

**FINAL**

**Regional Center of the East Bay  
Home and Community-Based Services Waiver  
Monitoring Review Report**

**Conducted by:**

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

**January 12-22, 2015**

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## 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 January 12-22, 2015, at Regional Center of the East Bay (RCEB). The monitoring team members were Corbett Bray (Team Leader), Mary Ann Smith, Lisa Miller, Ray Harris, and Jonathan Hill from DDS, and Raylyn Garrett, Annette Hanson, and Kim Phaneuf 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 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 73 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers whose HCBS Waiver eligibility had been previously terminated; 2) three consumers who moved from a developmental center, and 3) ten consumers who had special incidents reported to DDS during the review period of November 1, 2013 – October 31, 2014.

The monitoring team completed visits to 14 community care facilities (CCFs) and 28 day programs. The team reviewed 14 CCF and 33 day program consumer records and had face-to-face visits and/or interviews with 63 consumers or their parents.

## Overall Conclusion

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

Seventy-three sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Criteria 2.13.a and 2.13.b were 64 percent and 63 percent respectively in compliance because 20 of the 56 and 21 of the 56 applicable consumer records did not contain documentation of all required quarterly face-to-face visits and progress reports.

The sample records were 97 percent in overall compliance for this review. RCEB's records were 97 percent and 99 percent in overall compliance for the collaborative reviews conducted in 2013 and in 2011, respectively.

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

Fourteen consumer records were reviewed at 14 CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations.

The sample records were 99 percent in overall compliance for the 19 criteria. RCEB's records were 99 percent in overall compliance for the collaborative reviews conducted in 2013 and in 2011.

### Section IV – Day Program Consumer Record Review

Thirty-three consumer records were reviewed at 28 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 98 percent in overall compliance for the 14 applicable criteria. Three criteria were not applicable. RCEB's records were 96 percent and 95 percent in overall compliance for the collaborative reviews conducted in 2013 and in 2011, respectively.

## Section V – Consumer Observations and Interviews

Sixty-three 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

Fourteen service coordinators were interviewed using a standard interview instrument. The service coordinators responded to questions regarding their knowledge of the consumer, the IPP/annual review process, the monitoring of services, health issues, and safety. The service coordinators were very familiar with the consumers and knowledgeable about their roles and responsibilities.

## Section VI B – Clinical Services Interview

The Clinical Supervisor was interviewed using a standard interview instrument. The Clinical Supervisor 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 in the Risk Management Committee.

## Section VI C – Quality Assurance Interview

A quality assurance specialist was interviewed using a standard interview instrument. She responded to informational questions regarding how RCEB is organized to conduct Title 17 monitoring reviews, verification of provider qualifications, resource development activities, special incident reporting, and QA activities where there is no regulatory requirement.

## Section VII A – Service Provider Interviews

Ten CCF and eight 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

Eight CCF and eight day program direct service staff were interviewed using a standard interview instrument. The direct service staff responded to questions regarding their knowledge of consumers, the IPP, communication, service delivery, procedures for safety, emergency preparedness, and medications. The staff were familiar with the consumers and knowledgeable about their roles and responsibilities.

## Section VIII – Vendor Standards Review

The monitoring team reviewed 10 CCFs and eight day programs utilizing a standard checklist with 24 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 73 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. RCEB reported all special incidents for the sample of 73 records selected for the HCBS Waiver review to DDS. For the supplemental sample, the service providers reported the 10 special incidents to RCEB within the required timeframe and RCEB subsequently transmitted the 10 special incidents to DDS within the required timeframe. RCEB'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 Regional Center of the East Bay's (RCEB) 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

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

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

<b>Regional Center Self-Assessment HCBS Waiver Assurances</b>	
<b>HCBS Waiver Assurances</b>	<b>Regional Center Assurances</b>
State conducts level of care need determinations consistent with the need for institutionalization	<p>The regional center ensures that consumers meet ICF/DD, ICF/DD-H, or ICF/DD-N facility level of care requirements as a condition of initial and annual eligibility for the HCBS Waiver Program.</p> <p>Regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meet the federal definition of a Qualified Mental Retardation Professional (QMRP).</p> <p>The regional center ensures that consumers are eligible for full scope Medi-Cal benefits before enrolling them in the HCBS Waiver.</p>
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services	<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 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>



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

## SECTION II

### REGIONAL CENTER CONSUMER RECORD REVIEW

#### I. Purpose

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

#### II. Scope of Review

1. Seventy-three HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	28
With Family	17
Independent or Supported Living Setting	28

2. The review period covered activity from November 1, 2013 – October 31, 2014.

#### III. Results of Review

The 73 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Three supplemental records were reviewed solely for documentation that RCEB 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. 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.

- ✓ The sample records were in 100 percent compliance for 25 criteria. There are no recommendations for these criteria.
- ✓ Findings for six criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

#### IV. Findings and Recommendations

- 2.5.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

Seventy-one of the 73 (97 percent) sample consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in two consumer records did not support the determination that all of the issues identified in the CDER and DS 3770 could be considered qualifying conditions. For consumer #43 "hygiene" was identified as a qualifying condition on the DS 3770 but there was no supporting information in the consumers' record (IPP, progress reports, vendor reports, etc.) that described the impact of the identified condition or need for services and supports.

For consumer #53, "Seizures" and "Disruptive behavior" were identified as qualifying conditions on the DS 3770 but there was no supporting information in the consumers' record (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports. However, prior to the monitoring review, the consumer was terminated from the Waiver. Accordingly, no recommendation is required.

2.5.b Recommendation	Regional Center Plan/Response
RCEB should determine if hygiene is appropriately identified as a qualifying condition for consumer #43. The consumer's DS 3770 form should be corrected to ensure that any item that does not represent a substantial limitation in the consumer's ability to perform activities of daily living and/or participate in community activities is no longer identified as a qualifying condition. If RCEB determines that the issue above is correctly identified as a qualifying condition, documentation (an updated IPP, progress reports, etc.) that supports the original determination should be submitted with the response to this report.	<p>Hygiene was used to recertify due to a statement in the ILS ISP, but has since been removed as a qualifying condition based on current documentation.</p> <p>RCEB is in the process of hiring a case management trainer, has recently implemented quarterly trainings, and will continue to provide 1:1 coaching and team training to ensure that Case Manager's maintain consistency and accuracy in reporting.</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

Seventy-two of the 73 (99 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 #28 had been reviewed during the monitoring review period.

2.6.a Recommendation	Regional Center Plan/Response
RCEB should ensure that in the future the IPP for consumer #28 is reviewed at least annually by the planning team.	RCEB had a number of case management openings during this time period and unfortunately this AR was not completed in a timely manner. The current case manager for this consumer is providing all required contacts and documentation. We have continued to work toward increased staffing and attempting to decrease CM turnover throughout the agency.

- 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)

Findings

Forty-six of the 48 (96 percent) applicable sample consumer records contained a completed SARF. However, the records for consumers #1 and #72 did not contain a completed SARF.

2.6.b Recommendation	Regional Center Plan/Response
RCEB should ensure that a SARF is completed and signed for consumers #1 and #72 if the annual review does not include the completion of a new IPP.	Consumer #1 had an IPP completed on 9/25/15 and Consumer #72 was terminated from MW on 11/30/14. CM for consumer #1 left the agency some time ago, and the supervisor of that unit is no longer in the position. However, we will ensure additional training is provided to all case managers regarding documentation expected during an annual review. Training will be provided

	during team meetings and during new hire training. Supervisors will ensure that all documentation is present when annual meetings are done. A trainer is also being hired to support case management with meeting requirements.
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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

Seventy-two of the 73 (99 percent) sample consumer records contained IPPs that addressed the consumer's qualifying conditions. However, the IPP for consumer #55 did not indicate what services and supports are in place to address the consumer's need for assistance with toileting, as stated in the annual review dated 10/15/13.

2.9.a Recommendations	Regional Center Plan/Response
RCEB should ensure that the IPP for consumer #55 indicates the services and supports that are in place to address the consumer's need for assistance with toileting.	Toileting is not a qualifying condition for Consumer #55 and will be removed from the record. RCEB is in the process of hiring a CM trainer to assist with ensuring compliance with regulatory standards, including ensuring IPPs contain the information about services and supports for each qualifying deficit. In addition, quarterly CM trainings have been implemented and we will continue providing team trainings and 1:1 coaching as areas of improvement are identified.

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

Findings

Thirty-six of the 56 (64 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for 20 consumers did not meet the requirements as listed below:

The records for consumers #2, #7, #12, #25, #40, #49, #53, #55, #63, #65, and #66 contained documentation of three of the required quarterly meetings.

The records for consumers #1, #5, #9, #15, #18, #48, #52, #58, and #64 contained documentation of two of the required quarterly meetings.

2.13.a Recommendations	Regional Center Plan/Response
RCEB should ensure that future face-to-face meetings are completed and documented each quarter for consumers #1, #2, #5, #7, #9, #12, #15, #18, #25, #40, #48, #49, #52, #53, #55, #58, #63, #64, #65, and #66.	RCEB is conducting internal audits specifically regarding compliance in this area. Deficiencies are reported to the Directors and Supervisors are following up with CMs responsible for the missed quarterlies, providing disciplinary action when the issue continues after it has been addressed. RCEB is in the process of hiring a CM trainer to assist with ensuring compliance with regulatory standards, including ensuring IPPs contain the information about services and supports for each qualifying deficit. In addition, quarterly CM trainings have been implemented and we will continue providing team trainings and 1:1 coaching as areas of improvement are identified.

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

### Findings

Thirty-five of the 56 (63 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for 21 consumers did not meet the requirements as indicated below:

The records for consumers #2, #7, #12, #25, #40, #41, #49, #53, #55, #63, #65, and #66 contained documentation of three quarterly reports of progress.

The records for consumers #1, #5, #9, #15, #18, #48, #52, #58, #64, contained documentation of two quarterly reports of progress.

2.13.b Recommendations	Regional Center Plan/Response
RCEB should ensure that future reports of progress are completed each quarter for consumers #1, #2, #5, #7, #9, #12,	RCEB is conducting internal audits specifically regarding compliance in this area. Deficiencies are reported to the

#15, #18, #25, #40, #41, #48, #49, #52, #53, #55, #58, #63, #64, #65, and #66.	Directors and Supervisors are following up with CMs responsible for the missed quarterlies, providing disciplinary action when the issue continues after it has been addressed. RCEB is in the process of hiring a CM trainer to assist with ensuring compliance with regulatory standards, including ensuring IPPs contain the information about services and supports for each qualifying deficit. In addition, quarterly CM trainings have been implemented and we will continue providing team trainings and 1:1 coaching as areas of improvement are identified.
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Regional Center Consumer Record Review Summary Sample Size = 73 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	73			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.	73			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.	73			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	73			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	5		68	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))	73			100	None
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all, or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. (SMM 4442.7), (42 CFR Part 431, Subpart E), (WIC §4646(g))	3		73	100	None



Regional Center Consumer Record Review Summary Sample Size = 73 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. ( <i>SMM 4442.5</i> ), ( <i>42 CFR 441.302</i> )	73			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</i> ), ( <i>42 CFR 441.302(c)</i> ), ( <i>Title 22, CCR, §51343</i> )	73			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	71	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> )	72	1		99	See Narrative
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. ( <i>HCBS Waiver requirement</i> )	46	2	25	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. ( <i>WIC §4646(g)</i> )	73			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.	35		38	100	None
2.7.c	The IPP is prepared jointly with the planning team. ( <i>WIC §4646(d)</i> )	73			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. ( <i>WIC §4646.5(a)</i> )	73			100	None

Regional Center Consumer Record Review Summary Sample Size = 73 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer's goals and needs. (WIC §4646.5(a)(2))	Criterion 2.9 consists of seven sub-criteria (2.9 a-g) that are reviewed independently				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	72	1		99	See Narrative
2.9.b	The IPP addresses the special health care requirements.	51		22	100	None
2.9.c	The IPP addresses the services for which the CCF provider is responsible for implementing.	28		45	100	None
2.9.d	The IPP addresses the services for which the day program provider is responsible for implementing.	53		20	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.	28		45	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	73			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	8		65	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))	73			100	None
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. (WIC §4646.5(a)(4))	73			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	35		38	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))	73			100	None

Regional Center Consumer Record Review Summary Sample Size = 73 + 6 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> )	73			100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. ( <i>Title 17, CCR, §56047</i> ), ( <i>Title 17, CCR, §56095</i> ), ( <i>Title 17, CCR, §58680</i> ), ( <i>Contract requirement</i> )	36	20	17	64	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. ( <i>Title 17, CCR, §56047</i> ), ( <i>Title 17, CCR, §56095</i> ), ( <i>Title 17, CCR, §58680</i> ), ( <i>Contract requirement</i> )	35	21	17	63	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> )	3		73	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

Fourteen consumer records were reviewed at 14 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 criteria.

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

#### IV. Finding and Recommendation

- 3.5.c The quarterly reports include a summary of data collected for target behaviors.  
(Title 17, CCR §56026(c))

##### Finding

Eight of the nine (89 percent) applicable consumer records contained reports that included a summary of data collected for target behaviors. However, the quarterly reports for consumer #21 at CCF #9 did not contain data collection for behaviors.

3.5.c Recommendation	Regional Center Plan/Response
RCEB should ensure that quarterly reports for consumer #21 at CCF #9 contains data collection for behaviors.	Residential provider met with Behavior Consultant, plans were amending. QA Specialists provided technical assistance and ongoing monitoring. Confirmation of sustained practice was verified as of 10/23/15.

<b>Community Care Facility Record Review Summary</b> <b>Sample Size: Consumers = 14; CCFs = 14</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. ( <i>Title 17, CCR, §56017(b)</i> ), ( <i>Title 17, CCR §56059(b)</i> ), ( <i>Title 22, CCR, §80069</i> )	14			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	14			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	8		6	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.	14			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	14			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	14			100	None
3.1.i	Special safety and behavior needs are addressed.	9		5	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> )	14			100	None
3.3	The facility has a copy of the consumer's current IPP. ( <i>Title 17, CCR, §56022(c)</i> )	14			100	None

<b>Community Care Facility Record Review Summary</b> <b>Sample Size: Consumers = 14; CCFs = 14</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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> )	5		9	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.	5		9	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> )	9		5	100	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	9		5	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> )	8	1	5	89	See Comments
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. ( <i>Title 17, CCR §56026(a)</i> )	14			100	None
3.6.b	The ongoing notes/information verifies that behavior needs are being addressed.	12		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		11	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		11	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		11	100	None

## **SECTION IV**

### **DAY PROGRAM CONSUMER RECORD REVIEW**

#### **I. Purpose**

The review criteria address the requirements for day programs (DPs) 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**

Thirty-three sample consumer records were reviewed at 28 day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria. Three criteria were not applicable for this review.

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

The consumer records were 100 percent in compliance for seven of the 14 applicable criteria.

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

#### **IV. Findings and Recommendations**

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

##### Finding

Thirty-two of the 33 (97 percent) sample consumer records contained documentation that the consumer and/or their authorized representative had been informed of their personal rights. However, the record for consumer #60 at DP #7 did not contain documentation that the consumer was informed of his personal rights.



4.1.e Recommendation	Regional Center Plan/Response
RCEB should ensure that the record for consumer #60 at DP #7 contains documentation that the consumer was informed of his personal rights.	Day Program was referred to signed documents regarding the need for informing clients of their rights; Day program informed client and documented this. Confirmation obtained 10/30/15.

- 4.1.f The consumer records contains up-to-date data collection for IPP objectives.  
(Title 17, CCR, §56730)

#### Finding

Thirty-two of the 33 (97 percent) sample consumer records contained data collection measuring progress toward IPP objectives for which the day program provider is responsible for implementing. However, the record for consumer #28 at DP #3 did not contain data collection for their IPP objectives.

4.1.f Recommendation	Regional Center Plan/Response
RCEB should ensure that DP #3 collects data for IPP objectives for consumer #28.	Day Program was provided technical assistance. QA Supervisor remains in communication with Day Program Director, providing technical assistance as needed. Verbal conformation of ongoing practice was obtained on 10/27/15.

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

#### Findings

Twenty-nine of the 33 (88 percent) sample consumer records contained a copy of the consumer's current IPPs. However, the records for consumers #8 at DP #28, #30 at DP #27, #43 at DP #5 and #52 at DP #21 did not contain copies of the current IPPs.

4.2 Recommendations	Regional Center Plan/Response
RCEB should ensure that should ensure that day program providers #5, #21, #27 and #28 receive a current copy of the consumers' IPP.	Case managers provided day programs with current IPPs and QA Supervisor confirmed. Providers were instructed to contact CM or CMS supervisor to obtain IPPs in a timely fashion as ISP must reflect IPP.

- 4.3.a The day program develops, maintains, and modifies, as necessary, documentation regarding the manner in which it will assist the consumer in achieving the IPP/ISP objectives for which the day program is responsible. (Title 17, CCR, § 56720)(a))

Finding

Thirty-two of the 33 (97 percent) sample consumer records contained documentation on how the day program provider will assist the consumer in achieving their IPP/ISP objectives. However, the record for consumer #28 at DP #3 had no specific program plan or other documentation describing how they will assist the consumer in achieving their IPP/ISP objectives.

4.3.a Recommendation	Regional Center Plan/Response
RCEB should ensure that day program provider #3 develop a specific program plan describing how they will assist consumer #28 in achieving their IPP/ISP objectives.	Day Program was provided technical assistance and written materials for IPP/ISP development. QA Supervisor remains in communication with Day Program Director, providing technical assistance as need. Verbal conformation of ongoing practice was obtained on 10/27/15.

- 4.3.b The day program's ISP or other program documentation is consistent with the consumer's IPP objectives for which the day program is responsible.

Findings

Thirty-one of the 33 (94 percent) sample consumer records contained documentation consistent with the consumer's IPP objectives for which the day program is responsible. However, the records for consumers #28 at DP#3 and #30 at DP #27 did not identify the supports in place for goals as stated in the IPP.

4.3.b Recommendation	Regional Center Plan/Response
RCEB should ensure that the record for consumers #28 at DP#3 and #30 at DP #27 identifies supports in place as stated in their IPPs.	Day Programs were provided technical assistance. Verbal confirmation for identified supports was obtained on 10/27/15.

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

Findings

Twenty-nine of the 31 (94 percent) applicable consumer records contained written semiannual reports of consumer progress. However, the records for

consumers #30 at DP #27 and #43 at DP #5 did not contain the required progress reports completed in the monitoring review period.

4.4.a Recommendations	Regional Center Plan/Response
RCEB should ensure that DP providers #27 and #5 prepare written semiannual reports of consumer progress.	Day Programs notified of Title 17 requirements; technical assistance provided. Verbal confirmation of correction obtained on 10/22. Monitoring continues.

<b>Day Program Record Review Summary</b> <b>Sample Size: Consumers = 33; Day Programs = 28</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. (Title 17, CCR, §56730)	33			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.	33			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.	33			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.	33			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.	33			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.	32	1		97	See Narrative
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing.	32	1		97	See Narrative

<b>Day Program Record Review Summary</b> <b>Sample Size: Consumers = 33; Day Programs = 28</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	33			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	22		11	100	None
4.2	The day program has a copy of the consumer's current IPP. ( <i>Title 17, CCR §56720(b)</i> )	29	4		88	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> )	32	1		97	See Narrative
4.3.b	The day program's ISP or other program documentation is consistent with the services addressed in the consumer's IPP.	31	2		94	See Narrative
4.4.a	The day program prepares and maintains written semiannual reports. ( <i>Title 17, CCR, §56720(c)</i> )	29	2	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.	30		3	100	None
4.5.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. ( <i>Title 17, CCR, §54327</i> )	1		13	100	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. ( <i>Title 17, CCR, §54327</i> )	1		13	100	None
4.5.c	There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. ( <i>Title 17, CCR, §54327</i> )	1		13	100	None

## SECTION V

### CONSUMER OBSERVATIONS AND INTERVIEWS

#### I. Purpose

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

#### II. Scope of Observations and Interviews

Sixty-three of the 73 consumers were interviewed and/or observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

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

#### III. Results of Observations and Interviews

All consumers and parents of minors interviewed indicated satisfaction with their living situation, day program, work activities, health, choices, and regional center services. The 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 individual program plan (IPP)/annual review process, and how they monitor services, health and safety issues.

#### II. Scope of Interviews

1. The monitoring team interviewed 14 Regional Center of the East Bay (RCEB) service coordinators.
2. The interview questions are divided into two categories.
  - ✓ The questions in the first category are related to the consumers selected by the monitoring team.
  - ✓ The questions in the second category are related to general areas.

#### III. Results of Interviews

1. The service coordinators were very familiar with their respective consumers. They were able to relate specific details regarding the consumers' desires, preferences, life circumstances and service needs.
2. The service coordinators were knowledgeable about the IPP/annual review process and monitoring requirements. Service providers and family members provided input on the 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, 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 consumer's use of medication and issues related to side-effects, the service coordinators utilize RCEB'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 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.



## **SECTION VI B**

### **CLINICAL SERVICES INTERVIEW**

#### **I. Purpose**

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

#### **II. Scope of Interview**

1. The questions in the interview cover the following topics: routine monitoring of consumers with medical issues: medications; 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; role in Risk Management Committee and special incident reports (SIRs).
2. The monitoring team interviewed the Clinical Supervisor at the Regional Center of the East Bay (RCEB).

#### **III. Results of Interview**

1. RCEB's clinical services team consists of a clinical director, physicians, registered nurses, psychologists, autism coordinator, occupational therapists, dental hygienist, and adult/child psychiatrist.
2. The clinical team is available as a resource to service coordinators. Consumer's health, medications and medical issues are identified and monitored by service coordinators using a health care checklist during the IPP and quarterly review process. The checklist incorporates information that will assist service coordinators to identify potential issues that might benefit from a clinical team referral. The physicians may be involved in the medical or surgical consent process for consumers who are unable to give informed consent. Members of the team collaborate with local physicians and home health agencies to assist in coordinating care. The registered nurses are available to visit hospitalized consumers and assist in the discharge planning process.
3. The clinical team is available to assist with consumer's behavior plans and mental health issues through referrals from service coordinators. The psychologists and nurses review behavior plans and make recommendations as needed. Additionally, consulting psychiatrists perform evaluations and advise appropriate treatment for consumers with existing or undiagnosed

mental health issues. The psychiatrist is available to review psychotropic medications as requested. Members of the clinical team meet with Alameda and Contra Costa counties to improve mental health services.

4. Members of the clinical team participate on RCEB Community Training and Education Committee. This committee provides training for consumers, families, providers and regional center staff. Team members also participate in new employee orientation. Nurses visit 962 homes monthly to evaluate consumer health status and provide staff training as needed.
5. RCEB has improved access to health care for its consumers in the following ways:
  - ✓ Association with the Alameda Developmentally Disabled Council to increase access to health education for consumers
  - ✓ Participates on Alameda's Special Needs Committee
  - ✓ Assists consumers to access medical, dental, and psychiatric providers who have experience working with people with developmental disabilities
  - ✓ RCEB vendors with a dental hygienist, to provide in-home visits for consumers
  - ✓ Regional center physicians and nurses work with county Medi-Cal managed care plans to facilitate care
  - ✓ Assist consumers in obtaining medical and communication equipment
6. The Director of Clinical Services is a member of the Risk Management Committee. Team members review medical, behavioral, abuse and neglect incidents as requested, and all deaths. SIRs trends are identified which may result in training to regional center staff and providers.

## SECTION VI C

### QUALITY ASSURANCE INTERVIEW

#### I. Purpose

The informational interview with quality assurance (QA) staff ascertains how the regional center has organized itself to conduct Title 17 monitoring of community care facilities (CCFs), two unannounced visits to CCFs, 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 QA specialist who is part of the team responsible for conducting Regional Center of the East Bay's (RCEB) QA activities.

#### III. Results of Interview

1. The QA specialist provided information about RCEB's process for conducting the annual Title 17 monitoring review, unannounced visits and provider training. The annual Title 17 monitoring reviews are conducted by QA specialists. Case managers, who are assigned as facility liaisons, are responsible for conducting two unannounced visits annually. QA specialists may conduct additional unannounced visits to facilities with identified issues. When issues of substantial inadequacies are identified, the QA specialist is responsible for developing a corrective action plan (CAP) and ensuring providers complete the CAP requirements. The QA team meets weekly to discuss CAPs.
2. The resource specialists are responsible for the review and approval process for new vendor applications. The specialists conduct orientation, verify credentials and employment history, and meet with the potential vendor to review their program design. The resource specialists also investigate issues and complaints regarding independent living, supported living, family home, and day programs, and develop a CAP when substantial inadequacies are identified. QA specialists are available for assistance as needed.
3. All special incident reports (SIRs) are reviewed by the SIR coordinator and are then submitted to the Risk Management Committee. The committee conducts monthly reviews of SIRs for trends. Identified trends are then forwarded to the program managers and case managers. Based on the trends, the committee will make recommendations for training for providers and/or case managers to mitigate risk.

## SECTION VII A

### SERVICE PROVIDER INTERVIEWS

#### I. Purpose

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

#### II. Scope of Interviews

1. The monitoring team interviewed 18 service providers at 10 community care facilities (CCFs) and eight day programs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories.
  - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
  - ✓ The questions in the second category are related to general areas.

#### III. Results of Interviews

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

## **SECTION VII B**

### **DIRECT SERVICE STAFF INTERVIEWS**

#### **I. Purpose**

The interviews determine how well the direct service staff knows the consumers and their understanding of the 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 16 direct service staff at eight community care facilities (CCF) and eight 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 consumer's 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. The review also ensures that CCFs are meeting the Home and Community-Based Services (HCBS) Waiver definition of a homelike setting.

#### II. Scope of Review

1. The monitoring teams reviewed a total of ten CCFs and eight 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, consumer's 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. Findings and Recommendations

##### 8.2b Medication Storage

CCF #12 had a prescription label that did not match the medication administration record. The medication was changed to PRN, which was not reflected on the prescription label. CCF #12 also had an over-the-counter medication that was physician prescribed, however it was not labeled with identifying information.

8.2d Recommendation	Regional Center Plan/Response
RCEB should ensure that CCF #12 follows medication labeling requirements.	Administrator providing increased oversight; QA providing quarterly monitoring-Labeling requirements are maintained per Title 22. Confirmation obtained on 10/22/15.

## 8.2d PRN Medication Records

CCF #8 was not documenting the consumer's response to PRN medications.

8.2d Recommendation	Regional Center Plan/Response
RCEB should ensure that CCF #8 properly documents all required PRN medication information.	PRN requirements maintained. QA Specialist increased monitoring; Licensee determined she could not maintain quality services and closed the home. Clients were successfully moved to new living arrangements 8/22/15.

## 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 the Regional Center of the East Bay (RCEB) 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 73 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. RCEB reported all deaths during the review period to DDS.
2. RCEB reported all special incidents in the sample of 73 records selected for the HCBS Waiver review to DDS.
3. RCEB's vendors reported nine of the 10 (90 percent) incidents in the supplemental sample within the required timeframes.
4. RCEB reported all 10 (100 percent) incidents to DDS within the required timeframes.
5. RCEB's follow-up activities on consumer incidents were appropriate for the severity of the situations for the ten incidents.



#### IV. Finding and Recommendation

Consumer #1-ALT: The incident occurred on July 6, 2014. However, the vendor did not submit a written report to RCEB until July 9, 2014.

9.3 Recommendation	Regional Center Plan/Response
RCEB should ensure that the vendor for consumer #1-ALT reports special incidents within the required timeframes.	

## SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

### HCBS Waiver Review Consumers

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

#	UCI	CCF	DP
38	XXXXXXXX		
39	XXXXXXXX		
40	XXXXXXXX		10
41	XXXXXXXX		15
42	XXXXXXXX		
43	XXXXXXXX		5
44	XXXXXXXX		
45	XXXXXXXX		17
46	XXXXXXXX		
47	XXXXXXXX		
48	XXXXXXXX		11
49	XXXXXXXX		22
50	XXXXXXXX		
51	XXXXXXXX		20
52	XXXXXXXX		21
53	XXXXXXXX		
54	XXXXXXXX		18
55	XXXXXXXX		28
56	XXXXXXXX		
57	XXXXXXXX		29
58	XXXXXXXX		1
59	XXXXXXXX		
60	XXXXXXXX		7
61	XXXXXXXX		15
62	XXXXXXXX		
63	XXXXXXXX		
64	XXXXXXXX		8
65	XXXXXXXX		
66	XXXXXXXX		
67	XXXXXXXX		
68	XXXXXXXX		
69	XXXXXXXX		
70	XXXXXXXX		
71	XXXXXXXX		
72	XXXXXXXX		
73	XXXXXXXX		

### Supplemental Sample of Terminated Consumers

#	UCI
74-T	XXXXXXXX
75-T	XXXXXXXX
76-T	XXXXXXXX

### Consumers Developmental Center Movers

#	UCI
77-DC	XXXXXXXX
78-DC	XXXXXXXX
79-DC	XXXXXXXX

### HCBS Waiver Review Service Providers

CCF #	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

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
15	XXXXXXXX
16	XXXXXXXX
17	XXXXXXXX
18	XXXXXXXX
19	XXXXXXXX
20	XXXXXXXX
21	XXXXXXXX
22	XXXXXXXX
23	XXXXXXXX
24	XXXXXXXX
25	XXXXXXXX
26	NA
27	XXXXXXXX
28	XXXXXXXX
29	XXXXXXXX

### SIR Review Consumers

#	UCI	Vendor
80-S	XXXXXXXX	XXXXXXXX
81-S	XXXXXXXX	XXXXXXXX
82-S	XXXXXXXX	XXXXXXXX
83-S	XXXXXXXX	XXXXXXXX
84-S	XXXXXXXX	XXXXXXXX
85-S	XXXXXXXX	XXXXXXXX
86-S	XXXXXXXX	XXXXXXXX
87-S	NA	NA
88-S	XXXXXXXX	XXXXXXXX
89-S	XXXXXXXX	XXXXXXXX
1-ALT	XXXXXXXX	XXXXXXXX