

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

Conducted by:

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

October 5-16, 2015

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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 October 5-16, 2015, at Inland Regional Center (IRC). The monitoring team members were Ray Harris (Team Leader), Mary Ann Smith, Jennifer Parsons, Corbett Bray, and Linda Rhoades from DDS, and Annette Hanson and Raylyn Garrett, from DHCS.

Purpose of the Review

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

Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

The compliance monitoring review protocol is comprised of sections/components designed to determine if the consumers' needs and program requirements are being met and that services are being provided in accordance with the consumers' individual program plans (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 85 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) Three consumers who moved from a developmental center; 2) 10 consumers who had special incidents reported to DDS during the review period of August 1, 2014, through July 31, 2015.

The monitoring team completed visits to 16 community care facilities (CCF) and 17 day programs. The team reviewed 18 CCF and 30 day program consumer records, and 69 selected sample consumers were interviewed and/or observed.

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

Eighty-five 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 92-100 percent in compliance for the 29 applicable criteria. Two criteria were not applicable for this review.

The sample records were 99 percent in overall compliance for this review. IRC's records were 100 percent and 97 percent in overall compliance for the collaborative reviews conducted in 2014 and in 2012, respectively.

Section III – Community Care Facility Consumer Record Review

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

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

Section IV – Day Program Consumer Record Review

Thirty consumer records were reviewed at 17 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 99 percent in overall compliance for this review.

IRC's records were 99 percent and 98 percent in overall compliance for the collaborative reviews conducted in 2014 and 2012, respectively.

Section V – Consumer Observations and Interviews

Sixty-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. All but one of the interviewed consumers/parents indicated they were satisfied with their services, health and choices.

Section VI A – Service Coordinator Interviews

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

Section VI B – Clinical Services Interview

The Clinical Services Manager 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 Quality Assurance Specialist was interviewed using a standard interview instrument. He responded to questions regarding how IRC is organized to conduct Title 17 monitoring reviews, verification of provider qualifications, resource development activities, special incident reporting, and quality assurance activities where there is no regulatory requirement.

Section VII A – Service Provider Interviews

Eleven CCF and five day program service providers were interviewed using a standard interview instrument. The service providers responded to questions regarding their knowledge of the consumer, the annual review process and the monitoring of health issues, 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

Eight 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 were familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VIII – Vendor Standards Review

The monitoring team reviewed 13 CCFs and five day programs utilizing a standard checklist with 24 criteria that are consistent with HCBS Waiver requirements. All of the reviewed vendors were in good repair with no immediate health or safety concerns observed.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 85 HCBS Waiver consumers and 10 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 7 of the 10 incidents to IRC within the required timeframes, and IRC subsequently transmitted all of the 10 special incidents to DDS within the required timeframe. 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 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 IRC's 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
State conducts level of care need determinations consistent with the need for institutionalization	<p>The regional center ensures that consumers meet ICF/DD, ICF/DD-H, or ICF/DD-N facility level of care requirements as a condition of initial and annual eligibility for the HCBS Waiver program.</p> <p>The regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meets the federal definition of a Qualified Mental Retardation Professional.</p> <p>The regional center ensures that consumers are eligible for full scope Medi-Cal benefits before enrolling them in the HCBS Waiver.</p>
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver services	<p>The regional center takes action(s) to ensure consumers' rights are protected.</p> <p>The regional center takes action(s) to ensure that the consumers' health needs are addressed.</p> <p>The regional center ensures that behavior plans preserve the right of the consumer to be free from harm.</p> <p>The regional center maintains a Risk Management, Risk Assessment and Planning Committee.</p> <p>The regional center has developed and implemented a Risk Management/Mitigation Plan.</p> <p>Regional centers and local Community Care Licensing offices coordinate and collaborate in addressing issues involving licensing requirements and monitoring of CCFs pursuant to the memorandum of understanding (MOU) between DDS and the Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 CCFs.</p> <p>The regional center reviews each CCF 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 no 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 to a community living arrangement.</p> <p>Service coordinators provide enhanced case management to consumers who move from a developmental center 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 HCBS Waiver. The criteria addresses requirements for eligibility, consumer choice, notification of proposed action and fair hearing rights, level of care, IPPs, 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. HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility	33
With Family	37
Independent or Supported Living Setting	15

2. The review period covered activity from August 1, 2014 – July 31, 2015.

III. Results of Review

The sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Additionally, three supplemental records were reviewed solely for documentation indicating that the consumer received face-to-face reviews every 30 days after moving from a developmental center. Two criterion were not applicable for this review.

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

Finding

Eighty-four of the eighty-five (99 percent) sample consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in the record for consumer #30 did not support the determination that self-injurious behavior, identified in the CDER and DS 3770, is a substantial limitation to this consumer’s present adaptive functioning.

2.5.b Recommendation	Regional Center Plan/Response
IRC should review the record for consumer #30 to determine if the issue identified above is correctly identified as a qualifying condition. Documentation of actions taken by IRC as a result of this review should be submitted with the response to this report.	Self injury was removed from the DS3770 as there are other qualifying conditions that are more substantially supported in the IPP. A copy of the new DS 3770 (without self injury) is attached to this response. Refresher training has been provided to QIDPs to record on DS3770s only Medicaid Waiver qualifying deficits or conditions that are more substantially supported in the IPP.

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)]

Finding

Eighty-four of the eighty-five (99 percent) sample consumer records contained IPPs that were signed by IRC and the consumers or their legal representatives. However, the IPP for consumer #54, an unconserved adult, was signed by his parent.

2.7.a Recommendation	Regional Center Plan/Response
IRC should ensure that consumer #54 signs his IPP. If the consumer does not sign, IRC should document what actions were taken to encourage the consumer to sign and the reason why the consumer did not sign.	CSC will have consumer sign the January 2015 35c for his IPP and mother will sign as a witness. The January 2016 35c was signed by consumer. CSC will explain to consumer the importance of signing his own 35c/IPP and will continue to ensure that consumer signs this form through provision of helpful information regarding the process.

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

Finding

Fifty-one of the fifty-two (98 percent) applicable sample consumer records contained IPPs that addressed the consumers' day program services. The IPP dated May 18, 2015, for consumer #52 did not address the services, which the day program provider is responsible for implementing. During the monitoring review, IRC provided an addendum dated September 9, 2015 that identifies the appropriate objectives. Accordingly, no recommendation is required.

- 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)]

Findings

Eighty-three of the eighty-five (98 percent) sample consumer records contained an IPP that included services and supports obtained from generic agencies or resources. However, the IPPs for consumers #12 and #31 did not identify Medi-Cal as the funding source for medical and dental services.

2.10.b Recommendation	Regional Center Plan/Response
IRC should ensure that the IPPs for consumers #12 and #31 identify Medi-Cal as the funding source for medical and dental services.	IPP addendums identifying Medi-Cal as the funding source for generic services were completed for consumers #12 and #31. Please refer to attachments for consumer #12 and #31. Refresher training on IPP addendums are provided by PMs to case management staff.

- 2.10.c The IPP specifies the approximate scheduled start date for new services and supports. [WIC §4646.59(a)(4)]

Finding

Twelve of the thirteen (92 percent) applicable sample consumer records contained an IPP that included an approximate scheduled start date for new services. The record for consumer #47 contained an IPP dated September 19, 2014, that did not identify a start date for respite services.

2.10.c Recommendation	Regional Center Plan/Response
IRC should ensure that future IPPs for consumer #47 include an approximate start date for new services and supports.	An IPP addendum was completed 11-18-2016 to include the start date of the new service and the vendor providing the service. CSC was provided additional training and consultation from the Program Manager to ensure that CSC understand the need for the start date of the service, the vendor providing the service and the number of hours authorized for the service. PM also reviewed appropriate mandates with the CSC.

- 2.11 The IPP identifies the provider or providers of service responsible for implementing services, including but not limited to, vendors, contracted providers, generic service agencies, and natural supports. [WIC §4646.5(a)(4)]

Finding

Eighty-four of the eighty-five (99 percent) sample consumer IPPs identified the provider or providers responsible for implementing services. The IPP for consumer #47 dated September 19, 2014, had not been amended to indicate the new respite provider responsible for implementing services.

2.11 Recommendation	Regional Center Plan/ Response
IRC should ensure that the IPP for consumer #47 identifies the provider responsible for implementing respite services.	An IPP addendum was completed 1-18-2016 to include the new respite provider. CSC was provided additional training and consultation from the Program Manager to ensure that the CSC understands the need for the start date of the service, the vendor providing the service and the number of hours authorized for the service. PM also reviewed appropriate mandates with the CSC.

Regional Center Consumer Record Review Summary						
Sample Size = 85 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	85			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Mental Retardation Professional, 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.	85			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.	85			100	None
2.1.c	The DS 3770 form documents annual recertifications.	76		9	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	7		78	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)]	85			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)]			85	N/A	None

Regional Center Consumer Record Review Summary						
Sample Size = 85 + 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. <i>(SMM 4442.5; 42 CFR 441.302)</i>	85			100	None
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in an ICF/DD, ICF/DD-H and ICF/DD-N facility are documented in the consumer's CDER and other assessments. <i>[SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343]</i>	85			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	84	1		99	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. <i>[42 CFR 441.301(b)(1)(I)]</i>	85			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 if health status and the CDER have been reviewed. <i>(HCBS Waiver requirement)</i>			85	N/A	None
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer or, where appropriate, his/her parents or legal guardian or conservator. <i>[WIC §4646(g)]</i>	84	1		99	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.	13		72	100	None
2.7.c	The IPP is prepared jointly with the planning team. <i>[WIC §4646(d)]</i>	85			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. <i>[WIC §4646.5(a)]</i>	85			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 85 + 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).	85			100	None
2.9.b	The IPP addresses the special health care requirements.	48		37	100	None
2.9.c	The IPP addresses the services for which the CCF provider is responsible for implementing.	36		49	100	None
2.9.d	The IPP addresses the services for which the day program provider is responsible for implementing.	51	1	33	98	See Narrative
2.9.e	The IPP addresses the services for which the supported living services agency or independent living services provider is responsible for implementing.	18		57	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	85		0	100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. [WIC §4685(c)(2)]	21		64	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)]	85			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)]	83	2		98	See Narrative
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [WIC §4646.5(a)(4)]	12	1	72	92	See Narrative
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)]	84	1		99	See Narrative

Regional Center Consumer Record Review Summary						
Sample Size = 85 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic review and reevaluations of consumer progress are completed (at least annually) 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)]	85			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 CCFs, family home agencies or supported living and independent living settings. (Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)	52		33	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 CCFs, family home agencies or supported living and independent living settings. (Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)	52		33	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)	3		85	100	None

SECTION III

COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

I. Purpose

The review addresses the requirements for CCFs to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the IPP for which the facility is responsible. The criteria are derived from Title 17, California Code of Regulations.

II. Scope of Review

Eighteen consumer records were reviewed at 16 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 percent in compliance for 16 criteria. Three criteria were not applicable for this review.

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

IV. Findings and Recommendations

None

Community Care Facility Record Review Summary						
Sample Size: Consumers 18; CCFs = 16						
	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. [Title 17, CCR, §56017(b); Title 17, CCR §56059(b); Title 22, CCR, §80069]	18			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	18			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	7		11	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.	18			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	18			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	18			100	None
3.1.i	Special safety and behavior needs are addressed.	13		5	100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17, and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. [Title 17, CCR, §56019(c)(1)]	18			100	None
3.3	The facility has a copy of the consumer's current IPP. [Title 17, CCR, §56022(c)]	18			100	None
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semi-annual reports of consumer progress. [Title 17, CCR, §56026(b)]	12		6	100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers 18; CCFs = 16						
	Criteria	+	-	N/A	% Met	Follow-up
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.	12		6	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. [<i>Title 17, CCR, §56026(c)</i>]	6		12	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.	7		11	100	None
3.5.c	Quarterly reports include a summary of data collected. [<i>Title 17, CCR, §56013(d)(4); Title 17, CCR, §56026</i>]	7		11	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>]	18			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	14		4	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>)			18	N/A	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)			18	N/A	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. (<i>Title 17, CCR, §54327</i>)			18	N/A	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 IPP that the day program is responsible for implementing. The criteria are derived from Title 17, California Code of Regulations.

II. Scope of Review

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

III. Results of Review

The consumer records were 99 percent in compliance for 14 applicable criteria. Three criteria were not applicable for this review.

- ✓ Findings for three 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

- 4.1.d The consumer record contains an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative.
(*Title 17, CCR, §56730*)

Findings

Twenty-nine of the thirty (97 percent) sample consumer records contained signed authorizations for emergency medical treatment. However, the record for consumer #58 at day program #16 did not contain an authorization for emergency medical treatment that was signed by the consumer or conservator. During the review, an emergency medical treatment authorization was signed by the consumer. Therefore, no recommendation is required.

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

Findings

Twenty-nine of the thirty (97 percent) sample consumer records contained documentation that the consumer and/or their authorized representative had been informed of their personal rights. The record for consumer #62 at day program #6 did not contain documentation that the consumer was informed of his personal rights. During the review, a personal rights document was signed by the consumer. Therefore, no recommendation is required.

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

Finding

Twenty-nine of the thirty (97 percent) sample consumer records contained a copy of the consumer's current IPP. The record for consumer #62 at day program #6 did not contain a copy of the consumer's current IPP. During the review, IRC staff provided the day program provider a copy of the IPP. Therefore, no recommendation is required.

Day Program Record Review Summary						
Sample Size: Consumers = 30; Day Programs = 17						
	Criteria	+	-	N/A	% Met	Follow-up
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. (Title 17, CCR, §56730)	30			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.	30			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.	30			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.	30			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.	29	1		97	See Narrative
4.1.e	The consumer record contains documentation that the consumer and/or the authorized consumer representative has been informed of his/her personal rights.	29	1		97	See Narrative
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing.	30			100	None
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	30			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 30; Day Programs = 17						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	23		7	100	None
4.2	The day program has a copy of the consumer's current IPP. [<i>Title 17, CCR §56720(b)</i>]	29	1		97	See Narrative
4.3.a	The day program provider develops, maintains, and modifies, as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. [<i>Title 17, CCR, §56720(a)</i>]	30			100	None
4.3.b	The day program's individual service plan (ISP) or other program documentation is consistent with the services addressed in the consumer's IPP.	30			100	None
4.4.a	The day program prepares and maintains written semiannual reports. [<i>Title 17, CCR, §56720(c)</i>]	30			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.	30			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>)			30	N/A	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>)			30	N/A	None
4.5.c	There is appropriate follow-up to special incidents to resolve the issue and eliminate or mitigate future risk. (<i>Title 17, CCR, §54327</i>)			30	N/A	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

Sixty-nine of the eighty-five consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, CCFs, or in independent living settings.

- ✓ Thirty-eight adult consumers agreed to be interviewed by the monitoring teams.
- ✓ Seventeen consumers did not communicate verbally or declined an interview, but were observed.
- ✓ Fourteen interviews were conducted with parents of minors.
- ✓ Sixteen consumers/parents of minors were unavailable for or declined interviews.

III. Results of Observations and Interviews

Sixty-eight of the sixty-nine consumers/parents of minors 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

The guardian of a minor, consumer #39, indicated satisfaction with the consumer's current services during the initial phone interview. The guardian called the interviewer back later in the week and stated that the service coordinator had coached the guardian on how to answer the interview questions. The guardian also stated that the service coordinator stated that if the questions were not answered correctly, the consumer's respite services could be in jeopardy.

IRC staff contacted the guardian to discuss her concerns and assure her that the consumer's services were not in jeopardy. In addition, the guardian requested that a new service coordinator be assigned to the consumer. IRC complied with this request and followed-up with the guardian after the new service coordinator was assigned. The guardian reported that she was satisfied in the resolution of the concerns.

Recommendation	Regional Center Plan/Response
<p>IRC should ensure that IRC staff appropriately communicate with consumers and families about the intent of the monitoring activities and ensure that consumers and families know that they have a choice in participating in the process.</p>	<p>New school age program manager will provide refresher training to case management staff to discuss the importance of appropriately communicating with families about the intent of DDS interviews. The interviews are simply ensuring that consumers/family's needs are being met. Staff will be reminded that the Medicaid Waiver program is a choice program and families do not have to be coached on what to say but to understand they have a choice in participating in the process.</p>

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 17 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 and website, "Web MD," as resources for medication. IRC offers periodic trainings on new and commonly used medications along with related health topics.

4. The service coordinators monitor the consumers' services, health and safety during periodic visits. They are aware of the consumers' health issues. The service coordinators were knowledgeable about the 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 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 HCBS Waiver consumers.

II. Scope of Interview

1. The monitoring team interviewed IRC's 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 clinical services manager, a physician, a nurse specialist, psychologists, a psychiatrist, a behavior specialist, nutritionists, occupational and physical therapists, a pharmacologist, a neurologist, and a dental hygienist.
2. The clinical team provides support in the management of consumers with health care issues. The team meets weekly to discuss medical, medication and/or behavioral concerns. The clinical team members support the service coordinators by providing consultation, training, referrals, and follow-up when needed. Guidelines were developed to assist service coordinators to address consumer health needs when developing the IPP.

The dental hygienist locates dental providers and assists with treatment authorization requests. The hygienist also coordinates outpatient dental services through Loma Linda School of Dentistry and Redlands Dental Surgery Center. The hygienist is available to do desensitization training and attend dental appointments with consumers.

3. The clinical team participates in the monitoring of consumers' medications. The pharmacologist is available for consultation and training with service coordinators, families, consumers, and service providers. He is also available to conduct a polypharmacy review when requested. The pharmacologist may provide medication training to providers as a result of a special incident related to a medication error.
4. The clinical team is involved in the coordination of mental health care. The program managers and behavior specialists review behavior plans and monitor services received by consumers. IRC conducts a mental health clinic where service coordinators present consumer-specific mental health/behavior issues for evaluation. In addition, IRC participates with Riverside and San Bernardino Mental Health Departments to coordinate care.
5. Members of the team offer a series of training classes to local law enforcement agencies to help identify the needs of consumers in the community. Topics include how to distinguish between the signs and symptoms of intellectual disabilities, seizures, mental health and drug behaviors.
6. IRC has improved access to preventive health care resources for consumers by:
 - ✓ Genetic clinic
 - ✓ Health education for consumers
 - ✓ Resource library
 - ✓ Occupational and physical therapy clinic
 - ✓ Weight control and nutrition program
 - ✓ Psychiatric and neurological clinic
 - ✓ Person Residing Under Color of Law (PRUCOL) Clinic provides assistance to undocumented consumers applying for Medi-Cal
 - ✓ Managed care liaison
7. Members of the clinical team participate in the Risk Management Committee. Team members will review medical and death SIRs, as requested. SIR trends are identified, which may result in training to regional center staff and providers.

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

II. Scope of Interview

The monitoring team interviewed the QA Specialist, who is part of the team responsible for conducting IRC's QA activities.

III. Results of Interview

1. Staff and service coordinators are responsible for conducting the Title 17 monitoring reviews for the CCF homes. Typically, these reviews are conducted unannounced. As needed, clinical staff and the behaviorist are invited to attend. Reviews are generally conducted in the afternoon so the consumer is available to be interviewed and observed.
2. Results of the Title 17 reviews and unannounced visits are forwarded to the QA manager who oversees corrective action plans (CAP). The QA manager monitors activities related to CAPs, SIRs and trends. Additional visits may occur to ensure that issues identified in the CAP have been resolved or to follow-up on SIRs. When issues of substantial inadequacies are identified, service coordinators are responsible for developing CAPs and ensuring providers complete the requirements.
3. IRC maintains a Resource Development Department that interviews potential providers, reviews applications and program designs, and conducts new provider orientation. In addition, staff monitors ongoing compliance issues, certifications and updating of continuing educational hours. The Resource Development Department investigates CAPs or substantial inadequacies for non-licensed vendors and providers where there is no regulatory requirement to monitor.

4. IRC's QA manager, district managers and the SIR Coordinator participate on the QA Advisory Committee, which meets monthly. This committee reviews information regarding SIRs, CAPs and trends, and makes recommendations and/or conducts trainings for both providers and service coordinators.

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; and how they monitor safety and safeguard medications.

II. Scope of Interviews

1. The monitoring team interviewed 16 service providers at 11 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, 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 13 direct service staff at eight 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 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 CCFs and day programs are serving consumers in a safe, healthy and positive environment where their rights are respected. The review also ensures that CCFs are meeting the HCBS Waiver definition of a homelike setting.

II. Scope of Review

1. The monitoring teams reviewed a total of 13 CCFs and 5 day programs.
2. The teams used a monitoring review checklist consisting of 24 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

III. Results of Review

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

IV. Findings and Recommendations

8.2.d PRN (Pro Re Nata) Medication Records

CCF #2 was not documenting the time and consumers' response to PRN medications.

8.2.d Recommendation	Regional Center Plan/Response
<p>IRC should ensure CCF #2 properly documents all required PRN medication information.</p>	<p>Based on the audit findings, the following recommendation was relayed to Facility Administrator and will be implemented to assure accuracy of PRN medication: Please ensure that PRN authorization forms are on file and are documented appropriately on the Medication Administration Record. IRC CSC and CPL will monitor compliance throughout the year during facility visits.</p>

8.3.c First Aid

CCF #1 had one direct care staff that did not have a current first aid certificate.

8.3.c Recommendation	Regional Center Plan/Response
<p>IRC should ensure that CCF #1 has current first aid certificates for all direct care staff.</p>	<p>IRC CPL provided the administrator helpful tips on how to avoid such oversight. Some effective ways to correct such oversight and measures are provided to prevent similar incidents from occurring in the future. IRC CPL suggested that best practice for the home is to have a checklist in each staff member's file showing each certification the staff has completed and which ones have expired. Also, before a new staff member begins employment with the home, it is necessary for all required trainings and certificates to be completed and appropriately documented in each staff member's file kept at the facility. The administrator will communicate with the IRC CPL to ensure that all requirements are met for each</p>

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

Special incident reporting of deaths by IRC was reviewed by comparing deaths entered into the Client Master File for the review period with SIRs of deaths received by DDS.

The records of the 85 consumers selected for the HCBS Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.

A supplemental sample of 10 consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. IRC reported all deaths during the review period to DDS.
2. IRC reported all special incidents in the sample of 85 records selected for the HCBS Waiver review to DDS.
3. IRC's vendors reported 7 of the 10 (70 percent) special incidents in the supplemental sample within the required timeframes.
4. IRC reported all of the 10 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 10 incidents.

Findings

Consumer #91: The incident occurred on December 28, 2014. However, the vendor did not submit a written report to IRC until January 12, 2015.

Consumer #97: The incident occurred on October 9, 2014. However, the vendor did not submit a written report to IRC until October 13, 2014.

Consumer #98: The incident occurred on September 6, 2014. However, the vendor did not submit a written report to IRC until September 9, 2014.

Recommendation	Regional Center Plan/Response
IRC should ensure that the vendors for consumers #91, #97, and #98 report special incidents within the required timeframe.	IRC has provided documentation of direct communication with each vendor identified. IRC has also conducted SIR training where necessary.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

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

HCBS Waiver Review Consumers Continued

#	UCI	CCF	DP
38	XXXXXXXX		
39	XXXXXXXX		
40	XXXXXXXX		
41	XXXXXXXX		
42	XXXXXXXX		
43	XXXXXXXX		
44	XXXXXXXX		
45	XXXXXXXX		
46	XXXXXXXX		
47	XXXXXXXX		
48	XXXXXXXX		
49	XXXXXXXX		
50	XXXXXXXX		
51	XXXXXXXX		
52	XXXXXXXX		2
53	XXXXXXXX		
54	XXXXXXXX		
55	XXXXXXXX		
56	XXXXXXXX		5
57	XXXXXXXX		3
58	XXXXXXXX		16
59	XXXXXXXX		10
60	XXXXXXXX		15
61	XXXXXXXX		
62	XXXXXXXX		6
63	XXXXXXXX		
64	XXXXXXXX		
65	XXXXXXXX		17
66	XXXXXXXX		8
67	XXXXXXXX		
68	XXXXXXXX		12
69	XXXXXXXX		
70	XXXXXXXX		
71	XXXXXXXX		
72	XXXXXXXX		
73	XXXXXXXX		
74	XXXXXXXX		
75	XXXXXXXX		1
76	XXXXXXXX		

HCBS Waiver Review Consumers Continued

#	UCI	CCF	DP
77	XXXXXXXX		10
78	XXXXXXXX		
79	XXXXXXXX		
80	XXXXXXXX		14
81	XXXXXXXX		12
82	XXXXXXXX		6
83	XXXXXXXX		
84	XXXXXXXX		
85	XXXXXXXX		

Supplemental Sample DC Consumer

#	UCI
DC-XX	XXXXXXXX
DC-XX	XXXXXXXX
DC-XX	XXXXXXXX

HCBS Waiver Review Service Providers

CCF #	Vendor
1	XXXXXXXX
2	XXXXXXXX
3	XXXXXXXX
4	XXXXXXXX
5	XXXXXXXX
6	XXXXXXXX
7	XXXXXXXX
8	XXXXXXXX
9	XXXXXXXX
10	XXXXXXXX
11	XXXXXXXX
12	XXXXXXXX
13	XXXXXXXX
14	XXXXXXXX
15	XXXXXXXX
16	XXXXXXXX

HCBS Waiver Review Service Providers

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

SIR Review Consumers

#	UCI	Vendor
89	XXXXXXXX	XXXXXX
90	XXXXXXXX	XXXXXX
91	XXXXXXXX	XXXXXX
92	XXXXXXXX	XXXXXX
93	XXXXXXXX	XXXXXX
94	XXXXXXXX	XXXXXX
95	XXXXXXXX	XXXXXX
96	XXXXXXXX	XXXXXX
97	XXXXXXXX	XXXXXX
98	XXXXXXXX	XXXXXX