

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

Conducted by:

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

May 11 - 15, 2009

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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 11 - 15, 2009, at Harbor Regional Center (HRC). The monitoring team members were Ray Harris (Team Leader), Linda Rhoades, and Lisa Miller from DDS, and Raylyn Garrett and Annette Hanson from DHCS.

Purpose of the Review

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

Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

The compliance monitoring review protocol is comprised of sections/components designed to determine if the consumers' needs and program requirements are being met and that services are being provided in accordance with the consumers' individual program 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 31 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) two consumers who moved from a developmental center; and 3) ten consumers who had special incidents reported to DDS during the review period of March 1, 2008 through February 28, 2009.

The monitoring team completed visits to seven community care facilities (CCFs) and four day programs. The team reviewed seven CCF and six day program consumer records and had face-to-face visits with 22 selected sample consumers.

Overall Conclusion

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

Thirty-one sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements, the sample records were 94-100% in compliance for 29 applicable requirements. One criterion was rated as not applicable for this review. Criterion 2.3 was rated as not in compliance because the two applicable consumer records did not have documentation indicating that the consumers had voluntarily disenrolled or that a notice of action (NOA) had been sent to the consumers prior to the termination of his eligibility from the HCBS Waiver.

The sample records were 99% in compliance for this review. HRC's records were 100% and 99% in overall compliance for the collaborative reviews conducted in 2007 and in 2005, respectively.

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

Seven consumer records were reviewed at seven CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100% in compliance for the 19 criteria. HRC's records were 100% and 93% in overall compliance for the collaborative reviews conducted in 2007 and in 2005 respectively.

Section IV – Day Program Consumer Record Review

Six consumer records were reviewed at four day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. Three criteria were not applicable for this review. The sample records were 100% in compliance for the applicable criteria. HRC's records were 99% in overall compliance for the collaborative reviews conducted in 2007 and in 2005.

Section V – Consumer Observations and Interviews

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

Section VI A – Service Coordinator Interviews

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

Section VI B – Clinical Services Interview

HRC's Director of Community 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 Committee.

Section VI C – Quality Assurance Interview

A provider relations specialist was interviewed using a standard interview instrument. He responded to questions regarding how HRC 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

Four CCF and two day program service providers were interviewed using a standard interview instrument. The service providers were familiar with the consumers and knowledgeable about their roles and responsibilities. The service providers responded to questions in the context of the sample consumers regarding their knowledge of the consumers, the annual review process and the monitoring of health issues, medications, progress and safety.

Section VII B – Direct Service Staff Interviews

Four CCF and two day program direct service staff were interviewed using a standard interview instrument. Staff interviewed was familiar with the consumers and knowledgeable about their roles and responsibilities. The direct service staff responded to questions regarding their knowledge of consumers, the IPP, communication, service delivery, procedures for safety. All but one of the direct service staff was familiar with procedures to prepare for and respond to emergency situations.

Section VIII – Vendor Standards Review

The monitoring team reviewed four CCFs and two day programs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. All of the reviewed vendors were in good repair with no immediate health or safety concerns observed.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 31 HCBS Waiver consumers and ten supplemental sample consumers for special incidents during the review period. HRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported all of incidents to HRC within the required timeframes, and HRC subsequently transmitted eight of the ten special incidents to DDS within the required timeframes. HRC'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 Harbor Regional Center's (HRC) 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

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

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

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

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

SECTION II

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

1. Thirty-one HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	11
With Family	13
Independent or Supported Living Setting	7

2. The review period covered activity from March 1, 2008 - February 28, 2009.

III. Results of Review

The 31 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 HRC 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, two consumers were reviewed solely for documentation indicating they received face-to-face reviews every thirty days after moving from a developmental center.

- ✓ The sample records were in 100% compliance for 26 criteria. Criterion 2.6.b was not rated, as HRC conducts annual IPPs. There are no recommendations for these criteria.
- ✓ Findings for four criteria are detailed below.

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

IV. Findings and Recommendations

2.3 There is a written NOA and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all, or part of the components in the consumer’s IPP, or the consumer’s HCBS Waiver eligibility has been terminated. (SMM 4442.7), (42 CFR Part 431, Subpart E), (WIC §4646(g))

Findings

The two applicable consumer records (#XXT, and #XXT) did not contain documentation indicating that the consumer had voluntarily disenrolled or that a NOA had been sent to the consumers prior to the termination of their eligibility from the HCBS Waiver.

2.3 Recommendation	Regional Center Plan/Response
<p>HRC should ensure that consumer’s #XXT and #XXT are provided with a written NOA and fair hearing rights, or that their records contains documentation confirming their voluntary HCBS Waiver disenrollment.</p>	<p>Client’s #XXT and #XXT have agreed to voluntarily disenroll from HCBS waiver (retroactive to date of termination). Both clients signed DS2200 forms indicating their choice and appropriate documentation are located in respective HRC client records.</p> <p>HRC’s Service Coordination Quality Manager will review all potential waiver terminations and assure written NOA and fair hearing rights or voluntary disenrollment forms are provided to clients in a timely manner.</p>

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

Findings

Twenty-nine of the 31 (94%) consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in two consumer records (detailed below) did not support the determination that all of the issues identified in the CDER and DS 3770 could be considered qualifying conditions. The following were identified as qualifying conditions on the DS 3770 but there was no supporting information in the consumers’ records (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports.

1. Consumer #X: [REDACTED]

2. Consumer #XX: [REDACTED]

2.5.b Recommendation	Regional Center Plan/Response
<p>HRC should determine if the items listed above are appropriately identified as qualifying conditions. The consumers’ DS 3770 forms should be corrected to ensure that any items that do not represent substantial limitations in the consumers’ ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying conditions. For consumer #XX, due to an insufficient number of qualifying conditions, the correction may require that the consumer’s HCBS Waiver eligibility be terminated. If HRC determines that any of the issues above are correctly identified as qualifying conditions, documentation (updated IPPs, progress reports, etc.) that supports the original determinations should be submitted with the response to this report.</p>	<p>After careful review, the DS3770 for client #X was changed. It was determined that [REDACTED]</p> <p>HRC believes client #XX had sufficient number of qualifying conditions and supporting information when initially placed on waiver in 2004. However, HRC agrees that the supporting information in client record was not sufficient to describe impact of conditions or need for services and supports beginning in April, 2006. Therefore, HRC has terminated waiver eligibility retroactive to that date.</p>

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

Findings

Thirty of the 31 (97%) consumer records contained IPPs that were signed by HRC and the consumers or their legal representatives. The IPP for consumer #XX, a conserved adult, was signed by the consumer.

2.7.a Recommendation	Regional Center Plan/Response
HRC should ensure that consumer #XX's IPP is signed by the conservator.	Conservator requested planning meeting be held without conservator presence. Copy of IFSP report was mailed to conservator shortly after meeting and conservator agreed to plan. Conservator understands that signature is required and has agreed to sign 2008 IFSP on 10/08/09 and future IFSP's either during planning meeting or shortly thereafter.

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))

Finding

Thirty of the 31 (97%) sample consumer records contained an IPP that included the amount and type of all services and supports purchased by the regional center. The record for consumer #XX indicated that HRC purchased a bus pass in March 2008 and supported living services (SLS) for three months beginning in May 2008. However, these services were not in the IPP.

Subsequent to the review period (April 2009), an IPP addendum for SLS was completed when this service was restarted. Combined with the fact that the bus pass was a one time purchase, no further action is required.

Regional Center Consumer Record Review Summary						
Sample Size = 31 + 4 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	31			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Mental Retardation Professional (QMRP), which documents the date of the consumer's initial HCBS Waiver eligibility certification, annual recertifications, the consumer's qualifying conditions and short-term absences. (SMM 4442.1), (42 CFR 483.430(a))	Criterion 2.1 consists of four sub-criteria (2.1a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Mental Retardation Professional and the title "QMRP" appears after the person's signature.	31			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.	31			100	None
2.1.c	The DS 3770 form documents annual recertifications.	31			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	1		30	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))	31			100	None
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all, or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. (SMM 4442.7), (42 CFR Part 431, Subpart E), (WIC §4646(g))	0	2	31	0	See Narrative

Regional Center Consumer Record Review Summary Sample Size = 31 + 4 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)	31			100	None
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in an ICF-DD, ICF-DDH, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. (SMM 4442.5), (42 CFR 441.302(c)), (Title 22, CCR, §51343)	31			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	29	2		94	See Narrative
2.6.a	IPP is reviewed (at least annually) by the planning team and modified as necessary, in response to the consumer's changing needs, wants or health status. (42 CFR 441.301(b)(1)(I))	31			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)			31	NA	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))	30	1		97	See Narrative
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	4		27	100	None
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	31			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of	31			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 31 + 4 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
	the consumer. (WIC §4646.5(a))					
2.9	The IPP addresses the consumer's goals and needs. (WIC §4646.5(a)(2))					
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	30		1	100	None
2.9.b	The IPP addresses the special health care requirements.	11		20	100	None
2.9.c	The IPP addressed the services for which the CCF provider is responsible for implementing.	11		20	100	None
2.9.d	The IPP addressed the services for which the day program provider is responsible for implementing.	20		11	100	None
2.9.e	The IPP addresses the services for which the supported living services agency or independent living services provider is responsible for implementing.	7		24	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	31			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	8		23	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))	30	1		97	See Narrative
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. (WIC §4646.5(a)(4))	31			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	4		27	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.	31			100	None

Regional Center Consumer Record Review Summary Sample Size = 31 + 4 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
	(WIC §4646.5(a)(4))					
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. (WIC §4646.5(a)(6))	31			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. (Title 17, CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement)	18		13	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. (Title 17, CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement)	18		13	100	None
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. (WIC §4418.3)	2		31	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

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

III. Results of Review

The consumer records were 100% in compliance for all of the 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 = 7; CCFs = 7						
	Criteria	+	-	N/A	% Met	Follow-up
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. (<i>Title 17, CCR, §56017(b)</i>), (<i>Title 17, CCR §56059(b)</i>), (<i>Title 22, CCR, §80069</i>)	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.	4		3	100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17, and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. (<i>Title 17, CCR, §56019(c)(1)</i>)	7			100	None
3.3	The facility has a copy of the consumer's current IPP. (<i>Title 17, CCR, §56022(c)</i>)	7			100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 7; CCFs = 7						
	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>)	2		5	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.	2		5	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>)	5		2	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.	5		2	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>)	5		2	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.	4		3	100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)	2		5	100	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)	2		5	100	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. (<i>Title 17, CCR, §54327</i>)	2		5	100	None

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

Six sample consumer records were reviewed at four 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% in compliance for all 14 applicable criteria.

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

Day Program Record Review Summary						
Sample Size: Consumers = 6; Day Programs = 4						
	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)	6			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.	6			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.	6			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.	6			100	None
4.1.d	The consumer record contains an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative.	6			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.	6			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.	6			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 6; Day Programs = 4						
	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.	6			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	1		5	100	None
4.2	The day program has a copy of the consumer's current IPP. (<i>Title 17, CCR §56720(b)</i>)	6			100	None
4.3.a	The day program provider develops, maintains, and modifies as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. (<i>Title 17, CCR, §56720(a)</i>)	6			100	None
4.3.b	The day program's ISP or other program documentation is consistent with the services addressed in the consumer's IPP.	6			100	None
4.4.a	The day program prepares and maintains written semiannual reports. (<i>Title 17, CCR, §56720(c)</i>)	6			100	None
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services for which the day program is responsible for implementing.	6			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>)			6	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>)			6	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>)			6	NA	None

SECTION V

CONSUMER OBSERVATIONS AND INTERVIEWS

I. Purpose

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

II. Scope of Observations and Interviews

Twenty-two of 31 consumers were interviewed and/or observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Thirteen adult consumers agreed to be interviewed by the monitoring teams.
- ✓ Five consumers did not communicate verbally, but were observed.
- ✓ Four interviews were conducted with parents of minors.
- ✓ Six adult consumers and parents of three minors were unavailable for an interview or observation.

III. Results of Observations and Interviews

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

SECTION VI A

SERVICE COORDINATOR INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed five Harbor Regional Center (HRC) service coordinators.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to the consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

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

4. The service coordinators monitor the consumers' services, health and safety during periodic visits. The service coordinators were knowledgeable about the special incident report (SIR) process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed. Service coordinators work closely with quality assurance staff, and are briefed on SIR trends that may affect their caseloads.

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; 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 (SIRs).
2. The monitoring team interviewed Harbor Regional Center's (HRC) Director of Community Services.

II. Results of Interview

1. The HRC clinical team includes physicians, clinical psychologists, a psychiatrist, a behaviorist, registered nurses, an occupational therapist, a speech therapist, a dental coordinator, and a pharmacist.
2. Registered nurses from the clinical team are assigned as liaisons for homes that have consumers with special health care needs. Nurses visit hospitalized consumers and assist in the discharge planning process. The nurses are also responsible for completing a nursing assessment for each consumer following hospitalization. The physicians and nurses are involved in community outreach programs with local insurance and health care providers to help facilitate services for regional center consumers.
3. The clinical team is active in monitoring consumers' medications. The pharmacist is available for consultation, training, and clinical meetings with service coordinators, families, consumers, and service providers. Based on referrals from service coordinators, the pharmacist participates in a polypharmacy review with the clinical team psychiatrist.

4. The clinical staff is available to service coordinators for consultation regarding consumers' behaviors or mental health needs. The psychologist and behaviorist review all behavior plans for consumers residing in licensed homes.
5. HRC has improved access to health care resources through the following programs and services:
 - ✓ Educational Outreach classes for parents
 - ✓ Yearly Mental Health Fair at HRC
 - ✓ Assistive Technology Lab for communication needs
 - ✓ Support groups for parents and siblings
 - ✓ Early Intervention Clinic
 - ✓ University of Los Angeles resident rotation at HRC
 - ✓ Participation in the Mental Health Task Force Initiative
 - ✓ Resource Development Team
6. HRC's dental coordinator performs dental screenings, either at community care facilities or day programs. On-site training is also provided to community care facilities or day program staff. The dental coordinator is available to assist consumers with any dental issues or concerns they may have. HRC's dental program utilizes Cerritos College dental hygienist students to assist in home visits.
7. The clinical team has an active role in risk management at the regional center. They review all deaths and health related SIRs. The committee uses trend analysis to provide training to staff and providers, such as choking prevention, medications, and universal precautions.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

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

II. Scope of Interview

The monitoring team interviewed a provider relations specialist who is an integral part of the team responsible for conducting QA activities.

III. Results of Interview

1. The interviewed staff provided specific information about HRC's process for conducting annual Title 17 reviews, unannounced visits and provider training. The annual Title 17 visits are conducted by service coordinators, assigned as facility liaisons. Two unannounced visits to CCFs are conducted annually, one by the liaison and one by the specialist.
2. The specialists act as team leaders for the triennial QA evaluations. These more extensive reviews may include case management staff, consumers, and family members. The evaluation includes a review of records, medications, personal and incidental funds, consumer interviews, staffing ratios, first aid certificates, and a safety walkthrough. Training is provided to each member of the team prior to the review.
3. The information obtained from QA activities is compiled and analyzed by the specialists for trends of related issues that need to be addressed with training and/or referrals to appropriate consultants. Case management staff and provider relations staff meet monthly to discuss trends and develop appropriate vendor training. They also meet on a quarterly basis with Community Care Licensing. All vendors are encouraged to attend trainings. The trainings conducted by the provider relations staff have included special incident reporting requirements, medication administration, teaching strategies, and labor law trainings.

4. Provider relations staff participates in the resource development committee that reviews and recommends for approval, vendor applications for CCF's, independent living services (ILS), supported living services (SLS), and day programs.
5. The Manager of Rights Assurance reviews all special incident reports (SIR) and ensures effective follow-up on an individual and systemic basis. The provider relations staff develops trend analysis reports for the Risk Management Committee who reviews these reports and trends on a semi-annual basis. These trends are then shared with all services coordinators and quality assurance managers to pass along to the case management staff.

SECTION VII A

SERVICE PROVIDER INTERVIEWS

I. Purpose

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

II. Scope of Interviews

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

III. Results of Interviews

1. The service providers were familiar with the strengths, needs and preferences of their respective consumers.
2. The service providers indicated that they conducted assessments of the consumers, participated in their IPP development, provided the program specific services addressed in the IPPs and 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, 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 knowledge about safeguarding medications.

II. Scope of Interviews

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

III. Results of Interviews

1. The direct service staff were familiar with the strengths, needs and preferences of their respective consumers.
2. The direct service staff were knowledgeable about their roles and responsibilities for providing the services addressed in the consumers' IPPs.
3. The direct service staff demonstrated that they understood the importance of communication with all individuals concerned with the consumers.
4. The direct service staff were prepared to address safety issues and emergencies, and were familiar with special incident reporting requirements.
5. All but one 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.

IV. Findings and Recommendations

The interviewed direct service staff person at CCF #X did not demonstrate an understanding about emergency preparedness. Specifically, he was not able to discuss the facility's disaster plan or earthquake procedures. In addition, he could not describe what actions to take in response to emergency situations such as where to evacuate in case of a disaster.

Recommendation	Regional Center Plan/Response
HRC should ensure the staff at CCF #X are knowledgeable regarding emergency preparedness and response.	Administrator of CCF #X provided an in-service for all direct support staff on emergency preparedness and response immediately following visit from audit team. Documentation of staff training has been provided to HRC and will be added to service provider file. HRC Provider Relations Staff will follow-up by visiting home to assure staff competency in this area.

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.

II. Scope of Review

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

III. Results of Review

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 Harbor Regional Center (HRC) 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 31 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. HRC reported all deaths during the review period to DDS.
2. HRC reported all special incidents in the sample of 31 records selected for the HCBS Waiver review to DDS.
3. HRC's vendors reported all incidents in the supplemental sample to HRC within the required timeframes.
4. HRC reported eight of ten (80%) incidents to DDS within the required timeframes.
5. HRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for all ten incidents.

IV. Findings and Recommendations

Findings

Consumer #XX: The incident occurred on June 14, 2008 and HRC received the report on June 16, 2008. However, HRC did not report the incident to DDS until June 19, 2008.

Consumer #XX: The incident occurred on November 6, 2008 and HRC received the report on November 6, 2008. However, HRC did not report the incident to DDS until November 11, 2008.

Recommendation	Regional Center Plan/Response
HRC should ensure that it reports special incidents within the required timeframes.	HRC Manager provided an in-service to HRC staff. The in-service included SIR reporting time lines and HRC procedures to ensure compliance with Title 17 regulations. An in-service training was also offered to all residential service providers to ensure on-going compliance.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

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

Supplemental Sample of Terminated Consumers

#	UCI
33 T	XXXXXXXX
34 T	XXXXXXXX

Supplemental Sample Consumers

#	UCI
36 DC	XXXXXXXX
37 DC	XXXXXXXX

HCBS Waiver Review Service Providers

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

Day Program#	Vendor
1	XXXXXXXX
2	XXXXXXXX
3	XXXXXXXX
4	XXXXXXXX

SIR Review Consumers

#	UCI	Vendor
38	XXXXXXXX	XXXXXX
39	XXXXXXXX	XXXXXX
40	XXXXXXXX	XXXXXX
41	XXXXXXXX	XXXXXX
42	XXXXXXXX	XXXXXX
43	XXXXXXXX	XXXXXX
44	XXXXXXXX	XXXXXX
45	XXXXXXXX	XXXXXX
46	XXXXXXXX	XXXXXX
47	XXXXXXXX	XXXXXX