

**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**

August 17-28, 2015

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	page 3
SECTION I REGIONAL CENTER SELF-ASSESSMENT.....	page 7
SECTION II REGIONAL CENTER CONSUMER RECORD REVIEW.....	page 10
SECTION III COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW....	page 21
SECTION IV DAY PROGRAM CONSUMER RECORD REVIEW.....	page 26
SECTION V CONSUMER OBSERVATIONS AND INTERVIEWS.....	page 32
SECTION VI	
A. SERVICE COORDINATOR INTERVIEWS.....	page 33
B. CLINICAL SERVICES INTERVIEW.....	page 35
C. QUALITY ASSURANCE INTERVIEW.....	page 37
SECTION VII	
A. SERVICE PROVIDER INTERVIEWS.....	page 39
B. DIRECT SERVICE STAFF INTERVIEWS.....	page 40
SECTION VIII VENDOR STANDARDS REVIEW.....	page 42
SECTION IX SPECIAL INCIDENT REPORTING.....	page 43
SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS.....	page 44

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 August 17-28, 2015, at Alta California Regional Center (ACRC). The monitoring team members were Mary Ann Smith (Team Leader), Lisa Miller, Sue Chapman and Corbett Bray from DDS, and Raylyn Garrett and Annette Hanson 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 (IPP). Specific criteria have been developed for the review sections listed below that are derived from federal/state statutes and regulations and from Centers for Medicare & Medicaid Services' directives and guidelines relating to the provision of HCBS Waiver services.

Scope of Review

The monitoring team reviewed a sample of 86 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) three consumers who moved from a developmental center; and 3) 10 consumers who had special incidents reported to DDS during the review period of June 1, 2014, through May 31, 2015.

The monitoring team completed visits to 12 community care facilities (CCF) and 32 day programs. The team reviewed 12 CCF and 46 day program consumer records, and 63 selected sample consumers were interviewed and/or observed.

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

Eighty-six sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. The sample records were 95-100 percent in compliance for the 30 applicable criteria. One criterion was not applicable for this review.

The sample records were 99 percent in overall compliance for this review. ACRC's records were 98 percent in overall compliance for the collaborative reviews conducted in 2013 and in 2011.

Section III – Community Care Facility Consumer Record Review

Twelve consumer records were reviewed at 12 CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 98 percent in overall compliance for this review.

ACRC's records were 99 percent and 100 percent, respectively, in overall compliance for the collaborative reviews conducted in 2013 and in 2011.

Section IV – Day Program Consumer Record Review

Forty-six consumer records were reviewed at 32 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations.

The sample records were 98 percent in overall compliance for this review. ACRC's records were 99 percent in overall compliance for the collaborative reviews conducted in 2013 and in 2011, respectively.

Section V – Consumer Observations and Interviews

Sixty-three 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. All but one of the interviewed consumers/parents indicated that they were satisfied with their services, health, and choices.

Section VI A – Service Coordinator Interviews

Seventeen 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

One of ACRCs' staff physicians 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 support to service coordinators, and the clinical teams' participation on the Risk Management and Planning Committee.

Section VI C – Quality Assurance (QA) Interview

A community services specialist was interviewed using a standard interview instrument. She responded to informational questions regarding how ACRC conducts 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. All but two of the direct service staff were familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VIII – Vendor Standards Review

The monitoring team reviewed 11 CCFs and five day programs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. All but one 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 86 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. ACRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported all applicable incidents to ACRC within the required timeframes. ACRC subsequently transmitted all special incidents to DDS within the required timeframes. ACRCs' 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 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 ACRC's 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>The 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 memorandum of understanding (MOU) between DDS and the Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 CCFs.</p> <p>The regional center reviews each CCF 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.)	<p>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.</p> <p>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.</p>
Only qualified providers serve HCBS Waiver participants	<p>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.</p>
Plans of care are responsive to HCBS Waiver participant needs	<p>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.</p> <p>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.</p> <p>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.</p> <p>The regional center uses feedback from consumers, families and legal representatives to improve system performance.</p> <p>The regional center documents the manner by which consumers indicate choice and consent.</p>

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 HCBS Waiver services. The criteria address requirements for eligibility, consumer choice, notification of proposed action (NOA) and fair hearing rights, level of care, 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. Eighty-six HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility	29
With Family	30
Independent or Supported Living Setting	27

2. The review period covered activity from June 1, 2014 – May 31, 2015.

III. Results of Review

The 86 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 consumers' HCBS Waiver eligibility or the consumer had voluntarily disenrolled from the HCBS Waiver. Additionally, three supplemental records were reviewed solely for documentation indicating that the consumer received face-to-face reviews every 30 days after moving from a developmental center. One criterion was not applicable for this review.

- ✓ The sample records were in 100 percent compliance for 18 criteria. There are no recommendations for these criteria.
- ✓ Findings for 12 criteria are detailed below.

- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

- 2.1.b The DS 3770 form summarizes the consumers’ qualifying conditions and any special health care requirements for meeting the Title 22 level of care requirements.

Findings

Eighty-two of the eighty-six (95 percent) sample consumer records contained a DS 3770 form summarizing the consumer conditions and special health care requirements. However, documentation on the DS 3770 forms for four consumers did not contain all of the consumers’ qualifying conditions or special healthcare requirements. It is noted that findings in 2.1.b from the previous HCBS Waiver monitoring review were communicated to ACRC on December 15, 2014. Consumers #20, #21, and #83 were recertified by ACRC’s qualified intellectual disabilities professionals (QIDPs) prior to the December 15, 2014, notification date. Consumer #73 was recertified after the notification date.

2.1.b Recommendations	Regional Center Plan/Response
ACRC should ensure that for consumers #20, #21, #73 and #83 all conditions that affect the consumers’ ability to perform activities of daily living and/or participate in community activities are listed on the DS 3770.	Consumers #20, #21, #73, and #83 have been recertified and all conditions that affect the consumers’ ability to perform activities of daily living and/or participate in community activities are now listed on their DS 3770s.

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

Findings

Eighty-three of the eighty-six (97 percent) sample consumer records contained a completed DS 2200 form. However, the DS 2200 form in the record for consumer #8 was not signed by the consumer. During the monitoring review, the consumer signed the DS 2200. Accordingly, no recommendation is required. The DS 2200 was not signed by consumer #15, an unconserved adult. The DS 2200 for consumer #51 was not signed by his conservator.

2.2 Recommendations	Regional Center Plan/Response
ACRC should ensure that the DS 2200 is signed by consumer #15 and for consumer #51, signed by the conservator.	Consumer #15 has signed the DS 2200 and the conservator for consumer #51 has signed the DS 2200.

- 2.6.a The IPP is reviewed (*at least annually*) by the planning team and modified, as necessary, in response to the consumers' changing needs, wants or health status. [42 CFR 441.301(b)(1)(I)]

Finding

Eighty-four of the eighty-six (98 percent) sample consumer records contained documentation that the consumer's IPP had been reviewed annually by the planning team. However, there was no documentation that the IPPs for consumer #69 and consumer #80 had been reviewed during the monitoring review period. Consumer #69 is no longer receiving services from ACRC. Accordingly, no recommendation is required.

2.6.a Recommendations	Regional Center Plan/Response
ACRC should ensure the IPP for consumer #80 is reviewed at least annually.	ACRC will assure that consumer #80 IPP is reviewed annually.

- 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)]

Finding

Eighty-four of the eighty-six (98 percent) sample consumer records contained IPPs that were signed by ACRC and the consumers or their legal representatives. The IPP for consumer #21 was not signed by the conservator. The IPP for consumer #32 had a printed signature that was not consistent with the consumers' other signed documents in the consumers' file.

2.7.a Recommendations	Regional Center Plan/Response
ACRC should ensure the IPP for consumer #21 is signed by the conservator and the IPP for consumer #32 is signed by the consumer.	The necessary signatures for the IPPs for consumers #21 and #32 have been obtained.

- 2.9.a The IPP addresses the qualifying conditions identified in the Client Development Evaluation Report (CDER) and Medicaid Waiver Eligibility Record (DS 3770). [WIC §4646.5(a)(2)]

Findings

Eighty-four of the eighty-six (98 percent) sample consumer records contained IPPs that addressed the consumers’ qualifying conditions. However, the IPPs for two consumers did not identify the supports or services that are in place as indicated below:

Consumer #21: “Assistance with personal care.”

Consumer #57: “Assistance with medications.”

2.9.a Recommendations	Regional Center Plan/Response
ACRC should ensure that the IPPs for consumers #21 and #57 include the services and supports in place for the issues as listed above.	On subsequent reviews of IPPs for consumers #21 and #57, qualifying conditions were identified as well as the services and supports in place. See attachment.

- 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 fifty-eight (98 percent) applicable sample consumer records contained IPPs that addressed the consumers’ day program services. The IPP for consumer #28 did not address the services which the day program provider is responsible for implementing.

2.9.a Recommendations	Regional Center Plan/Response
ACRC should ensure that the IPP for consumer #28 addresses the services which the day program provider is responsible for implementing.	The addendum for consumer #28 has been updated to address the services the day program is responsible for implementing. See attachment.

- 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

Eighty-five of the eighty-six (99 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by ACRC. However, the IPP for consumer #10 did not indicate ACRC funded dental services. During the monitoring review, dental services funded by ACRC were added to the consumer’s IPP. Accordingly, no recommendation is required.

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

Finding

Eighty-five of the eighty-six (99 percent) sample consumer IPPs identified the provider or providers responsible for implementing services. However, the IPP for consumer #29 did not identify the provider for self-advocacy training. During the review, ACRC added the provider to the IPP. Accordingly, no recommendation is required.

- 2.12 Periodic review and reevaluations of consumer progress are completed (*at least annually*) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and that the consumer and his/her family are satisfied with the IPP and its implementation. [WIC §4646.5(a)(6)]

Findings

Eighty-four of the eighty-six (98 percent) consumer records contained documentation of periodic review and reevaluation of consumer progress at least annually. However, the records for consumers #69 and #80 did not contain documentation that the consumer’s progress had been reviewed within the year. Consumer #69 is no longer receiving services from ACRC. Accordingly, no recommendation is required.

2.12 Recommendations	Regional Center Plan/Response
ACRC should ensure that periodic review and reevaluations occur at least annually for consumer #80.	ACRC will assure that the IPP for consumer #80 is reviewed annually.

- 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 CCFs, 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

Fifty-four of the fifty-six (96 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for consumers #50 and #51 contained documentation of three of the required meetings.

2.13.a Recommendations	Regional Center Plan/Response
ACRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumer #50 and consumer #51.	ACRC will complete ongoing trainings to ensure that the staff are aware of the requirements to document face-to-face meetings for the consumers they visit.

- 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 CCFs, 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

Fifty-four of the fifty-six (96 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for consumers #50 and #51 contained three of the required quarterly progress reports.

2.13.b Recommendations	Regional Center Plan/Response
ACRC should ensure that future quarterly reports of progress are completed for consumer #50 and #51.	ACRC will complete trainings for staff to ensure that the staff are aware of the need to complete quarterly face-to-face meetings, as well as the documentation that is required to record the meetings.

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

Finding

Two of the three records in the supplemental sample had face-to-face visits at least every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. The record for consumer #DC-1 did not contain documentation of two of the required face-to-face meetings.

2.14 Recommendations	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 for consumers who have moved from a developmental center to a community living arrangement.	ACRC will complete training to the staff to ensure that they are aware of the requirements to visit every 30 days for the first 90 days, for consumers that have moved from a developmental center to a community living arrangement.

Regional Center Consumer Record Review Summary						
Sample Size = 86 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	86			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Intellectual Disability Professional (QIDP), 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 Intellectual Disability Professional and the title “QIDP” appears after the person’s signature.	86			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.	82	4		95	See Narrative
2.1.c	The DS 3770 form documents annual re-certifications.	86			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	2		84	100	None
2.2	Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). [SMM 4442.7; 42 CFR 441.302(d)]	83	3		97	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		86	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 86 + 6 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)	86			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/DD-H, 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]	86			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	86			100	None
2.6.a	The IPP is reviewed (<i>at least annually</i>) 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)]	84	2		98	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)			86		None
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)]	84	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.	8		78	100	None
2.7.c	The IPP is prepared jointly with the planning team. [WIC §4646(d)]	86			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)]	86			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 86 + 6 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).	84	2		98	See Narrative
2.9.b	The IPP addresses the special health care requirements.	31		55	100	None
2.9.c	The IPP addressed the services for which the CCF provider is responsible for implementing.	29		57	100	None
2.9.d	The IPP addressed the services for which the day program provider is responsible for implementing.	57	1	28	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.	27		59	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	86			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. [WIC §4685(c)(2)]	18		68	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)]	85	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)]	86			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [WIC §4646.5(a)(4)]	8		78	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)]	85	1		99	See Narrative

Regional Center Consumer Record Review Summary						
Sample Size = 86 + 6 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. [WIC §4646.5(a)(6)]	84	2		98	See Narrative
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 CCFs, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement</i>)	54	2	30	96	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 CCFs, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement</i>)	54	2	30	96	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>)	2	1	86		See Narrative

SECTION III

COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

I. Purpose

The review addresses the requirements for CCFs to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the IPP for which the facility is responsible. The criteria are derived from Title 17, California Code of Regulations.

II. Scope of Review

Twelve consumer records were reviewed at 12 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 98 percent in compliance for the 19 criteria.

- ✓ The sample records were 100 percent in compliance for 14 criteria. There are no recommendations for these criteria.
- ✓ Findings for five 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

- 3.1.d The consumer record contains current emergency information: family, physician, pharmacy, etc. [*Title 17, CCR, §56059(b)(1)*]

Finding

Eleven of the twelve (92 percent) sample consumer records contained updated emergency information. The record for consumer #20 at CCF #2 did not contain current emergency information for the consumer's family, physician or pharmacy.

3.1.d Recommendations	Regional Center Plan/Response
ACRC should ensure that CCF #2 maintains updated emergency information for consumer #20.	CCF #2 was instructed to maintain updated information for consumer #20. ACRC verified.

- 3.4.b Semiannual reports address and confirm the consumers' progress toward achieving each of the IPP objectives for which the facility is responsible. [*Title 17, CCR, §56026(b)*]

Finding

Three of the four (75 percent) applicable sample consumer records contained semiannual reports that confirm progress toward achieving each of the IPP objectives. The semiannual report for consumer #15 at CCF #4 did not address the consumer's progress in dealing with activities of daily living, personal care, dressing, medication, and safety as identified in the IPP.

3.4.b Recommendations	Regional Center Plan/Response
ACRC should ensure that semiannual reports for consumer #15 documents progress for the IPP objectives for which the facility is responsible.	ACRC will monitor to ensure that CCF #4 documents progress for IPP objectives as required for consumer #15.

- 3.5.a Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. [*Title 17, CCR, §56026(c)*]

Finding

Seven of the eight (88 percent) applicable sample consumer records contained quarterly reports of consumer progress. However, the record for consumer #20 at CCF #2 was missing one of the required reports.

3.5.a Recommendations	Regional Center Plan/Response
ACRC should ensure that CCF provider #2 completes the required quarterly reports of progress for consumer #20.	ACRC will ensure that CCF #2 completes quarterly reports of progress for consumer #20.

3.5.c The quarterly reports include a summary of data collected for target behaviors.
 [Title 17, CCR §56026(c)]

Finding

Seven of the eight (88 percent) applicable sample consumer records contained reports that summarized the data collected for targeted behaviors. However, the quarterlies for consumer #23 at CCF #6 contained summarized data that did not match the data collected by the facility.

3.5.c Recommendations	Regional Center Plan/Response
ACRC should ensure that CCF provider #6 correctly summarizes the data collected for consumer #23 in the quarterly reports.	ACRC will monitor to ensure that CCF #6 summarizes data in quarterly reports as required.

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

Finding

Eight of the nine (89 percent) applicable sample consumer records contained notes or information that verifies that behaviors are being addressed. However, the record for consumer #27 at CCF #7 did not contain information that verifies that self injurious behaviors are being addressed.

3.6.b Recommendations	Regional Center Plan/Response
ACRC should ensure that CCF provider #7 maintains notes or information that verifies that behaviors are being addressed for consumer #27.	ACRC will ensure that CCF #7 maintains notes and information on consumer #27 behaviors, and that they are being addressed correctly.

Community Care Facility Record Review Summary						
Sample Size: Consumers = 12 CCFs = 12						
	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. [Title 17, CCR, §56017(b); Title 17, CCR §56059(b); Title 22, CCR, §80069]	12			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	12			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	8		4	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.	12			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	11	1		92	See Narrative
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	12			100	None
3.1.i	Special safety and behavior needs are addressed.	9		3	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. [Title 17, CCR, §56019(c)(1)]	12			100	None
3.3	The facility has a copy of the consumer's current IPP. [Title 17, CCR, §56022(c)]	12			100	None
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. [Title 17, CCR, §56026(b)]	4		8	100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 12 CCFs = 12						
	Criteria	+	-	N/A	% Met	Follow-up
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.	3	1	8	75	See Narrative
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. [Title 17, CCR, §56026(c)]	7	1	4	88	See Narrative
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.	8		4	100	None
3.5.c	Quarterly reports include a summary of data collected. [Title 17, CCR, §56013(d)(4); Title 17, CCR, §56026]	7	1	4	88	See Narrative
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. [Title 17, CCR §56026(a)]	12			100	None
3.6.b	The ongoing notes/information verifies that behavior needs are being addressed.	8	1	3	89	See Narrative
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. (Title 17, CCR, §54327)	2		10	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. (Title 17, CCR, §54327)	2		10	100	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. (Title 17, CCR, §54327)	2		10	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 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

Forty-six sample consumer records were reviewed at 32 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 percent in compliance for 9 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 eight criteria are detailed below.

IV. Findings and Recommendations

- 4.1.a The consumer record contains current emergency and personal identification information including the consumer's address and telephone number; the names and telephone numbers of the residential care provider, relatives, and/or guardian or conservator; physicians' names(s) and telephone number(s); pharmacy name, address and telephone number; and health plan, if appropriate. (*Title 17, CCR, § 567320*)

Finding

Forty-five of the forty-six (98 percent) sample consumer records contained current emergency and personal identification information of the consumer. However, the record for consumer #28 at day program #25 did not contain the consumers' physician, hospital and personal identification information. The consumer is no longer attending day program #25. Accordingly, there is no recommendation.

- 4.1.b. The consumer record contains current health information that includes medical, dental and other health or safety needs of the consumer, including current medications, known allergies, medical disabilities, infectious, contagious, or communicable conditions, special nutritional needs, and immunization records.

Finding

Forty-five of the forty-six consumer records (98 percent) contained health information that includes medical, dental and other health or safety needs. However, the record for consumer #28 at day program #25 did not contain current health information. Prior to the review the consumer discontinued the day program. Accordingly, there is no recommendation.

- 4.1.c The consumer record contains psychological, social, or medical evaluations provided by the regional center that identify the consumer’s ability and functioning level.

Finding

Forty-five of the forty-six (98 percent) consumer records contained psychological, social or medical evaluations provided by the regional center. However, the record for consumer #61 at day program #13 did not contain any of the required evaluations.

4.1.c Recommendations	Regional Center Plan/Response
ACRC should ensure the record for consumer #61 at day program #13 contains psychological, social, or medical evaluations.	CSS will work with day program #13 to ensure that all client records contain psychological, social, and medical evaluations as required.

- 4.1.f The consumer record contains up-to-date data collection for IPP objectives. (Title 17, CCR, §56730)

Findings

Forty-two of the forty-six (91 percent) sample consumer records contained up-to-date data collection for measuring progress on the services for which the day program provider is responsible for implementing, as indicated in the consumers’ IPP. However, the records for consumer #22 at day program #11, #28 at day program #25, #45 at day program #28 and #61 at day program #13 did not have data collected for measuring the consumers’ progress for services in their IPP. Consumer #28 is no longer attending day program #25. Accordingly, there is no recommendation.

4.1.f Recommendations	Regional Center Plan/Response
ACRC should ensure the records for consumers #22 at day program #11, #45 at day program #28 and #61 at day program #13, contains up-to-date data collection for measuring progress on the services for which the day program provider is responsible.	CSS will work with day programs #11, #13, and #28 to ensure that all client records include data collection for measuring progress on the services for which the day program provider is responsible.

4.1.g The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere. (*Title 17, CCR, §56730*)

Finding

Forty-five of the forty-six (98 percent) sample consumer records contained case notes of important events and information. The record for consumer #45 at day program #28 did not contain case notes of important events and information.

4.1.g Recommendations	Regional Center/Plan Response
ACRC should ensure that day program #28 maintains case notes of important events and information for consumer #45.	CSS staff will ensure that day program #28 includes as part of their records information of important events and activities for all their consumers.

4.3.a The day program develops, maintains, and modifies, as necessary, documentation regarding the manner in which it will assist the consumer in achieving the IPP/Individual Service Plan (ISP) objectives for which the day program is responsible. [*Title 17, CCR, §56720)(a)*]

Finding

Forty-five of the forty-six (98 percent) sample consumer records contained documentation on how the day program provider will assist the consumer in achieving their IPP/ISP objectives. However, the record for consumer #45 at day program #28 had no specific program plan or other documentation describing how they will assist the consumer in achieving his IPP objectives. Documentation was developed in June 2015, after the review period, describing how they will assist the consumer to achieve his IPP objectives. Accordingly, no recommendation is required.

- 4.3.b The day program’s ISP or other program documentation is consistent with the consumer’s IPP objectives for which the day program is responsible.

Finding

Forty-five of the forty-six (98 percent) consumer records contained documentation consistent with the consumers’ IPP objectives for which the day program is responsible. However, the record for consumer #61 at day program #13 did not identify the supports in place for functional living skills, socialization, and self-advocacy as stated in the IPP.

4.3.b Recommendations	Regional Center Plan/Response
ACRC should ensure that the record for consumer #61 at day program #13 identifies supports in place for functional living skills, socialization, self-advocacy and community integration as stated in her IPP.	ACRC will provide training to day program #13 and ACRC staff to ensure that services identified in all consumers’ IPPs are being carried out as described during the time the consumers are attending the day program.

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

Finding

Forty-three of the forty-four (98 percent) applicable consumer records contained written semiannual reports of consumer progress. However, the record for consumer #58 at day program #16 contained only one of the required progress reports.

4.4.a Recommendations	Regional Center Plan/Response
ACRC should ensure that day program #16 prepares written semiannual reports of progress for consumer #58.	ACRC will provide training to day program #16 staff as well as ACRC staff on the requirement to maintain semi-annual reports for all consumers ongoing.

Day Program Record Review Summary						
Sample Size: Consumers = 46; Day Programs = 32						
	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. (<i>Title 17, CCR, §56730</i>)	46			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.	45	1		98	See Narrative
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.	45	1		98	See Narrative
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.	45	1		98	See Narrative
4.1.d	The consumer record contains an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative.	37		9	100	None
4.1.e	The consumer record contains documentation that the consumer and/or the authorized consumer representative have been informed of his/her personal rights.	46			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.	42	4		91	See Narrative

Day Program Record Review Summary						
Sample Size: Consumers = 46; Day Programs = 32						
	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.	45	1		98	See Narrative
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	30		16	100	None
4.2	The day program has a copy of the consumer's current IPP. [<i>Title 17, CCR §56720(b)</i>]	46			100	None
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>]	45	1		98	See Narrative
4.3.b	The day program's ISP or other program documentation is consistent with the services addressed in the consumer's IPP.	45	1		98	See Narrative
4.4.a	The day program prepares and maintains written semiannual reports. [<i>Title 17, CCR, §56720(c)</i>]	43	1	2	98	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.	44		2	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>)	5		41	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>)	5		41	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>)	5		41	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

Sixty-three of the eighty-six consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, CCFs, or in independent living settings.

- ✓ Thirty-eight consumers agreed to be interviewed by the monitoring teams.
- ✓ Sixteen consumers did not communicate verbally or declined an interview, but were observed.
- ✓ Nine interviews were conducted with parents of minors.
- ✓ Twenty-three consumers were unavailable for or declined interviews.

III. Results of Observations and Interviews

Sixty-two of the sixty-three consumers/parents of minors 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. Finding and Recommendation

Consumer #63 states that her supported living staff (SLS) does not give her the amount of privacy that she would like.

Recommendations	Regional Center Plan/Response
ACRC should follow-up with consumer #63 regarding her concerns with her SLS staff.	ACRC has done follow-up with consumer #63. The limited number of hours that are currently in place are agreeable and the consumer feels they are needed to remain stable at home and in the community.

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, and health and safety issues.

II. Scope of Interviews

1. The monitoring team interviewed 17 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 (SIR), 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 ACRCs' clinical team and website, "Web MD" as resources for medication. ACRC offers periodic trainings on new and commonly used medications along with related health topics.

4. The service coordinators monitor the consumers' services, and health and safety during periodic visits. They are aware of the consumers' health issues. The service coordinators were knowledgeable about the SIR process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed. Service coordinators are briefed on SIR trends that may affect their caseloads, and complete a risk assessment referral when a consumer has had two incidents of the same type.

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 HCBS Waiver consumers.

II. Scope of Interview

1. The monitoring team interviewed a staff physician at 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 SIRs.

III. Results of Interview

1. The ACRC clinical team includes: physicians, psychologists, registered nurses, behaviorists, a speech therapist and an autism specialist.
2. ACRC clinical team is available as needed for clinical review of any consumer health concerns. The service coordinators use a health assessment form to identify consumer health issues. Identified health risks or issues are referred to the appropriate consultant on the clinical team for assessment and follow-up.
3. The clinical team assists service coordinators in monitoring consumers' medications. A physician or vendored pharmacist is available by referral to review any consumers with medication issues or concerns. Members of the clinical team may provide training to ACRC staff and care providers. A physician and nurse are available to assist with hospital and Skilled Nursing Facility (SNF) discharge planning to ensure proper follow-up and appropriate placement if required.
4. Members of the clinical team participate in ACRC's mental health committee. Consumer mental health and behavior issues can be presented to the committee on a case-by-case basis. Behavior analysts and the autism specialist are available to review behavior plans and communicate their

findings with the provider and service coordinator as needed. A psychologist and behaviorist provide training and consultation to service coordinators and providers onsite if needed. ACRC has a memorandum of understanding (MOU) with 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:
 - ✓ Utilizes vendored Registered Dental Hygienists Alternative Practice to assist with dental assessments, cleaning, education and developing dental resources
 - ✓ Early Intervention Services
 - ✓ Community Health Presentations
 - ✓ G.F. Kelso Foundation Library
 - ✓ Partnership with Kaiser Permanente Autism Clinic
 - ✓ MMOU's with Sacramento Health Maintenance Organizations (HMO); Clinical director attends HMO quarterly meetings
 - ✓ ACRC website offers health education resources
 - ✓ Collaboration with California Children's Services of Sacramento County

6. One of the clinical team physicians participates in the Risk Management Committee, and reviews all deaths and medical special incident reports when requested. The regional center utilizes Mission Analytics Group Inc., the State's risk management contractor, to analyze special incidents for trends. The clinical team uses this information to make recommendations for appropriate follow-up and training as needed. Recent topics have included constipation, Alzheimer's, medications, physical abuse, choking and aspiration.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

The informational interview with quality assurance staff ascertains how the regional center has organized itself to conduct Title 17 monitoring of CCFs, two unannounced visits to 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 support staff who is part of the team responsible for conducting ACRC's quality assurance activities.

III. Results of Interview

1. The community services specialist provided information about ACRC's process for conducting the annual Title 17 monitoring review. The review is jointly conducted by the community services staff and service coordinator liaisons who are assigned to the respective homes. The service coordinator liaisons are responsible for the two unannounced visits. During the visits, the community services specialists are available to offer technical support in areas such as staffing, medication training and special incident reporting requirements.
2. Service coordinator liaisons and community services specialists look at residents' IPPs, SIRs, and corrective action plans (CAPs) before going to the review. Once a deficiency is identified, they will meet with the CCF administrator to discuss the issue, develop an action plan and provide a copy of the CAP to the vendor. The service coordinator looks at personal and incidental documentation, medication logs, and health and safety issues at the home while they are at the visit.
3. The service coordinators are responsible for investigation and follow-up of all SIRs. The SIR coordinator participates as a member of the Risk Management Committee. SIR trends are identified by the committee and are addressed in quarterly meetings and information is forwarded to the case management staff.

4. Community services support staff verify the qualifications of new vendors and staff. Potential vendors must complete the new vendor orientation which includes Title 17 requirements, a review of the Lanterman Act, and a review of the program design. New vendors receive quarterly monitoring by a community services specialist for one year after becoming vendorized. Community services support staff also offer quarterly trainings to educate providers.

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, and how they monitor safety and safeguard medications.

II. Scope of Interviews

1. The monitoring team interviewed 17 service providers at 11 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 14 direct service staff at eight 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 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. Fifteen of the sixteen direct service staff demonstrated an understanding about emergency preparedness. One direct service staff was unable to answer questions related to emergencies.
6. Fifteen of the sixteen direct service staff were knowledgeable regarding safeguarding and assisting with self-administration of medications, where applicable. One direct service staff was unable to answer questions related to medication errors.

III. Findings and Recommendations

7.B.2. Understanding about preparedness to address safety issues.

Finding

The direct service staff at CCF #11 was unable to answer questions about how to respond to emergencies.

7.B.2. Recommendations	Regional Center Plan/Response
ACRC should ensure that the staff at CCF #11 is knowledgeable about emergency preparedness.	Staff at CCF #11 completed a two hour Emergency and Disaster Preparedness in your Adult Residential Facility (ARF) on October 22, 2015.

7.B.2.b. Understanding about safeguarding and assisting with self-administration of medications.

Finding

The direct service staff at CCF #2 was unable to answer questions about the steps to take in response to a medication error, including completing a special incident report (SIR).

7.B.2.b Recommendations	Regional Center Plan/Response
ACRC should ensure that the staff at CCF #2 is knowledgeable about the steps to safeguard the consumer after a medication error and report a SIR.	Staff at CCF #2 attended a one hour course on Side Effects and Adverse Reactions and Medication Errors on September 12, 2015. SIR training was provided by ACRC staff.

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

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

II. Scope of Review

1. The monitoring teams reviewed a total of 11 CCFs and 5 day programs.
2. The teams used a monitoring review checklist consisting of 24 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

III. Results of Review

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

IV. Finding and Recommendation

8.1.c Maintenance

Day program #30 had an old metal umbrella stand outside with sharp edges that could create a safety hazard. Subsequent to the review, the provider closed the umbrella stand. Accordingly, there is no recommendation.

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 ACRC was reviewed by comparing deaths entered into the Client Master File for the review period with SIRs of deaths received by DDS.
2. The records of the 86 consumers selected for the 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 10 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 reported all special incidents in the sample of 86 records selected for the HCBS Waiver review to DDS.
3. ACRC's vendors reported all 10 (100 percent) special incidents in the supplemental sample within the required timeframes.
4. ACRC reported 10 (100 percent) 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 10 incidents.

IV. Findings and Recommendations

None

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

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

#	UCI	CCF	DP
38	XXXXXX		23
39	XXXXXX		20
40	XXXXXX		12
41	XXXXXX		
42	XXXXXX		
43	XXXXXX		29
44	XXXXXX		9
45	XXXXXX		28
46	XXXXXX		26
47	XXXXXX		
48	XXXXXX		9
49	XXXXXX		6
50	XXXXXX		24
51	XXXXXX		27
52	XXXXXX		22
53	XXXXXX		2
54	XXXXXX		
55	XXXXXX		
56	XXXXXX		18
57	XXXXXX		7
58	XXXXXX		16
59	XXXXXX		
60	XXXXXX		
61	XXXXXX		13
62	XXXXXX		7
63	XXXXXX		1
64	XXXXXX		31
65	XXXXXX		
66	XXXXXX		28
67	XXXXXX		
68	XXXXXX		
69	XXXXXX		
70	XXXXXX		
71	XXXXXX		
72	XXXXXX		
73	XXXXXX		
74	XXXXXX		
75	XXXXXX		
76	XXXXXX		
77	XXXXXX		
78	XXXXXX		

#	UCI	CCF	DP
79	XXXXXX		
80	XXXXXX		
81	XXXXXX		
82	XXXXXX		
83	XXXXXX		
84	XXXXXX		
85	XXXXXX		
86	XXXXXX		

Supplemental Sample Developmental Center Consumers

#	UCI
DC-1	XXXXXX
DC-2	XXXXXX
DC-3	XXXXXX

Supplemental Sample Terminated Waiver Consumers

#	UCI
T-1	XXXXXX
T-2	XXXXXX
T-3	XXXXXX

HCBS Waiver Review Service Providers

CCF #	Vendor
1	XXXXXX
2	XXXXXX
3	XXXXXX
4	XXXXXX
5	XXXXXX
6	XXXXXX
7	XXXXXX
8	XXXXXX
9	XXXXXX
10	XXXXXX
11	XXXXXX
12	XXXXXX

HCBS Waiver Review Service Providers

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

SIR Review Consumers

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