met, identify unmet services needs and link to existing resources or services, and to identify service gaps to be followed up on by the resource development department.

GGRC's QA supervisor participates on the Risk Management Assessment and Planning Committee. The committee meets quarterly to discuss any trends related to special incident reports (SIR). In addition to vendor-specific training

provided in response to findings from annual monitoring, the QA team has provided training based on the analysis of SIR trends. Recent training topics have included prevention of medication errors, reporting abuse, and special incident reporting requirements and expectations.

GGRC's QA staff attends "Around the Bay," a quarterly meeting with QA staff from all regional centers bordering the San Francisco Bay Area, to discuss topics such as new regulations, trends in SIRs, and COVID strategies. In addition, GGRC QA specialists and QBMP meet monthly to address special needs for EBSH and CCH homes. Strengths and concerns related to potential for health, safety, welfare concerns, and preventative measures are discussed in these meetings.

SECTION VII A

SERVICE PROVIDER INTERVIEWS

I. Purpose

The interviews determine how well the service provider knows the individuals served; the extent of their assessment process for the individual program plan (IPP) development and/or review; the extent of their plan participation; how the plan was developed; how service providers ensure accurate documentation, communicate, address and monitor health issues; their preparedness for emergencies; and how they monitor safety and safeguard medications.

II. Scope of Interviews

1. The monitoring team interviewed eight service providers at five community care facilities and three day programs where services are provided to the individuals that were visited by the monitoring team.

2. The interview questions are divided into two categories.

   ✓ The questions in the first category are related to sample individuals selected by the monitoring team.

   ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The service providers were familiar with the strengths, needs and preferences of the individuals served.

2. The service providers indicated that they conducted assessments of the individual, participated in their IPP development, provided the program-specific services addressed in the IPPs and attempted to foster the progress of the individual served.

3. The service providers monitored the individual's health issues and safeguarded medications.

4. The service providers communicated with people involved in the individual's life and monitored progress.

5. The service providers were prepared for emergencies, monitored the safety of the individual served, and understood special incident reporting and follow-up processes.

SECTION VII B

DIRECT SERVICE STAFF INTERVIEWS

I. Purpose

The interviews determine how well the direct service staff know the individuals served and their understanding of the individual program plan (IPP) and service delivery requirements, how they communicate, their level of preparedness to address safety issues, their understanding of emergency preparedness, and their knowledge about safeguarding medications.

II. Scope of Interviews

1. The monitoring team interviewed eight direct service staff at five community care facilities and three day programs where services are provided to the individual that was visited by the monitoring team.

2. The interview questions are divided into two categories:

   ✓ The questions in the first category are related to sample individuals selected by the monitoring team.

   ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The direct service staff were familiar with the strengths, needs and preferences of the individuals served.

2. The direct service staff were knowledgeable about their roles and responsibilities for providing the services addressed in the individual's IPP.

3. The direct service staff demonstrated that they understood the importance of communication with all individuals concerned with the individual served.

4. The direct service staff were prepared to address safety issues and emergencies and were familiar with special incident reporting requirements.

5. The direct service staff demonstrated an understanding about emergency preparedness.

6. The direct service staff were knowledgeable regarding safeguarding and assisting with self-administration of medications where applicable.

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

The review ensures that the selected community care facilities (CCF) and day programs are serving individuals in a safe, healthy and positive environment where their rights are respected. The review also ensures that CCFs are meeting the HCBS Waiver definition of a homelike setting.

II. Scope of Review

1. The monitoring teams reviewed a total of five CCFs and one day program.
2. The teams used a monitoring review checklist consisting of 24 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, individuals' rights, and the handling of individuals' money.

III. Results of Review

All of the CCFs and the day programs were found to be in good condition with no immediate health and safety concerns. Specific findings and recommendations are detailed below.

IV. Findings and Recommendations

8.1.e Each individual has access to their own soap, toothbrush, toothpaste, comb/brush, razor, and other personal hygiene supplies. These supplies are stored separately. *[Title 22, CCR, §85088(c)(4)(5); W&I 4503(a)]*

Finding

Five of the six facilities appropriately stored individual personal hygiene items. However, at CCF #7, individuals' loofas were stored together on one hook in the shower and residents' deodorant and toothbrushes were not stored individually.

8.1.e Recommendation	Regional Center Plan/Response
GGRC should ensure that CCF #7 store all individual personal hygiene items properly.	A letter was sent 3/17/25 to the administrator regarding this requirement. Social worker has verified individuals' personal hygiene items are being properly stored. Social worker will continue to check at home

	visits to make sure proper storage is being maintained

8.3.c Staff responsible for providing direct care and supervision will receive training in first aid from qualified agencies. Adults who supervise individuals using a pool or other body of water that require rescuer's ability to swim, will have a valid water safety certificate. Water safety certificates are required *IF* the pool/spa is used. *[Title 22, CCR, §80065(e); Title 22, CCR, §80075(f); Title 22, CCR, §87923(a)]*

Finding

Five of the six facilities had first aid certificates on record for staff providing direct care and supervision. However, at CCF #8, two staff had expired first aid certificates. However, they were completed on September 18, 2024. Accordingly, no recommendation is required.

8.4.a Individuals served or an authorized representative will sign for cash given directly to them, either with a signature or mark. If the individual served is unable to sign or make a mark, the provider should document why. Cash kept on the facility premises will be locked in a secure location. *[Title 22, CCR, §80026(h)(A)(B)(j)]*

Findings

Four of the six facilities' records had individuals served or authorized representatives' signatures or marks for cash disbursements. However, there were issues with two facilities as indicated below:

1. CCF #1: Individual or an authorized representative did not sign for personal and incidental disbursements.

2. CCF #8: Individual or an authorized representative did not sign for personal and incidental disbursements.

8.4.a Recommendation	Regional Center Plan/Response
GGRC should ensure that CCFs #1 and #8 have the individual or an authorized representative sign for disbursements.	A letter was sent 3/17/25 to the administrators regarding this requirement. Providers have verified they have reviewed this requirement with staff.

SECTION IX

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. Special incident reporting of deaths by GGRC was reviewed by comparing deaths entered into the Client Master File for the review period with special incident reports (SIR) of deaths received by the Department.

2. The records of the thirty-six individuals selected for the Home and Community-Based Services (HCBS) Waiver sample were reviewed to determine that all required special incidents were reported to the Department during the review period.

3. A supplemental sample of 10 individuals who had special incidents 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. GGRC reported all deaths during the review period to the Department.

2. GGRC reported all special incidents in the sample of thirty-six records selected for the HCBS Waiver review to the Department.

3. GGRC's vendors reported nine of the (90 percent) incidents in the supplemental sample within the required timeframes.

4. GGRC reported all (100 percent) incidents in the supplemental sample to the Department within the required timeframes.

5. GGRC's follow-up activities on incidents in the supplemental sample were appropriate for the severity of the situations for all ten (100 percent) incidents.

IV. Findings and Recommendations

SIR #3: The incident occurred on February 9, 2024. However, the vendor did not submit a written report to GGRC until February 12, 2024.

Recommendation	Regional Center Plan/Response
GGRC should ensure that the vendor for SIR #3 report special incidents within the required timeframes.	At time of submission, social worker did follow up with provider as to why the incident report was submitted late. It was a miscommunication between provider staff. Staff of this provider are aware of the reporting timelines.