

**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 13–17, 2017

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 21
SECTION IV DAY PROGRAM CONSUMER RECORD REVIEW.....	page 24
SECTION V CONSUMER OBSERVATIONS AND INTERVIEWS.....	page 28
SECTION VI	
A. SERVICE COORDINATOR INTERVIEWS.....	page 29
B. CLINICAL SERVICES INTERVIEW.....	page 31
C. QUALITY ASSURANCE INTERVIEW.....	page 33
SECTION VII	
A. SERVICE PROVIDER INTERVIEWS.....	page 35
B. DIRECT SERVICE STAFF INTERVIEWS.....	page 36
SECTION VIII VENDOR STANDARDS REVIEW.....	page 37
SECTION IX SPECIAL INCIDENT REPORTING.....	page 38
SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS	page 40

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 13–17, 2017, at Kern Regional Center (KRC). The monitoring team members were Corbett Bray (Team Leader), Kathy Benson, and Nora Muir 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 statutes 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 (IPP). Specific criteria have been developed for the review sections listed below that are 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.

Scope of Review

The monitoring team reviewed a sample of 31 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 September 1, 2016 through August 31, 2017.

The monitoring team completed visits to three community care facilities (CCF) and seven day programs. The team reviewed three CCF and 12 day program consumer records and interviewed and/or observed 28 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-one 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 77 percent in compliance because seven of the thirty-one consumers' IPPs did not include the type and amount of all services purchased by KRC. Criterion 2.13.a was 52 percent in compliance because 11 of the 23 applicable records did not contain documentation of all required quarterly face-to-face visits. Criterion 2.13.b was 52 percent in compliance because 11 of the 23 applicable records did not contain documentation of all required quarterly reports of progress. The sample records were 93 percent in overall compliance for this review.

KRC's records were 97 percent in overall compliance for the collaborative reviews conducted in 2015 and in 2014.

Section III – Community Care Facility Consumer Record Review

Three consumer records were reviewed at three 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 100 percent and 93 percent in overall compliance for the collaborative reviews conducted in 2015 and in 2014, respectively.

Section IV – Day Program Consumer Record Review

Twelve consumer records were reviewed at seven 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 99 percent in overall compliance for the 14 criteria.

KRC's records were 97 percent and 95 percent in overall compliance for the collaborative reviews conducted in 2015 and in 2014, respectively.

Section V – Consumer Observations and Interviews

Twenty-eight 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 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 in the Risk Management Committee and special incident reporting.

Section VI C – Quality Assurance Interview

A Community Service Specialist was interviewed using a standard interview instrument. The specialist 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

Five service providers at two CCFs and three 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

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 was 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 31 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 9 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 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.

Regional Center Self-Assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
<p>State conducts level-of-care need determinations consistent with the need for institutionalization.</p>	<p>The regional center ensures that consumers meet ICF/DD, ICF/DD-H, or ICF/DD-N facility level-of-care requirements as a condition of initial and annual eligibility for the HCBS Waiver Program.</p> <p>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 oversees development and implementation of corrective action plans, as needed.</p> <p>The regional center conducts not less than two unannounced monitoring visits to each CCF annually.</p> <p>Service coordinators perform and document periodic reviews (at least annually) to ascertain progress toward achieving IPP objectives, and the consumer's and the family's satisfaction with the IPP and its implementation.</p> <p>Service coordinators have quarterly face-to-face meetings with consumers in CCFs, family home agencies, supported living services, and independent living services to review services and progress toward achieving the IPP objectives for which the service provider is responsible.</p>

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

SECTION II

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

The review is based upon documentation criteria derived from federal/state statutes and regulations and from the Centers for Medicare and 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 (IPP) and periodic reviews and reevaluations of services. The information obtained about the consumers' needs and services is tracked as a part of the onsite program reviews.

II. Scope of Review

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

Living Arrangement	# of Consumers
Community Care Facility (CCF)	6
With Family	8
Independent or Supported Living Setting	17

2. The review period covered activity from September 1, 2016 to August 31, 2017.

III. Results of Review

The 31 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 100 percent in compliance for 21 criteria. There are no recommendations for these criteria. Two criteria were not applicable for this review.
- ✓ Findings for eight criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

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

Findings

Twenty-nine of the 31 (94 percent) sample consumer records documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in two consumer records did not support the determination that all of the issues identified in the CDER and DS 3770 could be considered qualifying conditions. The following were identified as qualifying conditions on the DS 3770, but there was no supporting information in the consumer’s records (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports:

1. Consumer #18: “Aggression”; and,
2. Consumer #28: “Outbursts.”

2.5.b Recommendations	Regional Center Plan/Response
<p>KRC should determine if the items listed above are appropriately identified as qualifying conditions. The consumer’s DS 3770 form should be corrected to ensure that any items that do not represent substantial limitations in the consumers’ ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying conditions. If KRC determines that the issues are correctly identified as qualifying conditions, documentation (updated IPPs, progress reports, etc.) that supports the original determinations should be submitted with the response to this report.</p>	<p>The DS 3770 for consumer #18 has been corrected and ‘aggression’ was removed from the record. An IPP addendum was developed on 12/18/17 for consumer #28 to address ‘outburst’ behavior to remain consistent with DS 3770 and CDER documentation.</p> <p>KRC will continue to ensure all qualifying conditions are documented in the consumer record and consistent with the CDER. Service coordinators and program managers have received updated training to ensure qualifying conditions are documented in consumer’s records and consistent with the CDER.</p>

2.6.a The IPP is reviewed (at least annually) by the planning team and modified, as necessary, in response to the consumer’s changing needs, wants or health status. [42 CFR 441.301(b)(1)(I)]

Findings

Twenty-eight of the thirty-one (90 percent) sample consumer records contained documentation that the IPPs were reviewed at least annually by the planning team and modified, as necessary. However, there was no documentation that the IPP for consumer #16 had been reviewed during the monitoring review period. The record for consumer #22 indicated that an IPP meeting was conducted on March 29, 2016; however, the IPP was not developed. The IPP for consumer #28 was reviewed on August 17, 2017; however, the previous IPP review was conducted on August 21, 2015.

2.6.a Recommendations	Regional Center Plan/Response
KRC should ensure that the IPPs for consumers #16, #22, and #28 are reviewed at least annually.	<p>KRC will ensure that all future IPP meetings are completed for consumers #16, #22, and #28. Currently, all three consumers have current IPPs for 2018 in SANDIS as part of their IPP records on file.</p> <p>KRC has implemented protocols that require the Program Manager to be responsible for ensuring that all consumers are seen on an annual basis in accordance with agency policy. The status of due and completed reports is also reviewed by the Directors of Client Services monthly.</p>

2.9.a The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770). [W&I Code §4646.5(a)(2)]

Findings

Twenty-nine of the 31 (94 percent) sample consumer records contained IPPs that addressed the consumers’ qualifying conditions. However, the IPPs for two consumers did not address supports or services that are in place to address the following issues:

1. Consumer #18: Assistance with “Safety,” as stated in the supported living service Individual Support Plan, dated July 25, 2017; and,
2. Consumer #26: Assistance with “Disruptive Social Behavior,” as mentioned in the quarterly progress report, dated April 21, 2017.

2.9.a Recommendations	Regional Center Plan/Response
KRC should ensure that the IPPs for consumers #18 and #26 address the services and supports in place for the qualifying conditions identified above.	Addendums have been created to include all services and supports in place for the qualifying conditions identified above for consumers #18 and #26.

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

Findings

Seventeen of the twenty (85 percent) applicable sample consumer records contained IPPs that addressed the consumers' day program services. However, the IPPs for consumers #1, #8, and #26 did not address the services which the day program provider is responsible for implementing. Subsequent to the review period, an IPP was completed for consumer #26 that addressed the services which the day program provider is responsible for implementing. Therefore, there is no recommendation for consumer #26.

2.9.d Recommendations	Regional Center Plan/Response
KRC should ensure that the IPPs for consumers #1 and #8 address the services which the day program provider is responsible for implementing.	Addendums have been created to include all services the day program provider is responsible for implementing. KRC staff have been advised to include this in the IPP. Program Managers will provide ongoing monitoring.

2.9.e The IPP addresses the services which the supported living services (SLS) agency or independent living services (ILS) provider is responsible for implementing.

Finding

Sixteen of the seventeen (94 percent) applicable sample consumer records contained IPPs that addressed the consumer's SLS or ILS services. However, the IPP for consumer #18 did not address the services which the SLS provider is responsible for implementing.

2.9.e Recommendation	Regional Center Plan/Response
KRC should ensure that the IPP for consumer #18 addresses the services which the SLS provider is responsible for implementing.	Addendums have been created to include all services the SLS provider is responsible for implementing. KRC staff have been advised to include this

	in the IPP. Program Managers will provide ongoing monitoring.
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2.10.a The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. [W&I Code §4646.5(a)(4)]

Findings

Twenty-four of the 31 (77 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by KRC. However, the IPPs for the following consumers did not indicate KRC funded services as indicated below:

1. Consumer #5: Specialized Therapeutic Services;
2. Consumer #8: Transportation-Additional Component, Transportation Company, and Behavior Management Program;
3. Consumer #11: Socialization Training Program;
4. Consumer #13: Transportation-Additional Component;
5. Consumer #14: Transportation-Public;
6. Consumer #22: Transportation-Additional Component and Socialization Training Program; and,
7. Consumer #31: Individualized Family Training.

2.10.a Recommendations	Regional Center Plan/Response
KRC should ensure that the IPPs for consumers #5, #8, #11, #13, #14, #22, and #31 include a schedule of the type and amount of all services and supports purchased by KRC.	Addendums for consumers identified have been amended to include the type and amount of all services and supports purchased by KRC. All Service Coordinators and Program Managers have received trainings within this past year involving thorough review of consumer's reports to ensure that all services and supports are included in the IPPs.

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

Twelve of the twenty-three (52 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for 11 consumers did not contain documentation of all of the required meetings as indicated below:

1. The records for consumers #1, #5, #20, #21, #22, and #23 contained documentation of only three of the required meetings.
2. The records for consumers #12, #14, #16, #18, and #28 contained documentation of only 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 the consumers identified above.	KRC will complete ongoing training to ensure that staff are aware of the requirements to document face-to-face meetings for consumers within timelines.
KRC should evaluate what actions may be necessary to ensure that quarterly face-to-face meetings are completed for all applicable consumers.	<p>KRC has implemented a case monitoring level (based on consumer’s residence status and authorized purchase of services) to ensure that all applicable consumers are seen on a quarterly face-to-face basis.</p> <p>Program managers will provide ongoing monitoring and follow up with service coordinators during their monthly unit meetings. Program managers are submitting monthly caseload status updates to the Director of Client Services for review to ensure that required meetings are completed timely.</p>

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

Twelve of the twenty-three (52 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for 11 consumers did not contain documentation of all of the required quarterly reports of progress as indicated below:

1. The records for consumers #1, #5, #20, #21, #22, and #23 contained documentation of only three of the required quarterly reports of progress.
2. The records for consumers #12, #14, #16, #18, and #28 contained documentation for only 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 the consumers identified above.	KRC will complete ongoing training to ensure that the staff are aware of the requirements to document face-to-face meetings for consumers within timelines.
KRC should evaluate what actions may be necessary to ensure that quarterly progress reports are completed for all applicable consumers.	KRC has implemented a case monitoring level (based on consumer’s residence status and authorized purchase of services) to ensure that all applicable consumers are seen on a quarterly face-to-face basis. Program managers will provide ongoing monitoring and follow up with service coordinators during their monthly unit meetings. Program managers are submitting monthly caseload status updates to the Director of Client Services for review to ensure that required meetings are completed timely.

Regional Center Consumer Record Review Summary						
Sample Size = 31 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	31			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 (2.1.a-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.	31			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.	31			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	31			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	3		28	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)]	31			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; W&I Code §4646(g)]				NA	None

Regional Center Consumer Record Review Summary						
Sample Size = 31 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. <i>(SMM 4442.5; 42 CFR 441.302)</i>	31			100	None
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level-of-care requirements for care provided in an ICF/DD, ICF/DD-H, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. <i>[SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343]</i>	31			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	29	2		94	See Narrative
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. <i>[42 CFR 441.301(b)(1)(I)]</i>	28	3		90	See Narrative
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. <i>(HCBS Waiver requirement)</i>			31	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. <i>[W&I Code §4646(g)]</i>	31			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		29	100	None
2.7.c	The IPP is prepared jointly with the planning team. <i>[W&I Code §4646(d)]</i>	31			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. <i>[W&I Code §4646.5(a)]</i>	31			100	None

Regional Center Consumer Record Review Summary Sample Size = 31 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer's goals and needs. <i>[W&I Code §4646.5(a)(2)]</i>	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).	29	2		94	See Narrative
2.9.b	The IPP addresses special health care requirements.	11		20	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	7		24	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	17	3	11	85	See Narrative
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	16	1	14	94	See Narrative
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	31			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. <i>[W&I Code §4685(c)(2)]</i>	3		28	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. <i>[W&I Code §4646.5(a)(4)]</i>	24	7		77	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. <i>[W&I Code §4646.5(a)(4)]</i>	31			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. <i>[W&I Code §4646.5(a)(4)]</i>	2		29	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. <i>[W&I Code §4646.5(a)(4)]</i>	31			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 33 + 2 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic reviews and reevaluations of consumer progress are completed (at least annually) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and that the consumer and his/her family are satisfied with the IPP and its implementation. <i>[W&I Code §4646.5(a)(6)]</i>	31			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>	12	11	8	52	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>	12	11	8	52	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>(W&I Code §4418.3)</i>	3		33	100	None

SECTION III

COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

Three consumer records were reviewed at three CCFs visited by the monitoring team. The facilities' consumer records were reviewed to determine compliance with 19 criteria. 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.

Community Care Facility Record Review Summary						
Sample Size: Consumers = 3; CCFs = 3						
	Criteria	+	-	N/A	% Met	Follow-up
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. <i>(Title 17, CCR, §56017(b); Title 17, CCR, §56059(b); Title 22, CCR, §80069)</i>	3			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	3			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	2		1	100	None
3.1.c	The consumer record contains current health information that includes medical, dental and other health needs of the consumer, including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	3			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	3			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	3			100	None
3.1.i	Special safety and behavior needs are addressed.	3			100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17, and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. <i>[Title 17, CCR, §56019(c)(1)]</i>	3			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	3			100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 3; CCFs = 3						
	Criteria	+	-	N/A	% Met	Follow-up
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. <i>[Title 17, CCR, §56026(b)]</i>			3	NA	None
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.			3	NA	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. <i>[Title 17, CCR, §56026(c)]</i>	3			100	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	3			100	None
3.5.c	Quarterly reports include a summary of data collected. <i>[Title 17, CCR, §56013(d)(4); Title 17, CCR, §56026]</i>	3			100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. <i>[Title 17, CCR, §56026(a)]</i>	3			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	3			100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	1		2	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		2	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		2	100	None

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

Twelve sample consumer records were reviewed at seven 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 percent in compliance for 12 criteria.

- ✓ Findings for two 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.e The consumer record contains documentation that the consumer has been informed of his/her personal rights.

Finding

Eleven of the twelve (92 percent) sample consumer records contained documentation that the consumer and/or their authorized representative had been informed of their personal rights. However, the record for consumer #26 at day program #7 did not contain documentation that the consumer and/or their authorized representative were informed of the consumer's personal rights.

4.1.e Recommendation	Regional Center Plan/Response
KRC should ensure the record for consumer #26 at day program #7 contains documentation that the consumer and/or their authorized representative have been informed of their personal rights.	KRC/SC met with consumer #28 to review personal rights while at day program #7. Written documentation was signed on 11/15/17 and included in the consumer file. KRC will provide ongoing training for KRC staff to ensure program records contain documentation related to personal rights.

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

Finding

Ten of the eleven (91 percent) applicable consumer records contained written semiannual reports of consumer progress. However, the record for consumer #20 at day program #5 contained only one of the required progress reports.

4.4.a Recommendation	Regional Center Plan/Response
KRC should ensure that day program provider #5 prepares written semiannual reports of consumer progress.	<p>KRC will provide ongoing training to day program, as well as KRC staff, to ensure that written semi-annual reports are completed for all consumers attending a day program.</p> <p>Our Community Service Team will provide follow-up training and support for day program provider #5 to reiterate the requirements for written semi-annual reports. Additionally, there are scheduled trainings for vendors which will highlight the reporting requirements for all consumers attending their program.</p>

Day Program Record Review Summary						
Sample Size: Consumers = 12; Day Programs = 7						
	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. <i>(Title 17, CCR, §56730)</i>	12			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.	12			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.	12			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.	12			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.	12			100	None
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.	11	1		92	See Narrative
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP which the day program provider is responsible for implementing.	12			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 12; Day Programs = 7						
	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.	12			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	10		2	100	None
4.2	The day program has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56720(b)]</i>	12			100	None
4.3.a	The day program provider develops, maintains, and modifies, as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. <i>[Title 17, CCR, §56720(a)]</i>	12			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.	12			100	None
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	10	1	1	91	See Narrative
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services which the day program is responsible for implementing.	11		1	100	None
4.5.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>			12	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>			12	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>			12	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, choices, and regional center services.

II. Scope of Observations and Interviews

Twenty-eight of the thirty-one consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities, or in independent living settings.

- ✓ Twenty-two consumers agreed to be interviewed by the monitoring teams.
- ✓ Four consumers did not communicate verbally or declined an interview, but were observed.
- ✓ Two interviews were conducted with parents of minors.
- ✓ Three consumers 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 individual program plan (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 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 are knowledgeable about the special incident reporting process and work with the vendors to ensure that 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 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; and role in Risk Management Committee and special incident reports.

III. Results of Interview

1. The KRC clinical team consists of a physician, a licensed vocational nurse and a clinical psychologist.
2. Service coordinators, in collaboration with the KRC physician, are responsible for monitoring medical issues, medications, and reviewing 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 Universities of California in Irvine and 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. The Director of Client Services and members of the autism team review behavior plans.
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.

5. KRC has improved access to preventive health care resources for consumers through the following programs:
 - ✓ Telemedicine;
 - ✓ Collaboration with Kern County Mental Health; and,
 - ✓ Contracts with California MENTOR for crisis intervention services.

6. Members of the clinical team participate in the Risk Management Committee. The physician reviews all medical-related special incident reports (SIR), 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. The clinical team provides yearly medical SIR training to service coordinators and vendors.

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 (CCF), 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 a community services specialist, who is an integral part of the team responsible for conducting QA activities at Kern Regional Center (KRC).

III. Results of Interview

1. The annual Title 17 visits are conducted by community services specialists. The specialists use a monitoring tool to review vendor files, licensing reports, medication logs, behavior plans, staffing schedules, personnel files, continuous notes, individual program plans, consultant reports, special incident reports (SIR) and open corrective action plans (CAP). Service coordinators are assigned to CCFs as liaisons and conduct the two required unannounced visits. They receive training, support, and technical assistance from the community services specialists. Additionally, unannounced visits are conducted at facilities where there are issues that require follow-up. KRC uses a database to track monitoring visits, SIRs, and CAPs.
2. KRC uses information collected from QA monitoring to provide technical assistance to providers and determine potential topics for monthly trainings. Training topics include medication administration and side effects, behavior management, SIRs, forms and documentation, staff training requirements, and individual service plans.
3. The specialists review SIRs and provide technical assistance to vendors for issues related to special incidents. They follow up on SIRs and collaborate with Community Care Licensing on a quarterly basis, and/or law enforcement, as needed.
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 Committee, 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 individual program plan (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 five service providers at two community care facilities 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.
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 know the consumers and their understanding of the individual program plan (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 four direct service staff at two community care facilities 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 were familiar with the strengths, needs and preferences of their respective consumers.
2. The direct service staff were knowledgeable about their roles and responsibilities for providing the services addressed in the consumers' IPPs.
3. The direct service staff demonstrated that they understood the importance of communication with all individuals concerned with the consumers.
4. The direct service staff were prepared to address safety issues and emergencies, and were familiar with special incident reporting requirements.
5. The direct service staff demonstrated an understanding about emergency preparedness.
6. The direct service staff were knowledgeable regarding safeguarding and assisting with self-administration of medications where applicable.

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

The review ensures that the selected community care facilities (CCF) 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 Home and Community-Based Services (HCBS) Waiver definition of a homelike setting.

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 24 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

III. Results of Review

All of the CCFs and the day programs were found to be in good condition with no immediate health and safety concerns.

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 (SIR) of deaths received by the Department of Developmental Services (DDS).
2. The records of the 31 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 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 31 records selected for the HCBS Waiver review to DDS.
3. KRC's vendors reported nine of the ten (90 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

Finding

Consumer #SIR 35: The incident occurred on December 5, 2016. However, the vendor did not submit a written report to KRC until December 9, 2016.

Recommendation	Regional Center Plan/Response
KRC should ensure that the vendor for consumer #SIR 35 reports special incidents within the required timeframe.	KRC will provide ongoing training to all providers (including this AFHA provider for consumer #SIR 35) as well as KRC staff, to ensure that special incident reports are submitted within the required timeframe. SIR trainings for all vendors are completed a minimum of annually, and if there are specific vendors experiencing difficulties in submitting SIRs within the regulatory timelines, they will be contacted directly by the community service team to receive follow-up SIR trainings to ensure they understand their responsibility to report SIRs timely.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

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

Supplemental Sample DC Consumers

#	UCI
DC-32	XXXXXX
DC-33	XXXXXX
DC-34	XXXXXX

HCBS Waiver Review Service Providers

CCF #	Vendor
1	XXXXXX
2	XXXXXX
3	XXXXXX

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

SIR Review Consumers

#	UCI	Vendor
SIR 35	XXXXXX	XXXXXX
SIR 36	XXXXXX	XXXXXX
SIR 37	XXXXXX	XXXXXX
SIR 38	XXXXXX	XXXXXX
SIR 39	XXXXXX	XXXXXX
SIR 40	XXXXXX	XXXXXX
SIR 41	XXXXXX	XXXXXX
SIR 42	XXXXXX	XXXXXX
SIR 43	XXXXXX	XXXXXX
SIR 44	XXXXXX	XXXXXX