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

February 8-12, 2016

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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 February 8-12, 2016, at Frank D. Lanterman Regional Center (FDLRC). The monitoring team members were Lisa Miller (Team Lead), Ray Harris, Reyna Ambriz, and Sue Chapman from DDS and Raylyn Garrett and Annette Hanson from DHCS.

Purpose of the Review

DDS contracts with 21 private, non-profit corporations to operate regional centers, which are responsible under state law for coordinating, providing, arranging or purchasing all services needed for eligible individuals with developmental disabilities in California. All HCBS Waiver services are provided through this system. It is the responsibility of DDS to ensure, with the oversight of DHCS, that the HCBS Waiver is implemented by regional centers in accordance with Medicaid statute and regulations.

Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

The compliance monitoring review protocol is comprised of sections/components designed to determine if the consumers' needs and program requirements are being met and that services are being provided in accordance with the consumers' individual program 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 23 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) two consumers who moved from a developmental center, and 2) 10 consumers who had special incidents reported to DDS during the review period of December 1, 2014, through November 30, 2015.

The monitoring team completed visits to three community care facilities (CCF) and six day programs. The team reviewed three CCF and seven day program consumer records, and interviewed and/or observed 21 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-three sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. One criterion was rated as not applicable for this review. Criterion 2.13.a was 75 percent in compliance because 3 of the 12 applicable consumer records did not contain documentation that face-to-face meetings were conducted for consumers in out of home settings. The sample records were 97 percent in overall compliance for this review.

FDLRC's records were 98 percent and 99 percent in overall compliance for the collaborative reviews conducted in 2014 and in 2012, 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. Three criteria were rated not applicable for this review. The sample records were 100 percent in overall compliance for the 17 applicable criteria on this review.

FDLRC's records were 100 percent in overall compliance for the collaborative reviews conducted in 2014 and in 2012.

Section IV – Day Program Consumer Record Review

Seven consumer records were reviewed at six day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 99 percent in overall compliance for the 17 criteria.

FDLRC's records were 99 percent in overall compliance for the collaborative reviews conducted in 2014 and in 2012.

Section V – Consumer Observations and Interviews

Twenty-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 of the interviewed consumers/parents 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, 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

The nurse consultant was interviewed using a standard interview instrument. She responded to questions regarding the monitoring of consumers with medical issues, medications, behavior plans, the coordination of medical and mental health care for consumers, clinical supports to assist service coordinators, and the clinical team's role on the Risk Management Committee and Special Incident Reporting.

Section VI C – Quality Assurance (QA) Interview

A community service specialist was interviewed using a standard interview instrument. The specialist responded to 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 requirement.

Section VII A – Service Provider Interviews

Five service providers at three CCFs and two day programs 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, medication administration, progress, safety and emergency preparedness. The staff was familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interviews

Two CCF and two 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 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 23 HCBS Waiver consumers and 10 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 all 10 incidents to FDLRC within the required timeframes, and FDLRC subsequently transmitted all 10 special incidents to DDS within the required timeframes. FDLRC's follow-up activities for the 10 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 FDLRC'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

FDLRC 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 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	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. 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 Intellectual Disability Professional (QIDP). The regional center ensures that consumers are eligible for full scope Medi-Cal benefits before enrolling them in the HCBS Waiver.
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services	The regional center takes action(s) to ensure consumers' rights are protected. The regional center takes action(s) to ensure that the consumers' health needs are addressed. The regional center ensures that behavior plans preserve the right of the consumer to be free from harm. The regional center maintains a Risk Management, Risk Assessment and Planning Committee. The regional center has developed and implemented a Risk Management/Mitigation Plan. 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 Department of Social Services. The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 CCFs. 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. The regional center conducts not less than two unannounced monitoring visits to each CCF annually. 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. 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.

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.)	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. Twenty-three HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility	9
With Family	11
Independent or Supported Living Setting	3

2. The review period covered activity from December 1, 2014 – November 30, 2015.

III. Results of Review

The 23 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Two supplemental records were reviewed solely for documentation indicating that the consumers received face-to-face reviews every 30 days after moving from a developmental center.

- ✓ The sample records were in 100 percent compliance for 23 criteria. There are no recommendations for these criteria. One criterion was not applicable for this review.
- ✓ Findings for seven 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

2.5.b The consumer's qualifying conditions documented in the Client Development Evaluation Report (CDER) are consistent with information contained in the consumer's record. [*SMM 4442.5*; *42 CFR 441.302(c)*; *Title 22, CCR, §5134]*

Finding

Twenty-two of the twenty-three (96 percent) sample consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. Consumer #21's record identified them as "incontinent" on the DS 3770. However, there was no supporting information in the consumer's record (IPP, progress reports, vendor reports, etc.) that described the impact of the identified condition or need for services and supports.

2.5.b Recommendation	Regional Center Plan/Response
FLDRC should determine if the item listed above is appropriately identified as a qualifying condition for consumer #21. The consumer's DS 3770 form should be corrected to ensure that any items that do not represent substantial limitations in the consumer's ability to perform activities of daily living and/or participate in community activities are no longer identified as a qualifying condition. If FDLRC determines that the issue is correctly identified as a qualifying condition, documentation (updated IPPs, progress reports, etc.) that supports the original determination should be submitted with the response to this report.	As a result of the monitoring team's findings, FDLRC Medicaid waiver specialist met with the SC to review the DS 3770, CDER and IPP for client #21 to ensure consistent information. As a result, the specialist hand corrected the DS3770, indicated error, and initialed the document. The CDER currently reflects the revised information and is now consistent with the information on the IPP.

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

Finding

Twenty-two of the twenty-three (96 percent) sample consumer records contained IPPs that were signed by FDLRC and the consumer or his/her legal representatives. However, the IPP for consumer #14 was not signed by the consumer.

2.7.a Recommendation	Regional Center Plan/Response
FDLRC should ensure that consumer #14 signs the IPP. If the consumer does not sign, FDLRC should ensure that the record addresses what actions were taken to encourage the consumer to sign and the reason he/she did not sign.	FDLRC's SCs have been instructed to request signatures of the IPP Agreement form from all un-conserved clients 18 years of age and older as part of the IPP process and their acknowledgement and agreement of the IPP goals and plans that have been developed. The IPP has been signed by client #14.

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.

Finding

Twelve of the thirteen (92 percent) applicable sample consumer records contained IPP addenda signed by the consumer or their legal representative. However, the IPP addenda completed on July 1, 2015, and August 1, 2015, for consumer #14 were not by signed the consumer.

2.7.b Recommendation	Regional Center Plan/Response
FDLRC should ensure that consumer #14 signs the IPP addenda. If the consumer does not sign, FDLRC should ensure that the record addresses what actions were taken to encourage the consumer to sign and the reason he/she did not sign.	FDLRC's SCs have been instructed to request signatures of the IPP amendment form from all un-conserved clients 18 years of age and older as part of the IPP process and their acknowledgement and agreement of any change to his/her IPP goals and plans that have been developed. The amendment has been signed by client #14

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 twenty-three (87 percent) sample consumer records contained IPPs that addressed the consumer's qualifying conditions. However, IPPs for three consumers did not address supports for qualifying conditions identified in the record as indicated below:

1. Consumer #12: Services and supports for the consumer's behavior challenges and need for assistance with medication were addressed in the annual review; however, not in the IPP.

2. Consumer #15: Services and supports in place to assist the consumer with multiple medications were addressed in the annual review and quarterly reports; however, not in the IPP.

3. Consumer #16: The service plan developed by the Supported Living Services provider addressed the consumer's need for assistance with taking multiple medication; however, this was not in the IPP.

2.9.a Recommendation	Regional Center Plan/Response
FDLRC should ensure that the IPPs for consumers #12, #15 and #16 addresses the services and supports in place for the conditions listed above.	Amendments were generated on 12/21/16 for clients #12 and #16; identifying the supports/services in place to address and monitor the qualifying conditions. An IPP developed on 3/9/16 for client #15, identifies the supports/services in place to address the qualifying conditions. In the first quarter of 2017, the SCs will receive training on IPP development.

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-one of the twenty-three (91 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by FDLRC. However, IPPs for two consumers did not indicate FDLRC funded services as indicated below:

1. Consumer #3: "Day Program and Transportation"

2. Consumer #15: "Dentistry and Interpreter"

2.10.a Recommendation	Regional Center Plan/Response
FDLRC should ensure that the IPPs for consumers #3 and #15 include a schedule of the type and amount of all services and supports purchased by FDLRC.	Amendments were generated on 2/9/16 and 12/21/16 for clients #3 and #15, respectively, identifying the schedule type and amounts of supports and services purchased by FDLRC. In the first quarter of 2017, the SCs will receive training on IPP development.

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

Nine of the twelve (75 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for three consumers did not meet the requirement as indicated below:

1. The records for consumers #2, #5 and #8 contained documentation of three of the required meetings.

2.13.a Recommendation	Regional Center Plan/Response
FDLRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #2, #5 and #8. In addition, FDLRC should evaluate what actions may be necessary to ensure that quarterly face-to face meetings are completed and documented for all applicable consumers.	SCs will receive training on the medicaid waiver requirements in completing quarterly reports within the mandated timelines. Regional Managers will review the tracking system with each SC individually by the 10th of the month to ensure meetings were held for the previous month and make the necessary arrangements if a quarterly meeting was not held within 30 days to maintain compliance.

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

Ten of the twelve (83 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for two consumers did not meet the requirements as indicated below:

1. The record for consumer #2 contained documentation for two of the required quarterly reports of progress.

2. The record for consumer #8 contained documentation of three of the required quarterly reports of progress.

2.13.b Recommendation	Regional Center Plan/Response
FDLRC should ensure that future quarterly reports of progress are completed for consumers #2 and #8. In addition, FDLRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable consumers.	SCs will receive training on the medicaid waiver requirements in completing quarterly reports within the mandated timelines. Regional Managers will review the tracking system with each SC individually by the 10th of the month to ensure meetings were held for the previous month and make the necessary arrangements if a quarterly meeting was not held within 30 days to maintain compliance.

Regional Center Consumer Record Review Summary Sample Size = 23 + 2 Supplemental Records						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
2.0	The consumer is Medi-Cal eligible. (*SMM 4442.1*)	23			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. [*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.	23			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.	23			100	None
2.1.c	The DS 3770 form documents annual recertification.	23			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	4		19	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)*]	23			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)*]			23	NA	None

Regional Center Consumer Record Review Summary Sample Size = 23 + 2 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*)	23			100	None
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in an ICF/DD, ICF/DD-H, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. [*SMM 4442.5*; *42 CFR 441.302(c)*; *Title 22, CCR, §51343*]	23			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	22	1		96	See Narrative
2.6.a	The IPP is reviewed (*at least annually*) by the planning team and modified, as necessary, in response to the consumer's changing needs, wants or health status. [*42 CFR 441.301(b)(1)(l)*]	23			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 if health status and the CDER have been reviewed. (*HCBS Waiver requirement*)	16		7	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)*]	22	1		96	See Narrative
2.7.b	The 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.	12	1	10	92	See Narrative
2.7.c	The IPP is prepared jointly with the planning team. [*WIC §4646(d)*]	23			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of	23			100	None

Regional Center Consumer Record Review Summary Sample Size = 23 + 2 Supplemental Records						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
	the consumer. [*WIC §4646.5(a)*]					
2.9	The IPP addresses the consumer's goals and needs. [*WIC §4646.5(a)(2)*]	Criterion 2.9 consists of seven sub-criteria (2.9 a-g) that are reviewed independently.				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	20	3		87	See Narrative
2.9.b	The IPP addresses special health care requirements.	13		10	100	None
2.9.c	The IPP addresses the services for which the CCF provider is responsible for implementing.	9		14	100	None
2.9.d	The IPP addresses the services for which the day program provider is responsible for implementing.	15		8	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.	3		20	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	23			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. [*WIC §4685(c)(2)*]	6		17	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	2		91	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)*]	23			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [*WIC §4646.5(a)(4)*]	13		10	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)*]	23			100	None

Regional Center Consumer Record Review Summary Sample Size = 23 + 2 Supplemental Records						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
2.12	Periodic review and reevaluations of consumer progress are completed (*at least annually*) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. [*WIC §4646.5(a)(6)*]	23			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 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)*	9	3	11	75	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or supported living and independent living settings. (*Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)*	10	2	11	83	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. (*WIC §4418.3*)	2		23	100	None

SECTION III

COMMUNITY CARE FACILITY
CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

Three consumer records were reviewed at three CCFs visited by the monitoring team. The facilities' consumer records were reviewed to determine compliance with 16 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.

Community Care Facility Record Review Summary Sample Size: Consumers = 3; CCFs = 3						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. [*Title 17, CCR, §56017(b)*; *Title 17, CCR §56059(b)*; *Title 22, CCR, §80069*]	3			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory 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.	1		2	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.	2		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. [*Title 17, CCR, §56019(c)(1)*]	3			100	None
3.3	The facility has a copy of the consumer's current IPP. [*Title 17,CCR, §56022(c)*]	3			100	None

Community Care Facility Record Review Summary Sample Size: Consumers = 3; CCFs = 3						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. [*Title 17, CCR, §56026(b)*]	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.	3			100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. [*Title 17, CCR, §56026(c)*]			3	NA	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	NA	None
3.5.c	Quarterly reports include a summary of data collected. [*Title 17, CCR, §56013(d)(4)*; *Title 17, CCR, §56026*]			3	NA	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. [*Title 17, CCR §56026(a)*]	3			100	None
3.6.b	The ongoing notes/information verify 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. (*Title 17, CCR, §54327*)	1		2	100	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. (*Title 17, CCR, §54327*)	1		2	100	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. (*Title 17, CCR, §54327*)	1		2	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

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

III. Results of Review

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

- ✓ Finding for one criterion is detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Finding and Recommendation

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

Finding

Six of the seven (86 percent) sample consumer records contained signed authorizations for emergency medical treatment. However, the record for consumer #2 at day program #3 contained an authorization for emergency medical treatment that was not signed by the consumer.

4.1.d Recommendation	Regional Center Plan/Response
FDLRC should ensure that consumer #2 at day program #3 signs the authorization for emergency medical treatment.	Day program #3 reviewed the emergency medical treatment form with client #2 and as a result, the form was signed on 11/7/16.

Day Program Record Review Summary Sample Size: Consumers = 7; Day Programs = 6						
	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*)	7			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.	7			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.	7			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.	7			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.	6	1		86	See Narrative
4.1.e	The consumer record contains documentation that the consumer and/or the authorized consumer representative has been informed of his/her personal rights.	7			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.	7			100	None
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	7			100	None

Day Program Record Review Summary Sample Size: Consumers = 7; Day Programs = 6						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	4		3	100	None
4.2	The day program has a copy of the consumer's current IPP. [*Title 17, CCR §56720(b)*]	7			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. [*Title 17, CCR, §56720(a)*]	7			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.	7			100	None
4.4.a	The day program prepares and maintains written semiannual reports. [*Title 17, CCR, §56720(c)*]	7			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.	6		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. (*Title 17, CCR, §54327*)	1		6	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. (*Title 17, CCR, §54327*)	1		6	100	None
4.5.c	There is appropriate follow-up to special incidents to resolve issues and eliminate or mitigate future risk. (*Title 17, CCR, §54327*)	1		6	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

Twenty-one of the twenty-three consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities, or in independent living settings.

- ✓ Six adult consumers agreed to be interviewed by the monitoring teams.
- ✓ Ten consumers did not communicate verbally, but were observed.
- ✓ Five interviews were conducted with parents of minors.
- ✓ Two consumers/parents of minors were unavailable 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 five 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 very familiar with their respective consumers. They were able to relate specific details regarding the consumers' desires, preferences, life circumstances and service needs.

2. The service coordinators were knowledgeable about the IPP/annual review process and monitoring requirements. Service providers and family members provided input on the consumers' needs, preferences and satisfaction with services outlined in the IPP. For consumers in out-of-home placement settings, service coordinators conduct quarterly face-to-face visits and develop written assessments of consumer progress and satisfaction. In preparation for the quarterly visits, service coordinators review their previous progress reports, pertinent case notes, special incident reports, and vendor reports of progress.

3. To better understand issues related to consumers' use of medication and issues related to side-effects, the service coordinators utilize FDLRC's medical director and online resources for medication.

4. The service coordinators monitor the consumers' services, health and safety during periodic visits. They are aware of the consumers' health issues. The service coordinators were knowledgeable about the special incident reporting 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 HCBS Waiver consumers.

II. Scope of Interview

The monitoring team interviewed FDLRC's nurse consultant.

The questions in the interview cover the following topics: Routine monitoring of consumers with medical issues, medication, 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 reporting.

III. Results of Interview

The FDLRC clinical team consists of physicians, registered nurses, psychologists, a psychiatrist, a registered dental hygienist, and an occupational therapist.

The clinical team functions as a resource for the service coordinators and is available to assess consumers with medical concerns. Nurses may visit hospitalized consumers to evaluate health status, consult with staff and assist with discharge planning. Service coordinators can present cases to the interdisciplinary team during the Clinical Review Meeting for consumers with complex medical needs. Consumers with chronic unstable conditions are seen annually by a nurse. The visit includes an assessment, review of documentation, staff training and recommendations specific to their consumer's condition. Consumers that have moved from a developmental center are followed by a nurse for up to two years after discharge. Clinical team members may collaborate with the consumers' physician as necessary.

The clinical team participates in the monitoring of medications, particularly psychotropic medications. Service coordinators monitor medications during the IPP/annual review process and have access to the clinical team if there are concerns. Nurses are available to review medications and may refer questionable medication regimes to a physician or psychiatrist for a secondary review. Medication training may be offered to providers based on special incident reports (SIRs), compliance issues, or other concerns.

The clinical staff is also available to service coordinators for consultation regarding consumer's behavioral or mental health needs. After review, the clinical team may recommend additional services to support the needs of the consumer. Behavior plans are reviewed and monitored by the psychologists, psychiatrists, and the psychiatric nurse. All Level 4 CCFs are visited by the psychiatric nurse who reviews consumer records, behavior reports and medications. In addition, the nurse participates in discharge planning for all psychiatric hospitalizations.

FDLRC's clinical team is available to regional center staff, consumers and providers 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 staff training as needed, including new employee orientation.

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

- ✓ Contract with the Neuropsychiatric Institute at University of California, Los Angeles (UCLA) to provide psychiatric and behavioral health care for consumers.
- ✓ FDLRC's registered dental hygienist provides dental screenings at the regional center, performs on-site CCF visits, and makes referrals to community dentists when indicated.
- ✓ Collaboration with UCLA School of Medicine and Dentistry.
- ✓ Dental Fairs held at FDLRC.
- ✓ Partnership with Children's Hospital of Los Angeles.
- ✓ Preventative healthcare protocols.

The Director of Clinical Services is involved in FDLRC's Risk Management Committee. All SIRs are reviewed by the Director of Clinical Service and a registered nurse. Further review by a physician and recommendations may be made as indicated. A quarterly analysis of SIRs, including follow-up action needed, is completed and documented in a report which is provided to the Quality Management Committee.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

The 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 and service provider training. The interview also inquires about verification of provider qualifications, resource development activities, and QA among programs and providers where there is no regulatory requirement to conduct QA monitoring.

II. Scope of Interview

The monitoring team interviewed a community service specialist who is an integral part of the team responsible for conducting QA activities at FDLRC.

III. Results of Interview

1. The annual Title 17 visits are conducted by community service specialists. The specialists use a monitoring tool to review vendor files, licensing reports, medication logs, behavior plans, staffing schedules, personnel files, continuous notes, IPPs, consultant reports, SIRs, along with specific facility requirements (physical plants, food supply and storage, health and safety and resident rights). When staff identifies concerns, corrective action plans (CAP) are issued. Additionally, unannounced visits are conducted at facilities where there are issues that require follow-up.

2. FDLRC also conducts a minimum of two unannounced quality assurance visits at each home every year. Additional unannounced visits may be conducted as necessary. FDLRC utilizes a vendor tracking log and assigns vendor homes to staff who monitor the logs and ensure that all visits are completed timely.

3. FDLRC uses information collected from QA monitoring to provide technical assistance to providers and for potential topics for monthly classes. Classroom topics include medication administration and side effects, behavior management, SIRs, forms and documentation, staff training requirements, and individual service plans.

4. The specialist's follow-up on SIRs and collaborate with Community Care Licensing and/or law enforcement, as needed. They provide technical assistance to vendors for issues related to special incidents. FDLRC uses a database to track monitoring visits, SIRs and CAP.

5. The specialists are responsible for analyzing data from SIRs and QA monitoring. When issues are identified, the information is presented to the unit manager who is part of the Risk Management team, in order to develop possible remedial measures. SIR data has been used to highlight trends in areas such as medication errors, preventable accidents, behavioral antecedents, and is used to develop training for vendors.

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 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 five service providers at three CCFs and two 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 attempt 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 monitor progress.

5. The service providers are prepared for emergencies, monitor the safety of consumers, and understand 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 four direct service staff at two CCFs and two 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 CCFs and day programs are serving consumers in a safe, healthy and positive environment where their rights are respected. The review also ensures that CCFs are meeting the HCBS Waiver definition of a homelike setting.

II. Scope of Review

1. The monitoring teams reviewed a total of three CCFs and two 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.

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 FDLRC was reviewed by comparing deaths entered into the Client Master File for the review period with special incident reports of deaths received by DDS.

2. The records of the 23 consumers selected for the HCBS Waiver sample were reviewed to verify 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. FDLRC reported all deaths during the review period to DDS.

2. FDLRC reported all special incidents in the sample of 23 records selected for the HCBS Waiver review to DDS.

3. FDLRC's vendors reported the 10 incidents (100 percent) in the supplemental sample within the required timeframes.

4. FDLRC reported all 10 incidents (100 percent) 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 10 incidents (100 percent).

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

#	UCI	CCF	DP
1	XXXXXXX		4
2	XXXXXXX		3
3	XXXXXXX	3	
4	XXXXXXX	2	
5	XXXXXXX		1
6	XXXXXXX		6
7	XXXXXXX	1	
8	XXXXXXX		5
9	XXXXXXX		6
10	XXXXXXX		
11	XXXXXXX		
12	XXXXXXX		
13	XXXXXXX		
14	XXXXXXX		2
15	XXXXXXX		
16	XXXXXXX		
17	XXXXXXX		
18	XXXXXXX		
19	XXXXXXX		
20	XXXXXXX		
21	XXXXXXX		
22	XXXXXXX		
23	XXXXXXX		

Supplemental Sample DC Consumers

#	UCI
DC-1	XXXXXXX
DC-2	XXXXXXX

HCBS Waiver Review Service Providers

CCF #	Vendor
1	XXXXXXX
2	XXXXXXX
3	XXXXXXX

Day Program #	Vendor
1	XXXXXXX
2	XXXXXXX
3	XXXXXXX
4	XXXXXXX
5	XXXXXXX
6	XXXXXXX

SIR Review Consumers

#	UCI	Vendor
S-1	XXXXXXX	XXXXXXX
S-2	XXXXXXX	XXXXXXX
S-3	XXXXXXX	XXXXXXX
S-4	XXXXXXX	XXXXXXX
S-5	XXXXXXX	XXXXXXX
S-6	XXXXXXX	XXXXXXX
S-7	XXXXXXX	XXXXXXX
S-8	XXXXXXX	XXXXXXX
S-9	XXXXXXX	XXXXXXX
S-10	XXXXXXX	XXXXXXX