

**Central Valley Regional Center
Home and Community-based Services Waiver
Monitoring Review Report**

Conducted by:

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

September 8 - 18, 2008

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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 September 8 - 18, 2008 at Central Valley Regional Center (CVRC). The monitoring team members were Kathy Benson (Team Leader), Jeffrey Greer, Lisa Miller, and Mary Ann Smith from DDS, and Katherine Page, Annette Hanson, and Patrick McMahan 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 64 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) ten consumers who had special incidents reported to DDS during the review period of July 1, 2007 through June 30, 2008.

The monitoring team completed visits to ten community care facilities (CCFs) and 16 day programs. The team reviewed ten CCF and 26 day program consumer records and had face-to-face visits with 52 selected sample consumers.

Overall Conclusion

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

Sixty-four 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 98-100% in compliance for 30 of the criteria. Criterion 2.5.b was 80% in compliance because 13 of the 64 consumer records identified level-of-care qualifying conditions that were not consistent with other information in the record.

The sample records were 99% in compliance for this review. CVRC's records were 100% in overall compliance for the collaborative reviews conducted in 2006 and in 2004.

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

Ten consumer records were reviewed at ten CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 86%-100% in compliance for 16 applicable criteria. Three criteria were rated as not applicable for this review.

The sample records were 99% in compliance for this review. CVRC's records were 100% in overall compliance for the collaborative reviews conducted in 2006 and in 2004.

Section IV – Day Program Consumer Record Review

Twenty-six consumer records were reviewed at 16 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100% in overall compliance for 14 applicable criteria. Three criteria were rated as not applicable for this review. CVRC's records were 100% and 99% in overall compliance for the collaborative reviews conducted in 2006 and in 2004, respectively.

Section V – Consumer Observations and Interviews

Fifty-two sample consumers were observed at their CCFs, day programs, or in independent living settings. The monitoring team observed that the consumers were in good health and were treated with dignity and respect. All but two of the interviewed consumers indicated that they were satisfied with their services, health and choices.

Section VI A – Service Coordinator Interviews

Thirteen 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, and 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

Two members of CVRC's Health and Assessment Services Team were interviewed using a standard interview instrument. They 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 Committee.

Section VI C – Quality Assurance Interview

The Risk Management Specialist, the Assistant Director of Quality Assurance, and the Resource Development Manager were interviewed using a standard interview instrument. The staff responded to informational questions regarding how CVRC 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

Nine CCF and three 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 three 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 nine CCFs and two 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. However, there were three issues identified for follow-up at three CCFs.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 64 HCBS Waiver consumers and ten supplemental sample consumers for special incidents during the review period. CVRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported nine of the ten applicable incidents to CVRC within the required timeframes, and CVRC subsequently transmitted seven of the ten special incidents to DDS within the required timeframes. CVRC'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 Central Valley Regional Center's (CVRC) 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

CVRC 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 CVRC 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.)	<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 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. Sixty-four HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	26
With Family	23
Independent or Supported Living Setting	15

2. The review period covered activity from July 1, 2007 - June 30, 2008.

III. Results of Review

The 64 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 CVRC 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, three 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 28 criteria. There are no recommendations for these criteria.
- ✓ Findings for three criteria are detailed below.

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

IV. Findings and Recommendations

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

Findings

Sixty-three of the 64 (98%) sample consumer records contained a completed DS 2200 form. However, the DS 2200 form in the record for consumer #XX was not dated. During the monitoring review, CVRC ensured that DS 2200 form for consumer #XX was dated. Accordingly, no recommendation is needed.

- 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)

Finding

Fifty-one of the 64 (80%) consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in thirteen 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 #XX: [REDACTED]

3: Consumer #XX: [REDACTED]

4. Consumer #X [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]

2.5.b Recommendations	Regional Center Plan/Response
<p>1. CVRC 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 and #XX due to an insufficient number of qualifying conditions, the correction may require that the consumer's HCBS Waiver eligibility be terminated. If CVRC 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>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] d</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>
<p>2. CVRC 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. This determination must be consistent with other information in the consumer records that describe the impact of the identified conditions and the need for services and supports.</p>	<p>Federal Revenue Coordinators will continue to review cases and ensure that only substantial limitations are documented on the DS 3770 and are supported by additional information in the consumer record.</p>

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))

Finding

Fifty-nine of the 60 (98%) sample consumer records contained IPPs that addressed the consumers' qualifying conditions. However, the IPP for consumer #XX did not identify the supports or services that are in place for [REDACTED]

2.9.a Recommendation	Regional Center Plan/Response
CVRC should ensure that the IPP for consumer #XX addresses the services and supports as indicated above.	The IPP for consumer #XX has been amended to [REDACTED]

Regional Center Consumer Record Review Summary						
Sample Size = 64 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	64			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.	64			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.	64			100	None
2.1.c	The DS 3770 form documents annual recertifications.	64			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	4		60	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))	63	1		98	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		64	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 64 + 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)	64			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)	64			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	51	13		80	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))	64			100	None
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)	15		49	100	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))	64			100	None
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.	16		48	100	None
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	64			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of	64			100	None

Regional Center Consumer Record Review Summary
Sample Size = 64 + 6 Supplemental Records

	Criteria	+	-	N/A	% Met	Follow-up
	the consumer. (WIC §4646.5(a))					
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).	59	1	4	98	See Narrative
2.9.b	The IPP addresses the special health care requirements.	33		31	100	None
2.9.c	The IPP addressed the services for which the CCF provider is responsible for implementing.	26		38	100	None
2.9.d	The IPP addressed the services for which the day program provider is responsible for implementing.	45		19	100	None
2.9.e	The IPP addresses the services for which the supported living services agency or independent living services provider is responsible for implementing.	15		49	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	64			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	8		56	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))	64			100	None
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))	64			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	16		48	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.	64			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 64 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
	(WIC §4646.5(a)(4))					
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))	64			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. (Title 17, CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement)	41		23	100	None
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)	41		23	100	None
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)	4		63	100	None

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

Ten consumer records were reviewed at ten CCFs visited by the monitoring team. The facilities' consumer records were reviewed to determine compliance with 19 criteria. Three criteria (4.5.a, 4.5.b and 4.5.c) were not applicable because the consumers did not have any special incidents during the review period.

III. Results of Review

The consumer records were 99% in compliance for the 16 applicable criteria.

- ✓ The sample records were 100% in compliance for 15 criteria. There are no recommendations for these criteria.
- ✓ Finding for one criterion is 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

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

Finding

Six of the seven (86%) sample consumer records contained semiannual reports that were consistent with the consumers' IPPs. The semiannual report for consumer #X at CCF #X did not address the consumer's progress in [REDACTED]

3.4.b Recommendation	Regional Center Plan/Response
CVRC should ensure that the semiannual reports for consumer #X document progress for the IPP objectives for which the facility is responsible.	The Facility Liaison is working with the administrator of CCF #X in documenting progress the IPP objectives for which the facility is responsible.

Community Care Facility Record Review Summary						
Sample Size: Consumers = 10; CCFs = 10						
	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>)	10			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	10			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	6		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.	10			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	10			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	10			100	None
3.1.i	Special safety and behavior needs are addressed.	6		4	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>)	10			100	None
3.3	The facility has a copy of the consumer's current IPP. (<i>Title 17, CCR, §56022(c)</i>)	10			100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 10; CCFs = 10						
	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>)	7		3	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.	6	1	3	86	See Narrative
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. (<i>Title 17, CCR, §56026(c)</i>)	3		7	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.	3		7	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>)	3		7	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>)	10			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	9		1	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>)			10	NA	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>)			10	NA	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>)			10	NA	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

Twenty-six sample consumer records were reviewed at 16 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 14 criteria. Three criteria (4.5.a, 4.5.b and 4.5.c) were not applicable because the consumers did not have any special incidents during the review period.

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

Day Program Record Review Summary						
Sample Size: Consumers = 26; Day Programs = 16						
	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)	26			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.	26			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.	26			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.	26			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.	26			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.	26			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.	26			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 26; Day Programs = 16						
	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.	26			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	14		12	100	None
4.2	The day program has a copy of the consumer's current IPP. (<i>Title 17, CCR §56720(b)</i>)	26			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>)	26			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.	26			100	None
4.4.a	The day program prepares and maintains written semiannual reports. (<i>Title 17, CCR, §56720(c)</i>)	26			100	None
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.	26			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>)			26	NA	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>)			26	NA	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>)			26	NA	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

Fifty-two of the 64 consumers were observed and/or interviewed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Thirty-nine consumers agreed to be interviewed by the monitoring teams.
- ✓ Thirteen consumers did not communicate verbally or declined to be interviewed but were observed.
- ✓ Twelve consumers declined or were unavailable to be interviewed or observed.

III. Results of Observations and Interviews

The consumers' overall appearance reflected personal choice and individual style. Thirty-seven of the 39 interviewed consumers indicated satisfaction with their living situations, day programs, work activities, health, choices, and regional center services.

IV. Findings and Recommendations

1. Consumer #XX stated [REDACTED]
2. The [REDACTED] consumer #XX, [REDACTED]

Recommendations	Regional Center Plan/Response
1. CVRC should assist consumer #XX with her [REDACTED]	CPC has verified with consumer #XX that [REDACTED]. This has been documented in Title 19.
2. CVRC should [REDACTED] consumer #XX with [REDACTED]	[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 13 Central Valley Regional Center (CVRC) 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 CVRC's clinical team and the website, "Web MD" as resources for 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.

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. The interview with clinical services 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 interview questions 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; role in the Risk Management Committee and special incident reports (SIRs).
2. The monitoring team interviewed two members of the Health & Assessment Services Team at Central Valley Regional Center (CVRC).

III. Results of Interview

1. The clinical team at CVRC is comprised of physicians, psychologists, psychiatrists, registered nurses, a nutritionist, a dental hygienist, a pharmacist, and a geneticist.
2. The clinical team conducts reviews of any new medical records received for consumers, which are then reviewed and discussed with the referring service coordinators. Additionally, a physician, nurse, and pharmacist from the clinical team participates with consumers, families, and providers in weekly medical triage meetings to evaluate consumers' medical and behavioral issues, answer questions, and resolve issues.
3. Consumers' medications are monitored by the clinical team during weekly and monthly meetings; any subsequent concerns are referred to the pharmacy consultant for follow-up. The pharmacy consultant also provides the clinical team with updates on new medications, drug interactions, and current treatment recommendations. Additionally, the pharmacist is available to perform medication training to consumers and community care facility staff.

4. The clinical team evaluates and reviews consumers' behavior plans for new and ongoing issues related to consumers' behavioral problems.
5. The clinical services team works in conjunction with the intake coordinator, who is also the liaison with the County Mental Health Department, monitors consumers with mental health care needs. Referrals are made to the local Psychiatric Assessment Center for initial evaluations; for more complex issues, consumers are assessed at an in-patient treatment center. Additionally, local psychiatrists make recommendations for appropriate placement and treatment of consumers with mental health issues.
6. The clinical services team provides continuous support to the regional center's service coordinators. Each service coordinator is furnished with a clinical services manual that assists them in identifying consumers who may need a referral to a specialized consultant, service, or organization. Additionally, members of the clinical team offer group trainings throughout the year.
7. CVRC has improved consumer access to preventative health care services through the following resources and/or programs:
 - ✓ Early Start Clinic for intake and eligibility of developmentally disabled minors.
 - ✓ Genetics Clinic counseling.
 - ✓ Physiatrist Clinic for physical medicine or rehabilitation needs.
 - ✓ Dental Hygiene Clinic for oral health screenings.
 - ✓ Stanford Wheelchair Clinic.
 - ✓ Telemedicine for Neurology and Psychiatry.
 - ✓ Information related to end-of-life issues and consent for medical treatment.
 - ✓ Autism Program
 - ✓ Pharmacy consultant available to consumers and community care facilities.
8. Members of the clinical team participate on the Risk Management and Assessment Plan Committee, and provide their clinical expertise during the review of cases of consumer mortality and SIR trends.

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 Risk Management Specialist, the Assistant Director of Quality Assurance, and the Resource Development Manager. They represent other service coordinators, clinical staff and consultants who are an integral part of the team responsible for conducting CVRC QA activities.

III. Results of Interview

1. The interviewed staff provided specific information about CVRC's process for conducting annual Title 17 reviews, unannounced visits and provider training. The service coordinators, who are assigned as facility liaisons, conduct the annual Title 17 monitoring reviews. Additionally, the facility liaisons conduct the required two unannounced visits annually to their assigned CCFs.
2. The triennial QA evaluations are more extensive reviews that can include case management staff, program managers, and administrative staff as part of the evaluation team. The evaluation protocol includes consumer/family interviews and a more lengthy observation of consumers engaged in activities related to their individual program plan services.
3. The QA monitoring focuses on facility safety, consumer rights and choices, verification of staff orientation, medication regimens, IPP progress, and Direct Service Professional certification. Results of the monitoring reviews are compiled in reports given to the service providers, which may include corrective action plans (CAPs). Issues identified in these reports are referred to case managers and/or quality assurance staff, who develop trainings for vendors. Follow-up activities related to CAPs include visits to ensure the correction has been implemented. Additionally, information from the various reviews is compiled and analyzed by the CVRC Resource Development and QA staff for

- trends of related issues that need to be addressed with training and/or referrals to appropriate consultants.
4. CVRC also monitors other vendor categories such as independent living, supported living, family home agency providers, and day program providers.
 5. Service coordinators follow-up with special incident reports (SIRs), and depending on the nature of the incident, may collaborate with Community Care Licensing or law enforcement, when warranted.
 6. Monthly reports identifying high risk consumers and vendors are distributed to program staff through monthly Program Manager meetings. Depending on the findings from the SIR trend analysis, training may be directed to individual service providers, groups of similar providers, or to all providers.
 7. The QA staff provides information to the Risk Management and Assessment Plan (RMAP) Committee to assist its review on SIRs regarding suspected abuse, neglect, consumer rights violations, and potential criminal activity. Based on the reviews, the RMAP Committee may make recommendations to the QA staff for training designed to assist providers and/or service coordinators to mitigate risk.

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 12 service providers at nine community care facilities (CCFs) and three 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 11 direct service staff at eight community care facilities (CCFs) and three 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 nine CCFs and two day programs.
2. The teams used a monitoring review checklist consisting of 23 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

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

IV. Findings and Recommendation

8.1.f Universal Precautions

Finding

At CCF #X there were no disposable gloves available.

8.1.f Recommendation	Regional Center Plan/Response
CVRC should ensure that the provider at CCF #X has disposable gloves available.	CCF #X now has disposable gloves available at their facility.

8.1.g Appropriate Storage

Finding

At CCF #X perishable food that should have been refrigerated was left on the stove.

8.1.g Recommendation	Regional Center Plan/Response
CVRC should ensure that the provider at CCF #X follows proper food safety guidelines.	CVRC is ensuring that CCF #X follows proper food safety guidelines.

8.3.c First Aid

Findings

At CCF #X, two employees did not have current first aid certificates.

At CCF #X, one employee did not have a current first aid certificate.

8.3.c Recommendation	Regional Center Plan/Response
CVRC should ensure that providers at CCF #X and CCF #X have current first aid certificates for all staff.	CVRC is ensuring that providers at CCF #X and CCF #X have current first aid certificates for all staff.

SECTION IX

SPECIAL INCIDENT REPORTING

I. Purpose

The review verifies that special incidents have been reported within the required timeframes, that documentation meets the requirements of Title 17, California Code of Regulations, and that the follow-up was complete.

II. Scope of Review

1. Special incident reporting of deaths by Central Valley Regional Center (CVRC) 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 64 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. CVRC reported all deaths during the review period to DDS.
2. CVRC reported all special incidents in the sample of 64 records selected for the HCBS Waiver review to DDS.
3. CVRC's vendors reported nine of the ten (90%) incidents in the supplemental sample within the required timeframes.
4. CVRC reported seven of the ten (70%) incidents to DDS within the required timeframes.
5. CVRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the ten incidents.

IV. Findings and Recommendation

Findings

Consumer #XX: The incident occurred on October 22, 2007. However, the vendor did not report the incident to CVRC until October 29, 2007. CVRC counseled the vendor regarding SIR reporting requirements. Therefore, a recommendation is not needed.

Consumer #XX: The incident was reported to CVRC on March 24, 2008. However, CVRC did not report the incident to DDS until March 27, 2008.

Consumer #XX: The incident was reported to CVRC on May 15, 2008. However, CVRC did not report the incident to DDS until May 30, 2008.

Consumer #XX: The incident was reported to CVRC on August 13, 2007. However, CVRC did not report the incident to DDS until August 16, 2007.

Recommendation	Regional Center Plan/Response
CVRC should ensure that all special incidents are reported to DDS within the required timeframe.	CVRC continues to train and emphasize the importance of reporting all special incidents within the required timeframe.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

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

#	UCI	CCF #	Day Program #
37	XXXXXXXX		
38	XXXXXXXX		18
39	XXXXXXXX		14
40	XXXXXXXX		16
41	XXXXXXXX		
42	XXXXXXXX		
43	XXXXXXXX		
44	XXXXXXXX		
45	XXXXXXXX		
46	XXXXXXXX		
47	XXXXXXXX		17
48	XXXXXXXX		14
49	XXXXXXXX		
50	XXXXXXXX		25
51	XXXXXXXX		
52	XXXXXXXX		
53	XXXXXXXX		
54	XXXXXXXX		
55	XXXXXXXX		
56	XXXXXXXX	2	
57	XXXXXXXX		
58	XXXXXXXX		
59	XXXXXXXX		
60	XXXXXXXX		
61	XXXXXXXX		
62	XXXXXXXX		
63	XXXXXXXX		
64	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

Day Program#	Vendor
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
25	XXXXXXXX
26	XXXXXXXX

Supplemental Sample Consumers

#	UCI
DC-1	XXXXXXXX
DC-2	XXXXXXXX
DC-3	XXXXXXXX

Supplemental Sample of Terminated Consumers

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

SIR Review Consumers

#	UCI	Vendor
71	XXXXXXXX	XXXXXX
72	XXXXXXXX	XXXXXX
73	XXXXXXXX	XXXXXX
74	XXXXXXXX	XXXXXX
75	XXXXXXXX	XXXXXX
76	XXXXXXXX	XXXXXX
77	XXXXXXXX	XXXXXX
78	XXXXXXXX	XXXXXX
79	XXXXXXXX	XXXXXX
80	XXXXXXXX	XXXXXX