

**Frank D. Lanterman Regional Center
Home and Community-based Services Waiver
Monitoring Review Report**

Conducted by:

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

January 7 - 11, 2008

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EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the Home and Community-based Services (HCBS) Waiver from January 7 – 11, 2008 at Frank D. Lanterman Regional Center (FDLRC). The monitoring team members were, Mary Ann Smith, (Team Leader), Linda Rhoades and Kathy Benson from DDS, and Katherine Page and Raylyn Garrett 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 21 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 November 1, 2006 – October 31, 2007.

The monitoring team completed visits to four community care facilities (CCFs) and five day programs. The team reviewed four CCF and eight day program consumer records and had face-to-face visits with 12 selected sample consumers.

Overall Conclusion

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

Twenty-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 95 -100% in compliance for the 31 criteria.

The sample records were 99% in compliance for this review. FDLRC's records were 96% in overall compliance for the collaborative reviews conducted in 2006 and in 2004.

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

Four consumer records were reviewed at four CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100% in compliance for the 19 criteria. FDLRC's records were 95% and 98% in overall compliance for the collaborative reviews conducted in 2006 and in 2004, respectively.

Section IV – Day Program Consumer Record Review

Eight consumer records were reviewed at five day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100% in compliance for the 17 criteria. FDLRC's records were 97% and 100% in overall compliance for the collaborative reviews conducted in 2006 and in 2004, respectively.

Section V – Consumer Observations and Interviews

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

Section VI A – Service Coordinator Interviews

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

Section VI B – Clinical Services Interview

FDLRC's Nurse Consultant 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 supports to service coordinators, the clinical team's participation in the Risk Management Committee, and issues with Medi-Cal funded services.

Section VI C – Quality Assurance Interview

A resource specialist and the quality assurance coordinator were interviewed using a standard interview instrument. The staff responded to informational questions regarding how FDLRC 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 authority.

Section VII A – Service Provider Interviews

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

Three CCF and three day program direct service staff were interviewed using a standard interview instrument. 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 two day programs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. All of the reviewed vendors were in good repair with no immediate health or safety concerns observed.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 21 HCBS Waiver consumers and the ten supplemental sample consumers for special incidents during the review period. FDLRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported the ten special incidents to FDLRC within the required timeframes, and FDLRC subsequently transmitted the ten special incidents to DDS within the required timeframes. FDLRC'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 questions 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 Frank D. Lanterman Regional Center's (FDLRC) 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

FDLRC was asked to respond to questions in five 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 FDLRC 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. Twenty-one HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	8
With Family	9
Independent or Supported Living Setting	4

2. The review period covered activity from November 1, 2006–October 31, 2007.

III. Results of Review

The 21 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 FDLRC 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 consumers were reviewed solely for documentation indicating they received face-to-face reviews every thirty days after moving from a developmental center.

- ✓ The sample records were in 99.6% compliance for the 31 criteria.
- ✓ Findings for two 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

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

Findings

Twenty of the 21 (95%) consumer records contained IPPs that were signed by FDLRC and the consumers or their legal representatives. However, the IPP for consumer #XX was not signed by the consumer.

During the review, FDLRC documented the reason why the consumer was unable to sign the IPP. Accordingly, no recommendation is required.

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

Findings

Twenty of the 21 (95%) sample consumer records contained IPPs that addressed the consumers' qualifying conditions. However, the IPP for consumer #X did not identify the supports or services that are in place to address the consumer's qualifying condition [REDACTED] as stated on the DS 3770.

2.9.a Recommendation	Regional Center Plan/Response
FDLRC should ensure that the IPP for consumer #X addresses the services and supports in place for the [REDACTED]	A new IPP for client #X was conducted on [REDACTED]

Regional Center Consumer Record Review Summary						
Sample Size = 21 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	21			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.	21			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.	21			100	None
2.1.c	The DS 3770 form documents annual recertifications.	21			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	1		20	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))	21			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		21	100	None

Regional Center Consumer Record Review Summary
Sample Size = 21 + 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)	21			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)	21			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	21			100	None
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. (42 CFR 441.301(b)(1)(I))	21			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)	13		8	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))	20	1		95	See Narrative
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	18		3	100	None
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	21			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))	21			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 21 + 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).	20	1		95	See Narrative
2.9.b	The IPP addresses the special health care requirements.	4		17	100	None
2.9.c	The IPP addressed the services for which the CCF provider is responsible for implementing.	8		13	100	None
2.9.d	The IPP addressed the services for which the day program provider is responsible for implementing.	14		7	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.	4		17	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	21			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	5		16	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))	21			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))	21			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	17		4	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))	21			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 21 + 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>)	21			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>)	12		9	100	None
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	12		9	100	None
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. (<i>WIC §4418.3</i>)	3		21	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

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

III. Results of Review

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

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

Community Care Facility Record Review Summary						
Sample Size: Consumers = 4; CCFs = 4						
	Criteria	+	-	N/A	% Met	Follow-up
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. (<i>Title 17, CCR, §56017(b)</i>), (<i>Title 17, CCR §56059(b)</i>), (<i>Title 22, CCR, §80069</i>)	4			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	4			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	3		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.	4			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	4			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	4			100	None
3.1.i	Special safety and behavior needs are addressed.	3		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>)	4			100	None
3.3	The facility has a copy of the consumer's current IPP. (<i>Title 17, CCR, §56022(c)</i>)	4			100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 4; CCFs = 4						
	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>)	1		3	100	None
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	1		3	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>)	3		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.	3		1	100	None
3.5.c	Quarterly reports include a summary of data collected. (<i>Title 17, CCR, §56013(d)(4)</i>), (<i>Title 17, CCR, §56026</i>)	3		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>)	4			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	3		1	100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)	1		3	100	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)	1		3	100	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. (<i>Title 17, CCR, §54327</i>)	1		3	100	None

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

The review criteria address the requirements for day programs to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the individual program plan (IPP) that the day program provider is responsible for implementing. The criteria are derived from Title 17, California Code of Regulations.

II. Scope of Review

Eight sample consumer records were reviewed at five day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria.

III. Results of Review

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

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

Day Program Record Review Summary						
Sample Size: Consumers = 8; Day Programs = 5						
	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)	8			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.	8			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.	8			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.	8			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.	8			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.	8			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.	8			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 8; Day Programs = 5						
	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.	8			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	2		6	100	None
4.2	The day program has a copy of the consumer's current IPP. (<i>Title 17, CCR §56720(b)</i>)	8			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>)	8			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.	8			100	None
4.4.a	The day program prepares and maintains written semiannual reports. (<i>Title 17, CCR, §56720(c)</i>)	7		1	100	None
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services for which the day program is responsible for implementing.	7		1	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		7	100	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)	1		7	100	None
4.5.c	There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. (<i>Title 17, CCR, §54327</i>)	1		7	100	None

SECTION V

CONSUMER OBSERVATIONS AND INTERVIEWS

I. Purpose

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

II. Scope of Observations and Interviews

Twelve of the twenty-one consumers were observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Eight consumers agreed to be interviewed by the monitoring teams.
- ✓ Four consumers were either non-verbal or declined to be interviewed, but were observed.
- ✓ Four consumers were unavailable or declined to be interviewed or observed.
- ✓ Five minors were not scheduled to be interviewed or observed.

III. Results of Observations and Interviews

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

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 five Frank D. Lanterman Regional Center (FDLRC) 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 familiar with their respective consumers. They were able to relate specific details regarding the consumers' desires, preferences, life circumstances, and service needs.
2. The service coordinators were knowledgeable about the IPP/annual review process and monitoring requirements. Service providers and family members provided input on the consumers' needs, preferences and satisfaction with services outlined in the IPP. For consumers in out-of-home placement settings, service coordinators conduct quarterly face-to-face visits and develop written assessments of consumer progress and satisfaction. In preparation for the quarterly visits, service coordinators review their previous progress reports, pertinent case notes, special incident reports, and vendor reports of progress.
3. To better understand issues related to pharmacology, the service coordinators utilize the FDLRC nurse consultants and medication guides as resources. Specialists are available to assist the service coordinators in assuring appropriate services in the areas of medical, behavioral, psychological, and dental needs. FDLRC's clinical team schedules new

employee training on medications and side effects, and offers periodic trainings on new and commonly used medications.

4. The service coordinators monitor the consumers' services, health and safety during periodic visits. The service coordinators 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

The monitoring team interviewed Frank D. Lanterman Regional Center's (FDLRC) Nurse Consultant.

The questions in the interview 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 Risk Management Committee and special incident reports; availability of Medi-Cal providers; and issues with billing for Medi-Cal services.

III. Results of Interview

The FDLRC clinical team consists of physicians, registered nurses, psychologists, a pharmacist, dental coordinator, occupational therapist, and a speech therapist.

Clinical team nurses and physicians routinely contact hospital physicians and discharge planners to advocate for consumers to ensure that their individual health needs are being addressed. The clinical team meets weekly with their multi-disciplinary team to provide reviews of consumers with health related issues.

The clinical team participates in the monitoring of medications. The service coordinators monitor medications during the IPP review process, and have access to the clinical team with any concerns or questions. FDLRC also has the ability to refer consumers to the Neuropsychiatric Institute at the University of California Los Angeles for medication review.

The clinical staff is available to service coordinators for consultation regarding consumers' behaviors or mental health needs. The team psychologist is available to review plans on a case by case basis.

FDLRC's clinical team is always available to regional center staff, consumers and care givers regarding preventive care, accessing community resources and consumer health issues. The nurses are available to attend annual reviews or quarterly visits with the service coordinators if needed for consultation. The clinical services staff is available for any staff training required, including new service coordinator orientation.

FDLRC has improved access to preventive healthcare resources for consumers through the following programs:

- ✓ Contracts with the Neuropsychiatric Institute at the University of California Los Angeles to provide psychiatric and behavioral health care for consumers
- ✓ FDLRC's dental coordinator performs dental screenings at the regional center
- ✓ Collaborates with Harbor Regional Center on a fitness program for consumers called "Get Fit"
- ✓ Collaboration with the University of California Los Angeles School of Medicine, Dentistry, and Nursing
- ✓ Partnership with Children's Hospital of Los Angeles

The clinical team is involved in FDLRC's risk management activities. All health related special incidents are reviewed by the Director of Clinical Service and a registered nurse. Staff members also participate on the morbidity and mortality review committee. Any issues or trends that are identified through their role in risk management may become topics for future trainings.

FDLRC does experience a lack of medical professionals who will accept Medi-Cal, due to low reimbursement. However, the clinical team collaborates with local medical organizations to help fill the gap. The clinical team dental coordinator is available to assist with dental referrals. The coordinator also provides training to familiarize dental providers with consumers' special needs, which has resulted in increased accessibility of dental services.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

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

II. Scope of Interview

The monitoring team interviewed a resource specialist and a quality assurance coordinator who are a part of the team responsible for conducting FDLRC's QA activities.

III. Results of Interview

1. The QA specialists are responsible for conducting the annual Title 17 reviews, the two required unannounced visits to CCFs, and provider training. Results of the facility monitoring visits are shared with the service coordinators who are assigned as facility liaisons.
2. The QA specialists act as team leaders for the triennial evaluations. The triennial evaluations are more extensive reviews that may include case management staff, other providers, consumers, and family members. The evaluation includes a review of records, vendor files, medications, personal and incidental funds, consumer interviews, staffing ratios, first aid certificates, and a safety walkthrough.
3. The QA specialists are responsible for investigating special incidents reports (SIRs) regarding abuse, neglect, consumer rights violations, and potential criminal activity. Information is put into a data base and is rated according to type and severity of incidents. Based on trend analysis of information gathered on SIRs, QA specialists then provide training in areas regarding compliance, best practices and other safety concerns.
4. The QA specialists are responsible for tracking and managing corrective action plans (CAPs) placed on CCFs. The QA team provides technical assistance, training and other supportive assistance to help CCFs comply and

- follow through with the CAPs. Prior to approving the completion of every CAP, the QA staff conducts two unannounced visits to verify that the CCF maintains continuous compliance with the conditions of the plan.
5. FDLRC has a Risk Management Committee comprised of a QA staff, Community Services Director and clinical team members. The committee meets quarterly to discuss issues related to morbidity and mortality, and trends in special incidents then analyzes the data as it relates to vendors and consumers. In addition, the QA staff develops and presents training to case management staff and vendors in the areas of special incident reporting regulations, mandated reporter responsibilities, and consumer rights. When the committee identifies a vendor that demonstrates a pattern of issues related to regulatory compliance, recommendations for follow up are made to address these issues.
 6. FDLRC conducts QA monitoring activities for day programs, supported living and independent living services. All potential vendors are reviewed by resource development staff to verify that information provided to the regional center is accurate and references are requested prior to vendorization.

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

III. Results of Interviews

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

SECTION VII B

DIRECT SERVICE STAFF INTERVIEWS

I. Purpose

The interviews determine how well the direct service staff knows the consumers and their understanding of the IPP and service delivery requirements, how they communicate, and their level of preparedness to address safety issues, their understanding of emergency preparedness, and knowledge about safeguarding medications.

II. Scope of Interviews

1. The monitoring team conducted site visits and completed six direct service staff interviews at three community care facilities (CCFs) and three day programs where services are provided to the consumers scheduled to be 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, positive environment where their rights are respected.

II. Scope of Review

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

III. Results of Review

The CCFs and day programs were found to be in good condition with no immediate health or safety concerns.

IV. Findings and Recommendations

None

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 Frank D. Lanterman Regional Center (FDLRC) 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 21 consumers selected for the Home and Community-based Services (HCBS) Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of ten consumers who had special incidents reported to DDS within the review period were 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. FDLRC reported all deaths during the review period to DDS.
2. FDLRC reported all SIRs in the sample of 21 records selected for the HCBS Waiver review to DDS.
3. FDLRC's vendors reported the 10 (100%) SIRs in the supplemental sample to FDLRC within the required timeframes.
4. FDLRC reported the ten (100%) SIRs to DDS within the required timeframes.
5. FDLRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the ten incidents.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

#	UCI	CCF #	Day Program #
1	XXXXXX		7
2	XXXXXX		5
3	XXXXXX	1	
4	XXXXXX	3	
5	XXXXXX		4
6	XXXXXX		4
7	XXXXXX	2	
8	XXXXXX	9	
9	XXXXXX		
10	XXXXXX		8
11	XXXXXX		5
12	XXXXXX		6
13	XXXXXX		5
14	XXXXXX		
15	XXXXXX		8
16	XXXXXX		
17	XXXXXX		
18	XXXXXX		
19	XXXXXX		
20	XXXXXX		
21	XXXXXX		

HCBS Waiver Review Service Providers

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

SIR Review Consumers

#	UCI	Vendor #
30	XXXXXX	XXXXXX
31	XXXXXX	XXXXXX
32	XXXXXX	XXXXXX
33	XXXXXX	XXXXXX
34	XXXXXX	XXXXXX
35	XXXXXX	XXXXXX
36	XXXXXX	XXXXXX
37	XXXXXX	XXXXXX
38	XXXXXX	XXXXXX
39	XXXXXX	XXXXXX