

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

Conducted by:

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

March 15 - 26, 2010

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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 March 15 - 26, 2010 at Inland Regional Center (IRC). The monitoring team members were Linda Rhoades (Team Leader), Mary Ann Smith, Lisa Miller and Kathy Benson from DDS, and Annette Hanson, Raylyn Garrett and Catherine Johnson 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 92 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1)) three consumers whose HCBS Waiver eligibility had been previously terminated; and 2) nine consumers who had special incidents reported to DDS during the review period of February 1, 2009 through January 31, 2010.

The monitoring team completed visits to 15 community care facilities (CCFs) and 27 day programs. The team reviewed 15 CCF and 36 day program consumer records and had face-to-face visits with 64 selected sample consumers.

Overall Conclusion

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

Ninety-two sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Two criteria were not applicable for this review.

The sample records were 99% in overall compliance for this review. IRC's records were 99% in overall compliance for the collaborative reviews conducted in 2008 and in 2006.

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

Fifteen consumer records were reviewed at fifteen 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.

IRC's records were 100% and 99% in overall compliance for the collaborative reviews conducted in 2008 and in 2006, respectively.

Section IV – Day Program Consumer Record Review

Thirty-six consumer records were reviewed at 27 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations.

The sample records were 99% in overall compliance for this review. IRC's records were 99% in overall compliance for the collaborative reviews conducted in 2008 and in 2006.

Section V – Consumer Observations and Interviews

Seventy-nine 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.

Section VI A – Service Coordinator Interviews

Nineteen 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

IRC's Chief of Medical Services and Clinical Services Manager were interviewed using a standard interview instrument. They responded to informational questions regarding the monitoring of consumers with medical issues, medications and behavior plans, the coordination of medical and mental health care for consumers, the provision of clinical supports to service coordinators, and the clinical team's participation in the Risk Management, Assessment and Planning Committee.

Section VI C – Quality Assurance Interview

A Consumer Program Liaison was interviewed using a standard interview instrument. She responded to informational questions regarding how IRC 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

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

Section VII B – Direct Service Staff Interviews

Nine CCF and five 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 was familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VIII – Vendor Standards Review

The monitoring team reviewed 12 CCFs and four day program 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 92 HCBS Waiver consumers and ten supplemental sample consumers for special incidents during the review period. IRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported three of the eight applicable incidents to IRC within the required timeframes, and IRC subsequently transmitted eight of the nine special incidents to DDS within the required timeframes. IRC'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 Inland Regional Center's (IRC) 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

IRC 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 IRC 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. Ninety-two HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	33
With Family	39
Independent or Supported Living Setting	20

2. The review period covered activity from February 1, 2009 – January 31, 2010.

III. Results of Review

The 92 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Three supplemental records were reviewed solely for documentation that IRC 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. Two criteria were not applicable for this review.

- ✓ The sample records were in 100% compliance for 24 criteria. There are no recommendations for these criteria.
- ✓ Findings for five criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

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

Findings

Eighty-nine of the 92 (97%) applicable consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in three 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 #XX: “ [REDACTED] .”
2. Consumer #XX: “ [REDACTED] ”
3. Consumer #XX: “ [REDACTED] ”

2.5.b Recommendation	Regional Center Plan/Response
IRC 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 IRC 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.	<ol style="list-style-type: none"> 1. The DS3770 forms have been corrected to match the CDER. 2. IRC will be using the SANDIS auto populate Medicaid Waiver system. This will match the DS3770 which comes from CDER.

2.9.a The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770). (WIC §4646.5(a)(2))

Findings

Eighty-nine of the 92 (97%) sample consumer records contained IPPs that addressed the consumers' qualifying conditions. However, the IPPs for consumers #XX, #XX and #XX did not identify the supports or services that are in place to address all of the consumers' qualifying conditions, as indicated below:

1. Consumer #XX: [REDACTED]
2. Consumer #XX: [REDACTED]
3. Consumer #XX: [REDACTED]

2.9.a Recommendation	Regional Center Plan/Response
IRC should ensure that the IPPs for consumers #XX, #XX and #XX address the services and supports in place for the issues identified above.	#XX [REDACTED] not in IPP. DS3770 was incorrect and has been corrected. #XX – IPP was corrected #XX – Corrected DS3770 [REDACTED]

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

Finding

Thirty-two of the 33 (97%) applicable sample consumer records contained IPPs that addressed the consumers' CCF services. However, the IPP for consumer #XX did not address the services the provider was responsible for implementing.

2.9.c Recommendation	Regional Center Plan/Response
IRC should ensure that the IPP for consumer #XX addresses the services for which the CCF provider is responsible for implementing.	A new objective for Level 4 facilities [REDACTED] has been developed is in the IPP.

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*)

Finding

Fifty-two of the 53 (98%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the record for consumer #X contained documentation of three of the four required meetings.

2.13.a Recommendation	Regional Center Plan/Response
IRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumer #X.	Procedures are in place to review documents to insure consumers are seen quarterly.

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*)

Finding

Fifty-two of the 53 (98%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the record for consumer #X contained documentation that three of the four required quarterly reports of progress were completed.

2.13.b Recommendation	Regional Center Plan/Response
IRC should ensure that all future quarterly reports of progress are completed for consumer #X.	Procedures are in place. Please see 2.13.a.

Regional Center Consumer Record Review Summary						
Sample Size = 92 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	92			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.	92			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.	92			100	None
2.1.c	The DS 3770 form documents annual recertifications.	92			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	4		88	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))	92			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))	3		92	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 92 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5), (42 CFR 441.302)	92			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)	92			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	89	3		97	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))	92			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)			92	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))	92			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.	5		87	100	None
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	92			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. (WIC §4646.5(a))	92			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 92 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer's goals and needs. (WIC §4646.5(a)(2))	Criterion 2.9 consists of seven sub-criteria (2.9 a-g) that are reviewed independently				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	89	3		97	See Narrative
2.9.b	The IPP addresses the special health care requirements.	29		63	100	None
2.9.c	The IPP addresses the services for which the CCF provider is responsible for implementing.	32	1	59	97	See Narrative
2.9.d	The IPP addresses the services for which the day program provider is responsible for implementing.	56		36	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.	20		72	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	92			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	17		75	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))	92			100	None
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. (WIC §4646.5(a)(4))	92			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	5		87	100	None
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to vendors, contract providers, generic service agencies and natural supports. (WIC §4646.5(a)(4))	92			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 92 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic review and reevaluations of consumer progress are completed (<i>at least annually</i>) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. (<i>WIC §4646.5(a)(6)</i>)	92			100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	52	1	39	98	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	52	1	39	98	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>)			92	N/A	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

Fifteen consumer records were reviewed at fifteen 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 19 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 = 15; CCFs = 15						
	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>)	15			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	15			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	10		5	100	None
3.1.c	The consumer record contains current health information that includes medical, dental and other health needs of the consumer including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	15			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	15			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	15			100	None
3.1.i	Special safety and behavior needs are addressed.	13		2	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>)	15			100	None
3.3	The facility has a copy of the consumer's current IPP. (<i>Title 17, CCR, §56022(c)</i>)	15			100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 15; CCFs = 15						
	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>)	7		8	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.	7		8	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>)	8		7	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.	8		7	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>)	8		7	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>)	15			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	13		2	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		13	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		13	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		13	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

Thirty-six sample consumer records were reviewed at 27 day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria.

III. Results of Review

1. The consumer records were 100% in compliance for 16 of the 17 criteria. A 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. Findings and Recommendations

4.1.f The consumer records contains up-to-date data collection for IPP objectives. (*Title 17, CCR, §56730*)

Findings

Thirty-four of the 36 sample (94%) consumer records contained up-to-date data collection for measuring progress on the services for which the day program provider is responsible for implementing. The records for consumer #XX and #XX did not contain data on the services in the IPP for which the day program was responsible, as indicated below.

Consumer #XX at DP #X: The data recorded in monthly reports conflicts with the data reported in the semi-annual [REDACTED] plan/progress report.

Consumer #XX at day program #XX: The day program does not collect data for all of the IPP objectives, [REDACTED] for which the provider is responsible.

4.1.f Recommendation	Regional Center Plan/Response
IRC should ensure that day program provider #X and #XX collects accurate data for all IPP objectives for consumers #XX and #XX.	Day program providers will be trained at the bi-monthly meetings to be sure all data matches. CSC's will also be trained to look for matches.

Day Program Record Review Summary						
Sample Size: Consumers = 36; Day Programs = 27						
	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)	36			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.	36			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.	36			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.	36			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.	36			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.	36			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.	34	2		94	See Narrative

Day Program Record Review Summary						
Sample Size: Consumers = 36; Day Programs = 27						
	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.	36			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	13		23	100	None
4.2	The day program has a copy of the consumer's current IPP. (<i>Title 17, CCR §56720(b)</i>)	36			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>)	36			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.	36			100	None
4.4.a	The day program prepares and maintains written semiannual reports. (<i>Title 17, CCR, §56720(c)</i>)	36			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.	35		1	100	None
4.5.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)	2		34	100	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)	2		34	100	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>)	2		34	100	None

SECTION V

CONSUMER OBSERVATIONS AND INTERVIEWS

I. Purpose

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

II. Scope of Observations and Interviews

Seventy-nine of 92 consumers were interviewed and/or observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Fifty-three adult consumers agreed to be interviewed by the monitoring teams.
- ✓ Eleven consumers did not communicate verbally, but were observed.
- ✓ Thirteen interviews were conducted with parents of minors.
- ✓ Two consumers declined an interview, but were observed
- ✓ Nine adult consumers and parents of 4 minors were unavailable for an interview or observation.

III. Results of Observations and Interviews

Sixty-two of the 66 consumers interviewed indicated satisfaction with their living situation, day program, work activities, health, choices, and regional center services. The consumers' overall appearance reflected personal choice and individual style.

IV. Findings and Recommendations

Findings

Consumer #XX stated [REDACTED]

[REDACTED] Accordingly, no recommendation is required.

Consumer #XX stated [REDACTED]

[REDACTED] Accordingly, no recommendation is required.

Consumer #XX stated [REDACTED]

[REDACTED] Accordingly, no recommendation is required.

[REDACTED] consumer #XX stated [REDACTED]

Recommendation	Regional Center Plan/Response
IRC should discuss the concerns [REDACTED] [REDACTED] consumer #XX.	CSC has discussed [REDACTED] [REDACTED]

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

III. Results of Interviews

1. The service coordinators were very familiar with their respective consumers. They were able to relate specific details regarding the consumers' desires, preferences, life circumstances, and service needs.
2. The service coordinators were knowledgeable about the IPP/annual review process and monitoring requirements. Service providers and family members provided input on the consumers' needs, preferences and satisfaction with services outlined in the IPP. For consumers in out-of-home placement settings, service coordinators conduct quarterly face-to-face visits and develop written assessments of consumer progress and satisfaction. In preparation for the quarterly visits, service coordinators review their previous progress reports, pertinent case notes, special incident reports, and vendor reports of progress.
3. To better understand issues related to consumers' use of medication and issues related to side-effects, the service coordinators utilize IRC's clinical team. IRC offers periodic trainings on new and commonly used medications.
4. The service coordinators monitor the consumers' services, health and safety during periodic visits. They are aware of the consumers' health issues and conduct an annual health review. 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. The interview with Clinical Services helps to understand what measures the regional center is utilizing to ensure the ongoing health and safety of all Home and Community-based Services Waiver consumers.

II. Scope of Interview

1. The monitoring team interviewed Inland Regional Center's (IRC) Chief of Medical Services and Clinical Services Manager.
2. 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 in Risk Management Committee and special incident reports.

III. Results of Interview

1. The IRC clinical team consists of the Chief of Medical Services, Clinical Services Manager, mental health liaison, licensed clinical social workers, nurse specialist, a genetic nurse, nutritionist, occupational, speech and physical therapists, and dental hygienist.
2. The clinical team generally meets weekly to discuss various medical concerns or behavioral issues regarding consumers who have been referred by the service coordinators for additional assistance. The clinical team members support the service coordinators by providing consultation, training, referrals to local resources, or follow-up when needed. Additionally, IRC staff has access to a variety of classes and educational materials on medications and behaviors.
3. The clinical team is actively involved in ensuring coordination of mental health care and utilizes the mental health liaison to review behavior plans and monitor services received by consumers. Additionally, the liaison and licensed clinical social worker attend joint operation meetings with the behavioral health programs in Riverside and San Bernardino Counties

- where shared consumers are discussed. The Behavior Modification Review Committee is composed of the clinical team's physician, psychologist, and IRC's client rights advocate. The committee monitors behavior plans and is available to service coordinators for consultation when behavioral or mental health issues are identified.
4. IRC has improved access to preventive health care resources for consumers by:
 - ✓ Funding the Genetic Clinic
 - ✓ Increasing the utilization of the clinical team's dental hygienist to assist dental providers with treatment authorization requests
 - ✓ Coordinating outpatient dental services through Loma Linda School of Dentistry and Redlands Dental Surgery Center
 - ✓ Health education to consumers
 - ✓ Utilizing the team's occupational and physical therapists to assess consumers' utilization of durable medical equipment and assistive technology and to provide training to consumers, families, service coordinators and vendors
 - ✓ Weight control and nutrition program
 - ✓ Psychiatric and neurological consultation
 5. IRC's Chief of Medical Services plays an active role in assisting the Risk Management Committee in the review of health and medically related special incidents. The committee analyzes special incidents for trends, and makes recommendations to staff for appropriate follow-up activities, such as additional vendor or service coordinator training.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

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

II. Scope of Interview

The monitoring team interviewed a Consumer Program Liaison who is part of the team responsible for conducting Inland Regional Center's (IRC) QA activities.

III. Results of Interview

1. Consumer Program Liaisons conduct the annual Title 17 monitoring reviews at CCFs. The liaisons also conduct one of the annual unannounced visits to each CCF, while service coordinators are responsible for the other unannounced visit. The Consumer Program Liaisons also monitor day programs and work activity programs.
2. When issues of substantial inadequacies are identified, liaisons are responsible for developing corrective action plans (CAPs) and ensuring providers complete the CAP requirements. Additional QA visits occur every month for three to six months to ensure compliance with the CAP. Service coordinators are required to monitor the issues related to the CAP during their regularly scheduled visits. Liaisons provide on-site technical assistance and training to vendors in order to help them resolve specific issues related to the CAP.
3. The liaisons participate in vendor specific training when issues are identified. Additionally, the liaisons are involved in the orientation and training for new service providers.
4. The Special Incident Coordinator and the Quality Assurance Program Manager are members of the Risk Management Committee. Special incident reports (SIRs) are routed to the SIR Coordinator who reviews and forwards them to the service coordinators for follow-up. The Risk Management Committee focuses on collecting and analyzing data to identify and prioritize

the potential risks to consumers. The committee will make recommendations if necessary for vendor and staff training and consumer support and planning.

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

III. Results of Interviews

1. The service providers were familiar with the strengths, needs and preferences of their respective consumers.
2. The service providers indicated that they conducted assessments of the consumers, participated in their IPP development, provided the program specific services addressed in the IPPs and attempted to foster the progress of consumers.
3. The service providers monitored consumer health issues and safeguarded medications.
4. The service providers communicated with people involved in the consumers' lives and monitored progress documentation.
5. The service providers were prepared for emergencies, monitored the safety of consumers, and understood special incident reporting and follow-up processes.

SECTION VII B

DIRECT SERVICE STAFF INTERVIEWS

I. Purpose

The interviews determine how well the direct service staff knows the consumers and their understanding of the IPP and service delivery requirements, how they communicate, and their level of preparedness to address safety issues, their understanding of emergency preparedness, and knowledge about safeguarding medications.

II. Scope of Interviews

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

III. Results of Interviews

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

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

The review ensures that the selected community care facilities (CCFs) and day programs are serving consumers in a safe, healthy and positive environment where their rights are respected.

II. Scope of Review

1. The monitoring teams reviewed a total of twelve CCFs and four day programs.
2. The teams used a monitoring review checklist consisting of 23 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

III. Results of Review

All of the CCFs and 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 f Universal Precautions

Finding

CCF #XX did not have disposable gloves available for staff.

8.1f Recommendation	Regional Center Plan/Response
IRC should ensure that the provider at CCF #XX has disposable gloves.	QA staff will do training on Universal Precautions with the CCF.

8.2 d [REDACTED] Records

Finding

Day program #X was not documenting the reason [REDACTED].

8.2d Recommendation	Regional Center Plan/Response
IRC should ensure that day program #X properly documents all required [REDACTED] [REDACTED] information.	The day program will be trained and the QA Liaison will be sure the practice continues.

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 Inland Regional Center (IRC) 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 92 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 nine 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. IRC reported all deaths during the review period to DDS.
2. IRC reported all special incidents in the sample of 92 records selected for the HCBS Waiver review to DDS.
3. IRC's vendors reported three of the eight (38%) applicable incidents in the supplemental sample within the required timeframes.
4. IRC reported eight of the nine (89%) incidents to DDS within the required timeframes.
5. IRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the nine incidents.

IV. Findings and Recommendations

Consumer #XX: The incident occurred on April 16, 2009. However, the vendor did not submit a written report to IRC until April 20, 2009.

Consumer #XX: The incident occurred on September 2, 2009. However, the vendor did not submit a written report to IRC until September 22, 2009

Consumer #XX: The incident occurred on October 30, 2009. However, the vendor did not submit a written report to IRC until November 2, 2009.

Consumer #XX: The incident was reported to IRC on November 19, 2009. However, IRC did not report the incident to DDS until November 30, 2009.

Consumer #XXX: The incident occurred on January 25, 2010. However, the vendor did not submit a written report to IRC until February 2, 2010.

Consumer #XXX: The incident occurred on February 22, 2009. However, the vendor did not submit a written report to IRC until February 26, 2009.

Recommendations	Regional Center Plan/Response
1. IRC should ensure that all special incidents are reported to DDS within the required timeframes.	IRC has corrected the process to record date of the fax from the programs is recorded instead of the date it is received in the SIR coordinator's office. Revised March 19, 2010
2. IRC should ensure that the vendors for consumers #XX, #XX, #XX, #XXX, and #XXX report special incidents within the required timeframes.	All vendors will be trained to be sure the time frames for incident reporting always meet the requirements for reporting SIR's. Training date is scheduled for November 17, 2010.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

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

#	UCI	CCF	DP
37	XXXXXXXX		17
38	XXXXXXXX		23
39	XXXXXXXX		
40	XXXXXXXX		20
41	XXXXXXXX		21
42	XXXXXXXX		
43	XXXXXXXX		24
44	XXXXXXXX	4	
45	XXXXXXXX		6
46	XXXXXXXX		
47	XXXXXXXX		27
48	XXXXXXXX		11
49	XXXXXXXX		12
50	XXXXXXXX		10
51	XXXXXXXX		5
52	XXXXXXXX		
53	XXXXXXXX		
54	XXXXXXXX		
55	XXXXXXXX		
56	XXXXXXXX		
57	XXXXXXXX		
58	XXXXXXXX		
59	XXXXXXXX		
60	XXXXXXXX		
61	XXXXXXXX		26
62	XXXXXXXX		
63	XXXXXXXX		
64	XXXXXXXX		22
65	XXXXXXXX		14
66	XXXXXXXX		
67	XXXXXXXX		
68	XXXXXXXX		
69	XXXXXXXX		
70	XXXXXXXX		
71	XXXXXXXX		
72	XXXXXXXX		
73	XXXXXXXX		
74	XXXXXXXX		
75	XXXXXXXX		
76	XXXXXXXX		
77	XXXXXXXX		

#	UCI	CCF	DP
78	XXXXXXXX		
79	XXXXXXXX		
80	XXXXXXXX		
81	XXXXXXXX		
82	XXXXXXXX		
83	XXXXXXXX		
84	XXXXXXXX		
85	XXXXXXXX		
86	XXXXXXXX		
87	XXXXXXXX		
88	XXXXXXXX		
89	XXXXXXXX		
90	XXXXXXXX		
91	XXXXXXXX		
92	XXXXXXXX		

Supplemental Sample of Terminated Consumers

#	UCI
1-T	XXXXXXXX
2-T	XXXXXXXX
3-T	XXXXXXXX

HCBS Waiver Review Service Providers

CCF #	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

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
19	XXXXXX
20	XXXXXX
21	XXXXXX
22	XXXXXX
23	XXXXXX
24	XXXXXX
25	XXXXXX
26	XXXXXX
27	XXXXXX

SIR Review Consumers

#	UCI	Vendor
93	XXXXXXXX	XXXXXX
95	XXXXXXXX	XXXXXX
96	XXXXXXXX	XXXXXX
97	XXXXXXXX	XXXXXX
98	XXXXXXXX	XX
99	XXXXXXXX	XXXXXX
100	XXXXXXXX	XXXXXX
101	XXXXXXXX	XXXXXX
102	XXXXXXXX	XXXXXX