

FINAL

**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 13–17, 2014

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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 13-17, 2014, at Kern Regional Center (KRC). The monitoring team members were Lisa Miller (Team Lead), Kathy Benson, and Corbett Bray from DDS and Raylyn Garrett and Annette Hanson from DHCS.

Purpose of the Review

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

Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

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

Scope of Review

The monitoring team reviewed a sample of 33 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers who moved from a developmental center, and 2) ten consumers who had special incidents reported to DDS during the review period of November 1, 2012, through October 31, 2013.

The monitoring team completed visits to two community care facilities (CCFs) and eleven day programs. The team reviewed two CCF and 15 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-three sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. One criterion was rated as not applicable for this review. Of the 21 findings identified in this section, 16 were in criteria 2.13.a and 2.13.b. Criterion 2.13.a was 68% because seven of the 22 applicable consumers did not have documentation of quarterly face-to-face visits. Criterion 2.13.b was 59% because nine of the 22 applicable consumers did not have documentation for all of the required quarterly reports.

The sample records were 97% in overall compliance for this review. KRC's records were 99% in overall compliance for the collaborative reviews conducted in 2012 and in 2010.

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

Two consumer records were reviewed at two CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. Five criteria were rated not applicable for this review. The sample records were 93% in overall compliance for the 14 applicable criteria on this review.

KRC's records were 100% in overall compliance for the collaborative reviews conducted in 2012 and in 2010.

Section IV – Day Program Consumer Record Review

Fifteen consumer records were reviewed at eleven day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of

Regulations. Three criteria were rated not applicable for this review. The sample records were 95% in compliance for the 14 applicable criteria.

KRC's records were 99% and 98% in overall compliance for the collaborative reviews conducted in 2012 and in 2010, 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. Twenty-nine of the interviewed consumers/parents indicated that they were satisfied with their services, health and choices. Two consumers indicated dissatisfaction with their service provider or supports, specifically, one consumer wanted to change his payee and the other said the service provider does not treat him with respect.

Section VI A – Service Coordinator Interviews

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

Section VI B – Clinical Services Interview

The Director of Medical Services, Interim Director of Community Services and Manager of Assessment and Intake were interviewed using a standard interview instrument. They responded to questions regarding the monitoring of consumers with medical issues, medications and behavior plans, the coordination of medical and mental health care for consumers, clinical supports to assist service coordinators, and the clinical team's role on the Risk Management Committee.

Section VI C – Quality Assurance Interview

Two Community Service Specialists were interviewed using a standard interview instrument. They responded to 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

regarding their knowledge of the consumer, the annual review process, and the monitoring of health issues, medications, progress, safety and emergency preparedness. The staff was familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interviews

Two CCF and two 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 33 HCBS Waiver consumers and 10 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 10 incidents to KRC within the required timeframes, and KRC subsequently transmitted all 10 special incidents to DDS within the required timeframes. KRC's follow-up activities for the 10 consumer incidents were timely and appropriate for the severity of the situation.

SECTION I

REGIONAL CENTER SELF-ASSESSMENT

I. Purpose

The regional center self-assessment addresses the California Home and Community-based Services (HCBS) Waiver assurances criteria and is designed to provide information about the regional center's processes and practices. The responses are used to verify that the regional center has processes in place to ensure compliance with federal and state laws and regulations.

The self-assessment obtains information about 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
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>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>
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 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 CCF.</p> <p>The regional center reviews each community care facility annually to assure services are consistent with the program design and applicable laws, and development and implementation of corrective action plans as needed.</p> <p>The regional center conducts not less than two unannounced monitoring visits to each CCF annually.</p> <p>Service coordinators perform and document periodic reviews [at least annually] to ascertain progress toward achieving IPP objectives, and the consumer's and the family's satisfaction with the IPP and its implementation.</p> <p>Service coordinators have quarterly face-to-face meetings with consumers in CCFs, Family Home Agencies, Supported Living Services, and Independent Living Services to review services and progress toward achieving the IPP objectives for which the service provider is responsible.</p>

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

SECTION II

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

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

Living Arrangement	# of Consumers
Community Care Facility (CCF)	6
With Family	11
Independent or Supported Living Setting	16

2. The review period covered activity from November 1, 2012-October 31, 2013.

III. Results of Review

The 33 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 indicating that the consumers received face-to-face reviews every thirty days after moving from a developmental center.

- ✓ The sample records were in 100% compliance for 26 criteria. There are no recommendations for these criteria. One criterion was not applicable for this review.
- ✓ Findings for four criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

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

Findings

Twenty-nine of the 33 (88%) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by KRC. However, four IPPs did not indicate KRC funded services as indicated below:

1. Consumer #12: "Community Integration."
2. Consumer #14: "Counseling Services."
3. Consumer #16: "Dental Services."
4. Consumer #25: "Transportation."

2.10.a Recommendation	Regional Center Plan/Response
KRC should ensure that the IPPs for consumers #12, #14, #16 and #25 include a schedule of the type and amount of all services and supports purchased by KRC.	IPP's for consumers #12, #14, #16 and #25 have been amended to include the type and amount of all services and supports purchased by KRC. KRC will ensure that all future IPP's include the type and amount of all services and supports purchased by KRC.

2.13.a Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (*Title 17, CCR, §56047*), (*Title 17, CCR, §56095*), (*Title 17, CCR, §58680*), (*Contract requirement*)

Findings

Fifteen of the 22 (68%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for seven consumers did not meet the requirements as indicated below:

1. The records for consumers #1, #15, #16 and #22 contained documentation of three of the required meetings.
2. The records for consumers #7, #8 and #32 contained documentation of two of the required meetings.

2.13.a Recommendations	Regional Center Plan/Response
KRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #1, #7, #8, #15, #16, #22 and #32.	KRC initiated a protocol that indicates the program manager is responsible for determining which consumers require quarterly reviews during an employee's extended absence. In the event of uncovered case loads, the cases will be distributed among other members of the unit or completed by the program manager to ensure completion.
KRC should determine what steps are needed to ensure that future face-to-face meetings are completed and documented each quarter for all consumers.	KRC will initiate a PM training in 1/2015 to assure oversight and implementation of the new protocol. The Director of Client Services will provide oversight to ensure the program managers facilitate the protocol. The Human Resources Manager has been instructed to alert the program managers of pending or unplanned leave of absences.

2.13.b Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (*Title 17, CCR, §56047*), (*Title 17, CCR, §56095*), (*Title 17, CCR, §58680*), (*Contract requirement*)

Findings

Thirteen of the 22 (59%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for nine consumers did not meet the requirements as indicated below:

1. The records for consumers #1, #15, #16, #22, #23 and #27 contained documentation of three of the required quarterly reports of progress.
2. The records for consumers #7, #8 and #32 contained documentation of two of the required quarterly reports of progress.

2.13.b Recommendations	Regional Center Plan/Response
KRC should ensure that future quarterly reports of progress are completed for consumers #1, #7, #8, #15, #16, #22, #23, #27 and #32.	KRC initiated a protocol that indicates the program manager is responsible for ensuring quarterly reports of progress are completed during an employee's extended absence. In the event of uncovered case loads, the cases will be distributed among other members of the unit or completed by the program manager to ensure completion.
KRC should determine what steps are needed to ensure that future reports of progress are completed and documented each quarter for all consumers.	KRC will conduct a program manager training in 1/2015 to assure oversight and implementation of the new protocol. The Director of Client Services will provide oversight to assure that the program managers are facilitating the protocol. The Human Resources Manager will alert the program managers of pending or unplanned leave of absences.

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

Finding

Two of the three records in the supplemental sample had face to face visits at least every 30 days for the first 90 days. The record for consumer #DC-1 did not contain documentation of one of the required face-to-face meetings following the consumer's move from a developmental center to a community living arrangement.

2.14 Recommendation	Regional Center Plan/Response
<p>KRC should ensure that face-to-face reviews are completed at least once every 30 days for the first 90 days for consumers who have moved from a developmental center to a community living arrangement.</p>	<p>KRC initiated a protocol to define the program manager as responsible for determining which consumers require face-to-face meetings every 30 days for the first 90 days for consumer's that move from a development center during an employee's extended absence. Cases will be distributed among other members of the unit or completed by the program managers to ensure completion.</p>

Regional Center Consumer Record Review Summary						
Sample Size = 33 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	33			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.	33			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.	33			100	None
2.1.c	The DS 3770 form documents annual recertifications.	33			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	1		32	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))	33			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))	1		32	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 33 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5), (42 CFR 441.302)	33			100	See Narrative
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)	33			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	33			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))	33			100	None
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. (HCBS Waiver requirement)			33		N/A
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))	33			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		31	100	None
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	33			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 33 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. (WIC §4646.5(a))	33			100	None
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).	33			100	None
2.9.b	The IPP addresses the special health care requirements.	11		22	100	None
2.9.c	The IPP addressed the services for which the CCF provider is responsible for implementing.	6		27	100	None
2.9.d	The IPP addressed the services for which the day program provider is responsible for implementing.	15		18	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.	16		17	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	33			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	6		27	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))	29	4		88	See Narrative
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. (WIC §4646.5(a)(4))	33			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	2		31	100	None

Regional Center Consumer Record Review Summary Sample Size = 33 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
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))	33			100	None
2.12	Periodic review and reevaluations of consumer progress are completed (<i>at least annually</i>) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. (WIC §4646.5(a)(6))	33			100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (Title 17, CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement)	15	7	11	68	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. (Title 17, CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement)	13	9	11	59	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. (WIC §4418.3)	2	1	33	67	See Narrative

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

Two consumer records were reviewed at two CCFs visited by the monitoring team. The facilities' consumer records were reviewed to determine compliance with 19 criteria. Five criteria were not applicable for this review.

III. Results of Review

The consumer records were 100% in compliance for 13 applicable criteria.

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

IV. Finding and Recommendation

- 3.5.a Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. (*Title 17, CCR, §56026(c)*)

Finding

One of the two (50%) sample consumer records contained quarterly reports of consumer progress. However, the record for consumer #28 at CCF #2 was missing one of the required reports.

3.5.a Recommendation	Regional Center Plan/Response
KRC should ensure that CCF provider #2 completes the required quarterly reports of progress for consumer #28.	A copy of the missing quarterly report for consumer #28 was provided to KRC. The Community Services Specialist (CSS) will work with the providers to ensure all future quarterly reports are in consumer's record.

Community Care Facility Record Review Summary						
Sample Size: Consumers = 2; CCFs = 2						
	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)	2			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	2			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	2			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.	2			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	2			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	2			100	None
3.1.i	Special safety and behavior needs are addressed.	2			100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17, and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. (Title 17, CCR, §56019(c)(1))	2			100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 2; CCFs = 2						
	Criteria	+	-	N/A	% Met	Follow-up
3.3	The facility has a copy of the consumer's current IPP. (<i>Title 17, CCR, §56022(c)</i>)	2			100	None
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. (<i>Title 17, CCR, §56026(b)</i>)			2	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.			2	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>)	1	1		50	See Narrative
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.	2			100	None
3.5.c	Quarterly reports include a summary of data collected. (<i>Title 17, CCR, §56013(d)(4)</i>), (<i>Title 17, CCR, §56026</i>)	2			50	See Narrative
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. (<i>Title 17, CCR §56026(a)</i>)	2			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	2			100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)			2	NA	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)			2	NA	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. (<i>Title 17, CCR, §54327</i>)			2	NA	None

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

Fifteen sample consumer records were reviewed at eleven day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria. Three criteria were not applicable for this review.

III. Results of Review

The consumer records were 100% in compliance for nine of the 14 applicable criteria.

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

IV. Findings and Recommendations

- 4.1.a The consumer record contains current emergency and personal identification information including the consumer's address and telephone number; the names and telephone numbers of the residential care provider, relatives, and/or guardian or conservator; physician's names(s) and telephone number(s); pharmacy name, address and telephone number; and health plan, if appropriate. (*Title 17, CCR, § 567320*)

Finding

Fourteen of the 15 (93%) sample consumer records contained current emergency and personal identification information of the consumer. However, the record for consumer #14 at DP #4 did not contain consumer's physician, hospital and personal identification information.

4.1.a Recommendation	Regional Center Plan/Response
KRC should ensure that the record for consumer #14 at day program #4 contains the consumer's current physician, hospital and personal identification information.	KRC received updated face sheet from program #4 dated February 5, 2014 documenting consumer #14's current personal physician information. KRC will work with provider to ensure hospital information to be included on face sheet.

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

Finding

Fourteen of the 15 (93%) sample consumer records contained a copy of the consumer's current IPP. The record for consumer #30 at DP #7 did not contain a copy of the current IPP. A copy of the consumer's IPP was provided by the service coordinator during the monitoring review. Accordingly, no recommendation is required.

- 4.3.a The day program develops, maintains, and modifies, as necessary, documentation regarding the manner in which it will assist the consumer in achieving the IPP/ISP objectives for which the day program is responsible.
 (Title 17, CCR, § 56720)(a))

Finding

Fourteen of the 15 (93%) sample consumer records contained documentation on how the day program provider will assist the consumer in achieving their IPP/ISP objectives. However, the record for consumer #14 at DP #4 had no specific program plan or other documentation describing how they will assist the consumer in achieving his IPP objectives.

4.3.a Recommendation	Regional Center Plan/Response
KRC should ensure that day program provider #4 develops and maintains documentation showing how it will assist consumer #14 to achieve his IPP objectives.	KRC's CSS met with provider #4 regarding the required documentation showing how they will assist consumer #14 to achieve the IPP objectives. KRC received an annual review from day program #4 dated February 12, 2014 which addressed the IPP objectives that are the day program's responsibility.

- 4.3.b The day program’s ISP or other program documentation is consistent with the consumer’s IPP objectives for which the day program is responsible.

Finding

Thirteen of the 14 (93%) applicable sample consumer records contained documentation consistent with the consumer’s IPP objectives for which the day program is responsible. However, the record for consumer #21 at DP #6 did not identify the supports in place for budgeting skills, independent living skills and activities of daily living as stated in the IPP.

4.3.b Recommendation	Regional Center Plan/Response
KRC should ensure that the record for consumer #21 at day program provider #6 identify supports in place for budgeting skills, independent skills and activities of daily living as state in his IPP.	The quarterly reviews from day program #6 for consumer #21 show program supports to be consistent with IPP objectives.

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

Findings

Nine of the 12 (75%) applicable consumer records contained written semiannual reports of consumer progress. However, the records for consumer #15 at DP #3, consumer #24 at DP #5 and consumer #10 at DP #9 contained only one of the required progress reports.

4.4.a Recommendation	Regional Center Plan/Response
KRC should ensure that day program providers #3, #5 and #9 prepare written semiannual reports of consumer progress.	KRC’s CSS contacted day programs #3, #5 and #9. Day program #3 provided a copy of the semiannual reported dated December 22, 2012. Day program #5 provided copy of semiannual report dated November 13, 2012 for consumer #24. Day program #9 reported retraining staff to ensure completion of all future semiannual reports. KRC’s CSS will conduct one unannounced visit to each day program site to ensure semiannual reports are being written.

Day Program Record Review Summary						
Sample Size: Consumers = 15; Day Programs = 11						
	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)	15			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.	14	1		93	See Narrative
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.	15			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.	15			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.	15			100	None
4.1.e	The consumer record contains documentation that the consumer and/or the authorized consumer representative has been informed of his/her personal rights.	15			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.	15			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 15; Day Programs = 11						
	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.	15			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	15			100	None
4.2	The day program has a copy of the consumer's current IPP. (<i>Title 17, CCR §56720(b)</i>)	14	1		93	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>)	14	1		93	See Narrative
4.3.b	The day program's ISP or other program documentation is consistent with the services addressed in the consumer's IPP.	13	1	1	93	See Narrative
4.4.a	The day program prepares and maintains written semiannual reports. (<i>Title 17, CCR, §56720(c)</i>)	9	3	3	75	See Narrative
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.	12		3	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>)			15	NA	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)			15	NA	None
4.5.c	There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. (<i>Title 17, CCR, §54327</i>)			15	NA	None

SECTION V

CONSUMER OBSERVATIONS AND INTERVIEWS

I. Purpose

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

II. Scope of Observations and Interviews

Thirty-one of the 33 consumers were interviewed and/or observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

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

III. Results of Observations and Interviews

Twenty-nine of the 31 consumers/parents of minors that were interviewed or observed 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. Two consumers were dissatisfied with their support or provider.

IV. Findings and Recommendations

Consumer #22 at CCF #1 is non-verbal and communicates with gestures. He indicated that a staff person at his home mimics his method of communication. During the review, KRC and CCF #1 staff agreed to investigate the complaint made by consumer #22.

Recommendation	Regional Center Plan/Response
KRC should follow-up with CCF #1 explain what steps were taken to resolve the complaint made by consumer #22.	KRC's CSS investigated the allegation and interviewed the client and house manager. The staff member that was involved in the incident received a write up and was relocated to another house. The staff member was retrained on client rights and privacy. In addition, KRC conducted two unannounced visits during the night shift. Client satisfied with outcome of investigation.

Consumer #24 verbalized that she would like to change her payee agency. A representative from KRC was present during the interview and stated that she would contact the consumer's SLS staff to assist her to locate a new agency.

Recommendation	Regional Center Plan/Response
KRC should follow-up with consumer #24 regarding his concern.	KRC's Service Coordinator (SC) and Supportive Living Services (SLS) staff met with consumer. Consumer given options to explore change of payee. Client declined to pursue matter further and stated that she wished to remain with current payee.

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 six 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 medical director and on-line resources for medication.

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

SECTION VI B

CLINICAL SERVICES INTERVIEW

I. Purpose

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

II. Scope of Interview

1. The monitoring team interviewed Kern Regional Center's (KRC) Director of Medical Services, Interim Director of Community Services, and the Program Manager for Assessment and Intake.
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 with Risk Management Committee and special incident reporting.

III. Results of Interview

1. The KRC clinical team consists of a physician, a licensed vocational nurse, a clinical psychologist, and a licensed clinical social worker.
2. Service coordinators, in collaboration with a KRC physician, are responsible for monitoring medical issues, medications, and review of consumers' health status. The physician is also available to perform assessments required for durable medical equipment purchases, medications, and medical diagnoses. In addition, the physician may visit hospitalized consumers and consult with the attending provider as needed. KRC's clinical team utilizes telemedicine that is available through the Universities of California in Irvine and Los Angeles.
3. The clinical staff is available to service coordinators for consultation regarding consumers' behavior, medical and mental health needs. KRC contracts with a behavior specialist who provides behavior assessments and plans. The clinical team also utilizes Kern County Mental Health, and Psychiatric Telemedicine as needed. The Interim Director of Client Services and Autism Team reviews all behavior plans for appropriateness.

4. The clinical team provides additional support to service coordinators through weekly clinical team meetings, chart reviews, and information regarding local community resources. In addition, the clinical staff is available to service coordinators for consultation regarding consumers' health as needed. Members of the clinical team provide training to regional center staff and providers.
5. KRC has improved access to preventive health care resources for consumers through the following programs:
 - ✓ Telemedicine
 - ✓ Genetics Clinic
 - ✓ Nutritional Consultations
 - ✓ Nursing Assessments
 - ✓ Contracts with California Mentor for Crisis intervention services
6. Members of the clinical team participate in the Risk Management Committee. The physician and nurse review all medical related special incidents (SIRs), including deaths. Recommendations and comments related to specific incidents are provided to service coordinators for review and follow-up.

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 two Community Services Specialists who are 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. The specialists and service coordinators partner to conduct the two required unannounced visits. The specialists review vendor files, licensing reports, medication logs, behavior plans, IPPs, SIRs and open corrective action plans (CAPs). Unannounced visits are also conducted at facilities where issues that require follow-up are identified. KRC also monitors day programs and supported living service agencies.
2. KRC uses information collected from QA monitoring to provide technical assistance to providers and potential topics for monthly classes. Topics include: medication, side effects and administration, behavior management, incident reporting, forms and documentation, staff training requirements, and individual service plans.
3. The specialists' follow-up on special incident reports (SIRs), and collaborate with Community Care Licensing and/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 specialists are responsible for analyzing data from SIRs and QA monitoring. When issues are identified, the information is presented to the unit's manager who is part of the Risk Management team in order to develop possible remedial measures. SIR data has been used to highlight trends in

areas such as medication errors, preventable accidents, and behavioral antecedents, and to assist in developing 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 two community care facilities (CCFs) and two day programs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The direct service staff were familiar with the strengths, needs and preferences of their respective consumers.
2. The direct service staff were knowledgeable about their roles and responsibilities for providing the services addressed in the consumers' IPP.
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.

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 33 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 twenty-two of the 26 (85%) deaths during the review period to DDS.
2. KRC reported all special incidents in the sample of 33 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 all ten (100%) 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

SIRs regarding the deaths of four consumers (UCI #7203343, UCI #7201188, UCI #7202650 and UCI #7204480) were not reported to DDS. Subsequent to the monitoring review, KRC submitted SIRs for the consumers. Accordingly, no recommendation is required.

Consumer #5-S: The incident occurred on January 4, 2013. However, the vendor did not submit a written report to KRC until January 9, 2013.

Consumer #10-S: The incident occurred on March 2, 2013. However, the vendor did not submit a written report to KRC until March 6, 2013.

Recommendation	Regional Center Plan/Response
KRC should ensure that the vendors for consumers #5-S and #10-S report special incidents within the required timeframes.	The vendor completed a SIR training with regards to consumer #5-S. In addition, an advisory regarding late reporting was sent to the vendor with regards to consumer #10-S.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

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

Supplemental Sample DC Consumers

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

HCBS Waiver Review Service Providers

CCF #	Vendor
1	XXXXXXXX
2	XXXXXXXX

Day Program #	Vendor
1	XXXXXXXX
2	XXXXXXXX
3	XXXXXXXX
4	XXXXXXXX
5	XXXXXXXX
6	XXXXXXXX
7	XXXXXXXX
8	XXXXXXXX
9	XXXXXXXX
10	XXXXXXXX
11	XXXXXXXX

SIR Review Consumers

#	UCI	Vendor
1-S	XXXXXXXX	XXXXXXXX
2-S	XXXXXXXX	XXXXXXXX
3-S	XXXXXXXX	XXXXXXXX
4-S	XXXXXXXX	XXXXXXXX
5-S	XXXXXXXX	XXXXXXXX
6-S	XXXXXXXX	XXXXXXXX
7-S	XXXXXXXX	XXXXXXXX
8-S	XXXXXXXX	XXXXXXXX
9-S	XXXXXXXX	XXXXXXXX
10-S	XXXXXXXX	XXXXXXXX