

**Alta California Regional Center
Home and Community-based Services Waiver
Monitoring Review Report**

Conducted by:

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

April 13 - 23, 2009

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EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the Home and Community-based Services (HCBS) Waiver from April 13 - 23, 2009 at Alta California Regional Center (ACRC). The monitoring team members were Kathy Benson (Team Leader), Mary Ann Smith, Mike Haft, and Ray Harris from DDS, and Annette Hanson, Raylyn Garrett, Katherine Page, and Catherine Johnson from DHCS.

Purpose of the Review

DDS contracts with 21 private, non-profit corporations to operate regional centers, which are responsible under state law for coordinating, providing, arranging or purchasing all services needed for eligible individuals with developmental disabilities in California. All HCBS Waiver services are provided through this system. It is the responsibility of DDS 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 consumers' needs and program requirements are being met and that services are being provided in accordance with the consumers' individual program plans (IPPs). 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 92 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers whose HCBS Waiver eligibility had been previously terminated; 2) two consumers who moved from a developmental center; and 3) ten consumers who had special incidents reported to DDS during the review period of February 1, 2008 through January 31, 2009.

The monitoring team completed visits to 14 community care facilities (CCFs) and 24 day programs. The team reviewed 15 CCF and 36 day program consumer records and had face-to-face visits with 74 selected sample consumers.

Overall Conclusion

ACRC is in substantial compliance with the federal requirements for the HCBS Waiver program. Specific recommendations that require follow-up actions by ACRC are included in the report findings. DDS is requesting documentation of follow-up actions taken by ACRC 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 ACRC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self assessment criteria.

Section II – Regional Center Consumer Record Review

Ninety-two sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. The majority of the findings were related to two criteria. Criterion 2.5.b was 76% in compliance because twenty-two of the 91 applicable consumer records identified level-of-care qualifying conditions that were not consistent with other information in the record. Criterion 2.9.a was 83% in compliance because 15 of the 89 applicable consumer individual program plans did not address all the qualifying conditions.

The sample records were 97% in overall compliance for this review. ACRC's records were 98% and 97% in overall compliance for the collaborative reviews conducted in 2007 and in 2005, respectively.

Section III – Community Care Facility Consumer (CCF) Record Review

Fifteen consumer records were reviewed at fourteen CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 99% in overall compliance for this review. ACRC's records were 99% and 100% in overall compliance for the collaborative reviews conducted in 2007 and in 2005, respectively.

Section IV – Day Program Consumer Record Review

Thirty-six consumer records were reviewed at 24 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 97-100% in compliance for 16 criteria. Criterion 4.4.a was 86% in compliance because five of the 36 consumer records did not contain written semiannual reports of consumer progress.

The sample records were 99% in overall compliance for this review. ACRC's records were 99% in overall compliance for the collaborative reviews conducted in 2007 and in 2005.

Section V – Consumer Observations and Interviews

Seventy-four sample consumers, 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 consumers were in good health and were treated with dignity and respect. The interviewed consumers/parents indicated that all but two were satisfied with their services, health and choices.

Section VI A – Service Coordinator Interviews

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

Section VI B – Clinical Services Interview

ACRC's staff physician was interviewed using a standard interview instrument. He responded to informational questions regarding the monitoring of consumers with medical issues, medications and behavior plans, the coordination of medical and mental health care for consumers, the provision of clinical supports to service coordinators, and the clinical team's participation in the Risk Management, Assessment and Planning Committee.

Section VI C – Quality Assurance Interview

A community services specialist was interviewed using a standard interview instrument. The staff responded to informational questions regarding how ACRC 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

Eleven CCF and six day program service providers were interviewed using a standard interview instrument. The service providers responded to questions in the context of the sample consumers regarding their knowledge of the consumer, the annual review process and the monitoring of health issues, medications, progress, safety and emergency preparedness. The service providers were familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interviews

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

Section VIII – Vendor Standards Review

The monitoring team reviewed eleven CCFs and six day programs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. All of the reviewed vendors were in good repair with no immediate health or safety concerns observed.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 92 HCBS Waiver consumers and ten supplemental sample consumers for special incidents during the review period. ACRC reported all but one special incident for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported seven of the ten applicable incidents to ACRC within the required timeframes, and ACRC subsequently transmitted nine of the ten special incidents to DDS within the required timeframes. ACRC's follow-up activities on consumer incidents were timely and appropriate for the severity of the situation.

SECTION I

REGIONAL CENTER SELF ASSESSMENT

I. Purpose

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

The self assessment obtains information about Alta California Regional Center's (ACRC) 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

ACRC 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 ACRC 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
<p>State conducts level of care need determinations consistent with the need for institutionalization</p>	<p>The regional center ensures that consumers 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.</p> <p>Regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meet the federal definition of a Qualified Mental Retardation Professional (QMRP).</p> <p>The regional center ensures that consumers are eligible for full scope Medi-Cal benefits before enrolling them in the HCBS Waiver.</p>
<p>Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services</p>	<p>The regional center takes action(s) to ensure consumers' rights are protected.</p> <p>The regional center takes action(s) to ensure that the consumers' health needs are addressed.</p> <p>The regional center ensures that behavior plans preserve the right of the consumer to be free from harm.</p> <p>The regional center maintains a Risk Management, Risk Assessment and Planning Committee.</p> <p>The regional center has developed and implemented a Risk Management/Mitigation Plan.</p> <p>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 DDS and Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 community care facilities.</p> <p>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.</p> <p>The regional center conducts not less than two unannounced monitoring visits to each CCF annually.</p> <p>Service coordinators perform and document periodic reviews [at least annually] to ascertain progress toward achieving IPP objectives, and the consumer's and the family's satisfaction with the IPP and its implementation.</p> <p>Service coordinators have quarterly face-to-face meetings with consumers 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.</p>

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.)	The regional center ensures that needed services and supports are in place when a consumer moves from a developmental center (DC) to a community living arrangement. Service coordinators provide enhanced case management to consumers 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 HCBS Waiver consumers 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 HCBS Waiver consumers and is completed at least every three years at the time of his/her triennial IPP The IPPs of HCBS Waiver consumers are reviewed at least annually by the planning team and modified, as necessary, in response to the consumers' changing needs, wants and health status. The regional center uses feedback from consumers, families and legal representatives to improve system performance. The regional center documents the manner by which consumers indicate choice and consent.

SECTION II

REGIONAL CENTER CONSUMER RECORD REVIEW

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, consumer choice, notification of proposed action (NOA) and fair hearing rights, level of care, individual program plans (IPPs) and periodic reviews and reevaluations of services. The information obtained about the consumers' needs and services is tracked as a part of the on-site program reviews.

II. Scope of Review

1. Ninety-two HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	31
With Family	27
Independent or Supported Living Setting	34

2. The review period covered activity from February 1, 2008 – January 31, 2009.

III. Results of Review

The 92 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Three supplemental records were reviewed solely for documentation that ACRC had either provided the consumer with written notification prior to termination of the consumer's HCBS Waiver eligibility or the consumer had voluntarily disenrolled from the HCBS Waiver. Additionally, two supplemental records were reviewed solely for documentation indicating that the consumers received face-to-face reviews every thirty days after moving from a developmental center.

- ✓ The sample records were in 100% compliance for 15 criteria. There are no recommendations for these criteria.
- ✓ Findings for sixteen 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.d The Medicaid Waiver Eligibility Record (DS 3770) documents short-term absences of 120 days or less, if applicable.

Finding

Three of the four (75%) applicable consumer records contained a DS 3770 form documenting a short-term absence. However, the DS 3770 form in the record for consumer #XX did not document the [REDACTED] as noted in the consumer's Title 19 notes.

2.1.d Recommendation	Regional Center Plan/Response
ACRC should ensure that the short term absence for consumer #XX is documented on the DS 3770 form.	The Short Term Absence has been documented on the DS 3770 form for consumer #XX.

- 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))

Finding

Ninety-one of the 92 (99%) sample consumer records contained a completed DS 2200 form. However, the DS 2200 form in the record for consumer #XX was not signed by the consumer.

2.2 Recommendation	Regional Center Plan/Response
ACRC should ensure that the DS 2200 form is signed by consumer #XX.	The DS 2200 form has now been signed by consumer #XX.

- 2.5.a The consumer's qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in ICF/DD, ICF/DD-H, ICF/DD-N facilities are documented in the consumer's CDER and/or other assessments. (SMM 4442.5), (42 CFR 441.302(c)), (Title 22, CCR, §51343)

Finding

Ninety-one of the 92 (99%) sample consumer records identified at least two qualifying conditions. The record for consumer #XX identified only one ([REDACTED]) qualifying condition.

2.5.a Recommendation	Regional Center Plan/Response
ACRC should re-evaluate the HCBS Waiver eligibility of consumer #XX. If the consumer does not have at least two qualifying conditions that meet the level of care requirements, the consumer's HCBS Waiver eligibility should be terminated.	ACRC completed a re-evaluation of the HCBS Waiver eligibility of consumer #XX on April 22, 2009. The consumer was found to have sufficient qualifying conditions to maintain ongoing HCBS Waiver eligibility.


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

Findings

Sixty-nine of the 91 (76%) applicable consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in 22 consumer records (detailed below) did not support the determination that all of the issues identified in the CDER and DS 3770 could be considered qualifying conditions. Unless otherwise noted in the list below, the following were identified as qualifying conditions on the DS 3770 but there was no supporting information in the consumers' records (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports.

1. Consumer #X: [REDACTED]
2. Consumer #X [REDACTED]
3. Consumer #XX: [REDACTED]
4. Consumer #XX: [REDACTED]."
5. Consumer #XX: [REDACTED]"
6. Consumer #XX: [REDACTED]
7. Consumer #XX: [REDACTED]
8. Consumer #XX: [REDACTED]
9. Consumer #XX: [REDACTED]

10. Consumer #XX: [REDACTED]
11. Consumer #XX: [REDACTED]
12. Consumer #XX: [REDACTED]
[REDACTED]
13. Consumer #XX: [REDACTED]
14. Consumer #XX: [REDACTED]
15. Consumer #XX: [REDACTED]
16. Consumer #XX: [REDACTED]
17. Consumer #XX: [REDACTED]
18. Consumer #XX [REDACTED]"
19. Consumer #XX: [REDACTED]
20. Consumer #73: [REDACTED]
21. Consumer #75: [REDACTED]
22. Consumer #76: [REDACTED]

2.5.b Recommendations	Regional Center Plan/Response
<p>1. ACRC should determine if the items listed above are appropriately identified as qualifying conditions. The consumers' DS 3770 forms should be corrected to ensure that any items that do not represent substantial limitations in the consumers' ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying conditions. For consumers #XX, #XX, #XX, #XX, #XX, and #XX due to an insufficient number of qualifying conditions, the correction may require that the consumer's HCBS Waiver eligibility be terminated. If ACRC determines that any of the issues above 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.</p>	<p>The DS 3770s, CDER Client Profiles, were corrected as requested to reflect only the qualifying conditions in the following records:</p>  <p>Consumers #XX, #XX, #XX, #XX, #XX, and #XX were removed from the HCBS Waiver after completing a review of files as of April 30, 2009, due to an insufficient number of qualifying conditions.</p>

<p>2. ACRC should determine what steps are necessary to ensure that only issues determined to represent substantial limitations in consumers' ability to perform activities of daily living and/or participate in community activities are identified as qualifying conditions on DS 3770 forms.</p>	<p>ACRC has reviewed the level of care requirements with all of the QMRP staff to ensure that when a level of care determination is made that it is consistent with the requirements for the HCBS Waiver. The QMRP staff identifies only those issues determined to represent substantial limitations in the consumers' ability to perform activities of daily living and/or participate in community activities as qualifying conditions. As a result of the new CDER, additional training was given as to how this affects the level of care determination for initial and ongoing eligibility.</p>
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- 2.6.a The IPP is reviewed (*at least annually*) by the planning team and modified as necessary, in response to the consumer's changing needs, wants or health status. (*42 CFR 441.301(b)(1)(I)*)

Finding

Ninety-one of the 92 (99%) sample consumer records contained documentation that the consumers' IPP had been reviewed annually by the planning team. However, the IPP for consumer #XX had not been reviewed during the 12 month review period. Subsequent to the review period, a new IPP was completed. Accordingly, no recommendation is required.

- 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 consumer's health status and CDER have been reviewed. (HCBS Waiver Requirement)

Findings

Forty-four of the 45 (98%) applicable sample consumer records contained a completed SARF. However, the annual IPP review for consumer #XX did not include the completion of a SARF. During the review a SARF was completed and signed for consumer #XX. Accordingly, no recommendation is required.

- 2.7.a The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer or, where appropriate, his/her parents, legal guardian, or conservator. (*WIC §4646(g)*)

Findings

Ninety of the 92 (98%) sample consumer records contained IPPs that were signed by ACRC and the consumers or their legal representatives. The IPP for consumers #X ([REDACTED]) and #XX ([REDACTED]) had not been signed by the consumer.

2.7.a Recommendation	Regional Center Plan/Response
ACRC should ensure that the IPP is signed by consumer #X. If the consumer does not sign, ACRC should ensure that the record addresses what actions were taken to encourage the consumer to sign and/or the reason why he did not sign.	Consumer #X [REDACTED]

2.7.b IPP addenda are signed by an authorized representative of the regional center and the consumer or, where appropriate, his/her parents, legal guardian, or conservator.

Findings

Seventeen of the 19 (89%) applicable sample consumer records contained IPP addenda signed by an ACRC representative and the consumer or their legal representative. However, the IPP addenda for two consumers (XX/XX/XX for consumer #XX; XX/XX/XX for consumer #XX) were not signed by the consumers.

2.7.b Recommendation	Regional Center Plan/Response
ACRC should ensure that consumers #XX and #XX sign their IPP addenda.	The IPP addenda for consumers #XX and #XX were signed as requested.

2.9.a The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770). (WIC §4646.5(a)(2))

Findings

Seventy-four of the 89 (83%) applicable sample consumer records contained IPPs that addressed the consumers' qualifying conditions. However, the IPPs for fifteen consumers did not identify the supports or services that are in place to address all of the consumers' qualifying conditions as indicated below.

1. Consumer #X: [REDACTED]

- [REDACTED]
2. Consumer #X: [REDACTED]
 3. Consumer #XX: [REDACTED]
 4. Consumer #XX: [REDACTED]
 5. Consumer #XX: [REDACTED]
 6. Consumer #XX: [REDACTED]
 7. Consumer #XX: [REDACTED]
 8. Consumer #XX: [REDACTED]
 9. Consumer #XX: [REDACTED]
 10. Consumer #XX: [REDACTED]
 11. Consumer #XX: [REDACTED]
 12. Consumer #XX: [REDACTED]
 13. Consumer #XX: [REDACTED]

[REDACTED]

14. Consumer #XX: [REDACTED]

15. Consumer #XX: [REDACTED]

2.9.a Recommendation	Regional Center Plan/Response
ACRC should ensure that the IPPs for consumers #X, #X, #XX, #XX, #XX, #XX, #XX, #XX, #XX, #XX, #XX, #XX, #XX, and #XX address the services and supports in place for the issues identified above.	The IPPs for consumers #X, #X, #XX, #XX, #XX #XX, #XX, #XX, #XX, #XX, #XX, #XX, and #XX have been corrected to address the services and supports in place for the issues identified. Consumer #XX [REDACTED] Consumer #XX was [REDACTED]

2.9.d The IPP addresses the services for which the day program provider is responsible for implementing. (WIC §4646.5(a)(2))

Finding

Fifty-seven of the 58 (98%) applicable sample consumer records contained IPPs that addressed the consumer's day program services. The IPP for consumer #XX did not address the services for which the day program provider is responsible for implementing.

2.9.d Recommendation	Regional Center Plan/Response
ACRC should ensure that the IPP for consumer #XX address the services for which the day program provider is responsible for implementing.	The IPP for consumer #XX was corrected to include the current day program and the services that they are responsible for.

2.9.f The IPP addresses the consumer's goals, preferences and life choices.

Finding

Ninety-one of the 92 (99%) sample consumer records contained IPPs that addressed the consumer's goals, preferences and life choices. The IPP for consumer #XX did not address the consumer's goal to [REDACTED]

2.9.d Recommendation	Regional Center Plan/Response
ACRC should ensure that the IPP for consumer #XX address the goal to [REDACTED]	The IPP for consumer #XX was updated to address the goal of [REDACTED]

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)(4))

Finding

Nine-one of the 92 (99%) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by ACRC. However, the IPP for consumer #X did not indicate that ACRC funded the consumer’s community integration services program.

2.10.a Recommendation	Regional Center Plan/Response
ACRC should ensure that the IPP for consumer #X address the amount of all services and supports purchased by ACRC.	The IPP for consumer #X was updated to include all services and supports purchased by ACRC.

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)(4))

Findings

Eighty-seven of the 92 (95%) sample consumer records contained IPPs that included services and supports obtained from generic agencies or resources. However, the IPPs for five consumers did not identify the supports or services obtained from generic agencies or resources.

1. Consumers #XX, #XX and #XX: The IPPs did not identify Medi-Cal as the funding source for medical and dental services.
2. Consumer #XX: The IPP did not identify the funding source for in-home supportive services.
3. Consumer #XX: The IPP did not identify Medi-Cal as the funding source for medical and dental services. However, the new IPP completed subsequent to the review period identified the funding source for medical and dental services. Accordingly, no recommendation is needed.

2.10.b Recommendation	Regional Center Plan/Response
ACRC should ensure that the IPPs for consumers #XX, #XX, #XX1, and #XX include services and supports obtained from generic agencies or resources.	The IPPs for consumer #XX, #XX and #XX were updated to include services and supports from generic agencies or resources. Consumer #XX was [REDACTED]

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

Findings

Sixty of the 65 (92%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for five consumers did not meet the requirements as indicated below:

1. The records for consumers #XX, #XX, #XX, and #XX contained documentation of three of the required meetings.
2. The record for consumer #XX contained documentation of two of the required meetings.

2.13.a Recommendation	Regional Center Plan/Response
ACRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #XX, #XX, #XX, #XX, and #XX.	ACRC currently has a process in place to ensure that face-to-face meetings are completed and documented each quarter. With the new SANDIS EXTREME, Unit Supervisors are able to monitor compliance with this requirement as well. ACRC staff will continue to receive training to assure compliance with this ongoing requirement.

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

Findings

Sixty of the 65 (92%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for five consumers did not meet the requirements as indicated below:

1. The records for consumers #XX, #XX, #XX, and #XX contained documentation of three of the required meetings.
2. The record for consumer #XX contained documentation of two of the required meetings.

2.13.b Recommendation	Regional Center Plan/Response
ACRC should ensure that future quarterly reports of progress are completed for consumers #XX, #XX, #XX, #XX, and #XX.	Please see the response for 2.13a.

- 2.14 Face-to-face reviews are completed, no less than once every 30 days for the first 90 days, following the consumer’s move from a developmental center to a community living arrangement. (*WIC § 4418.3*)

Findings

One of the two (50%) applicable sample consumer records documented face-to-face reviews every 30 days for the first 90 days following the consumer’s move from a developmental center to a community living arrangement. However the record for consumer #XX-X did not contain documentation of a face-to-face meeting with the consumer in one of the months (June 2008) for the first 90 days.

2.14 Recommendation	Regional Center Plan/Response
ACRC should ensure that face-to-face reviews are completed at least once every 30 days for the first 90 days with consumers who have moved from a developmental center to a community living arrangement.	ACRC staff and Unit Supervisor will continue to monitor closely the visit schedules for those consumers who move from a Developmental Center to a community setting, to assure that face-to-face meetings occurs at least once every 30 days during the first 90 days from the date of discharge.

Regional Center Consumer Record Review Summary						
Sample Size = 92 + 5 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	92			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Mental Retardation Professional (QMRP), which documents the date of the consumer's initial HCBS Waiver eligibility certification, annual recertifications, the consumer's qualifying conditions and short-term absences. (SMM 4442.1), (42 CFR 483.430(a))	Criterion 2.1 consists of four sub-criteria (2.1a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Mental Retardation Professional and the title "QMRP" appears after the person's signature.	92			100	None
2.1.b	The DS 3770 form identifies the consumer's qualifying conditions and any applicable special health care requirements for meeting the Title 22 level of care requirements.	92			100	None
2.1.c	The DS 3770 form documents annual recertifications.	92			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	3	1	88	75	See Narrative
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))	91	1		99	See Narrative
2.3	There is a written notification of a proposed action and documentation that the consumer 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 consumer/parent/legal guardian or legal representative does not agree with all, or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. (SMM 4442.7), (42 CFR Part 431, Subpart E), (WIC §4646(g))	3		92	100	None

Regional Center Consumer Record Review Summary
Sample Size = 92 + 5 Supplemental Records

	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)	92			100	None
2.5.a	The consumer'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-DDH, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. (SMM 4442.5), (42 CFR 441.302(c)), (Title 22, CCR, §51343)	91	1		99	See Narrative
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	69	22	1	76	See Narrative
2.6.a	IPP is reviewed (at least annually) by the planning team and modified as necessary, in response to the consumer's changing needs, wants or health status. (42 CFR 441.301(b)(1)(I))	91	1		99	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)	44	1	47	98	See Narrative
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. (WIC §4646(g))	90	2		98	See Narrative
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	17	2	73	89	See Narrative
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	92			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. (WIC §4646.5(a))	92			100	None

Regional Center Consumer Record Review Summary Sample Size = 92 + 5 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer'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).	74	15	3	83	See Narrative
2.9.b	The IPP addresses the special health care requirements.	23		69	100	None
2.9.c	The IPP addressed the services for which the CCF provider is responsible for implementing.	31		61	100	None
2.9.d	The IPP addressed the services for which the day program provider is responsible for implementing.	57	1	34	98	See Narrative
2.9.e	The IPP addresses the services for which the supported living services agency or independent living services provider is responsible for implementing.	35		57	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	91	1		99	See Narrative
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	15		77	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)(4))	91	1		99	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)(4))	87	5		95	See Narrative
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	17		75	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)(4))	92			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 92 + 5 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic review and reevaluations of consumer progress are completed (<i>at least annually</i>) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. (<i>WIC §4646.5(a)(6)</i>)	92			100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	60	5	27	92	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	60	5	27	92	See Narrative
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. (<i>WIC §4418.3</i>)	1	1	92	50	See Narrative

SECTION III

COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

I. Purpose

The review addresses the requirements for community care facilities (CCFs) to maintain consumer records and prepare written reports of consumer 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

Fifteen consumer records were reviewed at fourteen CCFs visited by the monitoring team. The facilities' consumer records were reviewed to determine compliance with 19 criteria.

III. Results of Review

The consumer records were 100% in compliance for 18 of the 19 criteria.

- ✓ A summary of the results of the review is shown in the table at the end of this section.
- ✓ A finding for one criterion is detailed below.

IV. Finding and Recommendation

3.3 The facility has a copy of the consumer's current IPP. (*Title 17, CCR, §56022(c)*)

Finding

Fourteen of the 15 (93%) sample consumer records contained a copy of the consumer's current IPP. The record for consumer #X at CCF #X did not have a copy of the consumer's current IPP. A copy of the consumer's IPP was provided during the team's visit. Accordingly, no recommendation is required.

Community Care Facility Record Review Summary						
Sample Size: Consumers = 15; CCFs = 14						
	Criteria	+	-	N/A	% Met	Follow-up
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. (<i>Title 17, CCR, §56017(b)</i>), (<i>Title 17, CCR §56059(b)</i>), (<i>Title 22, CCR, §80069</i>)	15			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	15			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	10		5	100	None
3.1.c	The consumer record contains current health information that includes medical, dental and other health needs of the consumer including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	15			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	15			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	15			100	None
3.1.i	Special safety and behavior needs are addressed.	15			100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17, and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. (<i>Title 17, CCR, §56019(c)(1)</i>)	15			100	None
3.3	The facility has a copy of the consumer's current IPP. (<i>Title 17, CCR, §56022(c)</i>)	14	1		93	See Narrative

Community Care Facility Record Review Summary						
Sample Size: Consumers = 15; CCFs = 14						
	Criteria	+	-	N/A	% Met	Follow-up
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. (<i>Title 17, CCR, §56026(b)</i>)	10		5	100	None
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	10		5	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. (<i>Title 17, CCR, §56026(c)</i>)	5		10	100	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	5		10	100	None
3.5.c	Quarterly reports include a summary of data collected. (<i>Title 17, CCR, §56013(d)(4)</i>), (<i>Title 17, CCR, §56026</i>)	5		10	100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. (<i>Title 17, CCR §56026(a)</i>)	15			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	9		6	100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)	1		14	100	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. (<i>Title 17, CCR, §54327</i>)	1		14	100	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. (<i>Title 17, CCR, §54327</i>)	1		14	100	None

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

The review criteria address the requirements for day programs to maintain consumer records and prepare written reports of consumer 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

Thirty-six sample consumer records were reviewed at 24 day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria.

III. Results of Review

The consumer records were 100% in compliance for 15 of the 17 criteria.

- ✓ A summary of the results of the review is shown in the table at the end of this section.
- ✓ Findings for two criteria are detailed below.

IV. Findings and Recommendations

- 4.2 The day program has a copy of the consumer's current IPP.
(Title 17, CCR, § 56720)(b))

Finding

Thirty-five of the 36 (97%) sample consumer records contained a copy of the consumer's current IPP. The record for consumer #XX at day program (DP) #XX did not contain a copy of the current IPP. After the team's visit, ACRC faxed a copy of the consumer's IPP to DP #XX. Accordingly, no recommendation is required.

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

Findings

Thirty-one of the 36 (86%) sample consumer records contained written semiannual reports of consumer progress. However, the records for five consumers (#XX at DP #XX; #XX and #XX at DP #XX; #XX at DP #XX; and #XX at DP #XX) contained only one of the required progress reports completed in the last year.

4.4.a Recommendations	Regional Center Plan/Response
ACRC should ensure that day program providers #XX, #XX, #XX, and #XX prepare written semiannual reports of consumer progress.	Day programs #XX, #XX, #XX, and #XX have received instruction regarding the requirement to prepare and maintain written semi-annual reports of consumer progress.
ACRC should assess what actions may be necessary to ensure that all day programs prepare semiannual reports of consumer progress.	ACRC provides ongoing training to day programs regarding the Title 17 requirement to prepare and maintain written semi-annual reports of consumer progress.

Day Program Record Review Summary						
Sample Size: Consumers = 36; Day Programs = 24						
	Criteria	+	-	N/A	% Met	Follow-up
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. (Title 17, CCR, §56730)	36			100	None
4.1.a	The consumer record contains current emergency and personal identification information including the consumer'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.	36			100	None
4.1.b	The consumer record contains current health information that includes current medications, known allergies, medical disabilities, infectious, contagious, or communicable conditions, special nutritional needs, and immunization records.	36			100	None
4.1.c	The consumer record contains any medical, psychological, and social evaluations identifying the consumer's abilities and functioning level, provided by the regional center.	36			100	None
4.1.d	The consumer record contains an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative.	36			100	None
4.1.e	The consumer record contains documentation that the consumer and/or the authorized consumer representative has been informed of his/her personal rights.	36			100	None
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing.	36			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 36; Day Programs = 24						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	36			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	18		18	100	None
4.2	The day program has a copy of the consumer's current IPP. (<i>Title 17, CCR §56720(b)</i>)	35	1		97	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. (<i>Title 17, CCR, §56720(a)</i>)	36			100	None
4.3.b	The day program's ISP or other program documentation is consistent with the services addressed in the consumer's IPP.	36			100	None
4.4.a	The day program prepares and maintains written semiannual reports. (<i>Title 17, CCR, §56720(c)</i>)	31	5		86	See Narrative
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services for which the day program is responsible for implementing.	36			100	None
4.5.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)	1		35	100	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. (<i>Title 17, CCR, §54327</i>)	1		35	100	None
4.5.c	There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. (<i>Title 17, CCR, §54327</i>)	1		35	100	None

SECTION V

CONSUMER OBSERVATIONS AND INTERVIEWS

I. Purpose

The consumer observations are conducted to verify that the consumers appear to be healthy and have good hygiene. Interview questions focus on the consumers' satisfaction with their living situation, day program and work activities, health, choice, and regional center services.

II. Scope of Observations and Interviews

For this review, the total sample was 92 consumers. Eighteen consumers were unavailable for an interview. Eleven phone interviews were conducted with parents of minors.

Seventy-four consumers were interviewed and/or observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Forty-five consumers agreed to be interviewed by the monitoring teams.
- ✓ Eighteen consumers did not communicate verbally, but were observed.

III. Results of Observations and Interviews

All but two consumers interviewed indicated satisfaction with their living situation, day program, work activities, health, choices, and regional center services. The consumers' overall appearance reflected personal choice and individual style.

IV. Findings and Recommendations

1. Consumer #XX [REDACTED]
2. Consumer #XX, [REDACTED]

IV. Recommendations

Recommendations	Regional Center Plan/Response
<p>1. ACRC should address consumer #XX's [REDACTED]</p>	[REDACTED]
<p>2. ACRC should ensure that the issues with the durable medical equipment of consumer #XX are addressed.</p>	[REDACTED]

SECTION VI A

SERVICE COORDINATOR INTERVIEWS

I. Purpose

The interviews determine how well the service coordinators know their consumers, the extent of their participation in the IPP/annual review process, and how they monitor services, health and safety issues.

II. Scope of Interviews

1. The monitoring team interviewed eighteen Alta California Regional Center (ACRC) service coordinators.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to the consumers 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 their respective consumers. They were able to relate specific details regarding the consumers' 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 consumers' needs, preferences and satisfaction with services outlined in the IPP. For consumers in out-of-home placement settings, service coordinators conduct quarterly face-to-face visits and develop written assessments of consumer 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 consumers' use of medication and issues related to side-effects, the service coordinators utilize ACRC's clinical team and internet medication guides as resources. ACRC offers periodic trainings on new and commonly used medications.

4. The service coordinators monitor the consumers' services, health and safety during periodic visits. The service coordinators were knowledgeable about the special incident report (SIR) process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed. Service coordinators work closely with quality assurance staff, and are briefed on SIR trends that may affect their caseloads.

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 consumers and service coordinators. This interview aids in determining what measures the regional center is utilizing to ensure the ongoing health and safety of all Home and Community-based Services Waiver consumers.

II. Scope of Interview

1. The monitoring team interviewed a staff physician at Alta California Regional Center's (ACRC).
2. The questions in the interview cover the following topics: routine monitoring of consumers with medical issues; medications and behavior plans; coordination of medical and mental health care for consumers; circumstances under which actions are initiated for medical or behavior issues; clinical supports to assist service coordinators; improved access to preventive health care resources; and their role in Risk Management Committee and special incident reports.

III. Results of Interview

1. The ACRC clinical team includes physicians, psychologists, a registered nurse, a behaviorist, and a pharmacologist.
2. The clinical team works closely with the case management staff in reviewing all consumer health care needs. The service coordinators use a preventive health assessment form to identify consumer health issues. Any identified consumer health risks or issues are then referred to a consultant on the clinical team for assessment, assistance in obtaining necessary health care services and ongoing follow-up.
3. The clinical team is involved in monitoring consumers' medications. The pharmacologist reviews reports of data collected from special incident reports regarding medication errors. Additionally, the pharmacologist is available to review individual consumer medications for drug interactions and medication side effects. The pharmacologist also makes recommendations for development of training and often provides training to ACRC staff, care providers, consumers, and their families.

4. The clinical team is involved with consumers' behavioral plans and mental health issues. The psychologists and behaviorist provide ongoing training and consultation to service coordinators, providers and families. In addition, ACRC has a memorandum of understanding (MOU) with various mental health providers resulting in increased mental health care for consumers.
5. ACRC has improved access to health care resources through the following programs and services:
 - ✓ Tele-medicine referrals
 - ✓ Genetic and Dysmorphology Clinic
 - ✓ Nurse Practitioner Clinics
 - ✓ Down Syndrome Clinics
 - ✓ Health Education Fairs
 - ✓ Dental Care Projects
 - ✓ Pediatric Clinics
 - ✓ Early Intervention Services
 - ✓ Community Health Presentations
 - ✓ G.F. Kelso Foundation Library
 - ✓ Residential Care Safety Training
 - ✓ Partnership with Kaiser Permanente Autism Clinic
 - ✓ MOUs with all of Sacramento HMOs
 - ✓ ACRC health information website
 - ✓ Collaboration with California Children's Services of Sacramento County
 - ✓ Grant received to address end of life care "Thinking Ahead"
6. The clinical team has several roles in risk management. They review medically related special incidents, including deaths, and findings are provided to the risk management committee. Based on trends, the clinical team develops training and information sessions. An upcoming training is planned for choking/aspiration prevention.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

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

II. Scope of Interview

The monitoring team interviewed a community services specialist who is an integral part of the team responsible for conducting QA activities.

III. Results of Interview

1. The interviewed staff provided specific information about ACRC's process for conducting annual Title 17 reviews, unannounced visits and provider training. ACRC's QA team works in conjunction with service coordinators assigned as facility liaisons. The annual Title 17 visits are conducted by facility liaisons who also conduct a minimum of two unannounced visits. Community services specialists may conduct additional unannounced visits to facilities with identified issues that require further follow-up review.
2. Community services specialists are responsible for conducting the triennial evaluation. Another trained person, generally case management staff, accompanies the specialist as part of the QA evaluation team. Before conducting the evaluation, the QA evaluation team reviews vendor files, IPPs, prior quality assurance reports, corrective action plans (CAPs), and may interview families and service coordinators in developing the evaluation report. Additionally, ACRC QA staff performs periodic reviews of day programs.
3. Two residential community services staff participate in ACRC's Risk Management Committee. Residential community services staff also work with the SIR coordinator to develop training programs based on trends and analysis from the Risk Management Committee.

4. The residential community services staff participate in the review and approval process for vendor applications. The staff verify employment history, check references and do site visits for potential vendors.

SECTION VII A

SERVICE PROVIDER INTERVIEWS

I. Purpose

The interviews determine how well the service provider knows the consumers, the extent of their assessment process for the annual 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, how they monitor safety and safeguard medications.

II. Scope of Interviews

1. The monitoring team interviewed seventeen service providers at eleven community care facilities (CCFs) and six day programs where services are provided to the consumers 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 consumers 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 their respective consumers.
2. The service providers indicated that they conducted assessments of the consumers, participated in their IPP development, provided the program specific services addressed in the IPPs and attempted to foster the progress of consumers.
3. The service providers monitored consumer health issues and safeguarded medications.
4. The service providers communicated with people involved in the consumers' lives and monitored progress documentation.
5. The service providers were prepared for emergencies, monitored the safety of consumers, 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 knows the consumers and their understanding of the IPP and service delivery requirements, how they communicate, and their level of preparedness to address safety issues, their understanding of emergency preparedness, and knowledge about safeguarding medications.

II. Scope of Interviews

1. The monitoring team interviewed fourteen direct service staff at eight community care facilities (CCF) and six day programs where services are provided to the consumers 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 consumers 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 their respective consumers.
2. The direct service staff were knowledgeable about their roles and responsibilities for providing the services addressed in the consumers' IPPs.
3. The direct service staff demonstrated that they understood the importance of communication with all individuals concerned with the consumers.
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 (CCFs) and day programs are serving consumers in a safe, healthy and positive environment where their rights are respected.

II. Scope of Review

1. The monitoring teams reviewed a total of eleven CCFs and six day programs.
2. The teams used a monitoring review checklist consisting of twenty-three criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

III. Results of Review

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

IV. Findings and Recommendation

8.2.d [REDACTED] Records

Findings

CCF #X was not documenting [REDACTED]

CCF #XX was not documenting [REDACTED]

Day Program #XX was not documenting [REDACTED]
[REDACTED]

8.2.d Recommendation	Regional Center Plan/Response
ACRC should ensure that CCF #X, CCF #XX and DP #XX properly document all required [REDACTED]	ACRC will continue to monitor closely the recording [REDACTED] at CCF #X, CCF #XX and DP #XX to ensure that all required [REDACTED] has been properly documented. Ongoing training regarding this requirement will continue to be provided.

8.3.c First Aid/Water Safety Certification

Findings

CCF #XX had three direct care staff [REDACTED]
 [REDACTED]

CCF #XX had one direct care staff [REDACTED]
 [REDACTED]

8.3.c Recommendation	Regional Center Plan/Response
ACRC should ensure that the provider at CCF #XX has [REDACTED]	The direct care staff at CCF #XX [REDACTED]

8.4.a Personal & Incidental (P & I) Funds

Finding

At CCF #XX, the P & I ledgers were [REDACTED]
 [REDACTED]

8.4.a Recommendation	Regional Center Plan/Response
ACRC should ensure that [REDACTED]	ACRC has instructed the staff at CCF #XX that [REDACTED] ACRC will continue to monitor this.

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 Alta California Regional Center (ACRC) was reviewed by comparing deaths entered into the Client Master File for the review period with special incident reports (SIRs) of deaths received by the Department of Developmental Services (DDS).
2. The records of the 92 consumers selected for the Home and Community-based Services (HCBS) Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of ten consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. ACRC reported all deaths during the review period to DDS.
2. ACRC did not report one special incident in the sample of 92 records selected for the HCBS Waiver review to DDS.
3. ACRC's vendors reported seven of the ten (70%) incidents in the supplemental sample within the required timeframes.
4. ACRC reported nine of the ten (90%) incidents to DDS within the required timeframes.
5. ACRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the ten incidents.

IV. Findings and Recommendations

Findings

Consumer #XX: Title 19 notes indicated that during a face-to-face meeting on January 16, 2009, the service coordinator noted that the consumer [REDACTED] [REDACTED]. However, the incident was not reported to DDS.

Consumer #XXX: The incident was reported to ACRC on May 28, 2008. However, ACRC did not report the incident to DDS until November 17, 2008.

Consumer #XXX: The incident occurred on April 19, 2008. However, the vendor did not report the incident to ACRC until April 22, 2008.

Consumer #XXX: The incident occurred on August 28, 2008. However, the vendor did not report the incident to ACRC until September 3, 2008.

Consumer #XXX: The incident occurred on June 21, 2008. However, the vendor did not report the incident to ACRC until June 30, 2008.

Recommendations	Regional Center Plan/Response
1. ACRC should ensure that special incidents are reported to DDS.	ACRC currently has a process in place to assure that special incidents are reported to DDS.
2. ACRC should ensure that all special incidents are reported to DDS within the required timeframes.	ACRC continues ongoing training to ACRC staff regarding the current process for reporting special incidents to DDS within the required timeframes.
3. ACRC should ensure that the vendors for consumers #XXX, #XXX and #XXX report special incidents within the required timeframes.	ACRC will continue to provide training to the vendors for consumers #XXX, #XXX and #XXX, as well as to all vendors regarding the requirements to report special incidents within the required timeframes.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

#	UCI	CCF #	Day Program #
1	XXXXXXXX	6	
2	XXXXXXXX	10	
3	XXXXXXXX	5	
4	XXXXXXXX	7	
5	XXXXXXXX		
6	XXXXXXXX	13	
7	XXXXXXXX	12	
8	XXXXXXXX	2	
9	XXXXXXXX	3	
10	XXXXXXXX	11	
11	XXXXXXXX	9	
12	XXXXXXXX	4	
13	XXXXXXXX	14	
14	XXXXXXXX		21
15	XXXXXXXX		6
16	XXXXXXXX		17
17	XXXXXXXX	8	
18	XXXXXXXX		5
19	XXXXXXXX		5
20	XXXXXXXX		4
21	XXXXXXXX		10
22	XXXXXXXX	1	
23	XXXXXXXX		7
24	XXXXXXXX		7
25	XXXXXXXX		12
26	XXXXXXXX		1
27	XXXXXXXX		20
28	XXXXXXXX		22
29	XXXXXXXX	1	
30	XXXXXXXX		24
31	XXXXXXXX		23
32	XXXXXXXX		
33	XXXXXXXX		13
34	XXXXXXXX		19
35	XXXXXXXX		
36	XXXXXXXX		
37	XXXXXXXX		18

#	UCI	CCF #	Day Program #
38	XXXXXXXX		15
39	XXXXXXXX		9
40	XXXXXXXX		9
41	XXXXXXXX		3
42	XXXXXXXX		16
43	XXXXXXXX		10
44	XXXXXXXX		14
45	XXXXXXXX		
46	XXXXXXXX		
47	XXXXXXXX		
48	XXXXXXXX		
49	XXXXXXXX		
50	XXXXXXXX		
51	XXXXXXXX		
52	XXXXXXXX		
53	XXXXXXXX		
54	XXXXXXXX		
55	XXXXXXXX		
56	XXXXXXXX		
57	XXXXXXXX		
58	XXXXXXXX		2
59	XXXXXXXX		
60	XXXXXXXX		
61	XXXXXXXX		
62	XXXXXXXX		
63	XXXXXXXX		
64	XXXXXXXX		6
65	XXXXXXXX		
66	XXXXXXXX		23
67	XXXXXXXX		1
68	XXXXXXXX		
69	XXXXXXXX		
70	XXXXXXXX		
71	XXXXXXXX		
72	XXXXXXXX		8
73	XXXXXXXX		5
74	XXXXXXXX		2
75	XXXXXXXX		2
76	XXXXXXXX		2
77	XXXXXXXX		2
78	XXXXXXXX		11

#	UCI	CCF #	Day Program #
79	XXXXXXXX		
80	XXXXXXXX		
81	XXXXXXXX		
82	XXXXXXXX		
83	XXXXXXXX		
84	XXXXXXXX		
85	XXXXXXXX		
86	XXXXXXXX		
87	XXXXXXXX		
88	XXXXXXXX		
89	XXXXXXXX		
90	XXXXXXXX		
91	XXXXXXXX		
92	XXXXXXXX		

HCBS Waiver Review Service Providers

CCF #	Vendor
1	XXXXXXXX
2	XXXXXXXX
3	XXXXXXXX
4	XXXXXXXX
5	XXXXXXXX
6	XXXXXXXX
7	XXXXXXXX
8	XXXXXXXX
9	XXXXXXXX
10	XXXXXXXX
11	XXXXXXXX
12	XXXXXXXX
13	XXXXXXXX
14	XXXXXXXX

Day Program #	Vendor
1	XXXXXXXX
2	XXXXXXXX
3	XXXXXXXX
4	XXXXXXXX
5	XXXXXXXX
6	XXXXXXXX
7	XXXXXXXX
8	XXXXXXXX
9	XXXXXXXX
10	XXXXXXXX
11	XXXXXXXX
12	XXXXXXXX
13	XXXXXXXX
14	XXXXXXXX
15	XXXXXXXX
16	XXXXXXXX
17	XXXXXXXX
18	XXXXXXXX
19	XXXXXXXX
20	XXXXXXXX
21	XXXXXXXX
22	XXXXXXXX
23	XXXXXXXX
24	XXXXXXXX

Supplemental Sample of Terminated Consumers

#	UCI
T-1	XXXXXXXX
T-2	XXXXXXXX
T-3	XXXXXXXX

Supplemental Sample DC Consumers

#	UCI
DC-1	XXXXXXXX
DC-2	XXXXXXXX

SIR Review Consumers

#	UCI	Vendor
101	XXXXXXXX	XXXXXXXX
102	XXXXXXXX	XXXXXXXX
103	XXXXXXXX	XXXXXXXX
104	XXXXXXXX	XXXXXXXX
105	XXXXXXXX	XXXXXXXX
106	XXXXXXXX	XXXXXXXX
107	XXXXXXXX	XXXXXXXX
108	XXXXXXXX	XXXXXXXX
109	XXXXXXXX	XXXXXXXX
110	XXXXXXXX	XXXXXXXX