

North Bay Regional Center Home and Community-Based Services Developmental Disabilities Waiver Monitoring Review Report

Conducted by: Department of
Developmental Services and
Department of Health Care Services

Review Dates: May 12–23, 2025



Table of Contents

SECTION I: REGIONAL CENTER SELF- ASSESSMENT..... 3

SECTION II: REGIONAL CENTER RECORD REVIEW 4

SECTION III: COMMUNITY CARE FACILITY RECORD REVIEW 15

SECTION IV: DAY PROGRAM RECORD REVIEW..... 17

SECTION V: OBSERVATIONS AND INTERVIEWS WITH INDIVIDUALS 18

SECTION VI: REGIONAL CENTER STAFF INTERVIEWS 19

SECTION VII: VENDOR STAFF INTERVIEWS 20

SECTION VIII: VENDOR PROGRAM MONITORING REVIEW..... 21

SECTION IX: SPECIAL INCIDENT REPORTING..... 23

SECTION X: SUPPLEMENTARY ISSUE..... 24

SECTION I: REGIONAL CENTER SELF-ASSESSMENT

North Bay Regional Center (NBRC) responded to questions that align with the California 1915(c) Home and Community-Based (HCBS) Developmental Disabilities Waiver requirements. The regional center self-assessment addresses the California HCBS Waiver assurances criteria and is designed to provide information about the regional center's processes and practices.

The responses indicated that the regional center has systems and procedures in place for implementing the State and HCBS Waiver laws and regulations addressed in the self-assessment criteria.

The full response to the self-assessment provided by NBRC is available upon request.

SECTION II: REGIONAL CENTER RECORD REVIEW

For the review period of February 1, 2024, through January 31, 2025, a total of 38 records of individuals enrolled on the 1915(c) Home and Community-Based Services (HCBS) Developmental Disabilities (DD) Waiver and receiving services at North Bay Regional Center (NBRC), were reviewed for individual choice, HCBS settings requirements, notification of proposed action and fair hearing rights, level-of-care, individual program plans (IPP) and periodic reviews and reevaluations of services. In addition, 10 supplemental records were identified for review solely for verification that NBRC had issued appropriate documentation prior to disenrolling an individual from the HCBS waiver. None of these HCBS waiver disenrollments resulted in a loss of regional center or generic services. Lastly, 10 additional supplemental records were reviewed for documentation that NBRC determined the individual met the HCBS Waiver level-of-care requirements prior to receiving HCBS Waiver supports.

The 38 records reviewed were 94 percent in overall compliance for this review. Findings for 10 criteria are detailed below.

2.2.a Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form (DS 2200). [42 C.F.R. § 441.302(d) (2025)]

Findings

Thirty-four the thirty-eight (90 percent) sample records of individuals contained a signed and dated DS 2200 form. However, there were identified issues regarding the DS 2200 form for the following individuals:

1. Individual #2: The DS 2200 was not signed until March 28, 2025. Accordingly, no recommendation is required;
2. Individual #3: The DS 2200 was not signed until March 25, 2025. Accordingly, no recommendation is required;
3. Individual #28: The DS 2200 was not signed until April 7, 2025. Accordingly, no recommendation is required; and,
4. Individual #35: The DS 2200 was not signed until March 26, 2025. Accordingly, no recommendation is required.

2.5.b The individual's assessed needs used to meet the level-of-care requirements for care provided in intermediate care facilities that is documented in the Client Development Evaluation Report (CDER) and the DS 3770 are consistent with other information contained in the individual's records. (HCBS Waiver Requirement)

Findings

Thirty-four of the thirty-seven (92 percent) applicable sample records of individuals documented level-of-care assessed needs that were consistent with information found elsewhere in the record. However, the assessed needs listed on the DS 3770 were not consistent in the following records:

1. Individual #7: “requires someone nearby to avoid injury/harm in unfamiliar settings only”;
2. Individual #18: “disruptive behaviors”; and,
3. Individual #33: “emotional outbursts”.

2.5.b Recommendation	Regional Center Plan/Response
<p>NBRC should determine if the items listed above for individuals #7, #18, and #33 are appropriately identified as assessed needs. The individual’s DS 3770 form 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 assessed needs. If NBRC determines that the issues are correctly identified as assessed needs, documentation (updated IPPs, progress reports, etc.) that supports the original determinations should be submitted with the response to this report.</p>	<p>Individual #7: Corrective addendum was completed for assessed need of personal care /safety awareness, CDER were updated.</p> <p>Individual #18: Assessed needs and CDER were updated. This person is remaining on the Medicaid Waiver with the assessed needs of Social Interactions and Safety Awareness. 3770 and addendum have been completed.</p> <p>Individual #33: The assessed needs were updated to Medication Administration and Safety Awareness.</p> <p>NBRC has re-trained case management on all the audit findings. Moving forward we will be using a SIPP check list to ensure all needs and in particular, the Evaluation Elements and Specialized Healthcare requirements are included in each SIPP.</p>

2.6.a The IPP for every individual is reviewed, and revised as appropriate, based upon the reassessment of functional need at least every 12-months by the planning team and modified, as necessary, in response to the individual’s changing needs, wants, or health status. [42 C.F.R. § 441.301(C)(3) (2025)]; [W.I.C. §4646.5(b) (2023)]

Findings

Thirty-three of the thirty-eight (87 percent) sample records of individuals contained documentation that the individual’s IPP had been reviewed annually by the planning team. However, there was no documentation that the IPPs for the following individuals were reviewed annually as indicated below:

1. Individual #4: The IPP was dated December 12, 2023. There was no documentation that the IPP was reviewed annually. An annual review was not completed until March 19, 2025;
2. Individual #7: The IPP was dated January 19, 2023. There was no documentation that the IPP was reviewed annually. An IPP was not completed until May 17, 2024;
3. Individual #11: The IPP was dated October 19, 2023. There was no documentation that the IPP was reviewed annually. An IPP was not completed until December 3, 2024;
4. Individual #13: The IPP was dated April 10, 2023. There was no documentation that the IPP was reviewed annually. An IPP was not completed until November 13, 2024; and,
5. Individual #34: There was no IPP available covering the review period. There was no documentation that an annual review of the IPP was conducted in 2024.

2.6.a Recommendations	Regional Center Plan/Response
<p>NBRC should ensure that the IPPs for individuals #4, #7, #11, #13, and #34 are reviewed at least annually by the planning team.</p>	<p>For individuals #4, #7, #11, and #13 all the IPPs were late.</p> <p>For individual #34 the Service Coordinator left the agency and the documents were lost. There was a new IPP that was completed on time on 8/19/25.</p> <p>To prevent late IPPs, NBRC implemented an electronic signature program that will ultimately store documents to prevent loss. NBRC has also added SANDIS created drop-down menus for TCMs to document reasons for missed or late reports. We have communicated that late or missing IPPs are not acceptable.</p>

2.7.a The IPP is prepared jointly with the planning team and a list of agreed upon services is signed, prior to its implementation, by an authorized representative of the regional center and the individual or, where appropriate, the individual’s parents, legal guardian, conservator or the

authorized representative. [W.I.C. § 4646(d) (2023)]; [W.I.C. § 4646(i) (2023)]; [42 C.F.R. § 441.301(c)(1)(i) (2025)]; [42 C.F.R. § 441.301(c)(2)(ix) (2025)]

Finding

Thirty-six of the thirty-seven (97 percent) applicable sample records of individuals contained IPPs that were signed by NBRC and the individuals, or their legal representatives. However, the IPP for individual #4, dated December 12, 2023, was not signed by the individual and the regional center until April 1, 2025. Accordingly, no recommendation is required.

- 2.7.b IPP addenda are signed by an authorized representative of the regional center and the individual or, where appropriate, the individual’s parents, legal guardian, conservator or authorized representative. [W.I.C. § 4646(g) (2023)]; [42 C.F.R. § 441.301(c)(2)(ix) (2025)]

Findings

Twenty-two of the twenty-seven (82 percent) applicable sample records for individuals contained IPP addenda signed by NBRC and the individual or, where appropriate, the individual’s parents, legal guardian, or conservator. However, the following addenda were not signed and there was no evidence of planning team agreement.

1. Individual #2: The addendum dated May 8, 2024 was not signed by the individual until March 28, 2025. Accordingly, no recommendation is required;
2. Individual #9: The addendum dated November 6, 2024 was not signed by the individual or conservator;
3. Individual #20: The addendum dated November 4, 2024 was not signed by the individual until April 30, 2025. The addendum dated October 29, 2024 was not signed by the individual;
4. Individual #23: The addendum dated October 16, 2024 was not signed by the individual until March 25, 2025. Accordingly, no recommendation is required; and,
5. Individual #34: The addendum dated September 23, 2024 was not signed by the individual until April 11, 2025. Accordingly, no recommendation is required.

2.7.b Recommendation	Regional Center Plan/Response
NBRC should ensure that the IPP addendums for individuals #9 and #20 are signed by the individual.	<p>Individual #20 refused to sign the addendum because the one he had signed got lost in the mail.</p> <p>For individual #9 the conservator refused to sign the addendums because of a disagreement about services. The SC has added a TCM noting why the person</p>

	refused to sign the addendum per guidelines.
In addition, NBRC should evaluate what actions may be necessary to ensure that IPP addendums are signed by the appropriate individuals.	NBRC has re-trained SC's that signatures are required on all IPP documents. We have drop-down TCM templates that will document when individuals refuse to sign. Federal Revenue team will audit charts regularly for signatures on addendums. Lastly, our SIPP checklist requires that all addendums are signed. This will be reviewed with monthly check-ins with case management supervisors.

2.9.b The IPP addresses the special health care requirements and safety risks. *[W.I.C. § 4646.5(a)(2) (2023)]; [42 C.F.R. § 441.301(c)(2)(vi) (2025)]*

Findings

Fifteen of the seventeen (88 percent) applicable sample IPPs for individuals addresses the individuals' special health care requirements. However, IPPs for the following individuals do not address the special health care requirements identified below:

1. Individual #7: Apnea Monitor and Special Bed; and,
2. Individual #28: Other Health Requirement.

2.9.b Recommendation	Regional Center Plan/Response
NBRC should ensure that the IPPs for individuals #7 and #28 address special health care requirements as noted.	<p>Individual # 7: A corrective addendum has been completed. This individual has sleep apnea but does not use their CPAP machine. They do not use a special bed anymore. Personal Care and Safety Awareness supports are addressed in the addendum. The CDER has been updated.</p> <p>Individual: 28: The issue with # 28 is that a new CDER (4/29/24) was compared to an old IPP from 4/2022. The missing specialized health requirement was hospice (71). The individual was not on hospice in 2022. The new IPP includes the individual was on hospice. He recently passed away.</p> <p>NBRC will re-train SCs on the requirement to include special healthcare conditions on</p>

	all SIPP's and addendums. It was noted that CDER documents need to be retained in the electronic file and are available for audits. This will ensure that information contained in the CDER is accurately reflected in the SIPP and addendums.
--	--

2.10.a The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. *[W.I.C. § 4646.5(a)(5) (2023)]; [42 C.F.R. § 441.301(c)(2)(v) (2025)]*

Findings

Twenty-seven of the thirty-eight (71 percent) sample IPPs of individuals included a schedule of the type and amount of all services and supports purchased by the regional center. However, the following IPPs did not include NBRC funded services as indicated below:

1. Individual #2: Transportation Assistant and Transportation Additional Component amounts were not included in the IPP covering the review period;
2. Individual #3: Transportation Additional Component was not included in the IPP covering the review period;
3. Individual #4: Community Integration Program was not included for the months February 2024 through January 2025 in the IPP dated December 12, 2023;
4. Individual #6: Transportation Assistant and Transportation Company Service amount was not included in the IPP covering the review period;
5. Individual #7: Residential Facility Adult was not included for the months February 2024 through March 2024 in the IPP dated January 19, 2023;
6. Individual #11: Transportation Assistant amount was not included in the IPP covering the review period;
7. Individual #13: Transportation Assistant was not included for the months February 2024 through November 2024 and Transportation Additional Component amount was not included for the months July 2024 through November 2024;
8. Individual #15: Creative Arts Program amount was not included for the months November 2024 through December 2024 and Transportation Services amount was not included for the months November 2024 through January 2025 in the IPP dated September 17, 2024;
9. Individual #19: Transportation Services amount not included for the months May 2024 through June 2024 in the IPP dated April 16, 2024;

10. Individual #34: Supported Living Services amount not documented for the review period; and,

11. Individual #35: Community Integration Training Services amount not included for the months of May 2024 through January 2025 and Supported Living Services amount not included for the months February 2024 through March 2024 in the IPP dated March 10, 2022.

2.10.a Recommendation	Regional Center Plan/Response
<p>NBRC should ensure that the IPPs for individuals #2, #3, #4, #6, #7, #11, #13, #15, #19, #34, and #35 include a schedule of the type and amount of all services and supports purchased by NBRC.</p>	<p>Individual #2: The transportation broker provided the original addendums for this individual. The type and amount are listed in the addendum.</p> <p>Individual #3: The transportation broker provided the original addendums for this individual. The type and amount are listed in the addendum.</p> <p>Individual #4: The new IPP includes the information for the community integration program.</p> <p>Individual #6: The transportation broker provided the original addendums for this individual. The type and amount are listed in the addendum.</p> <p>Individual #7: The corrective addendum covering board and care from 2/24-3/24 will be completed by 2/15/26.</p> <p>Individual #11: The new IPP contains information on the transportation assistant POS service. The transportation broker also provided the original addendums for this individual. The type and amount are listed in the addendum.</p> <p>Individual #13: The transportation broker provided the original addendums for this individual. The type and amount are listed in the addendum.</p>

	<p>Individual #15: SC completed a corrective addendum. The transportation broker also provided the original addendums for this individual. The type and amount are listed in the addendum.</p> <p>Individual #19: SC has completed corrective addendum for missing transportation information.</p> <p>Individual #34: The current IPP identifies names and amounts for the supported living services.</p> <p>Individual #35: A corrective addendum was completed.</p>
<p>In addition, NBRC should evaluate what actions may be necessary to ensure that IPPs include a schedule of the type and amount of all services and supports purchased by NBRC.</p>	<p>There are multiple steps being taken to correct this type of finding: To ensure that documentation for POS is included, the new SIPP that is enforced by case management includes the prompt to document all authorized POS in the SIPP signature page. We will distribute updated lists of billable POS for case management to support them in documenting all authorized POS. For the findings regarding the transportation broker R&D, we are working with the transportation broker to ensure the documentation and transmission of documents is included with renewal of transportation services in the SIPP. For missing documentation, all documents are now required to go through the Sign now program to ensure that if the document is lost, we have a copy. Lastly, the new SIPP checklist includes the prompt to review all dates to prevent typos.</p>

2.11 The IPP or addenda identifies the provider or providers of service responsible for implementing services and/or support, including, but not limited to, vendors, contracted providers, generic service agencies, and natural supports. *[W.I.C. § 4646.5(a)(5) (2023)]; [42 C.F.R. § 441.301(c)(2)(v) (2025)]*

Findings

Thirty-five of the thirty-eight (92 percent) sample records of individuals contained IPPs that identified the provider or providers responsible for implementing services. However, three IPPs did not indicate the provider for the NBRC funded services indicated below:

1. Individual #4: Community Integration was not included in the IPP dated December 12, 2023;
2. Individual #6: Transportation Additional Component and Transportation Assistant were not included in the IPP dated September 19, 2022; and,
3. Individual #34: Supported Living Services was not included for the review period.

2.11 Recommendation	Regional Center Plan/Response
<p>NBRC should ensure the IPP for individual #4, #6, and #34 identifies the provider for the service listed above.</p>	<p>Individual #4: The current IPP identifies the Community Integration Service.</p> <p>Individual #6: The transportation broker provided the original addendums for this individual. The type and amount are listed in the addendum.</p> <p>Individual #34: The current IPP identifies names and amounts for the supported living services</p> <p>As mentioned above, the new SIPP checklist includes the requirement of listing all authorized POS. The Federal Revenue team will distribute a list of billable POSs to case management. NBRC is reviewing and modifying documentation and transmission of documents for the transportation broker, R&D.</p>

2.12.a Quarterly face-to-face meetings are completed for individuals living in community out-of-home settings, i.e., Service Level 2-7 community care facilities or family home agencies or receiving supported living and independent living services. *[Cal. Code. Regs tit. 17, § 56047 (2023)];*

[Cal. Code. Regs tit. 17, §56095 (2023)]; [Cal. Code. Regs tit. 17, § 58680 (2023)]; (Contract Requirement)

Findings

Twenty-four of thirty-one (77 percent) applicable sample records of individuals contained quarterly face-to-face meetings completed and documented. However, the following records did not meet the requirement as indicated below:

1. The records for individuals #1, #16 and #34, contained documentation of three of the four required meetings that were consistent with the quarterly timeline; and,
2. The records for individuals #4, #6, #23 and #33 contained documentation of two of the four required meetings that were consistent with the quarterly timeline.

2.12.a Recommendations	Regional Center Plan/Response
NBRC should ensure that all future face-to-face meetings are completed and documented each quarter for individuals #1, #4, #6, #16, #23, #33, and #34.	Individuals #1, #4, #6, #16 #23, #33, and #34 are all confirmed as missing quarterly reports.
In addition, NBRC should evaluate what actions may be necessary to ensure that quarterly face-to-face meetings are completed and documented for all applicable individuals.	NBRC is ensuring all quarterly ticklers are entered and aligned correctly. In addition, NBRC. SC's were retrained as to the requirement and importance of completing all quarterlies on time and to document all attempts to schedule meetings if meetings are not held. The Federal Revenue team will support case management through monthly audits.

2.12.b Quarterly reports of progress are completed for individuals living in community out-of-home settings, i.e., Service Level 2-7 community care facilities or family home agencies or receiving supported living and independent living services. *[Cal. Code. Regs tit. 17, CCR, § 56047 (2023)]; [Cal. Code. Regs tit. 17, § 56095 (2023)]; [Cal. Code. Regs tit. 17, § 58680 (2023)]; (Contract Requirement)*

Findings

Twenty-four of the thirty-one (77 percent) applicable sample records of individuals contained quarterly reports of progress completed for individuals living in community out-of-home settings. However, the following records did not meet the requirement as indicated below:

1. The records for individuals #1, #16, and #34 contained documentation of three of the four required quarterly reports of progress that were consistent with the quarterly timeline; and,

2. The record for individuals #4, #6, #23, and #33 contained documentation of two of the four required quarterly reports of progress that were consistent with the quarterly timeline.

2.12.b Recommendations	Regional Center Plan/Response
NBRC should ensure that future quarterly reports of progress are completed for individuals #1, #4, #6, #16, #23, #33, and #34.	Quarterly reports for individuals for #1, #4, #6, #16, #23, #33, and #34 confirmed as missing.
In addition, NBRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable individuals.	NBRC is ensuring all quarterly ticklers are entered and aligned correctly. In addition, NBRC SCs were retrained as to the requirement and importance of completing all quarterlies on time and to document all attempts to schedule meetings if meetings are not held. The Federal Revenue team will support case management through monthly audits.

SECTION III: COMMUNITY CARE FACILITY RECORD REVIEW

The monitoring team visited five community care facilities (CCF) and reviewed five individual records for individuals supported by North Bay Regional Center (NBRC) who are living in those facilities. The monitoring team reviewed the records to determine if the record addressed all the elements CCFs are required to maintain in their individual records. The monitoring team also reviewed that the CCFs prepared written reports of progress in relation to the services and supports identified in the individual program plan (IPP) for which the facility is responsible. The review criteria in this section are derived from Title 17, California Code of Regulations and Title 42, Code of Federal Regulations.

The five records reviewed were 94 percent in overall compliance for 16 criteria. Findings for one criterion is detailed below.

- 3.2.b In a provider-owned or controlled residential setting, the unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law. [42, CFR, § 441.301(c)(4)(vi)(A) (2025)]

Findings

None of the five (0 percent) sample records contained documentation of agreement for eviction procedures and appeals process. The records of the following individuals did not include documentation of the appeals and eviction process:

1. Individual #11 at CCF #1;
2. Individual #3 at CCF #2;
3. Individual #7 at CCF #3;
4. Individual #2 at CCF #4; and,
5. Individual #9 at CCF #5.

3.2.b Recommendation	Regional Center Plan/Response
NBRC should ensure that individual records maintained by all CCFs contain documentation of agreement for eviction procedures and appeals process.	NBRC added documentation their residential agreement to ensure that individuals had an established eviction and appeals process. The updated agreement was approved by DDS.
In addition, NBRC should evaluate what is necessary to ensure individual records contain documentation of agreement for eviction procedures and appeals process.	NBRC will provide the approved lease agreement to vendors. NBRC will expect that the lease agreement is reviewed when an individual moves into their new home and annually, like the annual review of rights with residents.

SECTION IV: DAY PROGRAM RECORD REVIEW

The monitoring team visited seven day programs and reviewed 8 records for individuals supported by North Bay Regional Center (NBRC) who are receiving services from those day programs. The monitoring team reviewed the records to ensure that the day program addressed the requirements to maintain records and prepare written reports of progress in relation to the services and supports identified in the individual program plan (IPP) for which the day program is responsible. The review criteria in this section are derived from Title 17, California Code of Regulations and Title 42, Code of Federal Regulations.

The eight records reviewed were 100 percent in overall compliance.

SECTION V: OBSERVATIONS AND INTERVIEWS WITH INDIVIDUALS

Twenty of the thirty-eight individuals supported by North Bay Regional Center, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities, or in independent living settings to verify that the individuals appeared to be supported and healthy and if applicable, the setting was compliant with the Home and Community-Based Services Settings Requirements. Interview questions focused on the individuals' satisfaction with their living situation, day program or work activities, health, choice, and regional center services.

All of individuals and 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.

SECTION VI: REGIONAL CENTER STAFF INTERVIEWS

SECTION VI A: SERVICE COORDINATOR INTERVIEWS

The monitoring team interviewed eight service coordinators (SC). The interviews determined that all of the SCs are knowledgeable about the desires, preferences, life circumstances and service needs of the individuals they support. The SCs had knowledge of the processes for individual program planning and periodic review as well as monitoring the health and safety of individuals and monitoring that the service providers who support them comply with HCBS Waiver and Settings requirements.

SECTION VI B: CLINICAL SERVICES INTERVIEW

The monitoring team interviewed the director of clinical services to ensure that the regional center has practices in place to provide clinical support to individuals and service coordinators. The interview determined the regional center conducts routine monitoring of individuals with medical issues, monitoring of medications, monitoring of behavior plans, coordination of medical and mental health, improvements in access to preventive health care resources, and ensures that clinical services play a role in special incident reporting and the Risk Management Committee to address the ongoing health and safety of individuals who are on the 1915(c) Home and Community-Based Services (HCBS) Waiver.

SECTION VI C: QUALITY ASSURANCE INTERVIEW

The monitoring team interviewed the quality assurance supervisor to ensure the regional center has practices in place to conduct Title 17 and HCBS Waiver and Settings monitoring and quality assurance activities. The interview determined the regional center conducts routine Title 17 monitoring of community care facilities, including two unannounced visits, service provider training, corrective action plans as required and technical assistance is provided when needed. In addition, the regional center verifies provider qualifications, resource development activities, and quality assurance among programs and providers where there are no regulatory requirements to conduct monitoring. Quality assurance also participates in special incident reporting and the Risk Management Committee to address the ongoing quality assurance needs of individuals who are on the HCBS Waiver.

SECTION VII: VENDOR STAFF INTERVIEWS

SECTION VII A: SERVICE PROVIDER INTERVIEWS

The monitoring team interviewed service providers at five community care facilities (CCF) and seven day programs. The interviews determined that all service providers assess the needs of the individual in their program, participate in the development of an individual program plan (IPP), foster independence and an environment where the individual is treated with dignity and respect, advocate for and oversee the training and implementation of policies and procedures that ensure the health, safety, and rights of the individual are being planned for and met in accordance with the 1915(c) Home and Community-Based Services (HCBS) Waiver and Settings requirements.

SECTION VII B: DIRECT SUPPORT PROFESSIONALS INTERVIEWS

The monitoring team interviewed direct support professionals at five CCFs and seven day programs. The interviews determined that all direct support professionals are familiar with and respect the individuals they are supporting, understand the individual's goals and objectives on their IPP, understand the service delivery and HCBS Waiver and Settings Requirements, are prepared to address safety issues, engage in emergency preparedness, and are knowledgeable about safeguarding medications.

SECTION VIII: VENDOR PROGRAM MONITORING REVIEW

The monitoring teams reviewed a total of five community care facilities (CCF) and seven day programs to determine if the settings are Home and Community-Based Services (HCBS) Settings Requirement compliant, and are supporting individuals in a safe, healthy and positive environment where their privacy, rights and choices are respected, they have control of their personal resources and individual preferences and styles are reflected in CCFs where individuals live. All of the CCFs and the day programs were found to be in good condition with no immediate health and safety concerns.

8.6 Federal Requirement #6: Residential Agreement

In a provider-owned or controlled residential setting, the unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord tenant law of the State, county, city or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law. [42 C.F.R. § 441.301(c)(4)(vi)(A)]

Findings

None of the five (0 percent) sample records of individuals contained written admission agreement completed and signed by the individual or his/her authorized representative, the regional center, the facility administrator that includes the certifying statements specified in Title 17 and included documentation of appeals and eviction processes comparable to those provided under the jurisdiction's landlord tenant law as listed below:

1. Individual #11 at CCF #1;
2. Individual #3 at CCF #2;
3. Individual #7 at CCF #3;
4. Individual #2 at CCF #4; and,
5. Individual #9 at CCF #5.

8.6 Recommendation	Regional Center Plan/Response
NBRC should ensure that individual records maintained by all CCFs contain documentation of agreement for eviction procedures and appeals process.	NBRC added documentation their residential agreement to ensure that individuals had an established eviction and appeals process. The updated agreement was approved by DDS.
In addition, NBRC should evaluate what is necessary to ensure individual records contain documentation of agreement for eviction procedures and appeals process.	NBRC will provide the approved lease agreement to vendors. NBRC will expect that the lease agreement is reviewed when an individual moves into their new home and annually, like the annual review of rights with residents.

8.7.a Federal Requirement #7: Privacy

Bedroom doors are lockable by the individual with only appropriate staff having keys to doors. [42 C.F.R. § 441.301(c)(4)(vi)(B)(1) (2025)]

Finding

Four of the five (80 percent) community care facilities had locks on bedroom doors with a process in place for only appropriate staff to have access to keys. However, individual #2 at CCF #4, did not have a lock on their bedroom door and no modification was documented in the individual's IPP.

8.7.a Recommendation	Regional Center Plan/Response
NBRC should ensure that individual #2 at CCF #4 obtains a lock on their bedroom door or a modification is documented in the individual's IPP.	NBRC notified the assigned SC on 12/17/25. Home and SC will discuss about the locks on the bedroom doors and provide locks or discuss why locks are not appropriate and to document it appropriately. An addendum was completed 12/18/25 to include the reasoning in the participants IPP.
In addition, NBRC should evaluate what is necessary to ensure individuals have locks on their bedroom doors or a modification is documented in the IPP.	NBRC will ensure service coordinators are re-trained to understand HCBS guidelines and that these are reviewed at all required meetings.

SECTION IX: SPECIAL INCIDENT REPORTING

The records of the 38 individuals supported by North Bay Regional Center (NBRC) and selected for the 1915(c) Home and Community-Based Services (HCBS) Developmental Disabilities Waiver sample were reviewed to verify that special incidents have been reported. A supplemental sample of 10 records of individuals receiving services were also reviewed to verify that special incident reports (SIR) 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 appropriate and complete. In addition, the monitoring team verifies that an incident report was completed for all individuals on the HCBS Waiver supported by NBRC who passed away during the review period.

Summary of Findings

NBRC reported all but one special incident in the sample of 38 records selected for the HCBS Developmental Disabilities Waiver review to the Department. NBRC’s vendors reported 8 of the 10 (80 percent) incidents in the supplemental sample to the regional center within the required timeframes. NBRC reported all (100 percent) incidents in the supplemental sample to the Department within the required timeframe. NBRC’s follow-up activities on incidents in the supplemental sample were appropriate for the severity of the situations for all 10 (100 percent) incidents. In addition, NBRC reported all deaths of individuals on the HCBS Waiver during the review period.

Findings

Unreported SIR for Individual #7: The incident occurred on December 6, 2025, but was not coded as reportable. An SIR was completed and submitted on December 9, 2024. Accordingly, no recommendation is required.

SIR #7: The incident occurred on April 5, 2024. However, the vendor did not submit a written report to NBRC until April 11, 2024.

SIR #8: The incident occurred on December 6, 2024. However, the vendor did not submit a written report to NBRC until December 9, 2024.

Recommendation	Regional Center Plan/Response
NBRC should ensure that the vendor for SIR #7 and SIR #8 report special incidents within the required timeframe.	Vendor was provided notification that SIR was not submitted timely. NBRC Quality Assurance team provided SIR guidelines to vendor and reminded them of regulatory requirements to inform NBRC of incidents.

SECTION X: SUPPLEMENTARY ISSUE

This section contains any supplementary issues identified by the monitoring team during the review that are not specifically addressed by the standard review protocol criteria or directly related to the individuals selected for the review but should be reviewed and addressed by the regional center.

Comments

None