

**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 22 - October 3, 2014

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 RECORD REVIEW	page 17
SECTION IV DAY PROGRAM CONSUMER RECORD REVIEW	page 20
SECTION V CONSUMER OBSERVATIONS AND INTERVIEWS	page 24
SECTION VI	
A. SERVICE COORDINATOR INTERVIEWS	page 25
B. CLINICAL SERVICES INTERVIEW	page 27
C. QUALITY ASSURANCE INTERVIEW	page 29
SECTION VII	
A. SERVICE PROVIDER INTERVIEWS	page 30
B. DIRECT SERVICE STAFF INTERVIEWS	page 31
SECTION VIII VENDOR STANDARDS REVIEW.....	page 32
SECTION IX SPECIAL INCIDENT REPORTING.....	page 34
SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS	page 36

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 22 – October 3, 2014 at Central Valley Regional Center (CVRC). The monitoring team members are Mary Ann Smith (Team Leader), Lisa Miller, Sue Chapman and Ray Harris from DDS, and Raylyn Garrett, Annette Hanson, and Kim Phaneuf 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 65 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, 2013 through June 30, 2014.

The monitoring team completed visits to 11 community care facilities (CCFs) and 14 day programs. The team reviewed 11 CCF and 23 day program consumer records and 53 selected sample consumers were interviewed and/or observed.

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-five 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 the 31 criteria.

The sample records were 100% in overall compliance for this review. CVRC's records were 99% in overall compliance for the collaborative reviews conducted in 2012 and in 2010.

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

Eleven consumer records were reviewed at 11 CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100% in overall compliance for this review.

CVRC's records were 100% overall compliance for the collaborative reviews conducted in 2012 and in 2010, respectively.

Section IV – Day Program Consumer Record Review

Twenty-three consumer records were reviewed at 14 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 82% -100% in compliance for the 17 criteria.

The sample records were 98% in overall compliance for this review. CVRC's records were 99% in overall compliance for the collaborative reviews conducted in 2012 and in 2010.

Section V – Consumer Observations and Interviews

Fifty-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. The interviewed consumers/parents 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, 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 CVRC's registered nurses was interviewed using a standard interview instrument. She 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 team's participation on the Risk Management and Planning Committee.

Section VI C – Quality Assurance (QA) Interview

A client program coordinator was interviewed using a standard interview instrument. She responded to informational questions regarding how CVRC 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

Nine 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

Nine CCF and five 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 10 CCFs and five day programs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. All of the reviewed vendors were in good repair with no immediate health or safety concerns observed.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 65 HCBS Waiver consumers and 10 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 8 of the 10 incidents to CVRC within the required timeframes, and CVRC subsequently transmitted 9 of the 10 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
State conducts level of care need determinations consistent with the need for institutionalization	<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>
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services	<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-five 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	16

2. The review period covered activity from July 1, 2013 – June 30, 2014.

III. Results of Review

The 65 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 consumer received face-to-face reviews every thirty days after moving from a developmental center.

- ✓ The sample records were in 100% compliance for 26 criteria. There are no recommendations for these criteria.
- ✓ Findings for 5 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 consumer's qualifying conditions and any special health care requirements for meeting the Title 22 level of care requirements.

Finding

Sixty-four of the 65 (98%) sample consumer records contained a DS 3770 form summarizing the consumer conditions and special health care requirements. For consumer #45 the DS 3770 did not identify "kidney disease with nephrotic syndrome" as a special health care requirement. During the monitoring review, "kidney disease with nephrotic syndrome" was added to the DS 3770. Accordingly, no recommendation is required.

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

Finding

Sixty-four of the 65 (98%) consumer records identified at least two qualifying conditions. The record for consumer #50 identified two qualifying conditions. However, the "supports needed to maintain least restrictive living environment" is not considered a qualifying condition used to meet level of care requirements. During the review, CVRC added a qualifying condition. Accordingly, no recommendation is required.

- 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

Sixty-four of the 65 (98%) consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in the record for consumer #45 did not support the determination that all of the issues identified in the CDER and DS 3770 could be considered qualifying conditions. "Special diet" was identified as a qualifying

condition 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. During the review, CVRC obtained a medical report for "special diet" and added it to the consumer's record. Accordingly, no recommendation is required.

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*)

Finding

Forty-one of the 42 (98%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the record for consumer #16 contained documentation of three of the required meetings.

2.13.a Recommendation	Regional Center Plan/Response
CVRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumer #16.	All face-to-face meetings have been completed and documented for consumer #16 since the audit review.

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*)

Finding

Forty-one of the 42 (98%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the record for consumer #16 contained three of the required quarterly progress reports.

2.13.b Recommendation	Regional Center Plan/Response
CVRC should ensure that future quarterly reports of progress are completed for consumer #16.	All quarterlies since the audit review have been completed for consumer #16.

Regional Center Consumer Record Review Summary						
Sample Size = 65 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	65			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.	65			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	1		98	See Narrative
2.1.c	The DS 3770 form documents annual recertifications.	65			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	1		64	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))	65			100	None
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		65	100	None

Regional Center Consumer Record Review Summary
Sample Size = 65 + 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)	63		2	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	1		98	See Narrative
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	64	1		98	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))	65			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)	10		55	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))	65			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		49	100	None
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	65			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))	65			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 65 + 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).	65			100	None
2.9.b	The IPP addresses the special health care requirements.	35		30	100	None
2.9.c	The IPP addressed the services for which the CCF provider is responsible for implementing.	26		39	100	None
2.9.d	The IPP addressed the services for which the day program provider is responsible for implementing.	43		22	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.	16		49	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	65			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	9		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))	65			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))	65			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	16		49	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))	65			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 65 + 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. (<i>WIC §4646.5(a)(6)</i>)	65			100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	41	1	23	98	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	41	1	23	98	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>)	3		65	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

Eleven consumer records were reviewed at 11 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 99% in compliance for the 19 criteria.

- ✓ The sample records were 100% in compliance for 18 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

3.5.b Quarterly reports address and confirm the consumer's progress toward achieving each of IPP objectives for which the facility is responsible.

Five of the 6 (83%) sample consumer records contained quarterly reports of progress toward achieving IPP objectives for which the facility is responsible for implementing. However, the record for consumer #26 at CCF #8 did not have reports of progress addressing "behaviors and completing tasks with verbal prompts" as directed in the Individual Program Plan (IPP). During the monitoring review, the CCF added objectives to address the consumer's need for assistance with behaviors and verbal prompts. Accordingly, no recommendation is required.

Community Care Facility Record Review Summary						
Sample Size: Consumers = 11; CCFs = 11						
	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)), (Title 17, CCR §56059(b)), (Title 22, CCR, §80069)</i>	11			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	11			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	7		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.	11			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	11			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	11			100	None
3.1.i	Special safety and behavior needs are addressed.	10		1	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>	11			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>(Title 17, CCR, §56022(c))</i>	11			100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 11; CCFs = 11						
	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>)	5		6	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.	5		6	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. (<i>Title 17, CCR, §56026(c)</i>)	6		5	100	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	5	1	5	83	See Narrative
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>)	6		5	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>)	11			100	None
3.6.b	The ongoing notes/information verifies that behavior needs are being addressed.	9		2	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>)	2		9	100	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)	2		9	100	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. (<i>Title 17, CCR, §54327</i>)	2		9	100	None

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

The review criteria address the requirements for day programs (DPs) 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-three sample consumer records were reviewed at 14 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 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 three criteria are detailed below.

IV. Findings and Recommendations

- 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

Twenty-two of the 23 (96%) consumer records contained psychological, social or medical evaluations provided by the regional center. However, the record for consumer #34 at DP #10 did not contain any of the required evaluations.

4.1.c. Recommendation	Regional Center Plan/Response
CVRC should ensure the record for consumer #34 at DP #10 contains psychological, social, or medical evaluations.	CVRC sent a psychological and social evaluation to DP #10 for inclusion in the client record.

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

Findings

Twenty-one of the 23 (91%) sample consumer records contained authorizations for emergency medical treatment. However, the records for consumers #6 at DP #7 and consumer #34 at DP #10 did not contain signed authorizations for emergency medical treatment.

4.1.d. Recommendations	Regional Center Plan/Response
CVRC should ensure the record for consumer #6 at DP #7 and consumer #34 at DP #10 contains a signed authorization for emergency medical treatment.	DP #7 and DP #10 have included a signed authorization for emergency medical treatment for consumer #6 and #34 respectively. Both DP's are reviewing all consumer records to ensure this form is completed and signed for each consumer enrolled in their program.

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

Findings

Eighteen of the 22 (82%) applicable consumer records contained written semiannual reports of consumer progress. However, the records for four consumers (#27 at DP #13, #29, #33, and #34 at DP #10), contained only one of the required progress reports.

4.4.a Recommendations	Regional Center Plan/Response
CVRC should ensure that day program providers #10 and #13 prepare written semiannual reports of consumer progress.	Both DP #13 and DP #10 are now completing annual and semi-annual reports for all consumers attending their program.

Day Program Record Review Summary						
Sample Size: Consumers = 23; Day Programs = 14						
	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)	23			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.	23			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.	23			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.	22	1		96	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.	21	2		91	See Narrative
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.	23			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.	23			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 23; Day Programs = 14						
	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.	23			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	15		8	100	None
4.2	The day program has a copy of the consumer's current IPP. (<i>Title 17, CCR §56720(b)</i>)	23			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>)	23			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.	23			100	None
4.4.a	The day program prepares and maintains written semiannual reports. (<i>Title 17, CCR, §56720(c)</i>)	18	4	1	82	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.	23			100	None
4.5.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)	1		22		None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)	1		22		None
4.5.c	There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. (<i>Title 17, CCR, §54327</i>)	1		22		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, work activities, health, choice, and regional center services.

II. Scope of Observations and Interviews

Fifty-three of the 65 consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Thirty-six adult consumers agreed to be interviewed by the monitoring teams
- ✓ Twelve consumers did not communicate verbally or declined an interview, but were observed
- ✓ Five interviews were conducted with parents of minors
- ✓ Twelve consumers/parents of minors were unavailable for or declined interviews

III. Results of Observations and Interviews

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

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 Individual Program Plan (IPP)/annual review process, and how they monitor services, health and safety issues.

II. Scope of Interviews

1. The monitoring team interviewed 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 (SIRs), 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 website, "Web MD" as resources for medication. CVRC offers periodic trainings on new and commonly used medications along with related health topics.

4. The service coordinators monitor the consumers' services, 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 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, 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 a nurse from Central Valley Regional Center (CVRC).

III. Results of Interview

1. The clinical team at CVRC is comprised of physicians, a nurse practitioner, psychologists, psychiatrists, nurses, a nutritionist, dental hygienists, a pharmacist, a geneticist, and a behaviorist.
2. Service coordinators in collaboration with the clinical team are responsible for monitoring medical issues, medications, and reviewing consumers' health status. Members of the clinical team participate in weekly medical triage meetings with consumers, families, and providers to discuss and evaluate consumers' medical and behavioral issues. When indicated, a nurse is also available to visit a consumer's home or facility for medical assessment and consultation. The nurses review all restricted health care plans for appropriateness. The nurses also visit hospitalized consumers and assist with discharge planning as needed. The clinical team physician will attend medical appointments with the consumer and work with primary care physician when needed.
3. Consumers with medication issues 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 staff with updates on new medications, drug interactions, and current

- treatment recommendations. Additionally, the pharmacist is available to perform on-site medication training to consumers and providers.
4. Service coordinators can request a consultation from the clinical team regarding consumer behavior needs. The psychologist and behaviorist are available to review behavior plans as needed and will make in home visits with the service coordinator when requested.
 5. The clinical services team is responsible for monitoring consumers with mental health needs. The team works collaboratively with the intake coordinator, who is also the liaison with the County Mental Health Department. Referrals are made to the local mental health psychiatric assessment center as needed.
 6. Clinical service staff provides support to service coordinators by providing medical assessment and consultation including home and facility visits as appropriate. The clinical team has developed a manual which assists service coordinators in identifying consumers who may benefit from a clinical referral. Additionally, members of the clinical team offer trainings on a variety of topics to staff, providers and parents. Recent topics have included: asthma, diabetes, behaviors associated with autism, and restricted health care plans.
 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
 - ✓ Dental Hygiene Clinic
 - ✓ Wheelchair Clinic
 - ✓ Podiatry Clinic
 - ✓ Information related to end-of-life issues and consent for medical treatment
 - ✓ Autism Program
 - ✓ Nutritionist available for in-home assessments and training for consumers, families and providers
 - ✓ Nurse provides trainings at local client advocate meetings
 - ✓ Weekly on site assistance with a Cal-Viva liaison, the local managed care plan
 - ✓ Local psychiatrist contracted by CVRC to provide a monthly mental health clinic
 8. Members of the clinical team review all health and medical related SIRs, including deaths, and report their findings to the Risk Management and Planning Committee. SIR trend reports provided by Mission Analytic Group are also reviewed and analyzed by the Risk Management Committee and Planning Committee. Trainings by clinical staff or Mission Analytic Group may be provided to staff and providers based on this analysis.
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SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

The informational interview with quality assurance (QA) staff ascertains how the regional center conducts Title 17 monitoring of community care facilities (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 client program coordinator (CPC) who is part of the team responsible for conducting CVRC's 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 CPCs, who are assigned as facility liaisons, conduct the annual Title 17 monitoring reviews, as well as two unannounced visits. CPC's may conduct additional unannounced visits to facilities with identified issues. The CPC liaisons with assistance from the Program Manager write the Corrective Action Plans (CAPS). The CVRC program managers and the Community Services staff oversee and monitor this process.
2. The resource development staff are responsible for the review and approval process for new vendor applications. The staff conducts orientation, verifies credentials, employment history, and meets with the potential vendor to review the provider manual. CVRC also monitors vendors for independent living, supported living, family home agencies, and day programs.
3. All special incident reports (SIRs) are reviewed by program managers and are then submitted to the Risk Management and Planning Committee. The committee conducts monthly reviews of SIRs for trends. Identified trends are then forwarded to the program managers and CPCs. Based on the trends, the committee will make recommendations for training for providers and/or CPCs 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 Individual Program Plan (IPP) development and/or review, the extent of their plan participation, how the plan was developed, how service providers ensure accurate documentation, communicate, address and monitor health issues, their preparedness for emergencies, how they monitor safety and safeguard medications.

II. Scope of Interviews

1. The monitoring team interviewed 15 service providers at nine community care facilities (CCFs) and six day programs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The service providers were familiar with the strengths, needs and preferences of their respective consumers.
2. The service providers indicated that they conducted assessments of the consumers, participated in their IPP development, provided the program specific services addressed in the IPPs and attempted to foster the progress of consumers.
3. The service providers monitored consumer health issues and safeguarded medications.
4. The service providers communicated with people involved in the consumers' lives and monitored progress documentation.
5. The service providers were prepared for emergencies, monitored the safety of consumers, and understood special incident reporting and follow-up processes.

SECTION VII B

DIRECT SERVICE STAFF INTERVIEWS

I. Purpose

The interviews determine how well the direct service staff knows the consumers and their understanding of the Individual Program Plan (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 nine community care facilities (CCF) and five 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 10 CCFs and five 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.

IV. Findings and Recommendations

Findings

8.2d PRN Medication Records

CCF #1 was not documenting consumers' responses to PRN medications.
CCF #7 was not documenting time and response to PRN medications.

8.2 d Recommendations	Regional Center Plan/Response
CVRC should ensure that CCF #1 and CCF #7 properly documents all required PRN medication information.	CCF #1 and CCF #7 are now documenting all required medication information which includes side effects, consumer responses and medication time and dose.

8.4a At CCF #1, consumer #18 did not sign for a cash disbursement.

8.4 a Recommendation	Regional Center Plan/Response
CVRC should ensure that consumer #18 at CCF #1 signs for all cash disbursements.	CCF #18 is now ensuring that all consumers in their facility are signing for all case disbursement.

8.5 c Statement of Rights

At day programs #4 and #9, a statement of consumer rights was not posted. During the monitoring review, the providers posted a statement of consumer rights. Accordingly, no recommendation is required.

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 65 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 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. CVRC reported all deaths during the review period to DDS.
2. CVRC reported all special incidents in the sample of 65 records selected for the HCBS Waiver review to DDS.
3. CVRC's vendors reported 8 of the 10 (80%) special incidents in the supplemental sample within the required timeframes.
4. CVRC reported 9 of the 10 (90%) 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 Recommendations

Consumer #8: The incident occurred on April 23, 2014. However, the vendor did not report the incident to CVRC until April 28, 2014.

Consumer #10: The incident occurred on March 13, 2014. The vendor did not submit a report to CVRC until May 20, 2014. Additionally, CVRC did not report the incident to DDS until July 11, 2014.

Recommendations	Regional Center Plan/Response
CVRC should ensure that all vendors report special incidents to CVRC within the required timelines. CVRC should ensure that all special incidents are reported to DDS within the required timeframes.	Training will continue to be provided on SIR timelines and reporting guidelines to CVRC staff and vendors.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

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

#	UCI	CCF	DP
38	XXXXXXXX		
39	XXXXXXXX		
40	XXXXXXXX		
41	XXXXXXXX		
42	XXXXXXXX		
43	XXXXXXXX		
44	XXXXXXXX		3
45	XXXXXXXX		
46	XXXXXXXX		
47	XXXXXXXX		
48	XXXXXXXX		
49	XXXXXXXX		
50	XXXXXXXX		
51	XXXXXXXX		
52	XXXXXXXX		
53	XXXXXXXX		
54	XXXXXXXX		14
55	XXXXXXXX		
56	XXXXXXXX		
57	XXXXXXXX		
58	XXXXXXXX		
59	XXXXXXXX		
60	XXXXXXXX		
61	XXXXXXXX		
62	XXXXXXXX		
63	XXXXXXXX		
64	XXXXXXXX		
65	XXXXXXXX		

Supplemental Sample DC Consumers

#	UCI
DC1	XXXXXXXX
DC2	XXXXXXXX
DC3	XXXXXXXX

Supplemental Sample Terminated Consumers

#	UCI
T1	XXXXXXXX
T2	XXXXXXXX
T3	XXXXXXXX

HCBS Waiver Review Service Providers

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

HCBS Waiver Review Service Providers

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

SIR Review Consumers

#	UCI	Vendor
1	XXXXXXXX	XXXXXXXX
2	XXXXXXXX	XXXXXXXX
3	XXXXXXXX	XXXXXXXX
4	XXXXXXXX	XXXXXXXX
5	XXXXXXXX	XXXXXXXX
6	XXXXXXXX	XXXXXXXX
7	XXXXXXXX	XXXXXXXX
8	XXXXXXXX	XXXXXXXX
9	XXXXXXXX	XXXXXXXX
10	XXXXXXXX	XXXXXXXX