

**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**

September 12–22, 2016

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EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the Home and Community-Based Services (HCBS) Waiver from September 12–22, 2016, at Golden Gate Regional Center (GGRC). The monitoring team members were Corbett Bray (Team Leader), Linda Rhoades, Jennifer Parsons, and Nora Muir from DDS, and Annette Hanson and Raylyn Garrett from DHCS.

Purpose of the Review

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

Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

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

Scope of Review

The monitoring team reviewed a sample of 43 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) two consumers whose HCBS Waiver eligibility had been previously terminated; 2) three consumers who moved from a developmental center, and 3) ten consumers who had special incidents reported to DDS during the review period of July 1, 2015, through June 30, 2016.

The monitoring team completed visits to six community care facilities (CCF) and 18 day programs. The team reviewed seven CCF and 23 day program consumer records and interviewed and/or observed 34 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-three sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Criteria 2.13.a was 72 percent in compliance because 8 of the 29 applicable records did not contain documentation of all required quarterly face-to-face visits. Criteria 2.13.b was 76 percent in compliance because 7 of the 29 applicable records did not contain documentation of all required quarterly reports of progress. The sample records were 97 percent in overall compliance for this review.

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

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

Seven 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 percent in overall compliance for 16 criteria on this review. Three criteria were rated as not applicable for this review.

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

Section IV – Day Program Consumer Record Review

Twenty-three consumer records were reviewed at 18 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. Criterion 4.1.d was rated 74 percent in compliance because 6 of the 23 records did not contain an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer

representative. Criterion 4.1.e was rated 83 percent in compliance because 4 of the 23 records did not contain documentation that the consumer and/or their authorized representative had been informed of their personal rights. Criterion 4.4.a was rated 39 percent in compliance because 14 of the 23 records did not contain written semiannual reports of the consumer's performance and progress. The sample records were 92 percent in overall compliance for this review.

GGRC's records were 98 percent in overall compliance for the collaborative reviews conducted in 2014 and in 2012.

Section V – Consumer Observations and Interviews

Forty-three sample consumers, or in the case of minors, their parents, were interviewed and/or observed at their CCFs, day programs, or in independent living settings. The monitoring team observed that all of the consumers were in good health and were treated with dignity and respect. All but one of 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

The Director of Clinical Services was interviewed using a standard interview instrument. He responded to questions regarding the monitoring of consumers with medical issues, medications, behavior plans, the coordination of medical and mental health care for consumers, clinical supports to assist service coordinators, and the clinical team's role in the Risk Management Committee and special incident reporting.

Section VI C – Quality Assurance Interview

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

Eight service providers at five CCFs and three day programs were interviewed using a standard interview instrument. The service providers responded to questions regarding their knowledge of the consumer, the annual review process, and the monitoring of health issues, medication administration, progress, safety and emergency preparedness. The 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 reviewed vendor was in good repair with no immediate health or safety concerns observed.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 43 HCBS Waiver consumers and 10 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 8 of the 9 applicable incidents to GGRC within the required timeframes, and GGRC subsequently transmitted all 10 special incidents to DDS within the required timeframes. GGRC's follow-up activities for the 10 consumer incidents were timely and appropriate for the severity of the situation.

SECTION I

REGIONAL CENTER SELF-ASSESSMENT

I. Purpose

The regional center self-assessment addresses the California 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
<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.)	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. 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.
Only qualified providers serve HCBS Waiver participants.	The regional center ensures that all HCBS Waiver service providers have signed the "HCBS Provider Agreement Form" and meet the required qualifications at the time services are provided.
Plans of care are responsive to HCBS Waiver participant needs.	The regional center ensures that all HCBS Waiver consumers are offered a choice between receiving services and living arrangements in an institutional or community setting. Regional centers ensure that planning for IPPs includes a comprehensive assessment and information gathering process which addresses the total needs of HCBS Waiver consumers and is completed at least every three years at the time of his/her triennial IPP. The IPPs of HCBS Waiver consumers are reviewed at least annually by the planning team and modified, as necessary, in response to the consumers' changing needs, wants and health status. The regional center uses feedback from consumers, families and legal representatives to improve system performance. The regional center documents the manner by which consumers indicate choice and consent.

SECTION II

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

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

Living Arrangement	# of Consumers
Community Care Facility (CCF)	17
With Family	13
Independent or Supported Living Setting	13

2. The review period covered activity from July 1, 2015, through June 30, 2016.

III. Results of Review

The 43 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Two supplemental records were reviewed solely for documentation that GGRC had either provided the consumer with written notification prior to termination of the consumer's HCBS Waiver eligibility or the consumer had voluntarily disenrolled from the HCBS Waiver. Additionally, three supplemental records were reviewed solely for documentation indicating that the consumer received face-to-face reviews every 30 days after moving from a developmental center.

- ✓ The sample records were in 100 percent compliance for 23 criteria. There are no recommendations for these criteria.
- ✓ Findings for eight 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

- 2.2 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)]

Finding

Forty-two of the forty-three (98 percent) sample consumer records contained a completed DS 2200 form. However, the DS 2200 form in the record for consumer #20 was not signed by the consumer. During the monitoring review, the consumer signed the DS 2200. Accordingly, no recommendation is required.

- 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

Nineteen out of twenty (95 percent) applicable sample consumer records contained IPP addenda signed by GGRC and the consumer or, where appropriate, his/her parents, legal guardian, or conservator. However, the addendum for consumer #3 completed on September 16, 2015, was not signed by the consumer.

2.7.b Recommendation	Regional Center Plan/Response
GGRC should ensure that the IPP addendum for consumer #3 is signed by the consumer.	The addendum has been signed by the consumer.

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

Finding

Seventeen of the eighteen (94 percent) applicable sample consumer records contained IPPs that addressed the consumers' CCF services. However, the addendum for consumer #3, which was completed on September 16, 2015, did not address the services which the new provider is responsible for implementing.

2.9.c Recommendation	Regional Center Plan/Response
GGRC should ensure that the IPP for consumer #3 addresses the services which the CCF provider is responsible for implementing.	The services to be provided have been added to the Addendum.

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

Findings

Twenty-eight of the thirty-one (90 percent) applicable sample consumer records contained IPPs that addressed the consumers' day program services. However, the addendum for consumer #3, which was completed on September 16, 2015, and the IPPs for consumers #2 and #25 did not address the services which the day program provider is responsible for implementing.

2.9.a Recommendation	Regional Center Plan/Response
GGRC should ensure that the IPPs for consumers #2, #3, and #25 address the services which the day program provider is responsible for implementing.	Services have been added to the IPPs. Staff has been advised of the need to include this in the IPP. Supervisors will continue to monitor.

2.10.a The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. [WIC §4646.5(a)(4)]

Findings

Thirty-eight of the forty-three (88 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by GGRC. However, IPPs for five consumers did not indicate GGRC funded services as indicated below:

1. Consumer #3: "Transportation Assistant;"

2. Consumer #4: “Transportation Assistant;”
3. Consumer #20: “Transportation Additional Component;”
4. Consumer #29: “Transportation Assistant;” and,
5. Consumer #30: “Crisis Team.”

2.10.a Recommendations	Regional Center Plan/Response
GGRC should ensure that the IPPs for consumers #3, #4, #20, #29, and #30 include a schedule of the type and amount of all services and supports purchased by GGRC.	Addendums have been created to include the services purchased.

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-one of the twenty-nine (72 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for eight consumers did not meet the requirement as indicated below:

1. The records for consumers #3, #7, #14, #27, #30, and #36 contained documentation of only three of the required meetings; and,
2. The record for consumers #1 and #13 contained documentation of only one of the required meetings.

2.13.a Recommendations	Regional Center Plan/Response
GGRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #1, #3, #7, #13, #14, #27, #30, and #36.	Staff will receive ongoing training to ensure face-to-face meetings are held within timelines and documented.
In addition, GGRC should evaluate what actions may be necessary to ensure that quarterly face-to-face meetings are completed and documented for all applicable consumers.	The Quarterly Summary form is being revised. Staff will receive training in properly completing the form. Supervisors will provide ongoing monitoring.

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-two of the twenty-nine (76 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for seven consumers did not meet the requirement as indicated below:

1. The records for consumers #3, #7, #14, #30, #35, and #36 contained documentation of only three of the required quarterly reports of progress.
2. The record for consumer #27 contained documentation of only two of the required quarterly reports of progress.

2.13.b Recommendations	Regional Center Plan/Response
GGRC should ensure that future quarterly reports of progress are completed for consumers #3, #7, #14, #27, #30, #35 and #36.	Staff will receive ongoing training to ensure quarterly meetings are held within timelines and documented.
In addition, GGRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable consumers.	The Quarterly Summary form is being revised. Staff will receive training in properly completing the form. Supervisors will provide ongoing monitoring.

2.14 Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer’s move from a developmental center to a community living arrangement. (*WIC §4418.3*)

Finding

Three records were reviewed to confirm face-to-face meetings were conducted 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. The record for consumer DC-3 contained evidence of only one of the required meetings.

2.14 Recommendation	Regional Center Plan/Response
GGRC should ensure that face-to-face meetings are conducted no less than once every 30 days for the first 90 days for all consumers moving from a developmental center to a community living arrangement.	CPP social workers will visit consumers for face-to-face meetings at least once every 30 days for the first 90 days. The visits are documented in Title 19 notes. The supervisor has provided follow-up training with staff and will provide ongoing monitoring to ensure they document their visits in a timely manner.

Regional Center Consumer Record Review Summary						
Sample Size = 43 + 5 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. <i>(SMM 4442.1)</i>	43			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. <i>[SMM 4442.1; 42 CFR 483.430(a)]</i>	Criterion 2.1 consists of four sub-criteria (2.1.a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Mental Retardation Professional and the title “QMRP” appears after the person’s signature.	43			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.	43			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	42		1	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	1		42	100	None
2.2	Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). <i>[SMM 4442.7; 42 CFR 441.302(d)]</i>	42	1		98	See Narrative
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all, or part, of the components in the consumer’s IPP, or the consumer’s HCBS Waiver eligibility has been terminated. <i>[SMM 4442.7, 42 CFR Part 431, Subpart E, WIC §4646(g)]</i>	2		42	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 43 + 5 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. <i>(SMM 4442.5, 42 CFR 441.302)</i>	43			100	None
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in an ICF/DD, ICF/DD-H, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. <i>(SMM 4442.5, 42 CFR 441.302(c), Title 22, CCR, §51343)</i>	43			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	43			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. <i>[42 CFR 441.301(b)(1)(I)]</i>	43			100	None
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. <i>(HCBS Waiver requirement)</i>	28		15	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. <i>[WIC §4646(g)]</i>	43			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.	19	1	23	95	See Narrative
2.7.c	The IPP is prepared jointly with the planning team. <i>[WIC §4646(d)]</i>	43			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. <i>[WIC §4646.5(a)]</i>	43			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 43 + 5 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer's goals and needs. <i>[WIC §4646.5(a)(2)]</i>	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).	42		1	100	None
2.9.b	The IPP addresses special health care requirements.	19		24	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	17	1	25	94	See Narrative
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	28	3	12	90	See Narrative
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	13		30	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	43			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. <i>[WIC §4685(c)(2)]</i>	7		36	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. <i>[WIC §4646.5(a)(4)]</i>	38	5		88	See Narrative
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. <i>[WIC §4646.5(a)(4)]</i>	43			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. <i>[WIC §4646.5(a)(4)]</i>	21		22	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. <i>[WIC §4646.5(a)(4)]</i>	43			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 43 + 5 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>	43			100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047, Title 17, CCR, §56095, Title 17, CCR, §58680, Contract requirement</i>)	21	8	14	72	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047, Title 17, CCR, §56095, Title 17, CCR, §58680, Contract requirement</i>)	22	7	14	76	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>)	2	1	43	67	See Narrative

SECTION III

COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

I. Purpose

The review addresses the requirements for community care facilities (CCF) to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the 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

Seven 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 99 percent in compliance for 16 criteria. Three criteria were not applicable for this review.

- ✓ The sample records were 100 percent in compliance for 15 applicable criteria. There are no recommendations for these criteria.
- ✓ Finding for one criterion is detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Finding and Recommendation

3.3 The facility has a copy of the consumer's current IPP. *[Title 17, CCR, §56022(c)]*

Finding

Six of the seven (86 percent) sample consumer records contained a copy of the consumer's current IPP. However, the record for consumer #7 at CCF #4 did not have a copy of the current IPP.

3.3 Recommendation	Regional Center Plan/Response
GGRC should ensure that the record for consumer #7 at CCF #4 contains a copy of the current IPP.	A copy of the current IPP has been provided to the care home.

Community Care Facility Record Review Summary						
Sample Size: Consumers = 7; 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), Title 17, CCR, §56059(b), Title 22, CCR, §80069)</i>	7			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	7			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	4		3	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.	7			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	7			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	7			100	None
3.1.i	Special safety and behavior needs are addressed.	6		1	100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17 and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. <i>[Title 17, CCR, §56019(c)(1)]</i>	7			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	6	1		86	See Narrative

Community Care Facility Record Review Summary						
Sample Size: Consumers = 7; 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>	1		6	100	None
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	1		6	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>	6		1	100	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	6		1	100	None
3.5.c	Quarterly reports include a summary of data collected. <i>(Title 17, CCR, §56013(d)(4), Title 17, CCR, §56026)</i>	6		1	100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. <i>[Title 17, CCR §56026(a)]</i>	7			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	6		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>				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>				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>				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

Twenty-three consumer records were reviewed at 18 day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria. Three criteria were not applicable for this review.

III. Results of Review

The consumer records were 100 percent in compliance for 14 criteria. Three criteria were rated as not applicable for this review.

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

IV. Findings and Recommendations

- 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)

Findings

Seventeen of the twenty-three (74 percent) sample consumer records contained signed authorizations for emergency medical treatment. However, the records for consumer #6 at day program #12, consumer #19 at day program #11, consumer #22 at day program #5, consumer #29 at day program #13, consumer #30 at day program #17, and consumer #37 at day program #11 did not contain an authorization for emergency medical treatment that was signed by the consumer or conservator. During the review, an emergency medical treatment authorization for consumer #22 at day program #5 was signed by the consumer. Therefore, no recommendation is required for consumer #22 at day program #5.

4.1.d Recommendations	Regional Center Plan/Response
GGRC should ensure that the records for consumer #6 at day program #12, consumer #19 at day program #11, consumer #29 at day program #13, consumer #30 at day program #17, and consumer #37 at day program #11 contains an authorization for emergency medical treatment that is signed by the consumer or conservator.	Day programs have included documentation that an authorization for emergency medical treatment has been signed by the consumer or their authorized representative. This finding will be included in training being developed. Our QA Department will include in their monitoring review.

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

Findings

Nineteen of the twenty-three (83 percent) sample consumer records contained documentation that the consumer and/or their authorized representative had been informed of their personal rights. However, the record for consumer #25 at day program #18, consumer #30 at day program #17, consumer #35 at day program #18, and consumer #36 at day program #16 did not contain documentation that the consumer and/or their authorized representative were informed of the consumer’s personal rights.

4.1.e Recommendations	Regional Center Plan/Response
GGRC should ensure the record for consumer #25 at day program #18, consumer #30 at day program #17, consumer #35 at day program #18, and consumer #36 at day program #16 contains documentation that the consumer and/or their authorized representative have been informed of their personal rights.	Day programs have included documentation that the consumer or their authorized representative has been informed of their personal rights. This finding will be included in training being developed. Our QA Department will include in their monitoring review.

- 4.2 The day program has a copy of the consumer’s current IPP.
 [Title 17, CCR, §56720)(b)]

Findings

Twenty-one of the twenty-three (91 percent) sample consumer records contained a copy of the consumer’s current IPP. However, the records for consumer #5 at day program #1 and consumer #35 at day program #18 did not contain a copy of their current IPP.

4.2 Recommendations	Regional Center Plan/Response
GGRC should ensure that the records for consumer #5 at day program #1 and consumer #35 at day program #18 contain a current copy of the consumer's IPP.	The day programs have been sent a copy of the consumer's IPP. This finding will be included in training to be developed by the regional center.

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

Finding

Nine of the twenty-three (39 percent) sample consumer records contained written semiannual reports of consumer progress. However, the record for the following consumers contained only one of the required progress reports:

1. Consumer #3 at day program #7;
2. Consumer #5 at day program #1;
3. Consumer #6 at day program #12;
4. Consumer #12 at day program #4;
5. Consumer #15 at day program #9;
6. Consumer #19 at day program #11;
7. Consumer #20 at day program #15;
8. Consumer #24 at day program #1;
9. Consumer #25 at day program #18;
10. Consumer #29 at day program #13;
11. Consumer #30 at day program #17;
12. Consumer #35 at day program #18;
13. Consumer #36 at day program #16; and,
14. Consumer #37 at day program #11.

4.4.a Recommendations	Regional Center Plan/Response
GGRC should ensure that day program providers #1, #4, #7, #9, #11, #12, #13, #15, #16, #17, and #18 prepare written semiannual reports of consumer progress.	Day program providers have been sent a letter advising them to prepare semi-annual reports.
In addition, GGRC should evaluate what actions may be necessary to ensure that all day program providers prepare written semiannual reports of consumer progress.	This finding will be included in training being developed by GGRC.

Day Program Record Review Summary						
Sample Size: Consumers = 23; Day Programs = 18						
	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 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.	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 consumer's 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.	17	6		74	See Narrative
4.1.e	The consumer record contains documentation that the consumer and/or the authorized consumer representative has been informed of his/her personal rights.	19	4		83	See Narrative
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP which the day program provider is responsible for implementing.	23			100	None
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	23			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 23; Day Programs = 18						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	18		5	100	None
4.2	The day program has a copy of the consumer's 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 individual service plan or other program documentation is consistent with the services addressed in the consumer's IPP.	23			100	None
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	9	14		39	See Narrative
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services which the day program is responsible for implementing.	23			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>				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>				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>				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, choices, and regional center services.

II. Scope of Observations and Interviews

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

- ✓ Seventeen consumers agreed to be interviewed by the monitoring teams.
- ✓ Fifteen consumers did not communicate verbally or declined an interview but were observed.
- ✓ Two interviews were conducted with parents of minors.
- ✓ Nine consumers were unavailable for, or declined, interviews.

III. Results of Observations and Interviews

Eighteen of the nineteen consumers/parents of minors indicated satisfaction with their living situation, day program, work activities, health, choices, and regional center services. The appearance for all of the consumers that were interviewed and observed reflected personal choice and individual style.

IV. Finding and Recommendation

Consumer #35 stated that she would like to move from her current living situation. In addition, she verbalized that she felt staff did not respect her privacy. She stated that staff did not knock before entering her bedroom and that her private information was shared with other consumers and staff.

Recommendation	Regional Center Plan/Response
GGRC should follow up with consumer #35 regarding her concerns.	GGRC is aware of consumer's concerns. Consumer has been offered assistance in locating new housing but consumer does not follow up to do so. Service provider made changes in staffing which took care of her concerns around privacy and disrespect issues. Social worker and program staff continue to follow up with her to ensure there are no new concerns.

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; and,
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The service coordinators were very familiar with their respective consumers. They were able to relate specific details regarding the consumers' desires, preferences, life circumstances and service needs.
2. The service coordinators were knowledgeable about the IPP/annual review process and monitoring requirements. Service providers and family members provided input on the consumers' needs, preferences and satisfaction with services outlined in the IPP. For consumers in out-of-home placement settings, service coordinators conduct quarterly face-to-face visits and develop written assessments of consumer progress and satisfaction. In preparation for the quarterly visits, service coordinators review their previous progress reports, pertinent case notes, special incident reports, and vendor reports of progress.
3. To better understand issues related to consumers' use of medication and issues related to side effects, the service coordinators utilize GGRC's medical director and online resources for medication.

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

SECTION VI B

CLINICAL SERVICES INTERVIEW

I. Purpose

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

II. Scope of Interview

1. The questions in the interview 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 on the Risk Management Assessment and Planning Committee and special incident reports (SIR).
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, psychologists, a dental coordinator, and a behavior analyst.
2. Members of the clinical team will participate in the consumer's 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. In addition, physicians are available to sign consents for medical treatment when needed. The clinical team assists 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 is available to 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. A behavior analyst was recently hired to assist with developing community placement plans (CPP) for consumers moving from Sonoma Developmental Center.
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 epilepsy, obesity, medications, hypertension, and diabetes. Clinical team members are also involved in new employee orientation training.
5. GGRC has improved access to healthcare resources through the following programs:
 - ✓ The dental coordinator develops community resources and coordinates care with consumers and dental providers; and,
 - ✓ Medical residents and fellows from Stanford University and University of California, San Francisco, visit GGRC to learn about the regional center system and individuals with developmental disabilities.
6. The Director of Clinical Services is a member of the Risk Management, Assessment and Planning Committee and also participates on the Mortality Review Committee. Special incidents involving medical issues may be referred to a clinical team physician or nurse for review, and coordination of follow-up as needed. All death-related SIRs are reviewed by the director of clinical services. The regional center also utilizes Mission Analytics Group, Inc., the State's risk management contractor, to analyze special incidents for trends. The clinical team uses this information to make recommendations for appropriate follow-up and training, as needed.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

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

II. Scope of Interview

The monitoring team interviewed a QA 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 liaisons to residential facilities and are responsible for conducting the two unannounced visits at each CCF. QA specialists are responsible for conducting the annual Title 17 monitoring reviews of the residential facilities. 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.

When substantial inadequacies are identified, corrective action plans (CAP) are developed by the QA specialist. The QA specialist also takes the lead in conducting the follow-up review for the CAPs, with assistance from the facility liaisons, as needed.

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 (SIR). 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.

GGRC's QA staff attends "Around the Bay," a quarterly meeting with QA staff from all regional centers bordering the San Francisco Bay area, to discuss topics such as new regulations and trends in SIRs.

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 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 (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 service providers were familiar with the strengths, needs and preferences of their consumer.
2. The service providers indicated that they conducted assessments of the consumer, participated in their IPP development, provided the program-specific services addressed in the IPPs and attempted to foster the progress of their consumer.
3. The service providers monitored the consumer's health issues and safeguarded medications.
4. The service providers communicated with people involved in the consumer's life and monitored progress.
5. The service providers were prepared for emergencies, monitored the safety of the consumer, 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, their level of preparedness to address safety issues, their understanding of emergency preparedness, and their knowledge about safeguarding medications.

II. Scope of Interviews

1. The monitoring team interviewed eight direct service staff at five 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; and,
 - ✓ 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 consumer.
2. The direct service staff were knowledgeable about their roles and responsibilities for providing the services addressed in the consumer's IPP.
3. The direct service staff demonstrated that they understood the importance of communication with all individuals concerned with the consumer.
4. The direct service staff were prepared to address safety issues and emergencies and were familiar with special incident reporting requirements.
5. The direct service staff demonstrated an understanding about emergency preparedness.
6. The direct service staff were knowledgeable regarding safeguarding and assisting with self-administration of medications, where applicable.

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

The review ensures that the selected community care facilities (CCF) and day programs are serving consumers in a safe, healthy and positive environment where their rights are respected. The review also ensures that CCFs are meeting the HCBS Waiver definition of a homelike setting.

II. Scope of Review

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

III. Results of Review

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

IV. Findings and Recommendations

8.1.c Safety

At CCF #5 the pool gate was unlocked. However, during the monitoring visit, the provider locked the gate. Accordingly, no recommendation is required.

8.2.d Pro Re Nata (PRN) Medication Records

1. CCF #6 was not documenting consumer's PRN medications.

8.2.d Recommendation	Regional Center Plan/Response
GGRC should ensure that CCF #6 documents PRN medications.	CCF has been advised of this need. Administrator has verified they have a PRN medication log form and staff are expected to document all medication. Staff from this home attended a training in November 2016 given by a GGRC nurse regarding medication.

2. Day Program #14 was not documenting the consumer's response to PRN medications.

8.2.d Recommendation	Regional Center Plan/Response
GGRC should ensure that day program #14 properly documents all required PRN medication information.	Day program administrator has been notified of this deficiency and requested to advise all persons who dispense medications to fully document. This will be included in training being developed.

8.3.c First Aid

CCF #2 did not have first aid certificates available for review. CCF #6 had four direct care staff that did not have first aid certificates available for review.

8.3.c Recommendation	Regional Center Plan/Response
GGRC should ensure that the providers at CCF #2 and #6 have current first aid certificates available for review for all direct care staff.	Providers have been notified of this and have verified all staff have current first aid certificates. This will be included in training being developed by regional center. Our QA Department will include in their monitoring review.

8.5.c Statement of Rights

Day program #1 and #14 did not have a statement of rights posted. During the monitoring visit, the provider for day program #14 posted a statement of rights. Accordingly, no recommendation is required.

8.5.c Recommendation	Regional Center Plan/Response
GGRC should ensure that day program #1 posts a statement of rights.	Day program has posted the statement of rights. This requirement will be included in training being developed by regional center. Our QA Department will include in their monitoring review.

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 (SIR) of deaths received by the Department of Developmental Services (DDS).
2. The records of the 43 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 10 consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences and that risks are either minimized or eliminated.

III. Results of Review

1. GGRC reported all deaths during the review period to DDS.
2. GGRC reported all special incidents in the sample of 43 records selected for the HCBS Waiver review to DDS.
3. GGRC's vendors reported eight of the nine (89 percent) applicable incidents in the supplemental sample within the required timeframes.
4. GGRC reported all 10 (100 percent) 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 10 incidents.

IV. Finding and Recommendation

Consumer #SIR 9: The incident occurred on January 25, 2016. However, the vendor did not submit a written report to GGRC until February 2, 2016.

Recommendation	Regional Center Plan/Response
GGRC should ensure that the vendor for consumer #SIR 9 reports special incidents within the required timeframes.	Upon receipt of this incident report, regional center staff contacted vendor and advised of the timeline needing to be met for future reporting. Regional center issues a CAP when incidents are reported outside of timeline.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

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

#	UCI	CCF	DP
38	XXXXXX		
39	XXXXXX		
40	XXXXXX		
41	XXXXXX		
42	XXXXXX		
43	XXXXXX		

Supplemental Sample Terminated Waiver Consumers

#	UCI
T-1	XXXXXX
T-2	XXXXXX

Supplemental Sample Developmental Center Consumers

#	UCI
DC-1	XXXXXX
DC-2	XXXXXX
DC-3	XXXXXX

HCBS Waiver Review Service Providers

CCF #	Vendor
1	XXXXXX
2	XXXXXX
3	XXXXXX
4	XXXXXX
5	XXXXXX
6	XXXXXX

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

SIR Review Consumers

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