

**Redwood Coast Regional Center
Home and Community-based Services Waiver
Monitoring Review Report**

Conducted by:

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

September 10 - 14, 2007

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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 September 10-14, 2007, at Redwood Coast Regional Center (RCRC). The monitoring team members were Ray Harris, Jeffrey Greer, Lisa Miller, and Kathy Benson, from DDS; and Jayné Buchanan, Robert Bradley, and Katherine Page 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 21 HCBS Waiver consumers. In addition, the team reviewed a supplemental sample consisting of ten consumers who had special incidents reported to DDS during the review period of July 1, 2006 - June 30, 2007. The monitoring team completed site visits to three community care facilities (CCFs) and three day programs. The team reviewed three CCF and four day program consumer records and had face-to-face visits with 18 selected sample consumers.

Overall Conclusion

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

Twenty-one sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Three criteria were rated as not applicable for this review. The sample records were 90-100% in compliance for the 28 applicable criteria.

The sample records were 99% in compliance for this review. RCRC's records were 97% and 98% in overall compliance for the collaborative reviews conducted in 2005 and in 2003, respectively.

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

Three consumer records were reviewed at three CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. RCRC's records were 100% in overall compliance for this review. RCRC's records were 97% and 100% in overall compliance for the collaborative reviews conducted in 2005 and in 2003, respectively.

Section IV – Day Program Consumer Record Review

Four consumer records were reviewed at three day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 75-100% in compliance for the 17 applicable criteria. Criterion 4.2 was 75% in compliance because three of the four day program records reviewed contained a current copy of the consumer's IPP.

RCRC's records were 98% in overall compliance for this review. RCRC's records were 97% and 100% in overall compliance for the collaborative reviews conducted in 2005 and in 2003, respectively.

Section V – Consumer Observations and Interviews

Eighteen consumers were 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. Two consumers indicated they would like to explore possible changes in their services or living situation.

Section VI A – Service Coordinator Interviews

Five 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

RCRC's Director of Clinical Services was interviewed using a standard interview instrument. He responded to informational questions regarding the monitoring of consumers with medical issues, medications and behavior plans, the coordination of medical and mental health care for consumers, the provision of clinical supports to service coordinators, and the clinical team's participation in the Risk Management Committee.

Section VI C – Quality Assurance Interview

RCRC's Community Resource Manager was interviewed using a standard interview instrument. She responded to informational questions regarding how RCRC is organized to conduct Title 17 monitoring reviews, verification of provider qualifications, resource development activities, special incident reporting, and quality assurance activities where there are no regulatory requirements.

Section VII – Service Provider Interviews

One CCF service provider was interviewed using a standard interview instrument. The service provider responded to questions in the context of a sample consumer regarding knowledge of the consumer, the annual review process and the monitoring of health issues, medications, progress, safety and emergency preparedness. The service provider was familiar with the consumer and knowledgeable about her role and responsibilities.

Section VIII – Vendor Standards Review

The monitoring team reviewed one CCF utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. The reviewed CCF was in good repair with no immediate health or safety concerns observed.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 21 HCBS Waiver consumers and the ten supplemental sample consumers for special incidents during the review period. For the HCBS Waiver sample, RCRC reported all the special incidents. For the supplemental sample, the service providers and RCRC reported nine of the ten incidents within the required timeframes. RCRC'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 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 Redwood Coast Regional Center's (RCRC's) procedures and practices to verify that there are processes in place to ensure compliance with state and federal laws and regulations, as well as the assurances contained in the HCBS Waiver application approved by the Centers for Medicare & Medicaid Services.

II. Scope of Assessment

RCRC was asked to respond to questions in five 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 RCRC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self assessment criteria.

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

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

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

SECTION II

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

The review is based upon documentation criteria derived from federal/state statutes and regulations and from the Centers for Medicare & Medicaid Services directives and guidelines relating to the provision of 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. Twenty-one HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	3
With Family	5
Independent or Supported Living Setting	13

2. The review period covered activity from July 1, 2006 through June 30, 2007.

III. Results of Review

The 21 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Three criteria were not applicable for this review.

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

Finding

Nineteen of the 21 (90%) applicable 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. Specifically, the following were identified as qualifying conditions on the DS 3770 but there was no supporting information in the consumers’ records (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports.

1. Consumer # [REDACTED]

2. Consumer # [REDACTED]

2.5.b Recommendations	Regional Center Plan/Response
<p>RCRC should determine if the items listed above are appropriately identified as qualifying conditions. The consumers’ DS 3770 forms 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. For consumer #X, due to an insufficient number of qualifying conditions, the correction may require that the consumer’s HCBS Waiver eligibility be terminated.</p>	<p>Consumer # [REDACTED]</p> <p>Consumer # [REDACTED]</p>

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

Twenty of the 21 (95%) sample consumer records contained IPPs that addressed the consumers' qualifying conditions. However, the IPPs for one consumer did not identify the supports or services that are in place to address all of the consumers' qualifying conditions, as indicated below:

1. Consumer # [REDACTED]

2.9.a Recommendation	Regional Center Plan/Response
RCRC should ensure that the IPP for consumers #X address the services and supports in place for the issues identified above.	Consumer # [REDACTED]

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

Fifteen of the 16 (94%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the record for consumer #X contained documentation of only three of the required quarterly meetings.

2.13.a Recommendation	Regional Center Plan/Response
RCRC should ensure that future face-to-face meetings are completed and documented each quarter for consumer #X.	Service coordinator was made aware of missing FTF meeting and need to complete quarterly. FTF meetings were completed 10/07 and 1/08, next due 4/08.

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

Fifteen of the 16 (94%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the record for consumer #X contained only three of the required quarterly reports of progress.

2.13.b Recommendation	Regional Center Plan/Response
RCRC should ensure that future reports of progress are completed each quarter for consumer #X.	Service coordinator was made aware of missing quarterly progress report and need to complete quarterly. Qtrly progress reports were completed 10/07 and 1/08, next due 4/08.

Regional Center Consumer Record Review Summary						
Sample Size = 21						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	21			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.	21			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.	21			100	None
2.1.c	The DS 3770 form documents annual recertifications.	21			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.			21	N/A	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))	21			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))			21	N/A	None

Regional Center Consumer Record Review Summary						
Sample Size = 21						
	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current CDER that has been reviewed within the last 12 months. (SMM 4442.5), (42 CFR 441.302)	21			100	None
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in an ICF-DD, ICF-DDH, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. (SMM 4442.5), (42 CFR 441.302(c)), (Title 22, CCR, §51343)	21			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	19	2		90	See Narrative
2.6.a	IPP is reviewed (<i>at least annually</i>) by the planning team and modified as necessary, in response to the consumer's changing needs, wants or health status. (42 CFR 441.301(b)(1)(I))	21			100	None
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. (HCBS Waiver requirement)	5		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. (WIC §4646(g))	21			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.	5		16	100	None
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	21			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))	21			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 21						
	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).	20	1		95	See Narrative
2.9.b	The IPP addresses the special health care requirements.	11		10	100	None
2.9.c	The IPP addressed the services for which the CCF provider is responsible for implementing.	3		18	100	None
2.9.d	The IPP addressed the services for which the day program provider is responsible for implementing.	14		7	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.	13		8	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	21			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	3		18	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))	21			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))	21			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	5		16	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))	21			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 21						
	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>)	21			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>)	15	1	5	94	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>)	15	1	5	94	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>)			21	N/A	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:

Three consumer records were reviewed at three CCFs visited by the monitoring team. The facilities' consumer records were reviewed to determine compliance with 19 criteria. Three criteria were not applicable for this review.

III. Results of Review

The consumer records were 100% in compliance for the 16 applicable criteria.

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

Community Care Facility Record Review Summary						
Sample Size: Consumers = 3; CCFs = 3						
	Criteria	+	-	N/A	% Met	Follow-up
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. (<i>Title 17, CCR, §56017(b)</i>), (<i>Title 17, CCR §56059(b)</i>), (<i>Title 22, CCR, §80069</i>)	3			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	3			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	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.	3			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	3			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	3			100	None
3.1.i	Special safety and behavior needs are addressed.	1		2	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, §50619(c)(1)</i>)	3			100	None
3.3	The facility has a copy of the consumer's current IPP. (<i>Title 17, CCR, §56022(c)</i>)	3			100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 3; CCFs = 3						
	Criteria	+	-	N/A	% Met	Follow-up
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. (<i>Title 17, CCR, §56026(b)</i>)	3			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		1	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. (<i>Title 17, CCR, §56026(c)</i>)			3	100	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.			3	100	None
3.5.c	Quarterly reports include a summary of data collected. (<i>Title 17, CCR, §56013(d)(4)</i>), (<i>Title 17, CCR, §56026</i>)			3	100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. (<i>Title 17, CCR §56026(a)</i>)	3			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	3			100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)	2		1	100	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)	2		1	100	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. (<i>Title 17, CCR, §54327</i>)	2		1	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

Four sample consumer records were reviewed at three 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 16 criteria.

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

IV. Findings

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

Three of the four (75%) sample consumer records contained a copy of the consumer's current IPP. The record for consumer #XX at day program #X did not contain a copy of the consumer's current IPP. A copy of the consumer's current IPP was provided to the service provider at the time of the visit. Therefore, a recommendation is not needed.

Day Program Record Review Summary						
Sample Size: Consumers = 4; Day Programs = 3						
	Criteria	+	-	N/A	% Met	Follow-up
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. (Title 17, CCR, §56730)	4			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.	4			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.	4			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.	4			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.	4			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.	4			100	None
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing.	4			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 4; Day Programs = 3						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	4			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	4			100	None
4.2	The day program has a copy of the consumer's current IPP. (<i>Title 17, CCR §56720(b)</i>)	3	1		75	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>)	4			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.	4			100	None
4.4.a	The day program prepares and maintains written semiannual reports. (<i>Title 17, CCR, §56720(c)</i>)	4			100	None
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services for which the day program is responsible for implementing.	4			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		3	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		3	100	None
4.5.c	There is appropriate follow-up to special incidents to resolve issues and eliminate or mitigate future risk. (<i>Title 17, CCR, §54327</i>)	1		3	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

Eighteen of the 21 consumers were observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Thirteen consumers agreed to be interviewed by the monitoring teams.
- ✓ Four consumers were non-verbal, but were observed.
- ✓ One consumer declined to be interviewed.
- ✓ Three minors were not scheduled to be interviewed or observed.

III. Results of Observations and Interviews

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

IV. Finding

1. Consumer #X [REDACTED]

Recommendation	Regional Center Plan/Response
RCRC should follow-up with consumer # [REDACTED]	[REDACTED]

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2. Consumer # [REDACTED]

3. Consumer # [REDACTED]

4. Consumer # [REDACTED]

Recommendation	Regional Center Plan/Response
RCRC should follow-up with consumer #XX regarding her request.	[REDACTED]

SECTION VI A

SERVICE COORDINATOR INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed five Redwood Coast Regional Center (RCRC) 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 familiar with their respective consumers. They were able to relate specific details regarding the consumers' desires, preferences, life circumstances, service needs and health and safety status.
2. The service coordinators were knowledgeable about the IPP/annual review process and monitoring requirements. Service providers and family members provided input on the consumers' needs, preferences and satisfaction with services outlined in the IPP. For consumers in out-of-home placement settings, service coordinators conduct quarterly face-to-face visits and develop written assessments of consumer progress, and satisfaction. In preparation for the quarterly visits, service coordinators review their previous progress reports, pertinent case notes, incident reports, and vendor reports of progress.
3. The service coordinators utilize the RCRC nurse consultants when questions arise regarding consumer health issues. Additionally, RCRC's clinical team is available to assist the service coordinators in assuring appropriate services in the areas of medical, behavioral, psychological, and dental needs. The clinical team schedules new employee training on medications and side effects, and offers periodic trainings on new and commonly used medications.

SECTION VI B

CLINICAL SERVICES INTERVIEW

I. Purpose

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

II. Scope of Interview

1. The monitoring team interviewed Redwood Coast Regional Center's (RCRC) Director of Clinical Services.
2. 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 the risk management, assessment and planning committee; special incident reports; availability of Medi-Cal providers; and issues with billing for Medi-Cal services.

II. Results of Interview

The RCRC clinical services team consists of a variety of clinicians including physicians, clinical psychologists, behaviorists, nurse consultants, registered nurses, a nurse practitioner, and a registered dietitian.

The clinical team monitors consumers with medical or mental health issues identified either during individual program plan (IPP) development/reviews or through referrals made to the clinical team by service coordinators on an as needed basis. As a result, consumer specific plans may be developed that could include referrals to a variety of resources including community providers and RCRC's Telemedicine Assessment and Consultation Team.

The clinical team monitors alerts published by medication manufacturers and MEDWATCH, the Food and Drug Administration's Safety Information and Adverse Event Reporting Program. Clinical staff also reviews the periodic polypharmacy report from Acumen, the state's independent risk management contractor, and implements appropriate follow-up actions as needed.

RCRC's clinical team provides service coordinators with ongoing training and support in a variety of ways. This includes training on tips for ensuring that medical and behavioral issues are identified and addressed as part of the IPP process. Besides individual and small group training, formal video-conference presentations and "Noon Time Talks" are scheduled regularly. The clinical staff maintains a library of tapes/DVDs that can be loaned out to consumers, families, vendors, and regional center staff. Team members are also available to assist service coordinators with questions or concerns on an ad-hoc basis.

The clinical team's behaviorists are responsible for reviewing and monitoring behavior plans and mental health issues on a regular basis and assist in exploring alternative options when needed. The Director of Clinical Services indicated that behavioral crisis and emergency intervention response varies amongst the four county mental health departments in the area served by RCRC. Additionally, RCRC is working with the counties to increase coordination of services for consumers who are being discharged from mental health facilities.

RCRC has improved consumer access to preventative health care resources by providing:

- ✓ Staff and vendor education and training
- ✓ Timely access to consultations fostering early identification and intervention in health related issues
- ✓ Active recruitment efforts of vendors and providers
- ✓ The Adopt-A-Home Program & Telemedicine Tools for Dentistry (part of the rural California Dental Project which involves collaboration between RCRC and the Pacific School of Dentistry)
- ✓ The use of intra-oral cameras to provide telemedicine technology
- ✓ Specialty health care clinics which provide a variety of medical services.

The Director of Clinical Services is the chair of RCRC's Risk Management, Assessment and Planning Committee. Members of the clinical team support the committee by providing consultation and research on specific topics as needed. Additionally, the clinical team reviews health and medically related special incidents, including mortality cases.

According to the Director of Clinical Services, challenges for Medi-Cal funded services include billing issues (Medicare Part D) and low reimbursement rates. These challenges have resulted in a lack of providers who accept Medi-Cal funding, particularly for psychiatric services.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

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

II. Scope of Interview

The monitoring team interviewed the Community Resource Manager who is an integral part of the team responsible for conducting QA activities at Redwood Coast Regional Center (RCRC).

III. Results of Interview

1. The annual Title 17 visits are conducted by service coordinators who function as facility liaisons to CCFs. They also conduct a minimum of two unannounced visits annually. Community resource specialists may conduct additional unannounced visits to facilities with identified issues that require further follow-up review.
2. Community resource specialists are responsible for conducting the QA triennial evaluation. Another trained person accompanies the specialist as part of the QA evaluation team. Before conducting the evaluation, the QA evaluation team reviews vendor files, IPPs, prior quality assurance reports, corrective action plans (CAPs), and may interview families and service coordinators in developing the evaluation report. RCRC also conducts some monitoring of day program and supported living providers.
3. Service coordinators and community resource specialists investigate special incident reports (SIRs) in collaboration with Community Care Licensing or law enforcement, as needed. They commonly conduct follow-up for SIRs related to specific consumers or vendors with a history of problems.
4. The community resource staff is responsible for analyzing data from SIRS and QA monitoring. When issues of concern are identified, the information is presented to the Risk Management, Assessment and Planning Committee in order to assist in identifying possible remedial measures. SIR data has been

used to identify trends in such areas as medication errors, preventable accidents and behavioral antecedents, in order to develop training for vendors.

5. Additionally, RCRC uses information collected from the various monitoring activities to provide technical assistance and round table forums for providers. Topics have been on such matters as forms and documentation completion, Direct Service Professional training requirements, individual service plan improvements for Service Level 3 and 4 CCFs, and medication issues.

SECTION VII

SERVICE PROVIDER INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed the service provider at a community care facility (CCF) where services are provided to the consumer that was 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 provider was familiar with the strengths, needs and preferences of her respective consumer.
2. The service provider indicated that she conducted assessments of the consumer, participated in IPP development, provided the program specific services addressed in the IPP and attempted to foster progress of consumer.
3. The service provider monitored consumer health issues and safeguarded medications.
4. The service provider communicated with people involved in the consumer's life and monitored progress documentation.
5. The service provider was prepared for emergencies, monitored the safety of consumers, and understood special incident reporting and follow-up processes.

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 team reviewed one CCF.
2. The team used a monitoring review checklist consisting of 23 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

III. Results of Review

The CCF was found to be in good condition with no immediate health and safety concerns.

SECTION IX

SPECIAL INCIDENT REPORTING

I. Purpose

The review verifies that special incidents have been reported within the required timeframes, that documentation meets the requirements of Title 17, California Code of Regulations, and that the follow-up was complete.

II. Scope of Review

1. Special incident reporting of deaths by Redwood Coast Regional Center (RCRC) 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 21 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 ten consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. RCRC reported all deaths during the review period to DDS.
2. RCRC reported all special incidents in the sample of 21 records selected for the HCBS Waiver review to DDS.
3. RCRC's vendors reported nine of the ten (90%) SIRs in the supplemental sample within the required timeframes.
4. RCRC reported nine of ten (90%) SIRs to DDS within the required timeframes.
5. RCRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the ten incidents.

IV. Findings and Recommendations

Findings

Consumer # [REDACTED]

RCRC provided training regarding SIR requirements to the vendor and the responsible service coordinator to ensure that, in the future, special incidents would be reported within the required timeframes. Therefore, a recommendation is not needed.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

#	UCI	CCFs	Day Programs	Vendor
1	XXXXXXXX			
2	XXXXXXXX	#3		XXXXXX
3	XXXXXXXX			
4	XXXXXXXX			
5	XXXXXXXX			
6	XXXXXXXX			
7	XXXXXXXX		#6	XXXXXX
8	XXXXXXXX			
9	XXXXXXXX		#4	XXXXXX
10	XXXXXXXX	#2		XXXXXX
11	XXXXXXXX			
12	XXXXXXXX		#5	XXXXXX
13	XXXXXXXX			
14	XXXXXXXX			
15	XXXXXXXX			
16	XXXXXXXX			
17	XXXXXXXX		#4	XXXXXX
18	XXXXXXXX			
19	XXXXXXXX	#1		XXXXXX
20	XXXXXXXX			
21	XXXXXXXX			

SIR Review

Consumer #	UCI	Vendor
1S	XXXXXXXX	XXXXXX
2S	XXXXXXXX	XXXXXX
3S	XXXXXXXX	XXXXXX
4S	XXXXXXXX	XXXXXX
5S	XXXXXXXX	XXXXXX
6S	XXXXXXXX	XXXXXX
7S	XXXXXXXX	XXXXXX
8S	XXXXXXXX	XXXXXX
9S	XXXXXXXX	XXXXXX
10S	XXXXXXXX	XXXXXX