

FINAL

**North Los Angeles County Regional Center
Home and Community-Based Services Waiver
Monitoring Review Report**

Conducted by:

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

August 11-22, 2014

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 20
SECTION IV DAY PROGRAM CONSUMER RECORD REVIEW	page 23
SECTION V CONSUMER OBSERVATIONS AND INTERVIEWS	page 27
SECTION VI	
A. SERVICE COORDINATOR INTERVIEWS	page 28
B. CLINICAL SERVICES INTERVIEW	page 30
C. QUALITY ASSURANCE INTERVIEW	page 32
SECTION VII	
A. SERVICE PROVIDER INTERVIEWS	page 33
B. DIRECT SERVICE STAFF INTERVIEWS	page 34
SECTION VIII VENDOR STANDARDS REVIEW.....	page 35
SECTION IX SPECIAL INCIDENT REPORTING.....	page 36
SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS	page 38

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 August 11-22, 2014 at North Los Angeles County Regional Center (NLACRC). The monitoring team members were Lisa Miller (Team Leader), Corbett Bray and Mary Ann Smith from DDS, and Raylyn Garrett, Jalal Haddad and Annette Hanson from DHCS.

Purpose of the Review

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

Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

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

Scope of Review

The monitoring team reviewed a sample of 62 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) two consumers who moved from a developmental center; 2) two consumers whose HCBS Waiver eligibility had been previously terminated; 3) ten consumers who had special incidents reported to DDS during the review period of May 1, 2013 through April 30, 2014.

The monitoring team completed visits to five community care facilities (CCFs) and fourteen day programs. The team reviewed five CCFs and 19 day program consumer records and had face-to-face visits and/or interviews with 49 consumers or their parents.

Overall Conclusion

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

Sixty-two 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 99% in overall compliance for this review.

NLACRC's records were 99% in overall compliance for the collaborative reviews conducted in 2012 and 2010, respectively.

Section III – Community Care Facility Consumer Record Review

Five consumer records were reviewed at five CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100% in overall compliance for the 19 criteria.

NLACRC's records were 99% in overall compliance for collaborative reviews conducted in 2012 and 2010.

Section IV – Day Program Consumer Record Review

Nineteen 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 99% in compliance for the applicable criteria.

NLACRC's records were 96% and 99% in overall compliance for collaborative reviews conducted in 2012 and 2010.

Section V – Consumer Observations and Interviews

Forty-nine 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. All of the interviewed consumers/parents indicated that they were satisfied with their services, health and choices.

Section VI A – Service Coordinator Interviews

Eleven 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, and 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 registered nurse consultant was interviewed using a standard interview instrument. She responded to 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 in the Risk Management Committee.

Section VI C – Quality Assurance Interview

A consumer services specialist was interviewed using a standard interview instrument. The specialist responded to questions regarding how NLACRC conducts 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

Five 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, 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

Six CCF and four 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 IPPs, 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 six CCFs and four 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 62 HCBS Waiver consumers and ten supplemental consumers for special incidents during the review period. NLACRC reported all special incidents for the sample consumers selected for the HCBS Waiver review. For the supplemental sample, the service providers reported nine of the ten incidents to NLACRC within the required timeframes, and NLACRC subsequently transmitted all ten special incidents to DDS within the required timeframes. NLACRC'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 Los Angeles County Regional Center's (NLACRC) 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

NLACRC 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 NLACRC 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). 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. The IPPs of HCBS Waiver consumers are reviewed at least annually by the planning team and modified, as necessary, in response to the consumers' changing needs, wants and health status. The regional center uses feedback from consumers, families and legal representatives to improve system performance.</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. Sixty-two HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	16
With Family	28
Independent or Supported Living Setting	18

The review period covered activity from May 1, 2013 through April 30, 2014.

III. Results of Review

The 62 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Two supplemental records were reviewed solely for documentation that NLACRC 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. Additionally, two supplemental records were reviewed solely for documentation indicating that the consumer received face-to-face reviews every thirty days after moving from a developmental center.

- ✓ The sample records were in 100% compliance for 24 criteria. There are no recommendations for these criteria.
- ✓ Findings for seven criteria are detailed below.

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

IV. Findings and Recommendations

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

Findings

Sixty of the 62 (97%) consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. The following were identified as qualifying conditions on the CDER. However, the supporting information in two of the consumer’s records (IPP, progress reports, vendor reports, etc.) was not consistent with the qualifying conditions documented on the CDER:

Consumer #21: The IPP indicates both that the consumer needs assistance with toileting and that the consumer is independent in toileting.

Consumer #25: The IPP indicates both that the consumer needs assistance with personal care and the consumer independently dresses and completes her hygiene needs.

2.5.b Recommendation	Regional Center Plan/Response
<p>NLACRC should determine if the items above are appropriately identified as qualifying conditions. The consumers’ DS 3770 form should be corrected to ensure that any items that do not represent substantial limitations in the consumers’ ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying conditions. If NLACRC determines that any of the issues above are correctly identified as qualifying conditions, documentation (updated IPPs, progress reports, etc.) that support the original determination should be submitted with the response to this report.</p>	<p>Consumer #21: NLACRC has removed wetting/soiling and added requires assistance to maneuver the electric scooter in community settings (mainly to get to the restroom). Consumer #25: This is a qualifying condition and the 12/2015 IPP will more clearly describe her need for assistance with dressing.</p>

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.

Finding

Eighteen out of 19 (95%) applicable sample consumer records contained IPP addenda signed by NLACRC and the consumer or, where appropriate, his/her parents, legal guardian, or conservator. However, NLACRC completed an addendum for transportation on August 13, 2013 for consumer #39 that was not signed by the consumer.

2.7.b Recommendation	Regional Center Plan/Response
NLACRC should ensure that the IPP addendum for consumer #39 is signed by the consumer.	Consumer #39: Signed the addendum signature page with her mark and it was witnessed by her mother.

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

Fifty-nine of the 62 (95%) sample consumer records contained IPPs that addressed the consumers' qualifying conditions. However, the IPPs for three consumers did not identify the supports or services that are in place to address all of the consumers' qualifying conditions. The following were identified as qualifying conditions on the DS 3770 but there was no supporting information in the consumer's IPP that described the impact of the identified conditions or need for services and supports:

Consumer #32: "Disruptive Social Behavior"

Consumer #47: "Personal Care"

Consumer #62: "Supervision to Prevent Harm"

2.9.a Recommendation	Regional Center Plan/Response
NLACRC should ensure that the IPPs for consumers #32, #47 and #62 identifies the supports or services in place to address all of the consumers' qualifying conditions.	Consumer #32: A new IPP was developed and the needed supports for "Disruptive Social Behavior" are included. Consumer #47: A new IPP was developed and the required supports for "Personal Care" are included and discussed. Consumer #62: An addendum was completed to include the need for someone nearby at all times to prevent injury/harm in all settings.

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))

Finding

Sixty-one of 62 (98%) sample consumer IPPs included the type and amount of all services and supports purchased by NLACRC. However, the IPP for consumer #36 includes the SLS vendor but does not state the number of hours provided.

2.10.a Recommendation	Regional Center Plan/Response
NLACRC should ensure that the IPP for consumer #36 includes the amount of all services and supports purchased by NLACRC.	An addendum was written to identify amounts of all services and supports purchased by NLACRC including SLS.

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))

Finding

Sixty of the 62 (97%) sample consumer records contained IPPs that included services and supports obtained from generic agencies or resources. However, the IPPs for consumers #44 and #47 did not identify Medi-Cal as the funding source for medical services.

2.10.b Recommendation	Regional Center Plan/Response
NLACRC should ensure that Medi-Cal is listed in the IPPs for consumers #44 and #47.	Consumer #44: An addendum was created that identifies Medi-Cal as funding source for medical and dental expenses. Consumer #47: A new IPP was developed that identifies Medi-Cal as funding source for medical and dental expenses. Staff training is being provided to remind staff of the importance of including all generic resources and supports in IPP.

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-three of the 34 (97%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the record for consumer #43 contained documentation for three of the required meetings.

2.13.a Recommendation	Regional Center Plan/Response
NLACRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumer #43.	Training regarding the importance of timely quarterlies will be provided to CSCs and supervisors at upcoming unit meetings.

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-three of the 34 (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 #43 contained three of the required quarterly reports of progress.

2.13.b Recommendation	Regional Center Plan/Response
NLACRC should ensure that future quarterly reports of progress are completed for consumer #43.	Training regarding the importance of timely quarterlies will be provided to CSCs and supervisors at upcoming unit meetings.

Regional Center Consumer Record Review Summary						
Sample Size = 62 + 4 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	62			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.	62			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.	62			100	None
2.1.c	The DS 3770 form documents annual recertifications.	62			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	3		59	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))	62			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	2		62	100	None

Regional Center Consumer Record Review Summary Sample Size = 62 + 4 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
	<i>E), (WIC §4646(g))</i>					
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. <i>(SMM 4442.5), (42 CFR 441.302)</i>	62			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. <i>(SMM 4442.5), (42 CFR 441.302(c)), (Title 22, CCR, §51343)</i>	62			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	60	2		97	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. <i>(42 CFR 441.301(b)(1)(I))</i>	61		1	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. <i>(HCBS Waiver requirement)</i>	46		16	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. <i>(WIC §4646(g))</i>	62			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.	18	1	43	95	See Narrative

Regional Center Consumer Record Review Summary						
Sample Size = 62 + 4 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	62			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))	62			100	None
2.9	The IPP addresses the consumer's goals and needs. (WIC §4646.5(a)(2))	Criterion 2.9 consists of seven sub-criteria (2.9 a-g) that are reviewed independently				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	59	3		95	See Narrative
2.9.b	The IPP addresses the special health care requirements.	32		30	100	None
2.9.c	The IPP addressed the services for which the CCF provider is responsible for implementing.	16		46	100	None
2.9.d	The IPP addressed the services for which the day program provider is responsible for implementing.	33		29	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.	18		44	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	62			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	15		47	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))	61	1		98	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))	60	2		97	See Narrative

Regional Center Consumer Record Review Summary						
Sample Size = 62 + 4 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	19		43	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))	62			100	None
2.12	Periodic review and reevaluations of consumer progress are completed (<i>at least annually</i>) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. (WIC §4646.5(a)(6))	62			100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (Title 17, CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement)	33	1	28	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. (Title 17, CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement)	33	1	28	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. (WIC §4418.3)	2		62	100	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

Five consumer records were reviewed at five 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 the 19 criteria.

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

Community Care Facility Record Review Summary						
Sample Size: Consumers = 5; CCFs = 5						
	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>)	5			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	5			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		3	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.	5			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	5			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	5			100	None
3.1.i	Special safety and behavior needs are addressed.	4		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. (<i>Title 17, CCR, §56019(c)(1)</i>)	5			100	None
3.3	The facility has a copy of the consumer's current IPP. (<i>Title 17, CCR, §56022(c)</i>)	5			100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 5; CCFs = 5						
	Criteria	+	-	N/A	% Met	Follow-up
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. (<i>Title 17, CCR, §56026(b)</i>)	2		3	100	None
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	2		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		2	100	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	3		2	100	None
3.5.c	Quarterly reports include a summary of data collected. (<i>Title 17, CCR, §56013(d)(4)</i>), (<i>Title 17, CCR, §56026</i>)	3		2	100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. (<i>Title 17, CCR §56026(a)</i>)	5			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	3		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>)	3		2	100	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)	3		2	100	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. (<i>Title 17, CCR, §54327</i>)	3		2	100	None

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

Nineteen 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 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.d The consumer record contains an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative. (*Title 17, CCR, §56730*)

Finding

Eighteen of the 19 (95%) sample consumer records contained an authorization for emergency medical treatment that was signed by the consumer or the authorized representative. However, the record for consumer #29 at day program #9 did not contain an authorization for medical treatment signed by the consumer.

4.1.d. Recommendation	Regional Center Plan/Response
NLACRC should ensure the record for consumer #29 at day program #9 contains an authorization for emergency medical treatment that is signed by the consumer.	Technical assistance was provided to DP #9 regarding the requirement that an authorization for emergency medical treatment must be signed by consumer. There is now a signed authorization on file for consumer #29.

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

Finding

Eighteen of the 19 (95%) sample consumer records contained a copy of the consumer’s current IPP. However, the record for consumer #1 at day program #10 did not contain a copy of the current IPP. The RC provided a copy of the current IPP during the monitoring review. Accordingly, no recommendation is needed.

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

Finding

Sixteen of the 17 (94%) applicable consumer records contained written semiannual reports of consumer progress. However, the record for consumer #29 at day program #9 contained only one of the required progress reports.

4.4.a Recommendation	Regional Center Plan/Response
NLACRC should ensure that day program #9 prepares written semiannual reports for consumer #29.	Technical assistance was provided to DP #9 and written semiannual reports are now on file for consumer #29.

Day Program Record Review Summary						
Sample Size: Consumers = 19; 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. <i>(Title 17, CCR, §56730)</i>	19			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.	19			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.	19			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.	19			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.	18	1		95	See Narrative
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.	19			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	19			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 19; Day Programs = 14						
	Criteria	+	-	N/A	% Met	Follow-up
	implementing.					
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	19			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	17		2	100	None
4.2	The day program has a copy of the consumer's current IPP. (<i>Title 17, CCR §56720(b)</i>)	18	1		95	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>)	19			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.	19			100	None
4.4.a	The day program prepares and maintains written semiannual reports. (<i>Title 17, CCR, §56720(c)</i>)	16	1	2	94	See Narrative
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services for which the day program is responsible for implementing.	17		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>)	1		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>)	1		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>)	1		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

Forty-nine of the 62 consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Thirty-nine adult consumers were interviewed or observed by the monitoring teams.
- ✓ Ten interviews were conducted with parents of minors.
- ✓ Thirteen consumers/parents of minors were either unavailable or declined an interview.

III. Results of Observations and Interviews

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

SECTION VI A

SERVICE COORDINATOR INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed eleven North Los Angeles County Regional Center (NLACRC) 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 Individual Program Plan (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 NLACRC's clinical team and internet medication guides as resources.

4. The service coordinators monitor the consumers' services, health and safety during periodic visits. They are aware of the consumers' health issues. The service coordinators were knowledgeable about the special incident report (SIR) process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed. Service coordinators 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 the North Los Angeles County Regional Center's (NLACRC) Registered Nurse Consultant.
2. The interview questions cover the following topics: routine monitoring of consumers with medical issues, medications, behavior plans, and the 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, their role on the Risk Management Committee, and special incident reporting.

III. Results of Interview

1. The NLACRC clinical team consists of the Clinical Services Director, Director of Medical Services, physicians, registered nurses, behaviorists, psychologists, a psychiatrist, a dentist and a dental hygienist, a pharmacist, and an autism coordinator.
2. Consumers who have significant health problems are referred for a nursing evaluation by the service coordinators. The clinical team and service coordinators work closely with vendors and/or families to provide consultation, training, local resources and follow-up as needed. The registered nurses are available to visit hospitalized consumers and assist in the discharge planning process. They are also available to work with the consumers' primary care physician to assist with the coordination of care.
3. The pharmacist and nurses are available to the service coordinators for consultation regarding medications. The nurses may provide medication training for providers as needed.

4. The clinical staff assists service coordinators with the consumers' behavior and mental health needs. The psychiatrist is available for emergency follow-up and consultation until the consumer transitions to community resources. Members of the clinical team review behavior plan and makes recommendations to regional center staff, families and providers as necessary. The behaviorist participates in parent groups and provides in-home evaluations and observations as needed. If generic resources are unavailable, the regional center may provide funds for outpatient and inpatient mental health services.
5. The clinical team assists service coordinators with health or dental related issues, as needed. The clinical team participates in new employee orientation and offers ongoing training for NLACRC staff. Recent topics have included restricted health care conditions and medications.
6. NLACRC has taken a proactive role in advocating for prevention, education, resource development, and medical treatment for its consumers. These efforts include:
 - ✓ Maintaining a list of Medi-Cal providers
 - ✓ Conducting a multi-disciplinary evaluations
 - ✓ Facilitating and coordinating generic resources
 - ✓ Providing funds for physical therapy, adaptive equipment and other needs, if no other resources are available
 - ✓ Establishing a resource library for families and providers
 - ✓ Dental training for vendors and families
 - ✓ Partnering with local home health agencies
 - ✓ Providing funding for dental services as needed
7. The Clinical Services Director participates on the Risk Management Committee. Members of the clinical team review health and behavior related special incident reports, analyze them for trends, and makes recommendations for appropriate follow-up and training as needed. All deaths are reviewed by a physician and nurse from the clinical team.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

The interview with quality assurance (QA) staff ascertains how the regional center conducts Title 17 monitoring of community care facilities (CCFs), two unannounced visits to CCFs, and service provider training. The interview also inquires about verification of provider qualifications, resource development activities, and 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 services specialist who is an integral part of the team responsible for conducting QA activities at North Los Angeles County Regional Center (NLACRC).

III. Results of Interviews

1. The community service specialist conducts the annual Title 17 visits and the two required unannounced visits that QA supervisors and service coordinators are invited and attend as available. During the visits they review vendor files, Individual Program Plans (IPPs) and behavior plans, perform a walkthrough of the facility, check medication logs, review Special Incident Reports (SIRs) and previous corrective action plans (CAPs), if any. Additional unannounced visits may result from a service coordinator referral.
2. QA specialists review and approve vendor applications. Service coordinators and the Risk Assessment Unit monitor programs and providers where there is no regulatory authority to ensure the programs are operating per approved program design.
3. The Risk Assessment Unit forwards SIRs that require further investigation to the QA unit. The specialists in collaboration with Community Care Licensing and/or law enforcement follow-up on the SIRs they receive. When issues of substantial inadequacies are identified, the QA staff is responsible for developing CAPs and completing the follow-up.
4. The Risk Assessment Unit maintains statistics on compliance with reporting special incidents and makes the information available to regional center staff. The QA supervisor is a member of the Risk Management Committee.

SECTION VII A

SERVICE PROVIDER INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed eight service providers at five 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. Result of Interviews

1. The service providers were familiar with the strengths, needs and preferences of their respective consumers.
2. The service providers conduct assessments of the consumers, participate in their IPP development, provide the program specific services addressed in the IPP and attempt to foster 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 Individual Program Plan (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 care staff at five 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.
3. The direct service staff demonstrated that they understood the importance of communication with all individuals concerned with the consumers.
4. The direct service staff were prepared to address safety issues and emergencies, and were familiar with special incident reporting requirements.
5. The direct service staff demonstrated an understanding about emergency preparedness.
6. The direct service staff were knowledgeable regarding safeguarding and assisting with self-administration of medications where applicable.

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

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

II. Scope of Review

1. The monitoring teams reviewed a total of five CCFs and three day programs.
2. The teams used a monitoring review checklist consisting of 24 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

III. Results of Review

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

IV. Finding and Recommendation

8.5 c Statement of Rights

At day program #9, a statement of consumer rights was not posted. The provider posted a statement of consumer rights during the monitoring review. Therefore, no recommendation is needed.

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 Los Angeles County Regional Center (NLACRC) 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 62 consumers selected for the Home and Community-Based Services (HCBS) Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of 10 consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. NLACRC reported all deaths, during the review period, to DDS.
2. NLACRC reported all special incidents in the sample of 62 records selected for the HCBS Waiver review to DDS.
3. NLACRC's vendors reported 9 of the 10 (90%) incidents in the supplemental sample to NLACRC within the required timeframes.
4. NLACRC reported all 10 (100%) of the incidents to DDS within the required timeframes.
5. NLACRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for all 10 incidents.

IV. Finding and Recommendation

Finding

Consumer #70-S: The incident occurred on May 16, 2013. However, the vendor did not report the incident to NLACRC until May 22, 2013.

Recommendation	Regional Center Plan/Response
NLACRC should ensure that the vendor for consumer #70-S reports special incidents within the required timeframes.	NLACRC sends a technical assistance letter to vendors that do not report incidents within the required timeframe. A letter was send to this vendor shortly after NLACRC was notified about the May 16, 2013 incident and a copy of the letter was placed in the consumer's file and verified by DDS during the monitoring review.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

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

#	UCI	CCF #	Day Program #
37	XXXXXXXX		
38	XXXXXXXX		
39	XXXXXXXX		
40	XXXXXXXX		
41	XXXXXXXX		
42	XXXXXXXX		
43	XXXXXXXX		
44	XXXXXXXX		
45	XXXXXXXX		
46	XXXXXXXX		
47	XXXXXXXX		14
48	XXXXXXXX		
49	XXXXXXXX		
50	XXXXXXXX		
51	XXXXXXXX		
52	XXXXXXXX		
53	XXXXXXXX		
54	XXXXXXXX		
55	XXXXXXXX		
56	XXXXXXXX		
57	XXXXXXXX		
58	XXXXXXXX		
59	XXXXXXXX		
60	XXXXXXXX		
61	XXXXXXXX		
62	XXXXXXXX		

DC Consumers

#	UCI
63-DC	XXXXXXXX
64-DC	XXXXXXXX

Terminated Consumers

#	UCI
65-T	XXXXXXXX
66-T	XXXXXXXX

HCBS Waiver Review Service Providers

CCF#	Vendor
1	XXXXXXXX
2	XXXXXXXX
3	XXXXXXXX
4	XXXXXXXX
5	XXXXXXXX

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

SIR Review Consumers

#	UCI	Vendor
69-S	XXXXXXXX	XXXXXXXX
70-S	XXXXXXXX	XXXXXXXX
71-S	XXXXXXXX	XXXXXXXX
72-S	XXXXXXXX	XXXXXXXX
73-S	XXXXXXXX	XXXXXXXX
74-S	XXXXXXXX	XXXXXXXX
75-S	XXXXXXXX	XXXXXXXX
76-S	XXXXXXXX	XXXXXXXX
77-S	XXXXXXXX	XXXXXXXX
78-S	XXXXXXXX	XXXXXXXX