

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

Conducted by:

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

June 8, 2009 – June 17, 2009

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 RECORD REVIEW	page 18
SECTION IV DAY PROGRAM CONSUMER RECORD REVIEW	page 22
SECTION V CONSUMER OBSERVATIONS AND INTERVIEWS	page 26
SECTION VI	
A. SERVICE COORDINATOR INTERVIEWS	page 27
B. CLINICAL SERVICES INTERVIEW	page 29
C. QUALITY ASSURANCE INTERVIEW	page 31
SECTION VII	
A. SERVICE PROVIDER INTERVIEWS	page 32
B. DIRECT SERVICE STAFF INTERVIEWS	page 33
SECTION VIII VENDOR STANDARDS REVIEW.....	page 35
SECTION IX SPECIAL INCIDENT REPORTING.....	page 39
SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS	page 41

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 June 8 -17, 2009 at North Bay Regional Center (NBRC). The monitoring team members were Mary Ann Smith (Team Leader), Corbett Bray, Jeff Greer and Mike Haft from DDS, and Raylyn Garrett, Annette Hanson and Catherine Johnson from DHCS.

Purpose of the Review

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

Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

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

Scope of Review

The monitoring team reviewed a sample of 40 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers whose HCBS Waiver eligibility had been previously terminated; 2) ten consumers who had special incidents reported to DDS during the review period of April 1, 2008 through March 31, 2009.

The monitoring team completed visits to six community care facilities (CCFs) and 14 day programs. The team reviewed six CCF and 21 day program consumer records and had face-to-face visits with 30 selected sample consumers.

Overall Conclusion

NBRC is in substantial compliance with the federal requirements for the HCBS Waiver program. Specific recommendations that require follow-up actions by NBRC are included in the report findings. DDS is requesting documentation of follow-up actions taken by NBRC 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 NBRC 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

Forty sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. The sample records were 95-100% in compliance for 29 applicable criteria. One criterion was rated as not applicable for this review. Criterion 2.3 was rated as not in compliance because the three applicable consumer records did not have documentation indicating that the consumers had voluntarily disenrolled or that a notice of action had been sent to the consumers prior to the termination of their eligibility from the HCBS Waiver

The sample records were 99% in overall compliance for this review. NBRC's records were 99% and 97% in overall compliance for the collaborative reviews conducted in 2007 and in 2005 respectively.

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

Six consumer records were reviewed at six CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 80-100% in compliance for 16 applicable criteria. Three criteria were rated as not applicable for this review. NBRC's records were 100% and 95% in overall compliance for the collaborative reviews conducted in 2007 and in 2005, respectively.

Section IV – Day Program Consumer Record Review

Twenty-one consumer records were reviewed at fourteen day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 86-100% in compliance for the 17

criteria. NBRC's records were 99% in overall compliance for the collaborative reviews conducted in 2007 and in 2005.

Section V – Consumer Observations and Interviews

Thirty-two 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 the consumers were in good health and were treated with dignity and respect. The interviewed consumers/parents indicated that they were satisfied with their services, health and choices.

Section VI A – Service Coordinator Interviews

Eight 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

NBRC's physician, psychologist and two registered nurses, were interviewed using a standard interview instrument. They responded to informational questions regarding the monitoring of consumers with medical issues, medications and behavior plans, the coordination of medical and mental health care for consumers, the provision of clinical supports to service coordinators, and the clinical team's participation in the Risk Management Committee.

Section VI C – Quality Assurance Interview

A Community Resource Consultant was interviewed using a standard interview instrument. The consultant responded to informational questions regarding how NBRC is organized to conduct Title 17 monitoring reviews, verification of provider qualifications, resource development activities, special incident reporting, and QA activities where there is no regulatory requirement.

Section VII A – Service Provider Interviews

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

Section VII B – Direct Service Staff Interviews

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

Section VIII – Vendor Standards Review

The monitoring team reviewed six 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. However, issues were noted at two CCFs and one day program.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 40 HCBS Waiver consumers and ten supplemental sample consumers for special incidents during the review period. NBRC reported all but one special incident for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported six of the eight applicable incidents to NBRC within the required timeframes, and NBRC subsequently transmitted seven of the ten special incidents to DDS within the required timeframes. NBRC's follow-up activities on consumer incidents were timely and appropriate for the severity of the situation.

SECTION I

REGIONAL CENTER SELF ASSESSMENT

I. Purpose

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

The self assessment obtains information about North Bay Regional Center's (NBRC) procedures and practices to verify that there are processes in place to ensure compliance with state and federal laws and regulations as well as the assurances contained in the HCBS Waiver application approved by the Centers for Medicare & Medicaid Services.

II. Scope of Assessment

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

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

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

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

SECTION II

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

1. Forty HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	15
With Family	8
Independent or Supported Living Setting	17

2. The review period covered activity from April 1, 2008 – March 31, 2009.

III. Results of Review

The 40 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Three supplemental records were reviewed solely for documentation that NBRC had either provided the consumer with written notification prior to termination of the consumer's HCBS Waiver eligibility or the consumer had voluntarily disenrolled from the HCBS Waiver. One criterion was not applicable for this review.

- ✓ The sample records were in 100% compliance for 24 criteria. There are no recommendations for these criteria.
- ✓ Findings for six criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

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

Findings

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

2.3 Recommendation	Regional Center Plan/Response
NBRC should ensure that consumers #XX, #XX, and #XX are provided with a written NOA and fair hearing rights, or that their records contain documentation confirming their voluntary HCBS Waiver disenrollment.	Consumer #XX, #XX, and #XX charts contain Choice Sheets with required documentation for voluntary HCBS Waiver disenrollment. (Copies of Choice sheets attached)

2.7.a The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer or, where appropriate, his/her parents, legal guardian, or conservator. (WIC § 4646(g))

Finding

Thirty-nine of the 40 (98%) consumer records contained IPPs that were signed by NBRC and the consumers or their legal representatives. However, the IPP for consumer #XX was not signed by the consumer.

2.7.a Recommendation	Regional Center Plan/Response
NBRC should ensure that consumer #XX signs the IPP. If he does not sign, NBRC should ensure that the record addresses what actions were taken to encourage the consumer to sign and the reason why he did not sign.	Consumer #XX has signed their IPP. (Copy of signed IPP attached)

2.9.a The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770). (WIC §4646.5(a)(2))

Findings

Thirty-eight of the 40 (95%) sample consumer records contained IPPs that addressed the consumers' qualifying conditions. However, the IPPs for consumer #XX and #XX did not identify the supports or services that are in place to address all of the consumers' qualifying conditions, as indicated below:

1. Consumer #XX: The IPP does not indicate what services and supports are in place to address [REDACTED]
2. Consumer #XX: The IPP does not indicate what services and supports are in place [REDACTED] as noted in the quarterly progress report.

2.9.a Recommendation	Regional Center Plan/Response
NBRC should ensure that the IPPs for consumers #XX and #XX address the services and supports in place for the issues identified above.	IPP addendums for consumers #XX and #XX specifically address the services and supports in place for the issues identified above. (Copies attached)

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

Finding

Twenty-eight of the 29 (97%) applicable sample consumer records contained IPPs that addressed the consumers' day program services. Consumer #XX began attending a new day program in February 2009. However, the consumer's IPP did not address the services for which the day program provider was responsible for implementing.

2.9.d Recommendation	Regional Center Plan/Response
NBRC should ensure that the IPP for consumer #XX addresses the services for which the new day program provider is responsible for implementing.	An IPP addendum for consumer #XX addresses services the new day program provider is responsible for implementing.

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

Finding

Thirty-one of the 32 (97%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the record for consumer #XX contained documentation of three of the required meetings.

2.13.a Recommendation	Regional Center Plan/Response
NBRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumer #XX.	NBRC will ensure that all future face-to-face meetings are completed and documented each quarter for consumer #XX.

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

Finding

Thirty-one of the 32 (97%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the record for consumer #XX contained three quarterly reports of progress.

2.13.b Recommendation	Regional Center Plan/Response
NBRC should ensure that future quarterly reports of progress are completed for consumer #XX.	NBRC will ensure that future quarterly reports of progress are completed for consumer #XX.

Regional Center Consumer Record Review Summary						
Sample Size = 40 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	40			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Mental Retardation Professional (QMRP), which documents the date of the consumer's initial HCBS Waiver eligibility certification, annual recertifications, the consumer's qualifying conditions and short-term absences. (SMM 4442.1), (42 CFR 483.430(a))	Criterion 2.1 consists of four sub-criteria (2.1a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Mental Retardation Professional and the title "QMRP" appears after the person's signature.	40			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.	40			100	None
2.1.c	The DS 3770 form documents annual recertifications.	40			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	1		39	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))	40			100	None
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all, or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. (SMM 4442.7), (42 CFR Part 431, Subpart E), (WIC §4646(g))		3	40	0	See Narrative

Regional Center Consumer Record Review Summary						
Sample Size = 40 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5), (42 CFR 441.302)	40			100	None
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in an ICF-DD, ICF-DDH, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. (SMM 4442.5), (42 CFR 441.302(c)), (Title 22, CCR, §51343)	40			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	40			100	None
2.6.a	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))	40			100	None
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. (HCBS Waiver requirement)	33		7	100	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))	39	1		98	See Narrative
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	12		28	100	None
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	40			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))	40			100	None

Regional Center Consumer Record Review Summary
Sample Size = 40 + 3 Supplemental Records

	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer's goals and needs. (WIC §4646.5(a)(2))	Criterion 2.9 consists of seven sub-criteria (2.9 a-g) that are reviewed independently				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	38	2		95	See Narrative
2.9.b	The IPP addresses the special health care requirements.	14		26	100	None
2.9.c	The IPP addressed the services for which the CCF provider is responsible for implementing.	15		25	100	None
2.9.d	The IPP addressed the services for which the day program provider is responsible for implementing.	28	1	11	97	See Narrative
2.9.e	The IPP addresses the services for which the supported living services agency or independent living services provider is responsible for implementing.	17		23	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	40			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	3		37	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))	40			100	None
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. (WIC §4646.5(a)(4))	40			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	12		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))	40			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 40 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic review and reevaluations of consumer progress are completed (<i>at least annually</i>) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. (<i>WIC §4646.5(a)(6)</i>)	40			100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	31	1	8	97	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	31	1	8	97	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>)			40		None

SECTION III

COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

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

III. Results of Review

The consumer records were 100% in compliance for 15 of the 16 applicable criteria. Three criteria (3.7.a, 3.7.b, and 3.7.c) were rated not applicable because the consumers did not have any reportable special incidents during the review period.

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

IV. Finding and Recommendation

- 3.4.a Service Level 2 and 3 facilities prepare and maintain written semiannual reports of the consumer's progress. (*Title 17, CCR, §56026(b)*)

Finding

Four of the five (80%) applicable consumer records contained semiannual reports of the consumers' progress. However, the record for consumer #X at CCF #X was missing one of the required reports.

3.4.a Recommendation	Regional Center Plan/Response
NBRC should ensure that CCF #X prepares semiannual reports of progress for consumer #X.	Subsequent to the review, the care provider for consumer #X provided NBRC a completed semi annual report. All the records are now in compliance.

Community Care Facility Record Review Summary
Sample Size: Consumers = 6; CCFs = 6

	Criteria	+	-	N/A	% Met	Follow-up
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. (<i>Title 17, CCR, §56017(b)</i>), (<i>Title 17, CCR §56059(b)</i>), (<i>Title 22, CCR, §80069</i>)	6			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	6			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		4	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.	6			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	6			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	6			100	None
3.1.i	Special safety and behavior needs are addressed.	2		4	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>)	6			100	None
3.3	The facility has a copy of the consumer's current IPP. (<i>Title 17, CCR, §56022(c)</i>)	6			100	None
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. (<i>Title 17, CCR, §56026(b)</i>)	4	1	1	80	See Narrative

Community Care Facility Record Review Summary						
Sample Size: Consumers = 6; CCFs = 6						
	Criteria	+	-	N/A	% Met	Follow-up
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	5		1	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. <i>(Title 17, CCR, §56026(c))</i>	1		5	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.	1		5	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>	1		5	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>	6			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	2		4	100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>			6	NA	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>			6	NA	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. <i>(Title 17, CCR, §54327)</i>			6	NA	None

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

Twenty-one sample consumer records were reviewed at 14 day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria.

III. Results of Review

The consumer records were 100% in compliance for 14 of the 17 criteria.

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

IV. Findings and Recommendations

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

Finding

Twenty of the 21 (95%) sample consumer records contained documentation that the consumer and/or their authorized representative had been informed of their personal rights. The record for consumer #XX at day program #XX did not contain documentation that the consumer had been informed of xxx personal rights.

4.1.e Recommendation	Regional Center Plan/Response
NBRC should ensure that day program provider #XX documents that consumer #XX has been informed of xxx personal rights.	Client Rights documentation will be forwarded to day program to be completed with consumer #XX. (see attached)

4.1.h The consumer record identifies and addresses the special safety and behavior needs of the consumer. (*Title 17, CCR, §56730*)

Finding

Fifteen of the 16 (94%) applicable sample consumer records identified and addressed the special safety and behavior needs of the consumer. The record for consumer #XX at day program #XX did not address the [REDACTED] needs of the consumer.

4.1.h Recommendation	Regional Center Plan/Response
NBRC should ensure that day program #XX identifies the [REDACTED] needs for consumer #XX in the consumer's record.	An IPP addendum for consumer #XX addresses services the new day program provider is responsible for implementing. (see attached)

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

Finding

Eighteen of the 21 (86%) sample consumer records contained a copy of the consumer's current IPP. The records for consumer #X at day program #XX, and for consumers #XX and #XX at day program #XX did not contain a copy of the current IPP.

4.2 Recommendation	Regional Center Plan/Response
NBRC should ensure that the providers at day programs #XX and #XX receive a copy of the current IPP for consumers #X, and #XX and #XX, respectively.	NBRC case managers have forwarded current IPP copies to day program.

Day Program Record Review Summary						
Sample Size: Consumers = 21; Day Programs = 14						
	Criteria	+	-	N/A	% Met	Follow-up
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. (Title 17, CCR, §56730)	21			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.	21			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.	21			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.	21			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.	21			100	None
4.1.e	The consumer record contains documentation that the consumer and/or the authorized consumer representative has been informed of his/her personal rights.	20	1		95	See Narrative
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing.	20		1	100	None

Day Program Record Review Summary						
Sample Size: Consumers = 21; Day Programs = 14						
	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.	21			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	15	1	5	94	See Narrative
4.2	The day program has a copy of the consumer's current IPP. (<i>Title 17, CCR §56720(b)</i>)	18	3		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>)	21			100	None
4.3.b	The day program's ISP or other program documentation is consistent with the services addressed in the consumer's IPP.	20		1	100	None
4.4.a	The day program prepares and maintains written semiannual reports. (<i>Title 17, CCR, §56720(c)</i>)	19		2	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.	19		2	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>)	3		18	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>)	3		18	100	None
4.5.c	There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. (<i>Title 17, CCR, §54327</i>)	3		18	100	None

SECTION V

CONSUMER OBSERVATIONS AND INTERVIEWS

I. Purpose

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

II. Scope of Observations and Interviews

For this review, the total sample was 40 consumers. Eight consumers were unavailable for an interview or observation. Two phone interviews were conducted with parents of minor consumers.

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

- ✓ Twenty-one adult consumers agreed to be interviewed by the monitoring teams.
- ✓ Nine consumers did not communicate verbally, but were observed.

III. Results of Observations and Interviews

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

IV. Finding and Recommendation

Consumer #XX who attends DP #XX stated that he would like [REDACTED] during program hours. This request had not been made to day program staff. Staff indicated that bean bags are available to consumers. The consumer was encouraged to let staff know [REDACTED]
[REDACTED]

Recommendation	Regional Center Plan/Response
NBRC should ensure that day program #XX addresses consumer #XX's request [REDACTED]	NBRC case manager to discuss with the day program and/or amend the IPP goals at the day program.

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 eight North Bay Regional Center (NBRC) 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 the NBRC nurses and internet medication guides as resources. NBRC's clinical team schedules new employee training on medications and side effects, and offers periodic trainings on new and commonly used medications.

4. The service coordinators monitor the consumers' services, health and safety during periodic visits. The service coordinators were knowledgeable about the special incident report (SIR) process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed. Service coordinators work closely with quality assurance staff, and are briefed on SIR trends that may affect their caseloads.

SECTION VI B

CLINICAL SERVICES INTERVIEW

I Purpose

The clinical services interview is used to obtain supplemental information on how the regional center is organized to provide clinical support to consumers and service coordinators. The interview 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 a physician, psychologist and two registered nurses, who are members of the North Bay Regional Center's (NBRC) Clinical Team.
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 Assessment and Planning Committee and special incident reports.

III. Results of Interview

The NBRC clinical team consists of a physician, psychologist, psychiatrist, neurologist, nutritionist, pharmacist, dental coordinator, and registered nurses.

The clinical team nurses and physicians are available to the service coordinators for any medical issue, and will assist the service coordinators in the referral of consumers for specialized medical care as needed. The clinical team may review care plans, make hospital and nursing home visits, attend medical appointments, and provide follow-up on issues. The clinical team is available to attend the consumers' Individual Education Plan meetings if requested.

The clinical team is active in monitoring consumers' medications. The NBRC physician and pharmacist are available for consultation, training, and clinical meetings with service coordinators, families, consumers, and service providers. The pharmacist also assists consumers with drug therapy concerns, and performs medication reviews of consumers living in residential settings on a referral basis.

The clinical team is involved with consumers' behavioral plans and mental health issues. Many of the consumers have Medi-Cal services through a partnership with Napa, Sonoma and Solano County Mental Health. The clinical staff is available to service coordinators and mental health agencies for consultation regarding consumers' behavioral and mental health needs.

The clinical team has improved access to health care resources by providing staff access to outside conferences, trainings, and presentations to providers on health topics. NBRC has also improved access through the following programs:

- ✓ Consultation with Public Health
- ✓ Autism Diagnosis Clinic & Autism classes for the community
- ✓ Clinic Telemedicine: University of Southern California, Los Angeles, and University of San Francisco
- ✓ Consultations & Coordination: nutritional and dental
- ✓ On-going service provider training
- ✓ Partnership with Stanford Hospital

The clinical team has an active role in the Risk Management Committee. The team reviews health related special incident report (SIRs), analyzes SIRs for trends, and makes recommendations for appropriate follow-up and training as needed.

The clinical staff presents monthly clinical trainings called "Medical Moments" for staff and the community as a result of SIR trend analysis. The team also participates in the regional center's mortality reviews and actively works with Acumen, the State's risk management contractor, to develop mortality review guidelines.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

The informational interview with quality assurance (QA) staff ascertains how the regional center has organized itself to conduct Title 17 monitoring of community care facilities (CCFs), two unannounced visits to CCFs, QA evaluations of CCFs, and service provider training. The interview also inquires about verification of provider qualifications, resource development activities, and quality assurance among programs and providers where there is no regulatory requirement to conduct quality assurance monitoring.

II. Scope of Interview

The monitoring team interviewed a Community Resource Consultant who is an integral part of the team responsible for conducting QA activities.

III. Results of Interview

1. QA consultants are responsible for conducting the annual Title 17 monitoring reviews. Results of these reviews are compiled in a report which includes corrective actions plans (CAPs), if any, that the facility is required to complete. The service coordinators and QA consultants share responsibility for conducting the two required unannounced visits to CCFs. QA consultants conduct additional unannounced visits when SIRs, CAPs, or complaints indicate the need for further monitoring or vendor training. Additionally, the QA consultants lead the team that conducts the triennial QA evaluations which also include NBRC case management or other staff.
2. NBRC's QA staff meet monthly to analyze trends of substantial inadequacies, corrective action plans, and SIRs. These reviews assist NBRC to determine the need for additional vendor training. NBRC provides monthly training sessions for all vendors, and those vendors who are having difficulty meeting Title 17 requirements will be requested to participate in training specific to their needs.
3. The QA staff also gather data on trends from special incident reports in order to identify problematic issues topics such as clients rights, abuse, risk management, medication administration and behavioral supports. This data is provided to NBRC's Risk Management Committee for the purpose of analyzing the need for any policy and procedural changes, or NBRC staff training.

SECTION VII A

SERVICE PROVIDER INTERVIEWS

I. Purpose

The interviews determine how well the service provider knows the consumers, the extent of their assessment process for the annual IPP development and/or review, the extent of their plan participation, how the plan was developed, how service providers ensure accurate documentation, communicate, address and monitor health issues, their preparedness for emergencies, how they monitor safety and safeguard medications.

II. Scope of Interviews

1. The monitoring team interviewed 9 service providers at six community care facilities (CCFs) and three day programs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

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

SECTION VII B

DIRECT SERVICE STAFF INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed eight direct service staff at 5 community care facilities (CCFs) and three day programs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The 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. One direct service staff was unable to answer questions regarding services and supports as addressed in the IPP.
3. The direct service staff demonstrated that they understood the importance of communication with all individuals concerned with the consumers.
4. The direct service staff were prepared to address safety issues and emergencies, and were familiar with special incident reporting requirements.
5. The direct service staff demonstrated an understanding about emergency preparedness.
6. The direct service staff were knowledgeable regarding safeguarding and assisting with self-administration of medications where applicable.

IV. Finding and Recommendation

7.B.1.b Direct care staff are familiar with the IPP and service delivery.

Finding

The direct service staff at CCF #X was not familiar with the consumer's IPP or how it directs consumer's services and supports.

7.B.1.b Recommendation	Regional Center Plan/Response
NBRC should ensure that the direct service staff at CCF #X is knowledgeable regarding the process for developing the IPP and its role in directing supports and services.	NBRC QA will monitor direct staff training at CCF #X.

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

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

II. Scope of Review

1. The monitoring teams reviewed a total of 6 CCFs and 3 day programs.
2. The teams used a monitoring review checklist consisting of twenty-three 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. The specific findings and recommendations are detailed below.

IV. Findings and Recommendations

8.1.c Safety

Finding

CCF #X had a long plastic carpet runner in the living room which did not lay flat. During the monitoring visit, a consumer was observed tripping over the runner, which was immediately removed by the provider. Accordingly, no recommendation is necessary.

8.1.f Universal Precautions

Finding

CCF #X did not have disposable gloves available for staff.

8.1.f Recommendation	Regional Center Plan/Response
NBRC should work with CCL as appropriate to ensure that the provider at CCF #X follows universal precautions.	NBRC will continue to train to Universal Precautions during all Medically orientated vendor trainings. NBRC meets with CCL quarterly to discuss compliance issues.

8.2.d PRN Medication Records

Finding

CCF #X was not documenting the [REDACTED].

8.2.d Recommendation	Regional Center Plan/Response
NBRC should work with CCL as appropriate to ensure that the provider at CCF #X properly documents all required PRN medication information.	NBRC meets quarterly with CCL and reviews consistency of following protocols. [REDACTED] provides regular vendor training and technical assistance to those vendors that require it in conjunction with the QA Nurse Consultant who monitors through health care plans and SIRs.

8.2.e Medication Disposal

Finding

CCF #X did not maintain a medication destruction record.

8.2.e Recommendation	Regional Center Plan/Response
NBRC should work with CCL as appropriate to ensure that the provider at CCF #X maintains a medication destruction record.	NBRC will continue to offer residential vendors Medication Training with [REDACTED]

8.3.c First Aid

Findings

Day program #X had seven direct care staff that did not have current first aid certificates. Subsequent to the review, the provider faxed documentation to DHCS that a first aid class has been scheduled.

8.3.c Recommendation	Regional Center Plan/Response
NBRC should ensure that the provider at day program #X has current first aid certificates for all staff.	NBRC has followed-up with the day program and First Aid Training was completed for all staff.

8.4.b P&I Funds

Findings

CCF #X was not consistently maintaining receipts of purchases made for consumers.

8.4.b Recommendation	Regional Center Plan/Response
NBRC should ensure that CCF #X maintains receipts for purchases made for consumers from their P&I accounts.	On 10/15/09 NBRC QA provided technical assistance on completing accurate P&I records, she will follow-up in 30 days.

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 North Bay Regional Center (NBRC) was reviewed by comparing deaths entered into the Client Master File for the review period with special incident reports (SIRs) of deaths received by the Department of Developmental Services (DDS).
2. The records of the 40 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. NBRC did not report a special incident for one consumer in the sample of 40 HCBS Waiver
3. A supplemental sample of ten consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. NBRC reported all deaths during the review period to DDS.
2. NBRC did not report a special incident for one consumer in the sample of 40 records selected for the HCBS Waiver review to DDS.
3. NBRC's vendors reported six of the eight (75%) applicable incidents in the supplemental sample within the required timeframes.
4. NBRC reported seven of the ten (70%) incidents to DDS within the required timeframes.
5. NBRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the ten incidents.

IV. Findings and Recommendations

Findings

Consumer #XX: The incident, [REDACTED] occurred on February 25, 2009 according to an independent living service provider report. However, NBRC did not report the incident to DDS.

Consumer # XX: The incident was reported to NBRC on May 7, 2008. However, NBRC did not report the incident to DDS until May 25, 2008.

Consumer # XX: The incident report completed by NBRC states the incident occurred on May 22, 2008 and that the vendor did not submit a written incident report until May 28, 2008. However, subsequent to the monitoring review, NBRC indicated that, due to issues with NBRC staffing for SIR processing, the dates for the incident and when the vendor reported the incident may have been incorrectly entered. Additionally, NBRC did not report the incident to DDS until October 22, 2008.

Consumer # XX: The incident occurred on June 27, 2008. However, the vendor did not report the incident to NBRC until July 10, 2008.

Consumer # XX: The incident was reported to NBRC on September 8, 2008. However, NBRC did not report the incident to DDS until November 13, 2008.

Recommendations	Regional Center Plan/Response
<p>1. NBRC should determine the correct dates regarding the incident for consumer #XX and take action as necessary (e.g. update SIR report) to ensure accurate and timely SIR reporting.</p>	<p>Per SIR content and follow-up information, vendor for client #XX submitted the SIR within the two day timeline for written and phoned the QA monitor with regard to police reporting on the day that the information was uncovered. The SIR had been routed to the wrong NBRC office and wasn't received and entered by the SIR coordinator until afterward.</p>
<p>2. NBRC should determine what actions are necessary to ensure that the vendor for #XX report special incidents within the required timeframes.</p>	<p>The vendor of consumer #XX received technical assistance with medication monitoring from [REDACTED]. Vendor received technical assistance on reporting requirements.</p>
<p>3. NBRC should ensure that all special incidents are reported to DDS within the required timeframes.</p>	<p>NBRC has had uneven coverage due to SIR coordinator turnover; there has not been a dedicated SIR coordinator at NBRC since May 2009 and long gaps</p>

	<p>between hiring since May 2007 with some temporary coverage. NBRC has hired a new SIR Coordinator and she will assume her position on 11/16/09; training will be immediate and we hope to remediate any reporting delays within the next few months.</p>
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SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

#	UCI	CCF #	Day Program #	#	UCI	CCF #	Day Program #
1	XXXXXXXX		9	21	XXXXXXXX		20
2	XXXXXXXX			22	XXXXXXXX		
3	XXXXXXXX	2		23	XXXXXXXX		10
4	XXXXXXXX	5		24	XXXXXXXX		10
5	XXXXXXXX		18	25	XXXXXXXX		
6	XXXXXXXX	1		26	XXXXXXXX		11
7	XXXXXXXX		17	27	XXXXXXXX		
8	XXXXXXXX		14	28	XXXXXXXX		
9	XXXXXXXX		13	29	XXXXXXXX		8
10	XXXXXXXX		19	30	XXXXXXXX		
11	XXXXXXXX		17	31	XXXXXXXX		
12	XXXXXXXX	3		32	XXXXXXXX		10
13	XXXXXXXX	6		33	XXXXXXXX		7
14	XXXXXXXX		14	34	XXXXXXXX		
15	XXXXXXXX	4		35	XXXXXXXX		10
16	XXXXXXXX		15	36	XXXXXXXX		
17	XXXXXXXX			37	XXXXXXXX		16
18	XXXXXXXX		9	38	XXXXXXXX		
19	XXXXXXXX		9	39	XXXXXXXX		
20	XXXXXXXX		12	40	XXXXXXXX		

Supplemental Sample of Terminated Consumers

#	UCI
50T	XXXXXXXX
51T	XXXXXXXX
52T	XXXXXXXX

HCBS Waiver Review Service Providers

CCF#	Vendor
1	XXXXXX
2	XXXXXX
3	XXXXXX
4	XXXXXX
5	XXXXXX
6	XXXXXX

Day Program#	Vendor	Day Program #	Vendor
7	XXXXXX	15	XXXXXX
8	XXXXXX	16	XXXXXX
9	XXXXXX	17	XXXXXX
10	XXXXXX	18	XXXXXX
11	XXXXXX	19	XXXXXX
12	XXXXXX	20	XXXXXX
13	XXXXXX	15	XXXXXX
14	XXXXXX	16	XXXXXX

SIR Review Consumers

#	UCI	Vendor
60	XXXXXXXX	XXXXXX
61	XXXXXXXX	
62	XXXXXXXX	XXXXXX
63	XXXXXXXX	
64	XXXXXXXX	XXXXXX
65	XXXXXXXX	XXXXXX
66	XXXXXXXX	XXXXXX
67	XXXXXXXX	XXXXXX
68	XXXXXXXX	XXXXXX
69	XXXXXXXX	XXXXXX