

**Golden Gate Regional Center
Home and Community-based Services Waiver
Monitoring Review Report**

Conducted by:

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

July 14 - 23, 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 July 14 - 23, 2008 at Golden Gate Regional Center (GGRC). The monitoring team members were Mary Ann Smith (Team Leader), Kathy Benson, Corbett Bray and Ray Harris from DDS, and Annette Hanson, Katherine Page, Raylyn Garrett, and Patrick McMahan from DHCS.

Purpose of the Review

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

Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

The compliance monitoring review protocol is comprised of sections/components designed to determine if the consumers' needs and program requirements are being met and that services are being provided in accordance with the consumers' individual program plans (IPPs). Specific criteria have been developed for the review sections listed below that are derived from federal/state statutes and regulations and from Centers for Medicare & Medicaid Services directives and guidelines relating to the provision of HCBS Waiver services.

Scope of Review

The monitoring team reviewed a sample of 44 HCBS Waiver consumers. In addition, 1) three consumers who moved from a developmental center; and 2) ten consumers were reviewed who had special incidents reported to DDS during the review period of May 1, 2007 – April 30, 2008.

The monitoring team completed visits to six community care facilities (CCFs) and 12 day programs. The team reviewed 6 CCF and 19 day program consumer records and had face-to-face visits with 30 selected sample consumers.

Overall Conclusion

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

Forty-four sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. The sample records were 83 -100% in compliance for 28 applicable criteria. Two criteria were rated as not applicable for this review.

The sample records were 99% in overall compliance for this review. GGRC's records were 99% and 97% in overall compliance for the collaborative reviews conducted in 2006 and in 2004, respectively.

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

Six consumer records were reviewed at six CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 99% in compliance for the 19 criteria. GGRC's records were 98% and 94% in overall compliance for the collaborative reviews conducted in 2006 and in 2004, respectively.

Section IV – Day Program Consumer Record Review

Nineteen consumer records were reviewed at 12 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. Three criteria were rated as not applicable for this review.

The sample records were 98% in overall compliance for this review. GGRC's records were 99% and 97% in overall compliance for the collaborative reviews conducted in 2006 and in 2004 respectively.

Section V – Consumer Observations and Interviews

Thirty 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

Nine 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

GGRC's Director of Clinical Services 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.

Section VI C – Quality Assurance Interview

The Quality Assurance Supervisor and a Quality Assurance Specialist were interviewed using a standard interview instrument. The staff responded to informational questions regarding how GGRC 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 CCF and three day program service providers were interviewed using a standard interview instrument. The service providers responded to questions in the context of the sample consumers regarding their knowledge of the consumer, the annual review process and the monitoring of health issues, medications, progress, safety and emergency preparedness. The service providers were familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interviews

Five CCF and three day program direct service staff were interviewed using a standard interview instrument. The direct service staff responded to questions regarding their knowledge of consumers, the IPP, communication, service delivery, procedures for safety, emergency preparedness, and medications. The staff were familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VIII – Vendor Standards Review

The monitoring team reviewed five CCFs and three day programs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. 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. The CCFs and day programs were found to be in good condition with no immediate health and safety concerns. However, issues were noted at two CCF's and one day program.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 44 HCBS Waiver consumers and ten supplemental sample consumers for special incidents during the review period. GGRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported all of the ten applicable incidents to GGRC within the required timeframes, and GGRC subsequently transmitted nine of the ten special incidents to DDS within the required timeframes. GGRC's follow-up activities on consumer incidents were timely and appropriate for the severity of the situation.

SECTION I

REGIONAL CENTER SELF ASSESSMENT

I. Purpose

The regional center self assessment addresses the California Home and Community-based Services (HCBS) Waiver assurances criteria and is designed to provide information about the regional center's processes and practices. The responses are used to verify that the regional center has processes in place to ensure compliance with federal and state laws and regulations.

The self assessment obtains information about Golden Gate Regional Center's (GGRC) 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

GGRC is 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 GGRC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self assessment criteria.

- ✓ The full response to the self assessment is available upon request.

Regional Center Self Assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
<p>State conducts level of care need determinations consistent with the need for institutionalization</p>	<p>The regional center ensures that consumers meet ICF/DD, ICF/DD-H, or ICF/DD-N facility level of care requirements as a condition of initial and annual eligibility for the HCBS Waiver Program.</p> <p>Regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meet the federal definition of a Qualified Mental Retardation Professional (QMRP).</p> <p>The regional center ensures that consumers are eligible for full scope Medi-Cal benefits before enrolling them in the HCBS Waiver.</p>
<p>Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services</p>	<p>The regional center takes action(s) to ensure consumers' rights are protected.</p> <p>The regional center takes action(s) to ensure that the consumers' health needs are addressed.</p> <p>The regional center ensures that behavior plans preserve the right of the consumer to be free from harm.</p> <p>The regional center maintains a Risk Management, Risk Assessment and Planning Committee.</p> <p>The regional center has developed and implemented a Risk Management/Mitigation Plan.</p> <p>Regional centers and local Community Care Licensing offices coordinate and collaborate in addressing issues involving licensing requirements and monitoring of CCFs pursuant to the MOU between DDS and Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 community care facilities.</p> <p>The regional center reviews each community care facility annually to assure services are consistent with the program design and applicable laws, and development and implementation of corrective action plans as needed.</p> <p>The regional center conducts not less than two unannounced monitoring visits to each CCF annually.</p> <p>Service coordinators perform and document periodic reviews [at least annually] to ascertain progress toward achieving IPP objectives, and the consumer's and the family's satisfaction with the IPP and its implementation.</p> <p>Service coordinators have quarterly face-to-face meetings with consumers in CCFs, Family Home Agencies, Supported Living Services, and Independent Living Services to review services and progress toward achieving the IPP objectives for which the service provider is responsible.</p>

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

SECTION II

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

1. Forty-four HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	16
With Family	14
Independent or Supported Living Setting	14

2. The review period covered activity from May 1, 2007 – April 30, 2008.

III. Results of Review

The 44 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Two criteria were not applicable for this review.

- ✓ The sample records were in 100% compliance for 25 criteria. There are no recommendations for these criteria.
- ✓ Findings for four 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.a The consumer’s qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in ICF/DD, ICF/DD-H, ICF/DD-N facilities are documented in the consumer’s CDER and/or other assessments. (SMM 4442.5), (42 CFR 441.302(c)), (Title 22, CCR, §51343)

Finding

Forty-three of the 44 (98%) applicable consumer records identified at least two qualifying conditions. The record for consumer #XX, identified [REDACTED]

[REDACTED]

2.5.a Recommendation	Regional Center Plan/Response
GGRC should reevaluate the HCBS Waiver eligibility of consumer #XX to ensure that the consumer meets the level of care requirements [REDACTED]	Consumer #XX has been reviewed and the IPP is being revised to include qualifying deficits: [REDACTED]

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

Ten of the 11 (91%) applicable sample consumer records contained IPP addenda signed by an authorized GGRC representative and the consumer or their legal representative. The record for consumer #X contained an IPP addendum dated X/X/XXXX that was not signed by [REDACTED].

2.7.b Recommendation	Regional Center Plan/Response
GGRC should ensure that [REDACTED] consumer #X signs the IPP addendum dated X/X/XXXX.	[REDACTED] will sign the X/X/XXXX IPP addendum. [REDACTED] has signed other documents and will continue to do so in future.

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

Findings

Twenty-five of the 30 (83%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, five records did not contain documentation of all the required quarterly meetings, as indicated below:

1. Consumers #X and #XX: The records contained documentation of three face-to face quarterly meetings.
2. Consumers #XX and #XX: The records contained documentation of two face-to face quarterly meetings.
3. Consumer #XX: The record contained documentation of one face-to-face quarterly meeting.

2.13.a Recommendations	Regional Center Plan/Response
GGRC should ensure that future face-to-face meetings are completed and documented each quarter for consumers #X, #XX, #XX, #XX and #XX.	In the future, GGRC will utilize the SANDIS Welcome Screen to track this. Supervisors will follow up on any overdue documentation.

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

Findings

Twenty-five of the 30 (83%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, five records did not contain all the required quarterly reports of progress, as indicated below:

1. Consumers #X and #XX: The records contained documentation of three quarterly reports of progress.
2. Consumers #XX and #XX: The records contained documentation of two quarterly reports of progress.
3. Consumer #XX: The record contained no documentation of quarterly reports of progress.

2.13.b Recommendation	Regional Center Plan/Response
GGRC should ensure that future reports of progress are completed each quarter for consumers #X, #XX, #XX, #XX, #XX.	In the future, GGRC will utilize the SANDIS Welcome Screen to track this. Supervisors will follow up on any overdue documentation.

V. Supplementary Findings

GGRC is purchasing [REDACTED] for consumer #XX. However, this service is being purchased using the service code for [REDACTED] rather than [REDACTED] service code.

Recommendation	Regional Center Plan/Response
GGRC should ensure that the correct service code is utilized for the [REDACTED]	The service code will be changed to [REDACTED]

Regional Center Consumer Record Review Summary
Sample Size = 44 records

	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	44			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.	44			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.	44			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	44			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.			44	NA	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))	44			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))			44	NA	None

Regional Center Consumer Record Review Summary						
Sample Size = 44 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)	44			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)	43	1		98	See Narrative
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	44			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))	44			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)	40		4	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))	44			100	None
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	10	1	33	91	See Narrative
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	44			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))	44			100	None

Regional Center Consumer Record Review Summary
Sample Size = 44 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).	43		1	100	None
2.9.b	The IPP addresses the special health care requirements.	12		32	100	None
2.9.c	The IPP addressed the services for which the CCF provider is responsible for implementing.	16		28	100	None
2.9.d	The IPP addressed the services for which the day program provider is responsible for implementing.	28		16	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.	14		30	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	44			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	6		38	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))	44			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))	44			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	11		33	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))	44			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 44 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>)	44			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>)	25	5	14	83	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	25	5	14	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. (<i>WIC §4418.3</i>)	3		44	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

Six consumer records were reviewed at six 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 15 of the 16 applicable criteria. Three criteria (3.7.a, 3.7.b, and 3.7.c) were rated not applicable because the consumers did not have any reportable special incidents during the review period.

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

IV. Finding and Recommendation

- 3.4.a Service Level 2 and 3 facilities prepare and maintain written semiannual reports of the consumer's progress. (*Title 17, CCR, §56026(b)*)

Finding

Three of the four (75%) applicable consumer records contained semiannual reports of the consumers' progress. However, the record for consumer #XX at CCF #X was missing one of the required reports.

3.4.a Recommendation	Regional Center Plan/Response
GGRC should ensure that CCF #X prepares semiannual reports of progress for consumer #XX	Quality Assurance Specialist will follow up to ensure CCF prepares semiannual written reports.

Community Care Facility Record Review Summary						
Sample Size: Consumers = 6; CCFs = 6						
	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>)	6			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	6			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	6			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.	6			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	6			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	6			100	None
3.1.i	Special safety and behavior needs are addressed.	3		3	100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17, and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. (<i>Title 17, CCR, §56019(c)(1)</i>)	6			100	None
3.3	The facility has a copy of the consumer's current IPP. (<i>Title 17, CCR, §56022(c)</i>)	6			100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 6; CCFs = 6						
	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>)	3	1	2	75	See Narrative
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.	4		2	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. (<i>Title 17, CCR, §56026(c)</i>)	2		4	100	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	2		4	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>)	2		4	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>)	6			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	5		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>)			6	NA	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)			6	NA	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. (<i>Title 17, CCR, §54327</i>)			6	NA	None

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

Nineteen sample consumer records were reviewed at 12 day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria.

III. Results of Review

The consumer records were 100% in compliance for 11 of the 14 applicable criteria. Three criteria (4.5.a, 4.5.b, and 4.5.c) were rated not applicable because the consumers did not have any reportable special incidents during the review period.

- ✓ A summary of the results of the review is shown in the table at the end of this section.
- ✓ Findings for three criteria are detailed below.

IV. Findings and Recommendations

Finding

- 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*)

Eighteen of the 19 (95%) sample consumer records contained authorizations for emergency medical treatment. The authorization in the record for consumer #XX at day program #XX was not signed by [REDACTED]

4.1.d. Recommendation	Regional Center Plan/Response
GGRC should ensure that the authorization for emergency medical treatment is signed by [REDACTED]	GGRC will ensure day program has [REDACTED] sign the emergency medical treatment form.

4.1.e The consumer record contains documentation that the consumer has been informed of his/her personal rights.

Finding

Eighteen of the 19 (95%) sample consumer records contained documentation that the consumer and/or their authorized representative had been informed of their personal rights. The record for consumer #XX at day program #XX did not contain documentation that the consumer had been informed of his personal rights.

4.1.e Recommendation	Regional Center Plan/Response
GGRC should ensure that day program provider #XX documents that [REDACTED] has been informed of the consumer's personal rights.	GGRC will ensure day program has informed [REDACTED] of consumer's personal rights.

4.4.a The day program prepares and maintains written semiannual reports of the consumer's performance and progress. (*Title 17, CCR, §56026(b)*)

Finding

Fifteen of the 17 (88%) applicable sample consumer records contained semiannual reports of consumer progress. The records for consumers #X and consumer #XX at day program #X contained only one of the required semiannual reports of progress.

4.4.a Recommendation	Regional Center Plan/Response
GGRC should ensure day program #X8 completes semiannual reports of progress for consumers #X and #XX.	Quality Assurance Specialist will follow up to ensure day program completes semiannual reports.

Day Program Record Review Summary						
Sample Size: Consumers = 19; Day Programs = 12						
	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)	19			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.	19			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.	19			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.	19			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.	18	1		95	See Narrative
4.1.e	The consumer record contains documentation that the consumer and/or the authorized consumer representative have been informed of his/her personal rights.	18	1		95	See Narrative
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.	19			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 19; Day Programs = 12						
	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.	19			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	8		11	100	None
4.2	The day program has a copy of the consumer's current IPP. (<i>Title 17, CCR §56720(b)</i>)	19			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>)	19			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.	19			100	None
4.4.a	The day program prepares and maintains written semiannual reports. (<i>Title 17, CCR, §56720(c)</i>)	15	2	2	88	See Narrative
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services for which the day program is responsible for implementing.	17		2	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>)			19	NA	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)			19	NA	None
4.5.c	There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. (<i>Title 17, CCR, §54327</i>)			19	NA	None

SECTION V

CONSUMER OBSERVATIONS AND INTERVIEWS

I. Purpose

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

II. Scope of Observations and Interviews

Thirty of forty-four consumers were observed and/or interviewed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Eighteen consumers agreed to be interviewed by the monitoring teams.
- ✓ Twelve consumers did not communicate verbally or declined to be interviewed, but were observed.
- ✓ Fourteen consumers were unavailable or declined 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 nine Golden Gate Regional Center (GGRC) 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 coordinators obtain information from the consumers, service providers and family members regarding 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 GGRC 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. GGRC'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 were knowledgeable about the special incident report (SIR) process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed. GGRC quality assurance (QA) staff provide training regarding SIRs to the service coordinators two times a year. The QA staff utilize information gained from risk management trend analysis to train service coordinators on current health and safety issues.

SECTION VI B

CLINICAL SERVICES INTERVIEW

I. Purpose

The clinical services interview is used to obtain supplemental information on how the regional center is organized to provide clinical support to consumers and service coordinators. The interview with clinical services staff aids in determining what measures the regional center is utilizing to ensure the ongoing health and safety of all Home and Community-based Services Waiver consumers.

II. Scope of Interview

1. The interview questions cover the following topics: routine monitoring of consumers with medical issues, medications and behavior plans; coordination of medical and mental health care for consumers; circumstances under which actions are initiated for medical or behavior issues; clinical supports to assist service coordinators (SCs); improved access to preventive health care resources; role in Risk Management Committee and special incident reports.
2. The monitoring team interviewed the Director of Clinical Services at Golden Gate Regional Center (GGRC).

III. Results of Interview

1. The clinical team at GGRC consists of the Director of Clinical Services, a part-time clinical nurse, Medicaid waiver nurses, early start nurses, staff physicians, a pharmacy consultant, psychology consultants, staff psychologists, pediatricians, and a dental coordinator.
2. The clinical team is available on an ongoing basis to assist service coordinators with consumers' health related issues. When indicated, GGRC's clinical team physicians consult with and/or make referrals to community physicians and/or specialists.
3. The clinical team meets monthly and is involved in a variety of ways to support consumers with behavior challenges. Behavior plans are monitored by the clinical team for effectiveness and use of appropriate interventions. The GGRC clinical team also interfaces with community mental health services in conjunction with its crisis intervention team within the three county catchment area.
4. The clinical team provides ongoing training to service coordinators. This is done through in-service training and/or individual consultation regarding

- consumer specific issues. For instance, the pharmacist consultant is available to review consumers' medication regimens in an effort to prevent adverse medication interactions and side effects.
5. GGRC has taken a proactive role in advocating for prevention, education, resource development, and medical treatment for its consumers. These efforts include:
- ✓ The pharmacist consultant conducts in-services on medication management for providers and service coordinators.
 - ✓ The dental coordinator conducts training classes to help educate consumers regarding the dental process. Dental care training tapes are available for providers.
 - ✓ GGRC collaborates with the University of California, San Francisco (UCSF) utilizing resources of their intern and resident-level pediatric physicians for consumers and families. As a result, UCSF intern and resident physicians are able to increase their knowledge about people with developmental disabilities.
 - ✓ GGRC's clinical nurse and physician are available for home evaluations and assessments as needed.

The Director of Clinical Services is a member of the Risk Management and Mortality Review Committee which meets monthly. One function of this committee is the review of incident reports for trends and organizing appropriate responses in an effort to minimize risks to consumers. The Director of Clinical Services reviews all special incident reports. Incidents involving medical issues may be referred to a clinical team physician or nurse to coordinate or monitor follow-up activities.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

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

II. Scope of Interview

The monitoring team interviewed the Quality Assurance Supervisor and a Quality Assurance Specialist, who are part of the team responsible for conducting Golden Gate Regional Center's (GGRC) QA activities.

III. Results of Interview

1. The QA staff are responsible for conducting the triennial quality assurance evaluations of CCFs. The evaluation teams are composed of at least two people who utilize a QA evaluation packet which contains instructions and a checklist for team members conducting the evaluation. Between the triennial visit one individual of the QA staff will conduct a "mini" quality assurance evaluation. Currently, GGRC's Quality Management Task Force is revising the QA evaluation packet as well as developing new tools to enhance the QA evaluation process.
2. Service coordinators function as facility liaisons and are responsible for conducting the annual Title 17 monitoring reviews and the two unannounced visits annually at CCFs. Any findings from the service coordinators are reviewed by the QA staff and are entered into an Access database that tracks all the findings. Any follow-up to corrective action plans (CAPs) is done by the QA staff.
3. Before conducting monitoring reviews and evaluations, the QA team reviews vendor files, IPPs, prior quality assurance reports, corrective action plans (CAPs), and may interview families and service coordinators in developing the evaluation report. Additionally, each CCF administrator is provided a compact disc (CD) that educates and explains the QA evaluation process.

4. The Risk Management Committee meets quarterly to discuss trends related to SIRs. QA staff investigates special incident reports (SIRs) in collaboration with Community Care Licensing or law enforcement, as needed. Quality Assurance staff will conduct follow-up for SIRs related to vendors and training for providers and service coordinators, based on the SIR trend analysis.
5. The QA specialists verify licenses and resumes of all vendor applications and proposals for new services. The Resource Development Committee reviews the Request for Proposal or Letter for Intent for Level 3 and 4 homes and will interview the qualified providers.

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 eight service providers at five 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 eight direct service staff interviews at five 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 five CCFs and three day programs.
2. The team used a monitoring review checklist consisting of 23 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

III. Results of Review

All of the CCFs and day programs were found to be in good condition with no immediate health and safety concerns. However, issues were noted at two CCFs and one day program. The specific findings and recommendations are detailed below.

IV. Findings and Recommendations

8.2c Medication Records Non-PRN

Finding

At CCF #X, the medication administration record for consumer #XX lacked a signature [REDACTED]. However, the provider stated the consumer had received the medication.

8.2c Recommendation	Regional Center Plan/Response
GGRC should ensure that the provider at CCF #X properly documents all medications.	Quality Assurance liaison will follow up during facility monitoring. Quality Assurance Specialist will train staff on medication storing and documentation.

8.2d Medication Records PRN

Finding

CCF #X was not maintaining documentation for PRN medications given.

8.2d Recommendation	Regional Center Plan/Response
GGRC should ensure that the provider at CCF #X properly documents all required PRN medication information.	Quality Assurance liaison will follow up during facility monitoring. Quality Assurance Specialist will train staff on medication storing and documentation.

8.5c Statement of Rights

Finding

Day program #X did not have a statement of consumers' rights posted.

8.5.c Recommendation	Regional Center Plan/Response
GGRC should ensure that the provider at day program #X posts a statement of consumer rights.	Quality Assurance Specialist will follow up and ensure that consumer rights are posted at the day program.

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 Golden Gate Regional Center (GGRC) 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 44 consumers selected for the Home and Community-based Services (HCBS) Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of ten consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. GGRC reported all deaths during the review period to DDS.
2. GGRC reported all special incidents in the sample of 44 records selected for the HCBS Waiver review to DDS.
3. GGRC's vendors reported all of the ten (100%) incidents in the supplemental sample within the required timeframes.
4. GGRC reported nine of the ten (90%) incidents to DDS in the supplemental sample within the required timeframes.
5. GGRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the ten incidents.

IV. Finding

Consumer #XX: The incident occurred on June 12, 2007, and was reported to GGRC on June 13, 2007. However, GGRC did not report the incident to DDS until June 18, 2007.

Recommendation	Regional Center Plan/Response
GGRC should ensure that all special incidents are reported to DDS within the required timeframes.	GGRC staff are to notify the SIR Coordinator by telephone or email whenever they submit an SIR. Each day GGRC prints a listing of SIR's that are in the program but have not been processed. Staff are periodically reminded of this procedure and new staff receive an in-service re SIR procedures. SANDIS staff will be contacted again in an ongoing effort to have the SIR program's e-mail notification system fixed.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

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

#	UCI	CCF #	Day Program #	Vendor #
37	XXXXXXXX			XXXXXXXX
38	XXXXXXXX			XXXXXXXX
39	XXXXXXXX			XXXXXXXX
40	XXXXXXXX			XXXXXXXX
41	XXXXXXXX			XXXXXXXX
42	XXXXXXXX			XXXXXXXX
43	XXXXXXXX			XXXXXXXX
44	XXXXXXXX			XXXXXXXX

Supplemental Sample Consumers

#	UCI
DC 1	XXXXXXXX
DC 2	XXXXXXXX
DC 3	XXXXXXXX

SIR Review Consumers

#	UCI	Vendor #
60	XXXXXXXX	XXXXXXXX
61	XXXXXXXX	XXXXXXXX
62	XXXXXXXX	XXXXXXXX
63	XXXXXXXX	XXXXXXXX
64	XXXXXXXX	XXXXXXXX
65	XXXXXXXX	XXXXXXXX
66	XXXXXXXX	XXXXXXXX
67	XXXXXXXX	XXXXXXXX
68	XXXXXXXX	XXXXXXXX
69	XXXXXXXX	XXXXXXXX