

**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 14 - 17, 2009**

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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 14 -17, 2009 at Redwood Coast Regional Center (RCRC). The monitoring team members were Michael Haft (Team Leader), Ray Harris and Linda Rhoades from DDS, and Raylyn Garrett and Annette Hanson from DHCS.

### Purpose of the Review

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

### Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

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

### Scope of Review

The monitoring team reviewed a sample of 21 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) nine consumers who had special incidents reported to DDS during the review period of July 1, 2008 through June 30, 2009.

The monitoring team completed 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 14 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. Two criteria were rated as not applicable for this review. The sample records were 97% in overall compliance for this review. RCRC's records were 99% and 97% in overall compliance for the collaborative reviews conducted in 2007 and in 2005 respectively.

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

Three consumer records were reviewed at three CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. One criterion was rated as not applicable for this review. The sample records were 97% in overall compliance for this review. RCRC's records were 100% and 97% in overall compliance for the collaborative reviews conducted in 2007 and in 2005, 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. Four criteria were rated as not applicable for this review. The sample records were 96% in overall compliance for this review. RCRC's records were 98% and 97% in overall compliance for the collaborative reviews conducted in 2007 and in 2005.

## Section V – Consumer Observations and Interviews

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

## Section VI A – Service Coordinator Interviews

Four 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

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

The Community Resource Manager was interviewed using a standard interview instrument. The manager 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 QA activities where there is no regulatory requirement.

## Section VII – Service Provider Interview

One CCF service provider was interviewed using a standard interview instrument. The service provider 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 provider was familiar with the consumers and knowledgeable about their roles and responsibilities. One additional provider informed the monitoring team of a concern regarding their role in the consumer's IPP process.

### 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 vendor 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 nine supplemental sample consumers for special incidents during the review period. RCRC reported all special incidents from the review sample. For the supplemental sample, the service providers reported all nine incidents to RCRC within the required timeframes, and RCRC subsequently transmitted seven of the nine special incidents to DDS 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 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 Redwood Coast Regional Center's (RCRC) 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 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 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.

<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 consumers' rights are protected.</p> <p>The regional center takes action(s) to ensure that the consumers' health needs are addressed.</p> <p>The regional center ensures that behavior plans preserve the right of the consumer to be free from harm.</p> <p>The regional center maintains a Risk Management, Risk Assessment and Planning Committee.</p> <p>The regional center has developed and implemented a Risk Management/Mitigation Plan.</p> <p>Regional centers and local Community Care Licensing offices coordinate and collaborate in addressing issues involving licensing requirements and monitoring of CCFs pursuant to the MOU between DDS and Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 community care facilities.</p> <p>The regional center reviews each community care facility annually to assure services are consistent with the program design and applicable laws, and development and implementation of corrective action plans as needed.</p> <p>The regional center conducts not less than two unannounced monitoring visits to each CCF annually.</p> <p>Service coordinators perform and document periodic reviews [at least annually] to ascertain progress toward achieving IPP objectives, and the consumer's and the family's satisfaction with the IPP and its implementation.</p> <p>Service coordinators have quarterly face-to-face meetings with consumers in CCFs, Family Home Agencies, Supported Living Services, and Independent Living Services to review services and progress toward achieving the IPP objectives for which the service provider is responsible.</p>

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

## SECTION II

### REGIONAL CENTER CONSUMER RECORD REVIEW

#### I. Purpose

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

#### II. Scope of Review

1. Twenty-one HCBS Waiver consumer records were selected for the review sample.

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

2. The review period covered activity from July 1, 2008 – June 30, 2009.

#### 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 supplemental records were reviewed solely for documentation that RCRC 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. Two criteria were not applicable for this review.

- ✓ The sample records were in 100% compliance for 22 criteria. There are no recommendations for these criteria.
- ✓ Findings for seven criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

#### IV. Findings and Recommendations

2.5.a The consumer’s qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in ICF/DD, ICF/DD-H, ICF/DD-N facilities are documented in the consumer’s CDER and/or other assessments. (SMM 4442.5), (42 CFR 441.302(c)), (Title 22, CCR, §51343)

##### Finding

Twenty of the 21 (95%) sample consumer records documented qualifying conditions that meet the level-of-care requirements. The record for consumer #XX identified ‘[REDACTED]’ as one of three qualifying conditions. However, since [REDACTED] is not identified as a potential qualifying condition in the December 2007 Program Advisory titled “Level-of-Care Determination Using the Revised CDER” it cannot be used for HCBS Waiver level-of-care purposes.

2.5.a Recommendation	Regional Center Plan/Response
RCRC should ensure that the DS 3770 form for consumer # [REDACTED] does not include ‘[REDACTED]’ as level-of-care qualifying condition.	The DS 3770 for consumer # [REDACTED] has been corrected.

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

Eighteen of the 21 (86%) consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in four consumer records (detailed below) did not support the determination that all of the issues identified in the CDER and DS 3770 could be considered qualifying conditions. 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 #X: ‘[REDACTED].’
2. Consumer #X: [REDACTED]  
 [REDACTED] Accordingly, no recommendation is needed.
3. Consumer #XX: ‘[REDACTED].’

2.5.b Recommendation	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. If RCRC determines that any of the issues above are correctly identified as qualifying conditions, documentation (updated IPPs, progress reports, etc.) that supports the original determinations should be submitted with the response to this report.</p>	<p>For consumer #X, [REDACTED]</p> <p>Consumer #XX – the 3770 has been corrected – [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))

Finding

Eighteen of the 19 (95%) applicable sample consumer records contained IPPs that addressed the consumer's qualifying conditions. However, the IPP for consumer #XX did not identify the supports and services that are in place to address the consumer's [REDACTED]

Subsequent to the review RCRC provided an IPP addendum dated March 1, 2010. [REDACTED]

Accordingly no recommendation is required.

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

Findings

Eight of the ten (80%) applicable sample consumer records contained IPPs that addressed the services for which the day program provider is responsible for implementing. However, the IPPs for consumers #X and #X do not address the day program services.

2.9.d Recommendation	Regional Center Plan/Response
RCRC should ensure that the IPPs for consumers #X and #X address the services for which the day program provider is responsible for implementing.	Service coordinators for consumers #X and #X were advised to complete IPP addenda addressing day program services. Documents can be provided upon request.

2.10.c The IPP specifies the approximate scheduled start date for new services and supports. (WIC §4646.59(a)(4))

Findings

Three out of the four (75%) applicable sample consumer records contained an IPP that included an approximate scheduled start date for new services. The record for consumer #XX contained an IPP that did not identify an approximate scheduled start date for [REDACTED]

2.10.c Recommendation	Regional Center Plan/Response
RCRC should ensure that the IPP for consumer #XX include an approximate scheduled start date for new services and supports.	Service coordinator for consumer #XX has been advised to correct the IPP to reflect a start date for new services and supports. Documentation can be provided on request.

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

Thirteen of the 16 (81%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for three consumers did not meet the requirements as indicated below:

1. The record for consumer #XX contained documentation of three of the required meetings.
2. The records for consumers #X and #XX contained documentation of two of the required meetings.

2.13.a Recommendation	Regional Center Plan/Response
RCRC should ensure that all future face-to-face meetings are completed and documented each quarter for the consumers identified above.	RCRC utilizes a tickler system out of SANDIS to alert service coordinators to upcoming quarterly FTF contacts due. Files for consumers #XX and XX are being monitored for compliance. Consumer # [REDACTED]

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

Thirteen of the 16 (81%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for three consumers did not meet the requirements as indicated below:

1. The record for consumer [REDACTED] contained three of the required reports.
2. The records for consumers # [REDACTED] and # [REDACTED] contained two of the required reports.

2.13.b Recommendation	Regional Center Plan/Response
RCRC should ensure that future quarterly reports of progress are completed each quarter for the consumers identified above.	RCRC utilizes a tickler system out of SANDIS to alert service coordinators to upcoming quarterly progress reports due. Files for consumers #XX and XX are being monitored for compliance. Consumer # [REDACTED]

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 21 + 3 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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 recertification's, 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 re-certifications.	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))	3		21	100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 21 + 3 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5), (42 CFR 441.302)	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)	20	1		95	See Narrative
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	18	3		86	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)	12		9	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.	4		17	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

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 21 + 3 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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).	18	1	2	95%	None
2.9.b	The IPP addresses the special health care requirements.	6		15	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.	8	2	11	80	See Narrative
2.9.e	The IPP addresses the services for which the supported living services agency or independent living services provider is responsible for implementing.	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))	2		19	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))	3	1	17	75	See Narrative
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

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 21 + 3 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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> )	13	3	5	81	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> )	13	3	5	81	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.

#### III. Results of Review

The consumer records were 100% in compliance for 17 of the 18 applicable criteria. One criterion was rated not applicable because the consumers did not have special safety and behavior needs.

- ✓ 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

- 3.3 The facility has a copy of the consumer's current IPP. (*Title 17, CCR, §56022(c)*)

##### Finding

Two of the three (67%) sample consumer records contained a copy of the consumer's current IPP. The record for consumer #X at CCF #X did not have a copy of the consumer's most recent IPP. A copy of the consumer's IPP was provided during the team's visit. Accordingly, no recommendation is required.

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 3; CCFs = 3</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> )	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.	1		2	100	None
3.1.c	The consumer record contains current health information that includes medical, dental and other health needs of the consumer including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	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.			3	N/A	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> )	3			100	None
3.3	The facility has a copy of the consumer's current IPP. ( <i>Title 17, CCR, §56022(c)</i> )	2	1		67	See Narrative

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 3; CCFs = 3</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> )	2		1	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> )	1		2	100	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	1		2	100	None
3.5.c	Quarterly reports include a summary of data collected. ( <i>Title 17, CCR, §56013(d)(4)</i> ), ( <i>Title 17, CCR, §56026</i> )	1		2	100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. ( <i>Title 17, CCR §56026(a)</i> )	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> )	1		2	100	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. ( <i>Title 17, CCR, §54327</i> )	1		2	100	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. ( <i>Title 17, CCR, §54327</i> )	1		2	100	None

## SECTION IV

### DAY PROGRAM CONSUMER RECORD REVIEW

#### I. Purpose

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

#### II. Scope of Review

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 12 of the 13 applicable criteria. One criterion (4.1.h) was rated not applicable because the consumers did not have special safety and behavior needs, and three criteria (4.5.a, 4.5.b, and 4.5.c) were rated not applicable because the consumers did not have any reportable special incidents during the review period.

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

#### IV. Finding and Recommendation

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

##### Findings

Two of the four (50%) sample consumer records contained documentation that the consumers and/or their authorized representative had been informed of their personal rights. The records for consumers # [REDACTED] and # [REDACTED] at day program # [REDACTED] did not contain documentation that the consumers had been informed of their personal rights.

4.1.e Recommendation	Regional Center Plan/Response
RCRC should ensure that day program provider # [REDACTED] documents that consumers # [REDACTED] and # [REDACTED] have been informed of their personal rights.	DP provider [REDACTED] corrected this oversight immediately. Consumers # [REDACTED] and [REDACTED] were informed of their rights and the vendor files now have a form to document this.

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 4; Day Programs = 3</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)	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 have been informed of his/her personal rights.	2	2		50	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.	4			100	None

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 4; Day Programs = 3</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.	4			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.			4	N/A	None
4.2	The day program has a copy of the consumer's current IPP. ( <i>Title 17, CCR §56720(b)</i> )	4			100	None
4.3.a	The day program provider develops, maintains, and modifies as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. ( <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.	3		1	100	None
4.4.a	The day program prepares and maintains written semiannual reports. ( <i>Title 17, CCR, §56720(c)</i> )	3		1	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.	3		1	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> )			4	N/A	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> )			4	N/A	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> )			4	N/A	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

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

- ✓ Twelve adult consumers agreed to be interviewed by the monitoring teams.
- ✓ Two consumers did not communicate verbally, but were observed.
- ✓ One interview was conducted with parents of a minor.
- ✓ Five adult consumers and parents of one minor were unavailable for an interview or observation.

#### III. Results of Observations and Interviews

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

## SECTION VI A

### SERVICE COORDINATOR INTERVIEWS

#### I. Purpose

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

#### II. Scope of Interviews

1. The monitoring team interviewed four 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 very familiar with their respective consumers. They were able to relate specific details regarding the consumers' desires, preferences, life circumstances, and service needs.
2. The service coordinators were knowledgeable about the IPP/annual review process and monitoring requirements. Service providers and family members provided input on the consumers' needs, preferences and satisfaction with services outlined in the IPP. For consumers in out-of-home placement settings, service coordinators conduct quarterly face-to-face visits and develop written assessments of consumer progress and satisfaction. In preparation for the quarterly visits, service coordinators review their previous progress reports, pertinent case notes, special incident reports, and vendor reports of progress.
3. To better understand issues related to consumers' use of medication and issues related to side-effects, the service coordinators utilize the RCRC nurses and internet medication guides as resources.

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

## SECTION VI B

### CLINICAL SERVICES INTERVIEW

#### I. Purpose

The clinical services interview is used to obtain supplemental information on how the regional center is organized to provide clinical support to consumers and service coordinators. 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; and special incident reports.

#### III. Results of Interview

The RCRC clinical services team consists of physicians, registered nurses, clinical psychologists, behaviorists, nurse consultants, and a registered dietician.

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.

The clinical team has numerous supports in place to assist service coordinators to carry out their responsibilities. This includes training to ensure that medical and behavioral issues are identified and addressed as part of the IPP process.

Some of these supports also include video-conference presentations, and “Noon Time Talks.” Recent topics include: nutrition, autism, and influenza. The clinical staff maintains a library of tapes/DVDs that can be loaned out to consumers, families, vendors, and regional center staff.

The clinical team’s behaviorists are responsible for reviewing and monitoring behavior plans on a regular basis. Behaviorists may provide technical assistance as needed.

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

- ✓ Staff and vendor education and training
- ✓ Early identification and intervention in health related issues
- ✓ Specialty health care clinics such as: Cardiology, Ophthalmology, Neurology, Dental, and Psychiatry.
- ✓ Telemedicine Assessment and Consultation Team (TACT)

Clinical team members participate in RCRC’s Risk Management, Assessment and Planning Committee. The team analyzes special incidents for trends and risk factors, and makes recommendations for appropriate follow-up, and/or increased clinical services if needed. Training or technical assistance can be provided to staff and providers. The team also participates in RCRC’s mortality review committee.

## 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 responsible for 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. 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.
3. 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.
4. Additionally, RCRC uses information collected from the various monitoring activities, such as cross reporting and sharing reports with community care licensing on a quarterly basis, to provide technical assistance and round table forums for providers. Topics have included the quality review process and SIR training.

## 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 a service provider at a community care facility (CCF) where services are provided to a 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 consumers.
2. The service provider indicated that she 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 provider monitored consumer health issues and safeguarded medications.
4. The service provider communicated with people involved in the consumers' lives 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.

## Supplemental Issue

### Findings

During a record review of consumers # [REDACTED] and # [REDACTED] at day program # [REDACTED] the service provider mentioned dissatisfaction with the role the program plays in the IPP process for their consumers. He mentioned that the service coordinators do not invite his staff to IPP meetings, nor are they involved in the determination of what services the program is to provide.

Recommendation	Regional Center Plan/Response
<p>RCRC should review the concerns of day program #X and determine if any action may be necessary.</p>	<p>RCRC will have a dialogue with day program # [REDACTED] about their concerns. ; However, it is up to the consumer who he or she wants to participate in their IPP. Furthermore, the IPP is the document that spells out what services and supports a consumer requires and then the regional center purchases those supports as needed. The vendor is the supplier of those services that the consumer and regional center agree on. It is not appropriate for the vendor to drive the IPP process. The IPP process may involve information that is confidential and not required for the vendor to be privy to. The vendor has the ISP as a means for spelling out in detail how they will meet the needs of the consumer as reflected in the portion of the IPP pertinent to their services. The regional center will strive to make sure that all providers are part of the overall IPP process by keeping them abreast of IPP changes, service initiation/changes, and clearly identifying the provider's roles and our expectation of their service, etc.</p>

## **SECTION VIII**

### **VENDOR STANDARDS REVIEW**

#### **I. Purpose**

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

#### **II. Scope of Review**

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

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

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 nine 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 all nine incidents in the supplemental sample within the required timeframes.
4. RCRC reported seven of the nine (78%) incidents 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 nine incidents.

#### IV. Findings and Recommendations

##### Findings

Consumer # [REDACTED]: The incident was reported to RCRC on December 24, 2008. However, RCRC did not report the incident to DDS until December 31, 2008.

Consumer # [REDACTED]: The incident was reported to RCRC on May 24, 2009. However, RCRC did not report the incident to DDS until May 29, 2009.

Recommendation	Regional Center Plan/Response
RCRC should ensure that all special incidents are reported to DDS within the required timeframes.	RCRC will continue to strive to meet timelines for reporting SIRs. We are continually working on identifying the reasons behind late reporting and working with staff to correct these issues.

## SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

### HCBS Waiver Review Consumers

#	UCI	CCF #	Day Program #
1		1	
2		2	
3		3	
4			
5			
6			2
7			
8			
9			
10			
11			
12			
13			3
14			3
15			
16			
17			
18			
19			
20			
21			1

### Supplemental Sample of Terminated Consumers

#	UCI
1 Term.	
2 Term.	
3 Term.	

### HCBS Waiver Review Service Providers

CCF#	Vendor
1	
2	
3	

Day Program#	Vendor
1	
2	
3	

**SIR Review Consumers**

#	UCI	Vendor
30s		
31s		
32s		
33s		
34s		
35s		
37s		
38s		
39s		