

**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**

May 11-21, 2015

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	page 3
SECTION I REGIONAL CENTER SELF-ASSESSMENT.....	page 7
SECTION II REGIONAL CENTER CONSUMER RECORD REVIEW.....	page 10
SECTION III COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW...	page 21
SECTION IV DAY PROGRAM CONSUMER RECORD REVIEW.....	page 24
SECTION V CONSUMER OBSERVATIONS AND INTERVIEWS.....	page 27
SECTION VI	
A. SERVICE COORDINATOR INTERVIEWS.....	page 28
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 34
SECTION IX SPECIAL INCIDENT REPORTING.....	page 35
SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS	page 37

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 May 11-21, 2015, at North Bay Regional Center (NBRC). The monitoring team members were Corbett Bray (Team Leader), Mary Ann Smith, and Kathy Benson from DDS, and Annette Hanson and Raylyn Garrett 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 the 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 consumer's needs and program requirements are being met and that services are being provided in accordance with the consumer's 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 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 45 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers who moved from a developmental center, and 2) 10 consumers who had special incidents reported to DDS during the review period of March 1, 2014 – February 28, 2015.

The monitoring team completed visits to six community care facilities (CCF) and 17 day programs. The team reviewed six CCF and 21-day program consumer records and had face-to-face visits and/or interviews with 39 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-five 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 91-100 percent in compliance for 28 criteria. One criterion was not applicable for this review. Criteria 2.13.a and 2.13.b were rated 86 percent in compliance because 5 of the 36 applicable records did not contain documentation of the required quarterly face-to-face meetings and reports of progress.

The sample records were 98 percent in overall compliance for this review. NBRC's records were 97 percent and 95 percent in overall compliance for the collaborative reviews conducted in 2013 and 2011, respectively.

Section III – Community Care Facility Consumer 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 99 percent in overall compliance for this review. NBRC's records were 100 percent in overall compliance for the collaborative reviews conducted in 2013 and 2011.

Section IV – Day Program Consumer Record Review

Twenty-one consumer records were reviewed at 17 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations.

The sample records were 100 percent in overall compliance. NBRC's records were 99 percent in overall compliance for the collaborative reviews conducted in 2013 and 2011.

Section V – Consumer Observations and Interviews

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

Section VI A – Service Coordinator Interviews

Ten 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

A clinical psychologist was interviewed using a standard interview instrument. The psychologist responded to informational questions regarding the monitoring of consumers with medical issues, medications, 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 on the Risk Management and Planning Committee.

Section VI C – Quality Assurance Interview

A community resource consultant was interviewed using a standard interview instrument. She 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 quality assurance activities where there is no regulatory requirement.

Section VII A – Service Provider Interviews

Five CCF and five-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

Four CCF and five-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 five CCFs and five 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 45 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. NBRC reported all special incidents for the sample of 45 records selected for the HCBS Waiver review to DDS. For the supplemental sample, the service providers reported 8 of the 10 incidents to NBRC within the required timeframe, and NBRC subsequently transmitted all 10 special incidents to DDS within the required timeframe. 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 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 NBRC's 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>The regional center ensures that the regional center staff responsible for certifying and recertifying consumer’s HCBS Waiver eligibility meet the federal definition of a Qualified Mental Retardation Professional.</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 consumer’s rights are protected.</p> <p>The regional center takes action(s) to ensure that the consumer’s health needs are addressed.</p> <p>The regional center ensures that behavior plans preserve the right of the consumer to be free from harm.</p> <p>The regional center maintains a Risk Management, Risk Assessment and Planning Committee.</p> <p>The regional center has developed and implemented a Risk Management/Mitigation Plan.</p> <p>Regional centers and local Community Care Licensing offices coordinate and collaborate in addressing issues involving licensing requirements and monitoring of CCFs pursuant to the memorandum of understanding (MOU) between DDS and the Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 CCFs.</p> <p>The regional center reviews each CCF annually to assure services are consistent with the program design and applicable laws, and development and implementation of corrective action plans, as needed.</p> <p>The regional center conducts not less than two unannounced monitoring visits to each CCF annually.</p> <p>Service coordinators perform and document periodic reviews (at least annually) to ascertain progress toward achieving IPP objectives, and the consumer’s and the family’s satisfaction with the IPP and its implementation.</p> <p>Service coordinators have quarterly face-to-face meetings with consumers in CCFs, Family Home Agencies, Supported Living Services, and Independent Living Services to review services and progress toward achieving the IPP objectives for which the service provider is responsible.</p>

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

SECTION II

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

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

Living Arrangement	# of Consumers
Community Care Facility	13
With Family	9
Independent or Supported Living Setting	23

2. The review period covered activity from March 1, 2014 – February 28, 2015.

III. Results of Review

The 45 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 for documentation of face-to-face meetings no less than once every 30 days for the first 90 days following the consumer's move from a developmental center. One criterion was not applicable for this review.

- ✓ The sample records were in 100 percent compliance for 18 criteria. There are no recommendations for these criteria.
- ✓ Findings for 12 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

- 2.2 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)]

Finding

Forty-four of the forty-five (98 percent) sample consumer records contained a dated and signed DS 2200 form. However, the DS 2200 form for consumer #37 was not signed by the conservator.

2.2 Recommendation	Regional Center Plan/Response
NBRC should ensure the DS 2200 form for consumer #37 is signed by the conservator.	NBRC has acquired the DS 2200 for consumer #37 that has been signed by the conservator. See accompanying document.

- 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)

Finding

Forty-four of the forty-five (98 percent) sample consumer records contained a CDER that had been reviewed annually. However, the CDER for consumer #23 had not been reviewed within the period reviewed by the monitoring team.

2.4 Recommendation	Regional Center Plan/Response
NBRC should ensure that the CDER for consumer #23 is reviewed annually.	NBRC will continue to provide training to staff on proper documentation requirements.

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

Findings

Forty-three of the forty-five (96 percent) sample consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in the records for two consumers did not support the determination that all of the issues identified in the CDER and DS 3770 could be considered qualifying conditions. For consumers #31 and #34 “Seizure d/o w/ RX” was identified as a qualifying condition 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 condition or need for services and supports.

2.5.b Recommendation	Regional Center Plan/Response
<p>NBRC 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 consumer's ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying conditions. Due to an insufficient number of qualifying conditions, the correction may require that the consumer's HCBS Waiver eligibility be terminated. If NBRC determines that any of the issues above are correctly identified as qualifying conditions, documentation (updated IPPs, progress reports, etc.) that support the original determinations should be submitted with the response to this report.</p>	<p>NBRC has determined that the qualifying conditions as listed on the DS 3770 are accurate and updated documentation for both consumers #31 and #34 have been submitted with this response.</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)]

Finding

Forty-four of the forty-five (98 percent) sample consumer records contained documentation that the consumer's IPP had been reviewed annually by the planning team. However, there was no documentation that the IPP for consumer #9 had been reviewed during the monitoring review period.

2.6.a Recommendation	Regional Center Plan/Response
NBRC should ensure that in the future the IPP for consumer #9 is reviewed at least annually by the planning team.	An IPP meeting was conducted on 8/15/14 and the planning team determined the services remained appropriate and were continued; however, the IPP that was reviewed had expired prior to the meeting, and a new IPP document was not developed. A new IPP was created on 4/24/15.

- 2.6.b The HCBS Waiver Standardized Annual Review Form (SARF) is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary and that the consumer’s health status and CDER have been reviewed. (HCBS Waiver Requirement)

Finding

Twenty-four of the twenty-five (96 percent) applicable sample consumer records contained a completed SARF. However, the record for consumer #23 did not contain a completed SARF.

2.6.b Recommendation	Regional Center Plan/Response
NBRC should ensure that a SARF is completed and signed for consumer #23 if the annual review does not include the completion of a new IPP.	A SARF was completed and signed by the consumer on 5/19/15.

- 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.

Findings

Twenty-nine of the thirty-one (94 percent) applicable sample consumer records contained IPP addenda signed by NBRC and the consumer, or where appropriate, his/her parents, legal guardian, or conservator. However, the records for two consumers contained addenda that were not signed by the consumer, or where appropriate, his/her parents, legal guardian, or conservator:

Consumer #18: An addendum for transportation services was completed on 7/23/14, but was not signed by the consumer.

Consumer #30: An addendum for day program services was completed on 4/03/14, but was not signed by the consumer.

2.7.b Recommendation	Regional Center Plan/Response
NBRC should ensure that the IPP addenda for consumers #18 and #30 are signed by the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	IPP addendum for consumer #18 was signed by the consumer on 6/06/15. IPP addendum for consumer #30 was signed on 8/25/16.

- 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)]

Finding

Forty-four of the forty-five (98 percent) sample consumer records contained IPPs that addressed the consumer’s qualifying conditions. However, the IPP for consumer #21 did not indicate what supports or services are in place to address the consumer’s behavioral issues as indicated in the quarterly review dated September 16, 2014.

2.9.a Recommendation	Regional Center Plan/Response
NBRC should ensure that the IPP for consumer #21 addresses the services and supports in place for the issue identified above.	IPP for consumer #21 did not address services and supports in place. New addenda submitted and accompanies this response.

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

Findings

Forty-three of the forty-five (96 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by NBRC. However, the IPPs for two consumers did not indicate NBRC funded services as indicated below:

Consumer #15: Crisis team

Consumer #20: Transportation

2.10.a Recommendation	Regional Center Plan/Response
NBRC should ensure that the IPPs for consumers #15 and #20 include a schedule of the type and amount of all services and supports purchased by NBRC.	IPP for consumer #15 did not address services and supports. An addendum was completed and signed on 8/05/16. IPP for consumer #20 did not address services and supports. Updated addenda submitted with this response.

- 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 CCFs, 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

Thirty-one of the thirty-six (86 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for five consumers did not meet the requirements as listed below:

The records for consumers #20, #23, #24 and #40 contained documentation for three of the required face-to-face meetings.

The record for consumer #11 contained documentation for two of the required face-to-face 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 consumers #11, #20, #23, #24 and #40.	NBRC will continue to utilize a tickler system that alerts the case manager prior to quarterly report due dates, continue to require case managers to meet with their supervisors monthly to note progress, offer an enhanced training on documentation requirements no less than every quarter to both new and seasoned staff, and continue to recruit staff to mitigate unassigned caseloads.

- 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 CCFs, 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

Thirty-one of the thirty-six (86 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for five consumers did not meet the requirements as indicated below:

The records for consumers #20, #23, #24 and #40 contained three quarterly reports of progress.

The record for consumer #11 contained two quarterly reports of progress.

2.13.b Recommendation	Regional Center Plan/Response
NBRC should ensure that all future reports of progress are completed each quarter for consumers #11, #20, #23, #24 and #40.	NBRC will continue to utilize a tickler system that alerts the case manager prior to quarterly report due dates, continue to require case managers to meet with their supervisors monthly to note progress, offer an enhanced training on documentation requirements no less than every quarter to both new and seasoned staff, and continue to recruit staff to mitigate unassigned caseloads.

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

Findings

Three records were reviewed to confirm face-to-face meetings were conducted 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. The records for consumers DC-1, DC-2, and DC-3 contained evidence of only two of the required meetings.

2.14 Recommendation	Regional Center Plan/Response
NBRC should ensure that face-to-face meetings are conducted no less than once every 30 days for the first 90 days for all consumers moving from a developmental center to a community living arrangement.	NBRC will have a tickler created in SANDIS to support the case manager to better track and ensure the required monthly visits for the first 90 days are completed. This information will also be reviewed individually with each case manager assigned to work with persons residing in a developmental center.

Regional Center Consumer Record Review Summary						
Sample Size = 45 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	45			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.	45			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.	45			100	None
2.1.c	The DS 3770 form documents annual recertifications.	45			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	1		44	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)]	44	1		98	See Narrative
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)]			45	NA	None

Regional Center Consumer Record Review Summary						
Sample Size = 45 + 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)	44	1		98	See Narrative
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in an ICF/DD, ICF/DD-H, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. [SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343]	45			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	43	2		96	See Narrative
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)]	44	1		98	See Narrative
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and if health status and CDER have been reviewed. (HCBS Waiver requirement)	24	1	20	96	See Narrative
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)]	45			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.	29	2	14	94	See Narrative
2.7.c	The IPP is prepared jointly with the planning team. [WIC §4646(d)]	45			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)]	45			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 45 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumers' 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).	44	1		98	See Narrative
2.9.b	The IPP addresses the special health care requirements.	28		17	100	None
2.9.c	The IPP addresses the services for which the CCF provider is responsible for implementing.	13		32	100	None
2.9.d	The IPP addresses the services for which the day program provider is responsible for implementing.	32		13	100	None
2.9.e	The IPP addresses the services for which the supported living services agency or independent living services provider is responsible for implementing.	23		22	100	None
2.9.f	The IPP addresses the consumers' goals, preferences and life choices.	45			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. [WIC §4685(c)(2)]	5		40	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)]	43	2		96	See Narrative
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. [WIC §4646.5(a)(4)]	45			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [WIC §4646.5(a)(4)]	30		15	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)]	45			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 45 + 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>]	45			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 CCFs, 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>)	31	5	9	86	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 CCFs, 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>)	31	5	9	86	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>)	0	3	45	0	See Narrative

SECTION III

COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

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 percent in compliance for 18 of the 19 criteria.

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

IV. Findings and Recommendations

- 3.2 A written admission agreement is completed and signed by the consumer or his/her authorized representative, the regional center, and the facility administrator that includes the certifying statements specified in Title 17. [Title 17, CCR, §56019(c)(1)]

Finding

Five of the six (83 percent) consumer records contained written admission agreements with the required signatures. However, the admission agreement for consumer #11 at CCF #5 was not signed by the consumer's conservator.

3.2 Recommendation	Regional Center Plan/Response
NBRC should ensure that the admission agreement for consumer #11 at CCF #5 is signed by the conservator.	Admission agreement was not signed by the conservator for consumer #11 at CCF #5. Admission agreement has since been signed by the conservator and accompanies this response.

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. [Title 17, CCR, §56017(b); Title 17, CCR §56059(b); Title 22, CCR, §80069]	6			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory 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.	4		2	100	None
3.1.c	The consumer record contains current health information that includes medical, dental, and other health needs of the consumer, including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	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.	5		1	100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17, and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. [Title 17, CCR, §56019(c)(1)]	5	1		83	See Narrative
3.3	The facility has a copy of the consumer's current IPP. [Title 17, CCR, §56022(c)]	6			100	None
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. [Title 17, CCR, §56026(b)]	3		3	100	None

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.	3		3	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>]	3		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		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		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>]	6			100	None
3.6.b	The ongoing notes/information verifies that behavior needs are being addressed.	4		2	100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)	2		4	100	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)	2		4	100	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. (<i>Title 17, CCR, §54327</i>)	2		4	100	None

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

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

III. Results of Review

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

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

Day Program Record Review Summary						
Sample Size: Consumers = 21; Day Programs = 17						
	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.	21			100	None
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing.	21			100	None
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	21			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 21; Day Programs = 17						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	16		5	100	None
4.2	The day program has a copy of the consumer's current IPP. [Title 17, CCR §56720(b)]	21			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. [Title 17, CCR, §56720(a)]	21			100	None
4.3.b	The day program's individual service plan or other program documentation is consistent with the services addressed in the consumer's IPP.	21			100	None
4.4.a	The day program prepares and maintains written semiannual reports. [Title 17, CCR, §56720(c)]	21			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.	21			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. (Title 17, CCR, §54327)	1		20	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. (Title 17, CCR, §54327)	1		20	100	None
4.5.c	There is appropriate follow-up to special incidents to resolve the issue and eliminate or mitigate future risk. (Title 17, CCR, §54327)	1		20	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 consumer's satisfaction with their living situation, day program and work activities, health, choice, and regional center services.

II. Scope of Observations and Interviews

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

- ✓ Thirty adult consumers agreed to be interviewed by the monitoring teams.
- ✓ Six consumers did not communicate verbally or declined an interview, but were observed.
- ✓ Three interviews were conducted with parents of minors.
- ✓ Six consumers/parents of minors were unavailable for or declined interviews.

III. Results of Observations and Interviews

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

SECTION VI A

SERVICE COORDINATOR INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed 10 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 consumer's 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 provide input on the consumer's 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, they review their previous progress reports, pertinent case notes, special incident reports, and vendor reports of progress.
3. To better understand issues related to consumer's use of medication and issues related to side-effects, service coordinators utilize NBRC's clinical team and internet medication guides as resources.
4. The service coordinators monitor the consumer's services, health and safety during periodic visits. They are aware of the consumer's health issues. The service coordinators were knowledgeable about the special incident reporting (SIR) process and work with vendors to ensure all special incidents are reported and appropriate follow-up activities are completed.

SECTION VI B

CLINICAL SERVICES INTERVIEW

I. Purpose

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

II. Scope of Interview

1. The monitoring team interviewed a clinical psychologist at NBRC.
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 the role in the Risk Management Assessment and Planning Committee and special incident reports.

III. Results of Interview

The NBRC clinical team consists of physicians, psychologists, a pharmacist, a dental coordinator, and registered nurses.

The clinical team functions as a resource for the service coordinators, and is available by referral to assess consumers with medical concerns. The clinical team reviews care plans, makes hospital and nursing home visits, and provides follow-up as needed. NBRC clinicians work with staff and vendors to address immediate health concerns requiring medical intervention. If requested, the clinical team may attend the consumer's Individual Education Plan meetings. The dental coordinator is available by referral to assist consumers with dental concerns. Members of the clinical team are also involved in new employee orientation training.

The clinical team participates in the monitoring of consumer's medications. A physician and pharmacist are available for consultation with service coordinators, families, consumers, and service providers. The regional center pharmacist is also available to perform medication reviews upon request from the service coordinator.

The clinical staff is available to service coordinators for consultation regarding consumer's behavioral and mental health needs. NBRC clinicians participate in reviewing consumer's behavioral plans for efficacy and effectiveness. Members of the clinical team are available to attend monthly meetings with Napa and Solano County Mental Health.

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 in collaboration with local schools
- ✓ Assists with coordinating community Autism classes
- ✓ Community Health Fairs
- ✓ Legal team

A physician participates on the Risk Management and Planning Committee. The team reviews medically related special incident reports, analyzes special incident reports for trends, and makes recommendations for appropriate follow-up and training. The physician participates in reviewing all death related special incident reports. The clinical staff presents quarterly clinical trainings called "Medical Moments" for staff as a result of special incident report trend analysis.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

The informational interview with quality assurance staff ascertains how the regional center has organized itself to conduct Title 17 monitoring of CCFs, two unannounced visits to CCFs, service provider training, 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 part of the team responsible for conducting NBRC's quality assurance activities.

III. Results of Interview

1. Community resource consultants are responsible for conducting the annual Title 17 monitoring reviews. Results of these reviews are compiled in a report that may include a corrective action plan (CAP) that the facility is required to complete. Service coordinators are responsible for conducting the two required unannounced visits to CCFs each year. Community resource consultants may conduct additional unannounced visits when there are special incident reports, CAPs, or complaints.
2. The quality assurance staff participates on the Risk Management and Planning Committee. The committee reviews and analyzes special incident reports, and makes recommendations for appropriate follow-up and additional vendor training. NBRC offers monthly training for all vendors; however, vendors who are having difficulty meeting Title 17 requirements are expected to participate in trainings specific to their needs.
3. The quality assurance staff also gathers data on trends from SIRs in order to identify issues that may require targeted follow-up. NBRC utilizes reports prepared by the State's independent risk management contractor to help identify the need for policy and procedural changes, or for NBRC staff trainings.

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 10 service providers at five CCFs and five day programs where services are provided for 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 conduct assessments of the consumers, participate in their IPP development, provide the program specific services addressed in the IPPs, and monitor the progress of consumers.
3. The service providers monitor consumer health issues and safeguard medications.
4. The service providers communicate with people involved in the consumers' lives and monitor progress documentation.
5. The service providers are prepared for emergencies, monitor the safety of consumers, and understand special incident reporting and follow-up processes.

SECTION VII B

DIRECT SERVICE STAFF INTERVIEWS

I. Purpose

The interviews determine how well the direct service staff knows the consumers and their understanding of the IPP and service delivery requirements, how they communicate, 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 nine direct service staff at four CCFs and five day programs where services are provided to the consumers that were visited by the monitoring team.

2. The interview questions are divided into two categories.

✓ The questions in the first category are related to sample consumers selected by the monitoring team.

✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The direct service staff were familiar with the strengths, needs and preferences of their respective consumers.

2. The direct service staff were knowledgeable about their roles and responsibilities for providing the services addressed in the consumers' IPPs.

3. The direct service staff demonstrated that they understood the importance of communication with all individuals concerned with the consumers.

4. The direct service staff were prepared to address safety issues and emergencies, were familiar with special incident reporting requirements and demonstrated an understanding about emergency preparedness.

5. The direct service staff were knowledgeable regarding safeguarding and the administration of medications where applicable.

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

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

II. Scope of Review

1. The monitoring teams reviewed a total of five CCFs and five day programs.
2. The teams used a monitoring review checklist consisting of 23 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

III. Results of Review

All of the CCFs and the day programs were found to be in good condition with no immediate health and safety concerns. Specific findings and recommendations are detailed below.

IV. Finding and Recommendation

8.3.c First Aid

CCF #3 had a direct care staff without current first aid training.

8.3.c Recommendation	Regional Center Plan/Response
NBRC should ensure that all direct care staff at CCF #3 have current first aid training.	Direct care staff at CCF #3 completed first aid training on May 31, 2015.

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 NBRC was reviewed by comparing deaths entered into the Client Master File for the review period with special incident reports (SIR) of deaths received by DDS.
2. The records of the 45 consumers selected for the HCBS Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of 10 consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. NBRC reported all deaths during the review period to DDS.
2. NBRC reported all special incidents in the sample of 45 records selected for the HCBS Waiver review to DDS.
3. NBRC's vendors reported 8 of the 10 (80 percent) incidents in the supplemental sample within the required timeframe.
4. NBRC reported all 10 (100 percent) incidents to DDS within the required timeframe.
5. NBRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the 10 incidents.

IV. Findings and Recommendations

Consumer #S1: The incident occurred on April 20, 2014. However, the vendor did not submit a written report to NBRC until May 1, 2014.

Consumer #S4: The incident occurred on July 3, 2014. However, the vendor did not submit a written report to NBRC until July 14, 2014.

Recommendations	Regional Center Plan/Response
NBRC should ensure that the vendors for consumers #S1 and #S4 report special incidents within the required timeframes.	NBRC continues to provide quarterly vendor trainings, as well as individualized trainings at the vendor site, as requested. The quality assurance unit also assists with educating vendors on their reporting requirements per T17. NBRC accepts this finding.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

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

HCBS Waiver Review Consumers Cont.

#	UCI	CCF	DP
38	XXXXXXXX		10
39	XXXXXXXX		
40	XXXXXXXX		
41	XXXXXXXX		
42	XXXXXXXX		
43	XXXXXXXX		
44	XXXXXXXX		
45	XXXXXXXX		

Consumers Developmental Center Movers

#	UCI
DC1	XXXXXX
DC2	XXXXXX
DC3	XXXXXX

HCBS Waiver Review Service Providers

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

Day Program #	Vendor
1	XXXXXX
2	XXXXXX
3	XXXXXX
4	XXXXXX
5	XXXXXX
6	XXXXXX
7	XXXXXX
8	XXXXXX
9	XXXXXX
10	XXXXXX
11	XXXXXX
12	XXXXXX
13	XXXXXX
14	XXXXXX
15	XXXXXX
16	XXXXXX
17	XXXXXX

SIR Review Consumers

#	UCI	Vendor
S1	XXXXXXXXXX	XXXXXX
S2	XXXXXXXXXX	XXXXXX
S3	XXXXXXXXXX	XXXXXX
S4	XXXXXXXXXX	XXXXXX
S5	XXXXXXXXXX	XXXXXX
S6	XXXXXXXXXX	XXXXXX
S7	XXXXXXXXXX	XXXXXX
S8	XXXXXXXXXX	XXXXXX
S9	XXXXXXXXXX	XXXXXX
S10	XXXXXXXXXX	XXXXXX