

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

**Conducted by:**

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

**November 2-6, 2015**

## TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	page 3
SECTION I REGIONAL CENTER SELF-ASSESSMENT.....	page 7
SECTION II REGIONAL CENTER CONSUMER RECORD REVIEW.....	page 10
SECTION III COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW....	page 18
SECTION IV DAY PROGRAM CONSUMER RECORD REVIEW.....	page 21
SECTION V CONSUMER OBSERVATIONS AND INTERVIEWS.....	page 25
SECTION VI	
A. SERVICE COORDINATOR INTERVIEWS.....	page 26
B. CLINICAL SERVICES INTERVIEW.....	page 28
C. QUALITY ASSURANCE INTERVIEW.....	page 30
SECTION VII	
A. SERVICE PROVIDER INTERVIEWS.....	page 31
B. DIRECT SERVICE STAFF INTERVIEWS.....	page 32
SECTION VIII VENDOR STANDARDS REVIEW.....	page 33
SECTION IX SPECIAL INCIDENT REPORTING.....	page 34
SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS .....	page 36

## 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 November 2-6, 2015, at Kern Regional Center (KRC). The monitoring team members were Lisa Miller (Team Lead), Linda Rhoades, and Sue Chapman 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 and 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) two consumers who moved from a developmental center, and 2) 10 consumers who had special incidents reported to DDS during the review period of September 1, 2014, through August 31, 2015.

The monitoring team completed visits to two community care facilities (CCF) and five day programs. The team reviewed 2 CCF and 14 day program consumer records, and interviewed and/or observed 29 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. Two criteria were rated as not applicable for this review. Criterion 2.10.a was 79 percent in compliance because 7 of the 33 consumers' IPPs did not include the type and amount of all services purchased by KRC. The sample records were 97 percent in overall compliance for this review.

KRC's records were 97 percent and 99 percent in overall compliance for the collaborative reviews conducted in 2014 and in 2012, respectively.

### Section III – Community Care Facility Consumer Record Review

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

KRC's records were 93 percent and 100 percent in overall compliance for the collaborative reviews conducted in 2014 and in 2012, respectively.

### Section IV – Day Program Consumer Record Review

Fourteen consumer records were reviewed at five day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 97 percent in overall compliance for the 17 criteria.

KRC's records were 95 percent and 99 percent in overall compliance for the collaborative reviews conducted in 2014 and in 2012, respectively.

#### Section V – Consumer Observations and Interviews

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

#### 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, Director of Community Services and the Program Manager for 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 and Special Incident Reporting.

#### Section VI C – Quality Assurance Interview

Two community service specialists were interviewed using a standard interview instrument. The specialists 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 quality assurance (QA) activities where there is no regulatory requirement.

#### Section VII A – Service Provider Interviews

Four service providers at two CCFs and two day programs 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, medication administration, 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

One 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 was familiar with the consumers and knowledgeable about their roles and responsibilities.

## Section VIII – Vendor Standards Review

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

## Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 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 6 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 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 and 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.

<b>Regional Center Self-Assessment HCBS Waiver Assurances</b>	
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>The regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meets the federal definition of a Qualified Mental Retardation Professional (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 memorandum of understanding (MOU) between DDS and the Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 CCFs.</p> <p>The regional center reviews each CCF annually to assure services are consistent with the program design and applicable laws, and development and implementation of corrective action plans, as needed.</p> <p>The regional center conducts 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>

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

## SECTION II

### REGIONAL CENTER CONSUMER RECORD REVIEW

#### I. Purpose

The review is based upon documentation criteria derived from federal/state statutes and regulations and from the Centers for Medicare and Medicaid Services' directives and guidelines relating to the provision of HCBS Waiver services. The criteria address requirements for eligibility, consumer choice, notification of proposed action and fair hearing rights, level of care, 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.

<b>Living Arrangement</b>	<b># of Consumers</b>
Community Care Facility	7
With Family	11
Independent or Supported Living Setting	15

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

#### 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. Two supplemental records were reviewed solely for documentation indicating that the consumers received face-to-face reviews every 30 days after moving from a developmental center.

- ✓ The sample records were in 100 percent compliance for 24 criteria. There are no recommendations for these criteria. Two criteria were not applicable for this review.
- ✓ 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

2.6.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)]

Finding

Thirty-two of the thirty-three (96 percent) sample consumer records contained documentation that the IPPs were reviewed at least annually by the planning team and modified, as necessary. The record for consumer #14 indicated that an IPP meeting was conducted on June 24, 2015, and the services remain current and appropriate; however, the IPP document was not developed.

2.6.a Recommendation	Regional Center Plan/Response
KRC should ensure that the IPP document for consumer #14 is completed.	KRC has verified that the IPP document has been completed and is in the case record.

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-six of the thirty-three (79 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by KRC. However, IPPs for seven consumers did not indicate KRC funded services as indicated below:

1. Consumer #2: “Crisis Team-Behavior Intervention”
2. Consumer #3: “Dentistry”
3. Consumer #5: “Interpreter/Translator Group”
4. Consumer #21: “Dentistry”
5. Consumer #23: “Transportation”
6. Consumer #26: “Transportation”
7. Consumer #33: “Dentistry”

2.10.a Recommendation	Regional Center Plan/Response
KRC should ensure that the IPPs for consumers #2, #3, #5, #21, #23, #26 and #33 include a schedule of the type and amount of all services and supports purchased by KRC.	Follow-up has occurred. KRC has amended all IPPs to reflect schedule and type of 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

Eighteen of the twenty-two (82 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for four consumers did not meet the requirements as indicated below:

1. The records for consumers #14, #30 and #33 contained documentation of three of the required meetings.
2. The record for consumers #5 contained documentation of two 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 consumers #5, #14, #30 and #33.	KRC will ensure all future quarterly face-to-face meetings are completed and documented. Program managers will maintain a system to ensure current documentation requirements are met.

- 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

Eighteen of the twenty-two (82 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for four consumers did not meet the requirements as indicated below:

1. The records for consumers #30 and #33 contained documentation of three of the required quarterly reports of progress.
2. The record for consumer #5 contained documentation for two of the required quarterly reports of progress.
3. The record for consumer #14 had documentation for one of the required quarterly reports of progress.

2.13.b Recommendation	Regional Center Plan/Response
KRC should ensure that future quarterly reports of progress are completed for consumers #5, #14, #30 and #33.	KRC will review a tracking system with program managers and provide training to ensure future quarterly reports are completed within required timelines.

- 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

One of the two (50 percent) sample consumer records documented face-to-face reviews at least every 30 days for the first 90 days following the consumer’s move from a developmental center to a community living arrangement. The record for consumer #DC-1 did not contain documentation of one of the required face-to-face meetings.

2.14 Recommendation	Regional Center Plan/Response
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.	KRC has ensured all face-to-face 30-, 60-, and 90-day reviews have occurred for clients who have moved from a developmental center into the community. Documents reflecting this requirement have been completed and are present in the case record.

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 33 + 2 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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 re-certifications, 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 re-certifications.	32		1	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)]			33	NA	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 33 + 2 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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	None
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in an ICF/DD, ICF/DD-H, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. [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	The IPP is reviewed ( <i>at least annually</i> ) 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)]	32	1		96	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 if health status and CDER have been reviewed. (HCBS Waiver requirement)			33	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)]	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.	4		29	100	None
2.7.c	The IPP is prepared jointly with the planning team. [WIC §4646(d)]	33			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)]	33			100	None

Regional Center Consumer Record Review Summary Sample Size = 33 + 2 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).	33			100	None
2.9.b	The IPP addresses special health care requirements.	11		22	100	None
2.9.c	The IPP addresses the services for which the CCF provider is responsible for implementing.	7		26	100	None
2.9.d	The IPP addresses the services for which the day program provider is responsible for implementing.	20		13	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)]	4		29	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)]	26	7		79	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)]	5		28	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)]	33			100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 33 + 2 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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 that 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. ( <i>Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement</i> )	18	4	11	82	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; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement</i> )	18	4	11	82	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> )	1	1	33	50	See Narrative

## **SECTION III**

### **COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW**

#### **I. Purpose**

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

#### **II. Scope of Review**

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. Two criteria were not applicable for this review.

#### **III. Results of Review**

The consumer records were 100 percent in compliance for 17 applicable criteria.

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

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 2; CCFs = 2</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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
3.3	The facility has a copy of the consumer's current IPP. [Title 17, CCR, §56022(c)]	2			100	None
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. [Title 17, CCR, §56026(b)]			2	NA	None

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 2; CCFs = 2</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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> ]	2			100	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	2			100	None
3.5.c	Quarterly reports include a summary of data collected. [ <i>Title 17, CCR, §56013(d)(4); Title 17, CCR, §56026</i> ]	2			100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. [ <i>Title 17, CCR §56026(a)</i> ]	2			100	None
3.6.b	The ongoing notes/information verifies 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> )	1		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> )	1		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> )	1		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 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

Fourteen sample consumer records were reviewed at five 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 percent in compliance for 14 criteria.

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

#### IV. Findings and Recommendations

- 4.1.c Consumer record contains psychological, medical, and/or social evaluations provided by regional center. *[Title 17, CCR, §56730)(c)]*

##### Finding

Thirteen of the fourteen (93 percent) sample consumer records contained a copy of the psychological, medical, and/or social evaluations provided by the regional center. The record for consumer #13 at day program #3 did not contain copies of the relevant medical and psychological assessments found in KRC's record.

4.1.c Recommendation	Regional Center Plan/Response
KRC should ensure that the record for consumer #13 at day program #3 includes all available psychological, medical and social evaluations.	KRC has contacted day program #3 and has forwarded the necessary reports to be included in the day program record for consumer #13.

- 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

Twelve of the fourteen (86 percent) sample consumer records contained signed authorizations for emergency medical treatment. However, the records for consumer #9 at day program #4 and consumer #22 at day program #1 contained an authorization for emergency medical treatment that was not signed by the consumers.

4.1.d Recommendation	Regional Center Plan/Response
KRC should ensure that the records for consumer #9 at day program #4 and consumer #22 at day program #1 contain authorizations for emergency medical treatment that are signed by the consumer.	KRC Community Services Department has ensured that day programs #1 and #4 have emergency medical treatment documents signed by the consumers.

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

Findings

Twelve of the fourteen (86 percent) sample consumer records contained a copy of the consumer’s current IPP. The records for consumer #9 at day program #4 and consumer #14 at day program #5 did not contain a copy of the current IPP.

4.2 Recommendation	Regional Center Plan/Response
KRC should ensure that the records for consumer #9 at day program #4 and consumer #14 at day program #5 contain a copy of the current IPP.	KRC has provided a current copy of the IPPs for both consumers to be included in their day program record.

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 14; Day Programs = 5</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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)	14			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			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.	14			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.	13	1		93	See Narrative
4.1.d	The consumer record contains an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative.	12	2		86	See Narrative
4.1.e	The consumer record contains documentation that the consumer and/or the authorized consumer representative have been informed of his/her personal rights.	14			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.	14			100	None

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 14; Day Programs = 5</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	14			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	8		6	100	None
4.2	The day program has a copy of the consumer's current IPP. [ <i>Title 17, CCR §56720(b)</i> ]	12	2		86	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			100	None
4.3.b	The day program's Individual Service Plan (ISP) or other program documentation is consistent with the services addressed in the consumer's IPP.	14			100	None
4.4.a	The day program prepares and maintains written semiannual reports. [ <i>Title 17, CCR, §56720(c)</i> ]	14			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.	14			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		13	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		13	100	None
4.5.c	There is appropriate follow-up to special incidents to resolve issues and eliminate or mitigate future risk. ( <i>Title 17, CCR, §54327</i> )	1		13	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

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

- ✓ Twenty-six adult consumers agreed to be interviewed by the monitoring teams.
- ✓ One consumer did not communicate verbally, but was observed.
- ✓ Two interviews were conducted with parents of minors.
- ✓ Four consumers/parents of minors were unavailable for or declined interviews.

#### III. Results of Observations and Interviews

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

## SECTION VI A

### SERVICE COORDINATOR INTERVIEWS

#### I. Purpose

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

#### II. Scope of Interviews

1. The monitoring team interviewed six 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 online 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 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 HCBS Waiver consumers.

#### II. Scope of Interview

1. The monitoring team interviewed KRC's Director of Medical Services, 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, medication and behavioral plans; coordination of medical and mental health care for consumers; circumstances under which actions are initiated for medical or behavioral issues; clinical supports to assist service coordinators; improved access to preventive health care resources; and Risk Management Committee and special incident reporting (SIR) roles.

#### III. Results of Interview

1. The KRC clinical team consists of a physician, a licensed vocational nurse, a clinical psychologist, licensed clinical social worker and a program manager.
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. In addition, the physician may visit hospitalized consumers, assist with discharge planning, and consult with the attending physician, as needed. KRC's clinical team utilizes telemedicine that is available through the University of California, Irvine and the University of California, Los Angeles.
3. The physician and psychologist are available for consultation regarding consumers' behavior, medical and mental health needs. KRC contracts with behavior specialists who provide behavior assessments and plans. The clinical team also utilizes Kern County Mental Health, and psychiatric telemedicine, as needed. Behavior plans are reviewed by the Director of Client Services and members of the autism team.

4. The clinical team provides additional support to service coordinators through weekly clinical team meetings, chart reviews, and providing staff with local community resources. In addition, the clinical staff is available to service coordinators for consultation regarding consumers' health needs, as needed. Members of the 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
  - ✓ Collaboration with Kern County Mental Health
  - ✓ Contracts with California Mentor for Crisis Intervention Services
6. Members of the clinical team participate in the Risk Management Committee. The physician reviews medical related SIRs and all deaths. The regional center utilizes Mission Analytics Group Inc., the State's risk management contractor, to analyze special incidents for trends. The committee uses the trend analysis to provide training to regional center staff and providers.

## 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 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 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 use a monitoring tool to review vendor files, licensing reports, medication logs, behavior plans, staffing schedules, personnel files, continuous notes, IPPs, consultant reports, SIRs and open corrective action plans (CAPs). Additionally, unannounced visits are conducted at facilities where there are issues that require follow-up. 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 for potential topics for monthly classes. Classroom topics include medication administration and side effects, behavior management, SIRs, forms and documentation, staff training requirements, and individual service plans.
3. The specialists' follow-up on 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 is used 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, and how they monitor safety and safeguard medications.

#### II. Scope of Interviews

1. The monitoring team interviewed four service providers at two CCFs and two day programs where services are provided to the consumers who 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 attempt 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 monitor progress.
5. The service providers are prepared for emergencies, monitor the safety of consumers, and understand special incident reporting and follow-up processes.

## SECTION VII B

### DIRECT SERVICE STAFF INTERVIEWS

#### I. Purpose

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

#### II. Scope of Interviews

1. The monitoring team interviewed three direct service staff at one CCF and two day programs where services are provided to the consumers who 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 was familiar with the strengths, needs and preferences of their respective consumers.
2. The direct service staff was 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 was prepared to address safety issues and emergencies, and was familiar with special incident reporting requirements.
5. The direct service staff demonstrated an understanding about emergency preparedness.
6. The direct service staff was knowledgeable regarding safeguarding and assisting with self-administration of medications where applicable.

## SECTION VIII

### VENDOR STANDARDS REVIEW

#### I. Purpose

The review ensures that the selected CCFs and day programs are serving consumers in a safe, healthy and positive environment where their rights are respected. The review also ensures that CCFs are meeting the HCBS Waiver definition of a homelike setting.

#### II. Scope of Review

1. The monitoring teams reviewed a total of two CCFs and two day programs.
2. The teams used a monitoring review checklist consisting of 24 criteria. The review criteria are used to assess the physical environment, health and safety, medication, services and supports, 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 Day program #4 was not documenting consumers' response to pro re nata (PRN) medications.

##### Finding

8.2d Recommendation	Regional Center Plan/Response
KRC should ensure that day program #4 properly documents all required PRN medication information.	KRC has contacted day program #4. The day program will review procedures, protocols and provide training for staff. The day program has provided KRC with evidence of procedures and will provide KRC with confirmation of completed training.

## 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 KRC was reviewed by comparing deaths entered into the Client Master File for the review period with SIRs of deaths received by DDS.
2. The records of the 33 consumers selected for the 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 10 consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

#### III. Results of Review

1. KRC reported all 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 6 of the 10 (60 percent) incidents in the supplemental sample within the required timeframes.
4. KRC reported all 10 (100 percent) 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 10 incidents.

#### IV. Findings and Recommendations

##### Findings

Consumer #3-S: The incident occurred on October 19, 2014. However, the vendor did not submit a written report to KRC until October 24, 2014.

Consumer #5-S: The incident occurred on January 21, 2015. However, the vendor did not submit a written report to KRC until January 27, 2015.

Consumer #6-S: The incident occurred on October 14, 2014. However, the vendor did not submit a written report to KRC until March 5, 2015.

Consumer #9-S: The incident occurred on April 10, 2015. However, the vendor did not submit a written report to KRC until April 24, 2015.

Recommendations	Regional Center Plan/Response
KRC should ensure that the vendors for consumers #3-S, #5-S, #6-S and #9-S report special incidents within the required timeframes.	KRC's Community Services Department will conduct SIR training/review prior to end of the calendar year. Vendors for consumers #3-S, #5-S, #6-S and #9-S have been contacted regarding required timeframes.
KRC should determine what action is necessary to improve vendor compliance with SIR reporting timelines.	KRC Client Services will work with the Community Services Department to improve vendor compliance with SIR reporting timelines.

## SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

### HCBS Waiver Review Consumers

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

### Supplemental Sample DC Consumers

#	UCI
DC-1	XXXXXX
DC-2	XXXXXX

### HCBS Waiver Review Service Providers

CCF #	Vendor
1	XXXXXX
2	XXXXXX

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

### SIR Review Consumers

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