

**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**

May 12 - 21, 2014

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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 May 12 - 21, 2014 at Golden Gate Regional Center (GGRC). The monitoring team members were Corbett Bray (Team Leader), Ray Harris and Kathy Benson from DDS, and Raylyn Garrett and Jalal Haddad 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 42 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers who moved from a developmental center; and 2) ten consumers who had special incidents reported to DDS during the review period of March 1, 2013, through February 28, 2014.

The monitoring team completed visits to five community care facilities (CCFs) and seventeen day programs. The team reviewed five CCF and twenty-three day program consumer records and thirty-five selected sample consumers were interviewed and/or observed.

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-two 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 99% in overall compliance for this review. GGRC's records were 99% and 98% in overall compliance for the collaborative reviews conducted in 2012 and in 2010, respectively.

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

Five consumer records were reviewed at five CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100% in overall compliance for the 16 applicable criteria in this review. Three criteria were not applicable for this review.

GGRC's records were 100% and 98% in overall compliance for the collaborative reviews conducted in 2012 and in 2010, respectively.

Section IV – Day Program Consumer Record Review

Twenty-three consumer records were reviewed at seventeen day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations.

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

Section V – Consumer Observations and Interviews

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

Section VI A – Service Coordinator Interviews

Eight 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

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, and the clinical team's participation in the Risk Management, Assessment and Planning Committee and the Mortality Review Committee.

Section VI C – Quality Assurance Interview

A quality assurance specialist was interviewed using a standard interview instrument. She 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

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

Section VIII – Vendor Standards Review

The monitoring team reviewed five CCFs and one day program utilizing a standard checklist with 24 criteria that are consistent with HCBS Waiver requirements. All of the reviewed vendors were in good repair with no immediate health or safety concerns observed.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 42 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 seven of the ten incidents to GGRC within the required timeframes, and GGRC subsequently transmitted all 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 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 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
State conducts level of care need determinations consistent with the need for institutionalization	<p>The regional center ensures that consumers meet ICF/DD, ICF/DD-H, or ICF/DD-N facility level of care requirements as a condition of initial and annual eligibility for the HCBS Waiver Program.</p> <p>Regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meet the federal definition of a Qualified Mental Retardation Professional (QMRP).</p> <p>The regional center ensures that consumers are eligible for full scope Medi-Cal benefits before enrolling them in the HCBS Waiver.</p>
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services	<p>The regional center takes action(s) to ensure consumers' rights are protected.</p> <p>The regional center takes action(s) to ensure that the consumers' health needs are addressed.</p> <p>The regional center ensures that behavior plans preserve the right of the consumer to be free from harm.</p> <p>The regional center maintains a Risk Management, Risk Assessment and Planning Committee.</p> <p>The regional center has developed and implemented a Risk Management/Mitigation Plan.</p> <p>Regional centers and local Community Care Licensing offices coordinate and collaborate in addressing issues involving licensing requirements and monitoring of CCFs pursuant to the MOU between DDS and Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 community care facilities.</p> <p>The regional center reviews each community care facility annually to assure services are consistent with the program design and applicable laws, and development and implementation of corrective action plans as needed.</p> <p>The regional center conducts not less than two unannounced monitoring visits to each CCF annually.</p> <p>Service coordinators perform and document periodic reviews [at least annually] to ascertain progress toward achieving IPP objectives, and the consumers' 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-two HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	15
With Family	14
Independent or Supported Living Setting	13

2. The review period covered activity from March 1, 2013 – February 28, 2014.

III. Results of Review

The 42 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Three supplemental records were reviewed solely for documentation indicating that the consumer received face-to-face reviews every thirty days after moving from a developmental center.

- ✓ The sample records were in 100% compliance for 28 criteria. There are no recommendations for these criteria.
- ✓ A summary of the results of the review is shown in the table at the end of this section.
- ✓ Findings for three criteria are detailed below.

IV. Findings and Recommendations

2.5.b The consumers' qualifying conditions documented in the Client Development Evaluation Report (CDER) are consistent with information contained in the consumers' record. (*SMM 4442.5*), (*42 CFR 441.302(c)*), (*Title 22, CCR, §51343*)

Finding

Forty-one of the 42 (98%) sample consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. The record for consumer #33 identified "outbursts" on the DS 3770. However, there was no supporting information in the consumers' 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
GGRC should determine if the item listed above is appropriately identified as a qualifying condition. 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 qualifying conditions. Due to an insufficient number of qualifying conditions, the correction may require that the consumer's HCBS Waiver eligibility be terminated. If GGRC 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.	This individual will be terminated from the Waiver.

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)*)

Finding

Forty-one of the 42 (98%) sample consumer records contained IPPs that addressed the consumers' qualifying conditions. However, the IPP for consumer #34 did not

identify the supports or services that are in place for “requires assistance to take medication”, as indicated in IPP annual review dated February 19, 2014.

2.9.a Recommendation	Regional Center Plan/Response
GGRC should ensure that the IPP for consumer #34 addresses the services and supports in place for “requires assistance to take medication.”	IPP addendum dated 5/13/14 amends the IPP of 3/8/13 to address the required services and supports (see attached).

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

Finding

Thirty-one of the 32 (97%) applicable sample consumer records contained IPPs that addressed the consumers’ day program services. The IPP for consumer #25 did not address the services for which the day program provider is responsible for implementing.

2.9.a Recommendation	Regional Center Plan/Response
GGRC should ensure that the IPP for consumer #25 addresses the services for which the day program provider is responsible for implementing.	The IPP of 2/5/13 referenced the day program’s ISP. An IPP Addendum will be written to specify the services being provided by the day program.

Regional Center Consumer Record Review Summary						
Sample Size = 42 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	42			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 consumers' initial HCBS Waiver eligibility certification, annual recertifications, the consumers' 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.	42			100	None
2.1.b	The DS 3770 form identifies the consumers' qualifying conditions and any applicable special health care requirements for meeting the Title 22 level of care requirements.	42			100	None
2.1.c	The DS 3770 form documents annual recertifications.	41		1	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	3		39	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))	42			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 consumers' IPP, or the consumers' HCBS Waiver eligibility has been terminated. (SMM 4442.7), (42 CFR Part 431, Subpart E), (WIC §4646(g))	1		41	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 42 + 3 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)	42			100	None
2.5.a	The consumers' 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 consumers' CDER and other assessments. (SMM 4442.5), (42 CFR 441.302(c)), (Title 22, CCR, §51343)	42			100	None
2.5.b	The consumers' qualifying conditions documented in the CDER are consistent with information contained in the consumers' record.	41	1		98	See Narrative
2.6.a	IPP is reviewed (<i>at least annually</i>) by the planning team and modified as necessary, in response to the consumers' changing needs, wants or health status. (42 CFR 441.301(b)(1)(I))	42			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)	29		13	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))	42			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.	30		12	100	None
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	42			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))	42			100	None

Regional Center Consumer Record Review Summary Sample Size = 42 + 3 Supplemental Records						
2.9	The IPP addresses the consumers' 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).	41	1		98	See Narrative
2.9.b	The IPP addresses the special health care requirements.	26		16	100	None
2.9.c	The IPP addresses the services for which the CCF provider is responsible for implementing.	15		27	100	None
2.9.d	The IPP addresses the services for which the day program provider is responsible for implementing.	31	1	10	97	See Narrative
2.9.e	The IPP addresses the services for which the supported living services agency or independent living services provider is responsible for implementing.	13		29	100	None
2.9.f	The IPP addresses the consumers' goals, preferences and life choices.	42			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	7		35	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))	42			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))	42			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	30		12	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))	42			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 42 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic review and reevaluations of consumer progress are completed (<i>at least annually</i>) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. (<i>WIC §4646.5(a)(6)</i>)	42			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>)	28		14	100	None
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	28		14	100	None
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumers' move from a developmental center to a community living arrangement. (<i>WIC §4418.3</i>)	3		42	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

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

III. Results of Review

The consumer records were 100% in compliance for the 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 = 5; CCFs = 5						
	Criteria	+	-	N/A	% Met	Follow-up
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. <i>(Title 17, CCR, §56017(b)), (Title 17, CCR §56059(b)), (Title 22, CCR, §80069)</i>	5			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	5			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	5			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.	5			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	5			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	5			100	None
3.1.i	Special safety and behavior needs are addressed.	5			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>	5			100	None
3.3	The facility has a copy of the consumers' current IPP. <i>(Title 17, CCR, §56022(c))</i>	5			100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 5; CCFs = 5						
	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>)	4		1	100	None
3.4.b	Semiannual reports address and confirm the consumers' progress toward achieving each of the IPP objectives for which the facility is responsible.	4		1	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>)	1		4	100	None
3.5.b	Quarterly reports address and confirm the consumers' progress toward achieving each of the IPP objectives for which the facility is responsible.	1		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>)	1		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>)	5			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	5			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>)			5	N/A	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>)			5	N/A	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>)			5	N/A	None

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

Twenty-three sample consumer records were reviewed at 17 day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 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.

III. Results of Review

The consumer records were 100% in compliance for 12 of the 14 applicable criteria.

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

IV. Findings and Recommendations

- 4.2 The day program has a copy of the consumers' current IPP.
(Title 17, CCR, § 56720)(b))

Findings

Twenty-one of the 23 (91%) sample consumer records contained a copy of the consumers' current IPP. However, the records for consumer #1 at DP #3 and consumer #27 at DP #1 did not contain a copy of the current IPP.

4.2 Recommendation	Regional Center Plan/Response
GGRC should ensure that day program providers #1 and #3 receive a current copy of the consumers' IPP.	Current copies of IPP and, as applicable, IPP Addenda will be sent to the programs. They will be reminded these must be filed in the consumers' record.

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

Findings

Nineteen of the 22 (86%) applicable consumer records contained written semiannual reports of consumer progress. However, the records for consumers #3 and #13 at DP #15, and consumer #17 at DP #17 contained only one of the required progress reports completed in the monitoring review period.

4.4.a Recommendations	Regional Center Plan/Response
GGRC should ensure that day program providers #15 and #17 prepare written semiannual reports of consumer progress.	Letters will be sent to these providers requesting copies of reports from the time period of the audit, as well as current reports.
GGRC should assess what actions may be necessary to ensure that all day programs prepare semiannual reports of consumer progress.	GGRC staff will be reminded they must receive copies of semiannual reports for our records and to follow up with the program as necessary. If program does not provide the report, GGRC management will contact the program administrator to address the issue.

Day Program Record Review Summary						
Sample Size: Consumers = 23; Day Programs = 17						
	Criteria	+	-	N/A	% Met	Follow-up
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. (Title 17, CCR, §56730)	23			100	None
4.1.a	The consumer record contains current emergency and personal identification information including the consumers' address, telephone number, names and telephone numbers of residential care provider, relatives, and/or guardian or conservator, physician name(s) and telephone number(s), pharmacy name, address and telephone number and health plan, if appropriate.	23			100	None
4.1.b	The consumer record contains current health information that includes current medications, known allergies, medical disabilities, infectious, contagious, or communicable conditions, special nutritional needs, and immunization records.	23			100	None
4.1.c	The consumer record contains any medical, psychological, and social evaluations identifying the consumers' abilities and functioning level, provided by the regional center.	23			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.	21		2	100	None
4.1.e	The consumer record contains documentation that the consumer and/or the authorized consumer representative has been informed of his/her personal rights.	23			100	None
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing.	23			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 23; Day Programs = 17						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	23			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	19		4	100	None
4.2	The day program has a copy of the consumers' current IPP. (<i>Title 17, CCR §56720(b)</i>)	21	2		91	See Narrative
4.3.a	The day program provider develops, maintains, and modifies as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. (<i>Title 17, CCR, §56720(a)</i>)	23			100	None
4.3.b	The day program's ISP or other program documentation is consistent with the services addressed in the consumers' IPP.	23			100	None
4.4.a	The day program prepares and maintains written semiannual reports. (<i>Title 17, CCR, §56720(c)</i>)	19	3	1	86	See Narrative
4.4.b	Semiannual reports address the consumers' performance and progress relating to the services for which the day program is responsible for implementing.	22		1	100	None
4.5.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)			23		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>)			23		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>)			23		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-five of the 42 consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

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

III. Results of Observations and Interviews

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

SECTION VI A

SERVICE COORDINATOR INTERVIEWS

I. Purpose

The interviews determine how well the service coordinators know their consumers, the extent of their participation in the individual program plan (IPP)/annual review process, and how they monitor services, health and safety issues.

II. Scope of Interviews

1. The monitoring team interviewed eight 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 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 (SIR), 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 GGRC's clinical team and internet medication guides as resources. GGRC's physicians are available to consult with the service coordinators regarding any concerns they may have about their consumers' health, mental health and dental needs.

4. The service coordinators monitor the consumers' services, health and safety during periodic visits. They are aware of the consumers' health issues. The service coordinators were knowledgeable about the SIR process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed.

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 helps to understand what measures the regional center is utilizing to ensure the ongoing health and safety of all Home and Community-Based Services Waiver consumers.

II. Scope of Interview

1. The interview questions cover the following topics: routine monitoring of consumers with medical issues, medications and behavior plans; coordination of medical and mental health care for consumers; circumstances under which actions are initiated for medical or behavior issues; clinical supports to assist service coordinators; improved access to preventive health care resources; role in 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, nurses, physicians, a pharmacy consultant, psychologists, pediatricians, and a dental coordinator.
2. Members of the clinical team will participate in the consumers' planning team meeting when needed. GGRC's physicians collaborate with local health care providers when indicated to ensure that consumers' health care needs are met. The clinical team is available to assist with discharge planning when requested. Nurses may also visit hospitalized consumers and will follow consumers with complex medical needs.

3. The clinical team provides support for consumers with behavior challenges. A psychologist will review behavior plans and requests for services as needed. The clinical team collaborates with community mental health agencies on a case by case basis to coordinate services.
4. The clinical team provides ongoing support to service coordinators. The team is available to assist service coordinators with consumer specific health concerns, including end of life issues. The clinical team provides training to staff and providers on a variety of health related topics, such as healthy nutrition, pain assessment and management, universal precautions and medications. Clinical team members are also involved in new employee orientation training.
5. GGRC has improved access to healthcare resources through the following programs:
 - ✓ The pharmacist is available to provide medication training for providers and service coordinators
 - ✓ The dental coordinator conducts oral hygiene classes to help educate consumers regarding dental health
 - ✓ Medical residents and fellows from Stanford University of California visit GGRC to learn about developmental disabilities and the regional center system as part of their rotation
6. The Director of Clinical Services is a member of the Risk Management, Assessment and Planning Committee and is also on the Mortality Review Committee. All death related special incident reports are reviewed by the director. Also, incidents involving medical issues may be referred to a clinical team physician or nurse for review, and coordination of follow-up as needed. The clinical team may provide training and technical assistance when trends are identified.

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

II. Scope of Interview

The monitoring team interviewed a quality assurance specialist who is part of the team responsible for conducting Golden Gate Regional Center's (GGRC) QA activities.

III. Results of Interview

Service coordinators are assigned as facility liaisons to residential facilities at which they conduct the annual Title 17 monitoring reviews. Each review utilizes standardized report forms and checklists based on Title 17 regulations. The dates of the reviews are tracked in a database monitored by the QA Supervisor. Service coordinators are also responsible for conducting the two unannounced visits at each CCF.

Facility liaisons are provided training regarding substantial inadequacies and how to write corrective action plans (CAPs). When substantial inadequacies are identified, CAPs are developed by the facility liaisons with assistance from the quality assurance specialist as needed. Quality assurance specialists and/or facility liaisons provide follow up for the CAPs.

GGRC's QA Supervisor participates on the Risk Management, Assessment, and Planning Committee. The committee meets quarterly to discuss any trends related to special incident reports (SIRs). In addition to vendor specific training provided in response to findings from annual monitoring, the QA team has provided training based on the analysis of SIR trends. Recent training topics have included prevention of medication errors, reporting abuse, and special incident reporting requirements and expectations.

SECTION VII A

SERVICE PROVIDER INTERVIEWS

I. Purpose

The interviews determine how well the service provider knows the consumers, the extent of their assessment process for the annual individual program plan (IPP) development and/or review, the extent of their plan participation, how the plan was developed, how service providers ensure accurate documentation, communicate, address and monitor health issues, their preparedness for emergencies, how they monitor safety and safeguard medications.

II. Scope of Interviews

1. The monitoring team interviewed 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 individual program plan (IPP) and service delivery requirements, how they communicate, and their level of preparedness to address safety issues, their understanding of emergency preparedness, and knowledge about safeguarding medications.

II. Scope of Interviews

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

III. Results of Interviews

1. The direct service staff were familiar with the strengths, needs and preferences of their respective consumers.
2. The direct service staff were knowledgeable about their roles and responsibilities for providing the services addressed in the consumers' IPPs.
3. The direct service staff demonstrated that they understood the importance of communication with all individuals concerned with the consumers.
4. The direct service staff were prepared to address safety issues and emergencies, and were familiar with special incident reporting requirements.
5. The direct service staff demonstrated an understanding about emergency preparedness.
6. The direct service staff were knowledgeable regarding safeguarding and assisting with self-administration of medications where applicable.

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

The review ensures that the selected community care facilities (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 Home and Community-Based Services (HCBS) Waiver definition of a homelike setting.

II. Scope of Review

1. The monitoring teams reviewed a total of five CCFs and one day program.
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 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 42 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 42 records selected for the HCBS Waiver review to DDS.
3. GGRC's vendors reported seven of the ten (70%) incidents in the supplemental sample within the required timeframes.
4. GGRC reported all ten (100%) incidents to DDS 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. Findings and Recommendations

Consumer #S-3: The incident occurred on June 13, 2013. However, the vendor did not submit a written report to GGRC until June 18, 2013.

Consumer #S-6: The incident occurred on September 26, 2013. However, the vendor did not submit a written report to GGRC until October 16, 2013.

Consumer #S-9: The incident occurred on February 19, 2014. However the vendor did not submit a written report to GGRC until February 25, 2014.

Recommendations	Regional Center Plan/Response
1. GGRC should ensure that the vendors for consumers #S-3, #S-6 and #S-9 report special incidents within the required timeframes.	These vendors will be reminded of the reporting timelines and requested to provide an in-service to their staff. A training packet has been developed and will be provided to these vendors. GGRC is available to provide assistance upon request.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

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

#	UCI	CCF	DP
38	XXXXXXXX		
39	XXXXXXXX		
40	XXXXXXXX		
41	XXXXXXXX		
42	XXXXXXXX		

Supplemental Sample DC Consumers

#	UCI
DC-1	XXXXXXXX
DC-2	XXXXXXXX
DC-3	XXXXXXXX

HCBS Waiver Review Service Providers

CCF #	Vendor
1	XXXXXXXX
2	XXXXXXXX
3	XXXXXXXX
4	XXXXXXXX
5	XXXXXXXX

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

SIR Review Consumers

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