

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

Conducted by:

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

January 25 - 29, 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 January 25-29, 2010 at Kern Regional Center (KRC). The monitoring team members were Corbett Bray (Team Leader), Mary Ann Smith and Lisa Miller 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 37 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers who moved from a developmental center; 2) three consumers whose HCBS Waiver eligibility had been previously terminated; and 3) ten consumers who had special incidents reported to DDS during the review period of December 1, 2008 through November 30, 2009.

The monitoring team completed visits to three community care facilities (CCFs) and six day programs. The team reviewed three CCF and seven day program consumer records and interviewed and/or observed 31 selected sample consumers.

Overall Conclusion

KRC is in substantial compliance with the federal requirements for the HCBS Waiver program. Specific recommendations that require follow-up actions by KRC are included in the report findings. DDS is requesting documentation of follow-up actions taken by KRC 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 KRC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self assessment criteria.

Section II – Regional Center Consumer Record Review

Thirty-seven 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 95 -100% in compliance for 29 of the 30 applicable criteria. One criterion was rated as not applicable for this review. Criterion 2.3 was rated as not in compliance because the three applicable consumer records did not have documentation indicating that the consumers had voluntarily disenrolled or that a notice of action had been sent to the consumers prior to the termination of their eligibility from the HCBS Waiver.

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

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

Three consumer records were reviewed at three CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100% in overall compliance.

KRC's records were 98% and 99% in overall compliance for the collaborative reviews conducted in 2008 and in 2006, respectively.

Section IV – Day Program Consumer Record Review

Seven consumer records were reviewed at six day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 98% in compliance for the 17 criteria.

KRC's records were 93% and 90% in overall compliance for the collaborative reviews conducted in 2008 and in 2006, respectively.

Section V – Consumer Observations and Interviews

Thirty-one 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. Three of the interviewed consumers/parents stated calls to their service coordinators were not always returned.

Section VI A – Service Coordinator Interviews

Seven 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 Associate Director of KRC was interviewed using a standard interview instrument. He 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

The Program Manager of Community Services was interviewed using a standard interview instrument. He responded to informational questions regarding how KRC 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

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

Section VII B – Direct Service Staff Interviews

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

Section VIII – Vendor Standards Review

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

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 37 HCBS Waiver consumers and ten supplemental sample consumers for special incidents during the review period. KRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported eight of the ten applicable incidents to KRC within the required timeframes, and KRC subsequently transmitted eight of the ten special incidents to DDS within the required timeframes. KRC'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 Kern Regional Center's (KRC) 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

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

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

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

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

SECTION II

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

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

Living Arrangement	# of Consumers
Community Care Facility (CCF)	7
With Family	13
Independent or Supported Living Setting	17

2. The review period covered activity from December 1, 2008 – November 30, 2009.

III. Results of Review

The 37 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 KRC had either provided the consumer with written notification prior to termination of the consumer's HCBS Waiver eligibility or the consumer had voluntarily disenrolled from the HCBS Waiver. Additionally, three supplemental records were reviewed solely for documentation indicating that the consumers received face-to-face reviews every thirty days after moving from a developmental center. One criterion was not applicable for this review.

- ✓ The sample records were in 100% compliance for 25 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

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

Findings

The three applicable records for consumers #TC-X, #TC-X, and #TC-X did not contain documentation indicating that the consumer had voluntarily disenrolled or that a NOA had been sent to the consumer prior to the termination of their eligibility from the HCBS Waiver.

2.3 Recommendation	Regional Center Plan/Response
KRC should ensure that consumers #TC-X, #TC-X, and #TC-X are provided with a written NOA and fair hearing rights, or that their records contain documentation confirming their voluntary HCBS Waiver disenrollment.	<div style="background-color: black; width: 100%; height: 40px; margin-bottom: 5px;"></div> A procedure has been implemented to ensure that requirements are met and proper documentation is placed in consumers file.

2.6.a The 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))

Findings

Thirty-six of the 37 (97%) sample consumer records contained documentation that the consumers’ IPP had been reviewed annually by the planning team. However, the IPP for consumer #XX was not reviewed in April 2009 as scheduled. Subsequently, a new IPP was completed in August 2009. Accordingly, no recommendation is required.

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

Thirty-six of the 37 (97%) sample consumer IPPs identified the provider or providers of service responsible for implementing services. However, the IPP for consumer #X did not identify the transportation provider.

2.11 Recommendation	Regional Center Plan/Response
KRC should ensure the IPP for consumer #X identifies the transportation service provider.	IPP for consumer #X includes the transportation service provider. QMRP will continue to ensure that all services provided to consumer are properly identified in 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

Twenty-three of the 24 (96%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the record for consumer #XX contained documentation of three of the required meetings.

2.13.a Recommendation	Regional Center Plan/Response
KRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumer #XX.	QMRP will ensure that all QR face-to-face meetings are held on a quarterly basis for all consumers on waiver living in community out of home setting.

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

Twenty-three of the 24 (96%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the record for consumer #XX contained three quarterly progress reports.

2.13.b Recommendation	Regional Center Plan/Response
KRC should ensure that future quarterly reports of progress are completed for consumer #XX.	An ID note has been placed in file explaining the reason for the late reporting. QMRP will ensure that all QR face-to face meetings are held on a quarterly basis for all consumers on waiver living in community out of home setting.

Regional Center Consumer Record Review Summary						
Sample Size = 37 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	37			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.	37			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.	37			100	None
2.1.c	The DS 3770 form documents annual recertifications.	37			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	1		36	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))	37			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	37	0	See Narrative

Regional Center Consumer Record Review Summary						
Sample Size = 37 + 6 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)	37			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)	37			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	37			100	None
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))	36	1		97	See Narrative
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)			37	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))	37			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.	2		35	100	None
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	37			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))	37			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 37 + 6 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).	37			100	None
2.9.b	The IPP addresses the special health care requirements.	2		35	100	None
2.9.c	The IPP addressed the services for which the CCF provider is responsible for implementing.	7		30	100	None
2.9.d	The IPP addressed the services for which the day program provider is responsible for implementing.	16		21	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.	17		20	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	37			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	5		32	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))	37			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))	37			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	2		35	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))	36	1		97	See Narrative

Regional Center Consumer Record Review Summary						
Sample Size = 37 + 6 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>)	37			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>)	23	1	13	95	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>)	23	1	13	95	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>)	3		37	100	None

SECTION III

COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

Three consumer records were reviewed at three 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 17 of the 19 applicable criteria. Two 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. Finding and Recommendation

None

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

Community Care Facility Record Review Summary						
Sample Size: Consumers = 3; CCFs = 3						
	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>)			3	NA	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.			3	NA	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. (<i>Title 17, CCR, §56026(c)</i>)	3			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.	3			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>)	3			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>)	3			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	3			100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)	2		1	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		1	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		1	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

Seven sample consumer records were reviewed at six 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 100% in compliance for 16 of the 17 criteria.

- ✓ A summary of the results of the review is shown in the table at the end of this section.
- ✓ A finding for one criterion is detailed below.

IV. Findings and Recommendations

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

Findings

Five of the seven (71%) sample consumer records contained authorizations for emergency medical treatment. However the emergency medical treatment authorizations for two consumers were not signed by the consumer as indicated below.

1. Consumer #X at day program #X: [REDACTED]
The authorization for medical treatment was signed [REDACTED].
[REDACTED]

2. Consumer #XX at day program #X: [REDACTED]
 The authorization for medical treatment was signed [REDACTED]
 [REDACTED].

4.1.d Recommendation	Regional Center Plan/Response
KRC should the ensure that consumer #X at day program #X and consumer #XX at day program #X sign the authorization for medical treatment.	Consumer #X [REDACTED] attending Day Program #X signed authorization for medical treatment [REDACTED] and is currently on file. Consumer #XX [REDACTED] attending Day Program #X signed authorization for medical treatment [REDACTED] and is currently on file.

Day Program Record Review Summary						
Sample Size: Consumers = 7; Day Programs = 6						
	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)	7			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.	7			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.	7			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.	7			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.	5	2		71	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.	7			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.	7			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 7; Day Programs = 6						
	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.	7			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	7			100	None
4.2	The day program has a copy of the consumer's current IPP. (<i>Title 17, CCR §56720(b)</i>)	7			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>)	7			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.	7			100	None
4.4.a	The day program prepares and maintains written semiannual reports. (<i>Title 17, CCR, §56720(c)</i>)	7			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.	7			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>)	1		6	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>)	1		6	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>)	1		6	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

For this review, the total sample was 37 consumers. Six consumers were unavailable for an interview or observation. Three phone interviews were conducted with parents of minor consumers.

Twenty-three consumers were observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Twenty-one adult consumers agreed to be interviewed by the monitoring teams.
- ✓ Six consumers did not communicate verbally, but were observed.
- ✓ One consumer chose not to be interviewed, but was observed.

III. Results of Observations and Interviews

All but three 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

Consumers #XX, #XX, and #XX stated that phone calls to their service coordinators are not always returned.

Recommendation	Regional Center Plan/Response
KRC should follow-up with consumers #XX, #XX, and #XX regarding their concerns with their service coordinators.	The Program Managers spoke to the SCs for consumers #XX, #XX, and #XX. They made contacts with the clients. [REDACTED]

	[REDACTED] SCs were told to return phone calls as promptly as possible.
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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 seven Kern Regional Center (KRC) 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 KRC's clinical team. KRC 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. 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. This interview aids in determining what measures the regional center is utilizing to ensure the ongoing health and safety of all Home and Community-based Services Waiver consumers.

II. Scope of Interview

1. The monitoring team interviewed Kern Regional Center's (KRC) Associate Director.
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 KRC clinical team consists of two physicians, a clinical psychologist, two licensed clinical social workers, an autism specialist, a licensed vocational nurse, and a registered nurse.
2. Service coordinators, in collaboration with a KRC physician, are responsible for monitoring medical issues, medications, and review of consumers' health status. The clinical team members act as consultants and are available to the service coordinators if requested. The clinical team utilizes a local home health agency to perform nursing assessments, focusing on consumers in community care facilities, supported living, and day programs. Consumers identified with urgent needs receive follow-up by the clinical team and service coordinators. In addition to the clinical team, telemedicine is available through Cedar Sinai University, University of Irvine, Loma Linda University, Valley Children's Hospital, and University of California, San Francisco. Nutritional consultation is available through a contracted registered nutritionist.
3. The clinical staff is available to service coordinators for consultation regarding consumers' behavior, medical and mental health needs. A licensed clinical

- social worker reviews behavior plans and monitors services received by the consumer. The clinical team also utilizes Kern County Mental Health, community physicians and telemedicine as needed.
4. The clinical team provides additional support to service coordinators through consultation, chart reviews, and providing staff with local community resources, such as medical and housing. KRC offers service coordinators paid leave to participate in outside training classes as well as making time available for service coordinators to participate in internet based trainings. The regional center also offers scholarships for staff wishing to advance their education.
 5. KRC has improved access to preventive health care resources for consumers through the following programs:
 - ✓ Telemedicine
 - ✓ Feeding Clinic
 - ✓ Genetics Clinic
 - ✓ Provider Training
 - ✓ Nursing Assessments
 6. Members of the clinical services staff participate in the Risk Management Committee. The team reviews health and medical related special incidents, including deaths. The committee members analyze special incidents for trends, and makes recommendations for appropriate follow-up.
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SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

The interview with quality assurance (QA) staff ascertains how the regional center has organized itself to conduct Title 17 monitoring of community care facilities (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 Program Manager of Community Services, who is an integral part of the team responsible for conducting QA activities at Kern Regional Center (KRC).

III. Results of Interview

1. The annual Title 17 visits are conducted by community service specialists. Service coordinators and community service specialists each do one of the two required unannounced visits. The specialists review vendor files, IPPs, SIRs and corrective action plans (CAPs). Additional unannounced visits to facilities are conducted for identified issues that require further follow-up. KRC also monitors day programs.
2. KRC uses information collected from QA monitoring activities to provide technical assistance for providers. Topics include: health maintenance, nutrition, medication side effects and administration, behavior management, incident reporting, forms and documentation completion, direct service professional training requirements, and individual service plans.
3. Specialists follow-up on special incident reports (SIRs) in collaboration with Community Care Licensing or law enforcement, as needed. They provide technical assistance to vendors for issues related to special incidents. KRC uses a database to track monitoring visits, SIRs, and CAPS.
4. The community services staff is responsible for analyzing data from SIRS and QA monitoring. When issues are identified, the information is presented to the Risk Management Committee in order to identify possible remedial measures. SIR data has been used to identify trends in such areas as medication errors, preventable accidents and behavioral antecedents, in order to develop training for vendors.

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

III. Results of Interviews

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

SECTION VII B

DIRECT SERVICE STAFF INTERVIEWS

I. Purpose

The interviews determine how well the direct service staff knows the consumers and their understanding of the 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 four direct service staff at one community care facility (CCF) and three day programs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

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

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

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

II. Scope of Review

1. The monitoring teams reviewed a total of two CCFs and three 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. Finding and Recommendation

8.2d PRN Medication Records

Finding

Day program #X was not documenting [REDACTED]

[REDACTED]

8.2d Recommendation	Regional Center Plan/Response
KRC should ensure day program #X properly documents all required PRN medication information.	Day Program #X has implemented a procedure to ensure all required PRN medication information is properly documented.

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 Kern Regional Center (KRC) 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 37 consumers selected for the Home and Community-based Services (HCBS) Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of ten consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. KRC reported all deaths during the review period to DDS.
2. KRC reported all special incidents in the sample of 37 records selected for the HCBS Waiver review to DDS.
3. KRC's vendors reported eight of the ten (80%) incidents in the supplemental sample within the required timeframes.
4. KRC reported eight of the ten (80%) incidents to DDS within the required timeframes.
5. KRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the ten incidents.

IV. Findings and Recommendations

Findings

Consumer #XXX: The incident occurred on May 1, 2009 and the vendor made a verbal report to KRC on that date. However, the vendor did not submit a written report to KRC until May 7, 2009. KRC did not report the incident to DDS until May 8, 2009.

Consumer #XXX: The incident was reported to KRC on June 10, 2009. However, KRC did not report the incident to DDS until June 15, 2009.

Consumer #XXX: The incident occurred on October 10, 2009. However, the vendor did not submit a written report to KRC until October 13, 2009.

Recommendations	Regional Center Plan/Response
<p>1. KRC should ensure that the vendors for consumers #XXX and #XXX report special incidents within the required timeframes.</p>	<p>Vendor XXXXXX gave verbal notification right away but the written documentation came 6 days later.</p> <p>[REDACTED]</p> <p>The administrator is meticulous and has much experience with incident reporting. So this was surprising. The administrator likes to hand deliver the incident reports. The vendor has been encouraged to report within the timeframes and the SIRs can be submitted by fax or email over the weekend in order to meet timeframes. She should send an initial SIR [REDACTED]</p> <p>[REDACTED]</p> <p>In the case of vendor XXXXXX, verbal reporting was timely. The SIR dated 10.9.09 was written on 10.13.09.</p>
<p>2. KRC should ensure that all special incidents are reported to DDS within the required time frames.</p>	<p>Consumer #XXX: SIR dated 6.9.09 was reported timely by the vendor and transmitted late to DDS “because of other duties of the SIR Coordinator/OD.” It is good that this example came up. The priorities for</p>

	<p>the SIR Coordinator are client emergencies first and incident reporting after that. Generally, this works out but there are times when something takes priority over incident report such as client emergencies which filled up a whole workday and this SIR Coordinator enjoys interaction with consumers to keep the job interesting. The SIR Coordinator will enter SIRs that are to be transmitted on a given day to DDS to ensure that they meet the timeframes.</p>
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SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

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

Supplemental Sample DC Consumers

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

Terminated Consumers

#	UCI
TC-1	XXXXXXXX
TC-2	XXXXXXXX
TC-3	XXXXXXXX

HCBS Waiver Review Service Providers

CCF #	Vendor
1	XXXXXX
2	XXXXXX
3	XXXXXX

Day Program #	Vendor
1	XXXXXX
2	XXXXXX
3	XXXXXX
4	XXXXXX
5	XXXXXX
6	XXXXXX

SIR Review Consumers

#	UCI	Vendor
101	XXXXXXXX	XXXXXX
102	XXXXXXXX	XXXXXX
103	XXXXXXXX	XXXXXX
104	XXXXXXXX	XXXXXX
105	XXXXXXXX	XXXXXX
106	XXXXXXXX	XXXXXX
107	XXXXXXXX	XXXXXX
108	XXXXXXXX	XXXXXX
109	XXXXXXXX	XXXXXX
110	XXXXXXXX	XXXXXX