

**Eastern Los Angeles Regional Center  
Home and Community-Based Services Waiver  
Monitoring Review Report**

**Conducted by:**

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

**April 24–28, 2017**

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## EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the Home and Community-Based Services (HCBS) Waiver from April 24–28, 2017, at Eastern Los Angeles Regional Center (ELARC). The monitoring team members were Ray Harris (Team Leader), Linda Rhoades, and Corbett Bray from DDS, and Raylyn Garrett and Annette Hanson from DHCS.

### Purpose of the Review

DDS contracts with 21 private, non-profit corporations to operate regional centers, which are responsible under state law for coordinating, providing, arranging or purchasing the 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 plan (IPP). Specific criteria have been developed for the review sections listed below that are derived from federal/state statutes and regulations and from Centers for Medicare & Medicaid Services' directives and guidelines relating to the provision of HCBS Waiver services.

### Scope of Review

The monitoring team reviewed a sample of 31 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 February 1, 2016, through January 31, 2017.

The monitoring team completed visits to three community care facilities (CCF) and seven day programs. The team reviewed three CCF and nine day program consumer records and had face-to-face visits and/or interviews with 27 consumers or their parents.

## Overall Conclusion

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

Thirty-one 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 percent in overall compliance for this review. Criterion 2.10.a was 84 percent in compliance because 5 of the 31 sample consumers' IPPs did not include type and amount of all regional center purchase of services. Criteria 2.13.a was 82 percent in compliance because 3 of the 17 applicable records did not contain documentation of all required quarterly face-to-face visits. Criteria 2.13.b was 82 percent in compliance because 3 of the 17 applicable records did not contain documentation of all required quarterly reports of progress. One criterion was not applicable for this review.

ELARC's records were 99 percent and 98 percent in overall compliance for the collaborative reviews conducted in 2015 and in 2013, respectively.

### Section III – Community Care Facility Consumer Record Review

Three consumer records were reviewed at three CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100 percent in compliance for this review. Three criteria were not applicable for this review.

ELARC's records were 100 percent in overall compliance for the collaborative reviews conducted in 2015 and in 2013.

#### Section IV – Day Program Consumer Record Review

Nine consumer records were reviewed at seven day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100 percent in compliance for this review. Three criteria were not applicable for this review.

ELARC's records were 100 percent in overall compliance for the collaborative reviews conducted in 2015 and 2013.

#### Section V – Consumer Observations and Interviews

Twenty-seven of the thirty-one sample consumers, or in the case of minors, their parents, were interviewed and/or observed at their CCFs, day programs, or in independent living settings. The monitoring team observed that all of the consumers were in good health and were treated with dignity and respect. All interviewed consumers/parents indicated they were satisfied with their services, health and choices.

#### Section VI A – Service Coordinator Interviews

Six 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

A nurse coordinator was interviewed using a standard interview instrument. She responded to informational questions regarding the monitoring of consumers with medical issues, medications, 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 and Mitigation Committee.

#### Section VI C – Quality Assurance (QA) Interview

A community service specialist was interviewed using a standard interview instrument. She responded to questions regarding how ELARC 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

Three CCF and three day program service providers were interviewed using a standard interview instrument. The service providers responded to questions 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

Three 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 three CCFs and three day programs utilizing a standard checklist with 24 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 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. ELARC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported 9 of the 10 incidents to ELARC within the required timeframes, and ELARC subsequently transmitted 9 of the 10 special incidents to DDS within the required timeframes. ELARC'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 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 ELARC's procedures and practices to verify that there are processes in place to ensure compliance with state and federal laws and regulations as well as the assurances contained in the HCBS Waiver application approved by the Centers for Medicare & Medicaid Services.

#### II. Scope of Assessment

ELARC 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 ELARC 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.

<b>Regional Center Self-Assessment HCBS Waiver Assurances</b>	
<b>HCBS Waiver Assurances</b>	<b>Regional Center Assurances</b>
<p>State conducts level of care need determinations consistent with the need for institutionalization.</p>	<p>The regional center ensures that consumers meet ICF/DD, ICF/DD-H, or ICF/DD-N facility level-of-care requirements as a condition of initial and annual eligibility for the HCBS Waiver program.</p> <p>The regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meet the federal definition of a Qualified Mental Retardation Professional (QMRP).</p> <p>The regional center ensures that consumers are eligible for full-scope Medi-Cal benefits before enrolling them in the HCBS Waiver.</p>
<p>Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services.</p>	<p>The regional center takes action(s) to ensure consumers' rights are protected.</p> <p>The regional center takes action(s) to ensure that the consumers' health needs are addressed.</p> <p>The regional center ensures that behavior plans preserve the right of the consumer to be free from harm.</p> <p>The regional center maintains a Risk Management, Risk Assessment and Planning Committee.</p> <p>The regional center has developed and implemented a Risk Management/Mitigation Plan.</p> <p>Regional centers and local Community Care Licensing offices coordinate and collaborate in addressing issues involving licensing requirements and monitoring of CCFs pursuant to the memorandum of understanding (MOU) between DDS and the Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 CCFs.</p> <p>The regional center reviews each CCF annually to assure services are consistent with the program design and applicable laws, and development and implementation of corrective action plans as needed.</p> <p>The regional center conducts no 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>



<b>Regional Center Self-Assessment HCBS Waiver Assurances</b>	
<b>HCBS Waiver Assurances</b>	<b>Regional Center Assurances</b>
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services (cont.)	The regional center ensures that needed services and supports are in place when a consumer moves from a developmental center to a community living arrangement. Service coordinators provide enhanced case management to consumers who move from a developmental center by meeting with them face-to-face every 30 days for the first 90 days they reside in the community.
Only qualified providers serve HCBS Waiver participants.	The regional center ensures that all HCBS Waiver service providers have signed the "HCBS Provider Agreement Form" and meet the required qualifications at the time services are provided.
Plans of care are responsive to HCBS Waiver participant needs.	The regional center ensures that all HCBS Waiver consumers are offered a choice between receiving services and living arrangements in an institutional or community setting. Regional centers ensure that planning for IPPs includes a comprehensive assessment and information gathering process which addresses the total needs of HCBS Waiver consumers and is completed at least every three years at the time of his/her triennial IPP. The IPPs of HCBS Waiver consumers are reviewed at least annually by the planning team and modified, as necessary, in response to the consumers' changing needs, wants and health status. The regional center uses feedback from consumers, families and legal representatives to improve system performance. The regional center documents the manner by which consumers indicate choice and consent.

## SECTION II

### REGIONAL CENTER CONSUMER RECORD REVIEW

#### I. Purpose

The review is based upon documentation criteria derived from federal/state statutes and regulations and from the Centers for Medicare & Medicaid Services' directives and guidelines relating to the provision of HCBS Waiver services. The criteria address requirements for eligibility, consumer choice, notification of proposed action and fair hearing rights, level of care, IPPs and periodic reviews and reevaluations of services. The information obtained about the consumers' needs and services is tracked as a part of the on-site program reviews.

#### II. Scope of Review

1. Thirty-one HCBS Waiver consumer records were selected for the review sample.

<b>Living Arrangement</b>	<b># of Consumers</b>
Community Care Facility	8
With Family	17
Independent or Supported Living Setting	6

2. The review period covered activity from February 1, 2016, to January 31, 2017.

#### III. Results of Review

The 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 either ELARC had provided the consumer with written notification prior to termination of the consumers' HCBS Waiver eligibility or the consumer had voluntarily disenrolled from the HCBS Waiver. Three supplemental records were reviewed for documentation of face-to-face meetings no less than once every 30 days for the first 90 days following the consumer's move from a developmental center. One criterion was not applicable for this review.

- ✓ The sample records were in 100 percent compliance for 24 applicable criteria. There are no recommendations for these criteria.
- ✓ Findings for six 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.a The DS 3770 is signed by a Qualified Mental Retardation Professional (QMRP) and the title “QMRP” appears after the person’s signature.

Finding

Thirty of the thirty-one (97 percent) applicable sample consumer records contained DS 3770 forms that contained required title and signature. However, the DS 3770 form for consumer #18 was not signed by a QMRP.

2.1.a Recommendation	Regional Center Plan/Response
ELARC should ensure that DS 3770 form for consumer #18 is signed by a QMRP.	ELARC has secured the DS 3770 form for consumer #18 signed by the QMRP.

- 2.5.b The consumer’s qualifying conditions documented in the CDER are consistent with information contained in the consumer’s record. (*SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343*)

Thirty of the thirty-one (97 percent) sample consumer records documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in the record of consumer #17 did not support the determination that her “assistance with dressing” identified in the CDER and DS 3770 could be considered “qualifying” conditions. For example, the consumer’s IPP states, “is able to dress herself.”

2.5.b Recommendation	Regional Center Plan/Response
ELARC should determine if the item listed above for consumer #17, is appropriately identified as a qualifying condition. The consumers’ DS 3770 form 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. If ELARC determines that this issue above is correctly identified, documentation (updated IPPs, progress reports, etc.) that supports the original determinations should be submitted with the response to this report.	Consumer #17 continues to qualify for the HCBS Waiver. The qualifying conditions identified on the CDER and DS 3770 are correct. The qualifying condition in question has been addressed within the addendum to the IPP on 7/26/17 and also the new IPP dated 10/21/17. The supporting documents are attached. The recertification will be reviewed in December 2017.

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

Finding

Seventeen of the eighteen (94 percent) applicable sample consumer records contained IPPs that addressed the consumers' day program services. The IPP for consumer #19 did not address the services, which the day program provider is responsible for implementing.

2.9.d Recommendation	Regional Center Plan/Response
ELARC should ensure that the IPP for consumer #19 addresses the services which the day program provider is responsible for implementing.	ELARC has included services for consumer #19 which the day program provider is responsible for providing on the IPP.

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)]

Findings

Twenty-six of the thirty-one (84 percent) sample consumer records contained IPPs that included all services and supports purchased by the regional center. However, the IPPs for the following consumers did not include the following supports purchased by the regional center:

1. Consumer #1: Supported Living Services;
2. Consumer #11: Clinical Psychologist Service;
3. Consumer #14: Clinical Psychologist Service;
4. Consumer #16: Dentistry;
5. Consumer #19: Day Program and Transportation.

2.10.a Recommendation #1	Regional Center Plan/Response
ELARC should ensure that the IPPs for consumers #1, #11, #14, #16, and #19 include all services and supports purchased by the regional center.	The IPPs for consumers #1, #11, #14, #16 and #19 include all services and supports purchased by ELARC.

2.10.a Recommendation #2	Regional Center Plan/Response
ELARC should determine what changes are needed to ensure all consumers' IPPs include all services and supports purchased by the regional center.	Training and ongoing reminders to SC staff on recommendation; continued supervisory oversight to ensure all services and supports purchased by ELARC are identified on the IPP.

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

Findings

Fourteen of the seventeen (82 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the record for consumers #5, #18, and #20 contained documentation of only three of the required meetings.

2.13.a Recommendation #1	Regional Center Plan/Response
ELARC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #5, #18, and #20.	ELARC will ensure that all future quarterly contact meetings are completed for consumers #5, #18 and # 20.

2.13.a Recommendation #2	Regional Center Plan/Response
In addition, ELARC should evaluate what actions may be necessary to ensure that quarterly face-to-face meetings are completed and documented for all applicable consumers.	Supervisors will use SANDIS to monitor quarterly contact visits within their unit. Supervisors will ensure all quarterly contact visits are documented.

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

Findings

Fourteen of the seventeen (82 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for consumers #5, #18, and #20 contained documentation of only three of the required quarterly reports of progress.

2.13.b Recommendation #1	Regional Center Plan/Response
ELARC should ensure that future quarterly reports of progress are completed for consumers #5, #18, and #20.	ELARC will ensure that all future quarterly reports are completed by ELARC for consumers #5, #18, and #20.

2.13.b Recommendation #2	Regional Center Plan/Response
In addition, ELARC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable consumers.	ELARC will use SANDIS to better track all needed quarterly reports due and needed for applicable consumers.

Regional Center Consumer Record Review Summary Sample Size = 31 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. <i>(SMM 4442.1)</i>	31			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 recertification, the consumer's qualifying conditions and short-term absences. <i>[SMM 4442.1; 42 CFR 483.430(a)]</i>	Criterion 2.1 consists of four sub-criteria (2.1.a-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.	30	1		97	See Narrative
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.	31			100	None
2.1.c	The DS 3770 form documents annual recertification.	31			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	1		30	100	None
2.2	Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). <i>[SMM 4442.7; 42 CFR 441.302(d)]</i>	31			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. <i>[SMM 4442.7; 42 CFR Part 431, Subpart E; WIC §4646(g)]</i>	3		31	100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 31 + 6 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. <i>(SMM 4442.5; 42 CFR 441.302)</i>	31			100	None
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level-of-care requirements for care provided in an ICF/DD, ICF/DD-H, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. <i>(SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343)</i>	31			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	30	1		97	See Narrative
2.6.a	IPP is reviewed ( <i>at least annually</i> ) by the planning team and modified, as necessary, in response to the consumer's changing needs, wants or health status. <i>[42 CFR 441.301(b)(1)(I)]</i>	31			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. <i>(HCBS Waiver requirement)</i>			31	NA	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. <i>[WIC §4646(g)]</i>	31			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.	2		29	100	None
2.7.c	The IPP is prepared jointly with the planning team. <i>[WIC §4646(d)]</i>	31			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. <i>[WIC §4646.5(a)]</i>	31			100	None



<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 31 + 6 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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).	31			100	None
2.9.b	The IPP addresses the special health care requirements.	12		19	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	9		22	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	17	1	13	94	See Narrative
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	8		23	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	31			100	None
2.9.g	The IPP includes a family plan component, if the consumer is a minor. [WIC §4685(c)(2)]	8		23	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)]	26	5		84	See Narrative
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. [WIC §4646.5(a)(4)]	31			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [WIC §4646.5(a)(4)]	3		28	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)]	31			100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 31 + 6 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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 that the consumer and his/her family are satisfied with the IPP and its implementation. <i>[WIC §4646.5(a)(6)]</i>	31			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; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement</i> )	14	3	14	82	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; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement</i> )	14	3	14	82	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		31	100	None

## SECTION III

### COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

#### I. Purpose

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

#### II. Scope of Review

Three consumer records were reviewed at three CCFs visited by the monitoring team. The facilities' consumer records were reviewed to determine compliance with 19 criteria. Three criteria were not applicable for this review.

#### III. Results of Review

The consumer records were 100 percent in compliance for 16 applicable criteria.

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

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 3; CCFs = 3</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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>	3			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	3			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	2		1	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.	3			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	3			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	3			100	None
3.1.i	Special safety and behavior needs are addressed.	3			100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17 and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. <i>[Title 17, CCR, §56019(c)(1)]</i>	3			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	3			100	None
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>	1		2	100	None

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 3; CCFs = 3</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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.	1		2	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>	2		1	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.	2		1	100	None
3.5.c	Quarterly reports include a summary of data collected. <i>(Title 17, CCR, §56013(d)(4); Title 17, CCR, §56026)</i>	2		1	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>	3			100	None
3.6.b	The ongoing notes/information verifies that behavior needs are being addressed.	3			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>	0		3	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>	0		3	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>	0		3	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 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**

Nine sample consumer records were reviewed at seven day programs visited by the monitoring team. The records were reviewed to determine compliance with 14 criteria. Three criteria were not applicable for this review.

#### **III. Results of Review**

The consumer records were 100 percent in compliance for 11 applicable criteria.

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

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 9; Day Programs = 7</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. <i>(Title 17, CCR, §56730)</i>	9			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.	9			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.	9			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.	9			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.	9			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.	9			100	None
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP which the day program provider is responsible for implementing.	9			100	None
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	9			100	None

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 9; Day Programs = 7</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	9			100	None
4.2	The day program has a copy of the consumer's current IPP. <i>[Title 17, CCR §56720(b)]</i>	9			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>	9			100	None
4.3.b	The day program's individual service plan (ISP) or other program documentation is consistent with the services addressed in the consumer's IPP.	9			100	None
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	9			100	None
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services which the day program is responsible for implementing.	9			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>			9	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>			9	NA	None
4.5.c	There is appropriate follow-up to special incidents to resolve the issue and eliminate or mitigate future risk. <i>(Title 17, CCR, §54327)</i>			9	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

Twenty-seven of the thirty-one 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.

- ✓ Nineteen consumers agreed to be interviewed by the monitoring teams.
- ✓ Three consumers did not communicate verbally or declined an interview, but were observed.
- ✓ Five interviews were conducted with parents of minors.
- ✓ Four consumers 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 IPP/annual review process, and how they monitor services, health and safety issues.

#### II. Scope of Interviews

1. The monitoring team interviewed six ELARC 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. To better understand issues related to consumers' use of medication and issues related to side-effects, the service coordinators utilize ELARC's clinical team and Internet medication guides as resources.
3. 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 special incident report 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. 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 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 (SIR).
2. The monitoring team interviewed a nurse coordinator at ELARC.

#### III. Results of Interview

1. The ELARC clinical team includes: physicians, a psychologist, a psychiatrist, a behaviorist, registered nurses, an assessment and special services manager, a pharmacist, an oral health specialist, and a speech and occupational therapist.
2. The clinical team functions as a resource for the service coordinators, and is available to assess consumers with medical or medication concerns. Service coordinators utilize a checklist during their annual review of consumers to identify potential issues that might benefit from a clinical team referral, such as multiple hospitalizations, abnormal lab results, or significant weight loss or gain. When requested, the clinical team is available to assist with hospital discharge planning and make recommendations as needed. A nurse is available to evaluate consumers in CCFs for appropriate level of care due to a change of medical condition.
3. The team participates in monitoring consumers' medications. The clinical team developed an informational tool to assist service coordinators in identifying possible polypharmacy concerns that may benefit from a clinical team referral. The regional center also utilizes Mission Analytics' polypharmacy report in identifying potential medication concerns, which may require further evaluation by the clinical team.

4. The behaviorist is available to review consumers' behavior management plans upon referral by service coordinators. The psychiatrist and pharmacist provide psychotropic medication training for regional center staff and vendors. The psychologist and behaviorist also conduct behavior training classes for providers and families.
5. The physician and registered nurses provide ongoing training to service coordinators, providers, consumers and families on various health subjects. Recent topics have included autism, preventative health, intellectual disability, seizures, diabetes, and vaccinations. Team members also participate in new employee orientation.
6. ELARC has improved access to health care resources through the following programs and services:
  - ✓ Diabetic management training
  - ✓ Oral Health Specialist
  - ✓ Maintain a list of local dental providers/resources
  - ✓ Online training & events calendar
  - ✓ Online list of community resources
  - ✓ Community Health Fairs

The Assessment and Special Services Manager attends liaison meetings with local Medi-Cal and insurance providers, resulting in increased access to healthcare for consumers.

7. The Assessment and Special Services Manager participates in the Risk Management, Assessment and Planning Committee. The clinical team reviews all death-related SIRs. Also, medical-related special incidents are reviewed upon request. The regional center utilizes Mission Analytics Group, Inc., the State's risk management contractor, to analyze special incidents for trends. The clinical team uses this information to make recommendations for appropriate follow-up and training as needed.

## 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 CCFs, two unannounced visits to CCFs, service provider training, verification of provider qualifications, resource development activities, and quality assurance among programs and providers where there is no regulatory requirement to conduct quality assurance monitoring.

#### II. Scope of Interview

The monitoring team interviewed a community service specialist who is part of the team responsible for conducting ELARC's QA activities.

#### III. Results of Interview

1. The annual Title 17 visits are conducted jointly by the community service specialists and a service coordinator assigned to the respective home being reviewed. These individuals are also responsible for the two unannounced visits that are conducted annually. Technical assistance is provided during these visits. Any issues or concerns from the visits are reported to the QA team for follow-up. When substantial inadequacies are identified, corrective action plans (CAP) are issued. Most CAPs allow the vendor 30 days to correct the situation. The QA team will follow up and provide further training to the vendor, if necessary. ELARC's staff provide orientation training in identifying substantial inadequacies and immediate dangers, and on their roles and responsibilities during visits to CCFs.
2. Community service specialists verify the qualifications of new vendors and staff. Potential vendors must complete new vendor orientation, which includes basic Title 17 requirements, and a review of program design. The Residential Specialist Services Training is offered twice a year.
3. The QA team members also monitor day programs annually. They also monitor quality among programs and vendors when issues arrive.
4. The special incident report (SIR) coordinator receives all SIRs. The coordinator is responsible for investigation and follow up. She is a member of the Risk Management and Mitigation Team, which meets monthly. The Risk Management and Mitigation Team will recommend additional trainings be provided to staff and vendors based on SIR trend analysis.

## 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 six service providers at three 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 enhance 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 six direct service staff at three 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 (CCF) and day programs are serving consumers in a safe, healthy and positive environment where their rights are respected. The review also ensures that CCFs are meeting the HCBS Waiver definition of a homelike setting.

#### II. Scope of Review

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

#### III. Results of Review

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

#### IV. Finding and Recommendation

##### 8.3 c First Aid

CCF #1 had three direct care staff that did not have current first aid certificates. The first aid class was completed after the review, and a copy of the certificates was faxed to DHCS. Accordingly, no recommendation is needed.

CCF #2 had three direct care staff that did not have current first aid certificates. The first aid class was completed after the review, and a copy of the certificates was emailed to DHCS. Accordingly, no recommendation is needed.



## 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 ELARC was reviewed by comparing deaths entered into the Client Master File for the review period with SIRs of deaths received by DDS.
2. The records of the 31 consumers selected for the HCBS Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of 10 consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

#### III. Results of Review

1. ELARC reported all deaths during the review period to DDS.
2. ELARC reported all special incidents in the sample of 31 records selected for the HCBS Waiver review to DDS.
3. ELARC's vendors reported 9 of the 10 (90 percent) special incidents in the supplemental sample within the required timeframes.
4. ELARC reported 9 of the 10 (90 percent) incidents to DDS within the required timeframes.
5. ELARC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the 10 incidents.

#### IV. Findings and Recommendations

Consumer #SIR 4: The incident occurred on January 31, 2017. However, the vendor did not submit a special incident report to the regional center until February 7, 2017.

Consumer #SIR 9: The incident was reported to ELARC on November 14, 2016. However, ELARC did not report the incident to DDS until November 29, 2016.

Recommendation	Regional Center Plan/Response
ELARC should ensure that the vendor for consumer #SIR 4 submits special incidents within the required timeframes. Additionally, ELARC should ensure that all special incidents are reported to DDS in a timely manner.	SIR Coordinator and representatives from the Community Services/QA Division schedule to meet with vendors who have a trend of late reporting. The SIR Coordinator has already dialogued with the late reporting vendor. ELARC has implemented unit Officer of the Day SCs to follow up with SIRs when the assigned SC is out of the office to ensure timely submission.

**SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS  
 HCBS Waiver Review Consumers**

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

### Supplemental Sample of Terminated Consumers

#	UCI
32-T	XXXXXX
33-T	XXXXXX
34-T	XXXXXX

### Consumers Who Moved from a Developmental Center

#	UCI
35-DC	XXXXXX
36-DC	XXXXXX
37-DC	XXXXXX

### HCBS Waiver Review Service Providers

CCF #	Vendor
1	XXXXXX
2	XXXXXX
3	XXXXXX

Day Program #	Vendor
1	XXXXXX
2	XXXXXX
3	XXXXXX
4	XXXXXX
5	XXXXXX
6	XXXXXX
7	XXXXXX

### SIR Review Consumers

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