

**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**

February 29–March 4, 2016

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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 February 29-March 4, 2016, at Redwood Coast Regional Center (RCRC). The monitoring team members were Corbett Bray (Team Lead), Linda Rhoades, and Sue Chapman from DDS, and Annette Hanson and Raylyn Garrett from DHCS.

Purpose of the Review

DDS contracts with 21 private, non-profit corporations to operate regional centers, which are responsible under state law for coordinating, providing, arranging or purchasing 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 plan (IPP). Specific criteria have been developed for the review sections listed below that are derived from federal/state statutes and regulations and from Centers for Medicare & Medicaid Services' directives and guidelines relating to the provision of HCBS Waiver services.

Scope of Review

The monitoring team reviewed a sample of 19 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) one consumer who moved from a developmental center; and 3) ten consumers who had special incidents reported to DDS during the review period of December 1, 2014, through November 30, 2015.

The monitoring team completed visits to one community care facility (CCF) and two day programs. The team reviewed one CCF and two day program consumer records and interviewed and/or observed 17 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

Nineteen sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. One criterion was rated as not applicable for this review. Criteria 2.13.a and 2.13.b were 60 percent in compliance because 6 of the 15 applicable consumer records did not contain documentation of all required quarterly face-to-face visits and progress reports. The sample records were 94 percent in overall compliance for this review.

RCRC's records were 96 percent and 95 percent in overall compliance for the collaborative reviews conducted in 2013 and in 2011, respectively.

Section III – Community Care Facility Consumer Record Review

One consumer record was reviewed at one CCF for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. Five criteria were rated as not applicable for this review. The sample record was 100 percent in overall compliance for the 14 applicable criteria on this review.

RCRC's records were 97 percent and 100 percent in overall compliance for the collaborative reviews conducted in 2013 and in 2011, respectively.

Section IV – Day Program Consumer Record Review

Two consumer records were reviewed at two day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 97 percent in overall compliance for this review.

RCRC's records were 100 percent and 94 percent in overall compliance for the collaborative reviews conducted in 2013 and in 2011, respectively.

Section V – Consumer Observations and Interviews

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

Section VI A – Service Coordinator Interviews

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

Section VI B – Clinical Services Interview

The Director of Clinical Services was interviewed using a standard interview instrument. She responded to questions regarding the monitoring of consumers with medical issues, medications, behavior plans, the coordination of medical and mental health care for consumers, clinical supports to assist service coordinators, and the clinical team's role on the Risk Management Committee and in special incident reporting.

Section VI C – Quality Assurance Interview

A community resource manager was interviewed using a standard interview instrument. She responded to 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 is no regulatory requirement.

Section VII A – Service Provider Interviews

One service provider at one CCF was interviewed using a standard interview instrument. The service provider responded to questions regarding their knowledge of the consumer, the annual review process, and the monitoring of health issues, medication administration, progress, safety and emergency preparedness. The staff was familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interviews

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

Section VIII – Vendor Standards Review

The monitoring team reviewed 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 19 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. RCRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported 8 of the 10 incidents to RCRC within the required timeframes, and RCRC subsequently transmitted all 10 special incidents to DDS within the required timeframes. RCRC's follow-up activities for the 10 consumer incidents were timely and appropriate for the severity of the situation.

SECTION I

REGIONAL CENTER SELF-ASSESSMENT

I. Purpose

The regional center self-assessment addresses the California HCBS Waiver assurances criteria and is designed to provide information about the regional center's processes and practices. The responses are used to verify that the regional center has processes in place to ensure compliance with federal and state laws and regulations.

The self-assessment obtains information about 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 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.

Regional Center Self-assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
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>The 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 memorandum of understanding (MOU) between DDS and the Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 CCFs.</p> <p>The regional center reviews each CCF annually to assure services are consistent with the program design and applicable laws, and development and implementation of corrective action plans as needed.</p> <p>The regional center conducts not less than two unannounced monitoring visits to each CCF annually.</p> <p>Service coordinators perform and document periodic reviews (at least annually) to ascertain progress toward achieving IPP objectives, and the consumer's and the family's satisfaction with the IPP and its implementation.</p> <p>Service coordinators have quarterly face-to-face meetings with consumers in CCFs, Family Home Agencies, Supported Living Services, and Independent Living Services to review services and progress toward achieving the IPP objectives for which the service provider is responsible.</p>

Regional Center Self-assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services (cont.)	<p>The regional center ensures that needed services and supports are in place when a consumer moves from a developmental center to a community living arrangement.</p> <p>Service coordinators provide enhanced case management to consumers who move from a developmental center by meeting with them face-to-face every 30 days for the first 90 days they reside in the community.</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 HCBS Waiver services. The criteria address requirements for eligibility, consumer choice, notification of proposed action and fair hearing rights, level of care, IPPs and periodic reviews and reevaluations of services. The information obtained about the consumer's needs and services is tracked as a part of the on-site program reviews.

II. Scope of Review

1. Nineteen HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility	2
With Family	4
Independent or Supported Living Setting	13

2. The review period covered activity from December 1, 2014, through November 30, 2015.

III. Results of Review

The 19 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. Additionally, one supplemental record was reviewed solely for documentation indicating that the consumer received face-to-face reviews every 30 days after moving from a developmental center.

- ✓ The sample records were in 100 percent compliance for 22 criteria. There are no recommendations for these criteria. One criterion was not applicable for this review.
- ✓ Findings for eight criteria are detailed below.

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

IV. Findings and Recommendations

- 2.2 Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form (DS 2200). [SMM 4442.7; 42 CFR 441.302(d)]

Finding

Eighteen of the nineteen (95 percent) sample consumer records contained a completed DS 2200 form. However, the DS 2200 form in the record for consumer #7 was not signed by the consumer.

2.2 Recommendation	Regional Center Plan/Response
RCRC should ensure that the DS 2200 is signed by consumer #7.	The DS 2200 for client #7 is in the chart and has been updated and signed by the client.

- 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

Sixteen of the nineteen (84 percent) sample consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in three consumer records (detailed below) did not support the determination that all of the issues identified in the CDER and the Medicaid Waiver Eligibility Record (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 consumer’s records (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports.

1. Consumer #4: “Reminders to perform personal care”
2. Consumer #7: “Reminders to complete dressing”
3. Consumer #14: “Physical aggression”, “Self-injurious behavior”, “Property damage”

2.5.b Recommendation	Regional Center Plan/Response
<p>RCRC should determine if the items listed above are appropriately identified as qualifying conditions. The consumer's DS 3770 form should be corrected to ensure that any items that do not represent substantial limitations in the consumer's ability to perform activities of daily living and/or participate in community activities are no longer identified as a qualifying condition. If RCRC determines that the issue is correctly identified as a qualifying condition, documentation (updated IPPs, progress reports, etc.) that supports the original determination should be submitted with the response to this report.</p>	<p>For client #4, client #7 and client #14 the IPP's have been updated to appropriately identify the waiver qualifying conditions.</p> <p>In addition, HCBS Medicaid Waiver refresher training was provided to service coordination team members in June, August and September 2016. Ongoing training and feedback regarding qualifying conditions continues on both a small group basis during service coordination – client services unit meetings and on an individual basis at the time of waiver recertification.</p>

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

Finding

Ten of the eleven (91 percent) applicable sample consumer records contained a completed SARF. However, the record for consumer #3 did not contain a completed SARF.

2.6.b Recommendation	Regional Center Plan/Response
<p>RCRC should ensure that a SARF is completed and signed for consumer #3, if the annual review does not include the completion of a new IPP.</p>	<p>SARF for client #3 has been completed, signed and filed.</p>

- 2.9.a The IPP addresses the qualifying conditions identified in the CDER and DS 3770. [WIC §4646.5(a)(2)]

Findings

Fifteen of the nineteen (79 percent) sample consumer records contained IPPs that addressed the consumer's qualifying conditions. The IPP for consumer #1 did not address the services and supports in place for running/wandering away and assistance with medication. Subsequent to the review, an addendum was

completed addressing these qualifying conditions. The IPP for consumer #7 did not address the services and supports in place for maladaptive sexual behavior, disruptive behavior, outbursts, and running/wandering away. Subsequent to the review, an addendum was completed addressing these qualifying conditions. Accordingly, there is no recommendation. The IPPs for two consumers did not address supports for qualifying conditions identified in the record as indicated below:

1. Consumer #13: Services and supports for the consumers' need for prompts for toileting were addressed in the annual review; however, not in the IPP.
2. Consumer #15: Services and supports for the consumers' need for assistance with dressing was addressed in the quarterly report; however, not in the IPP.

2.9.a Recommendation	Regional Center Plan/Response
RCRC should ensure that the IPPs for consumers #13 and #15 address the services and supports in place for the conditions listed above.	Client #13's support needs were reviewed and documents updated as needed to reflect support needs. Client #15's support needs were reviewed and all documents updated as needed to reflect support needs.

2.9.b The IPP addresses the special health care requirements. [WIC §4646.5(a)(2)]

Finding

Six of the seven (86 percent) applicable sample consumer IPPs addressed the consumer's special health care requirements. However, the IPP for consumer #5 did not address the consumer's need for daily urine testing, fluid intake monitoring, and special diet, as noted in the quarterly report dated May 7, 2015.

2.9.b Recommendation	Regional Center Plan/Response
RCRC should ensure that the IPP for consumer #5 addresses the consumer's need for daily urine testing, fluid intake monitoring, and special diet.	An addendum was done on 4/5/16 to address support needs related to kidney disease.

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

Findings

Sixteen of the nineteen (84 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by RCRC. However, IPPs for three consumers did not indicate RCRC funded services as indicated below:

1. Consumer #1: “Supplemental program support.”
2. Consumer #4: “Behavior management consultant.”
3. Consumer #7: “Adaptive skills trainer.”

2.10.a Recommendation	Regional Center Plan/Response
RCRC should ensure that the IPPs for consumers #1, #4, and #7 include a schedule of the type and amount of all services and supports purchased by RCRC.	Client #1 Addendum was done to include POS for supplemental program support. Client #4 Addendum was done to include POS for behavioral management consultant. Client #7 New IPP reflects type and amount of all services.

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

Findings

Nine of the fifteen (60 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for six consumers did not meet the requirement as indicated below:

1. The records for consumers #9, #11, #14, #15, and #17 contained documentation of only three of the required meetings.
2. The records for consumer #16 contained documentation of only two of the required meetings.

2.13.a Recommendation	Regional Center Plan/Response
<p>RCRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #9, #11, #14, #15, #16, and #17. In addition, RCRC should evaluate what actions may be necessary to ensure that quarterly face-to face meetings are completed and documented for all applicable consumers.</p>	<p>Due to high caseload vacancies and therefore high caseload ratios, RCRC has been challenged to meet this requirement. However, RCRC provided refresher training to both Client Services Managers and Service Coordinators. In addition, as a proactive measure, all Client Services Managers and Service Coordinators receive monthly Reports and Contacts due lists in order to have a tool to use to monitor compliance with the required visits.</p> <p>The Client Services Director continues to work closely with the Client Services Managers to assist the Service Coordinators in completing timely visits. Client Services Managers meet with SC's individually to create work plans to increase compliance.</p> <p>The Manager of Special programs (Waiver Coordinator) communicates with both Service Coordinators and Client Service Managers when quarterly face to face meetings are found to be missing during HCBS waiver chart review.</p>

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

Findings

Nine of the fifteen (60 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for six consumers did not meet the requirements as indicated below:

1. The records for consumers #9, #11, #14, #15, and #17 contained documentation for only three of the required quarterly reports of progress.

2. The record for consumer #16 contained documentation of two of the required quarterly reports of progress.

2.13.b Recommendation	Regional Center Plan/Response
<p>RCRC should ensure that future quarterly reports of progress are completed for consumers #9, #11, #14, #15, #16, and #17. In addition, RCRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable consumers.</p>	<p>Due to high caseload vacancies and therefore high caseload ratios, RCRC has been challenged to meet this requirement. However, RCRC provided refresher training to both Client Services Managers and Service Coordinators. In addition, as a proactive measure, all Client Services Managers and Service Coordinators receive monthly Reports and Contacts due lists in order to have a tool to use to monitor compliance with the required visits.</p> <p>The Client Services Director continues to work closely with the Client Services Managers to assist the Service Coordinators in completing timely visits. Client Services Managers meet with SC's individually to create work plans to increase compliance.</p> <p>The Manager of Special programs (Waiver Coordinator) communicates with both Service Coordinators and Client Service Managers when quarterly face to face meetings are found to be missing during HCBS waiver chart review.</p>

Regional Center Consumer Record Review Summary						
Sample Size = 19 + 4 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	19			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 (2.1.a-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.	19			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.	19			100	None
2.1.c	The DS 3770 form documents annual recertifications.	19			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.			19	NA	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)]	18	1		95	See Narrative
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. [SMM 4442.7; 42 CFR Part 431, Subpart E; WIC §4646(g)]	5		17	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 19 + 4 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5; 42 CFR 441.302)	19			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/DD-H, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. [SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343]	19			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	16	3		84	See Narrative
2.6.a	IPP is reviewed (at least annually) by the planning team and modified as necessary, in response to the consumer's changing needs, wants or health status. [42 CFR 441.301(b)(1)(I)]	19			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 that the health status and CDER have been reviewed. (HCBS Waiver requirement)	10	1	8	91	See Narrative
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. [WIC §4646(g)]	19			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.	2		17	100	None
2.7.c	The IPP is prepared jointly with the planning team. [WIC §4646(d)]	19			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)]	19			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 19 + 4 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer's goals and needs. [WIC §4646.5(a)(2)]	Criterion 2.9 consists of seven sub-criteria (2.9.a-g) that are reviewed independently				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	15	4		79	See Narrative
2.9.b	The IPP addresses special health care requirements.	6	1	12	86	See Narrative
2.9.c	The IPP addresses the services for which the CCF provider is responsible for implementing.	2		17	100	None
2.9.d	The IPP addresses the services for which the day program provider is responsible for implementing.	10		9	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		6	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	19			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. [WIC §4685(c)(2)]	2		17	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)]	16	3		84	See Narrative
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. [WIC §4646.5(a)(4)]	19			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [WIC §4646.5(a)(4)]	2		17	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)]	19			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 19 + 4 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic review and reevaluations of consumer progress are completed (<i>at least annually</i>) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and that the consumer and his/her family are satisfied with the IPP and its implementation. [WIC §4646.5(a)(6)]	19			100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement</i>)	9	6	4	60	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement</i>)	9	6	4	60	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>)	1		19	100	None

SECTION III

COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

One consumer record was reviewed at one CCF visited by the monitoring team. The facility's consumer records were reviewed to determine compliance with 14 criteria. Five criteria were not applicable for this review.

III. Results of Review

The consumer records were 100 percent in compliance for 14 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 = 1; CCFs = 1						
	Criteria	+	-	N/A	% Met	Follow-up
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. [Title 17, CCR, §56017(b); Title 17, CCR §56059(b); Title 22, CCR, §80069]	1			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	1			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			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.	1			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	1			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	1			100	None
3.1.i	Special safety and behavior needs are addressed.	1			100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17 and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. [Title 17, CCR, §56019(c)(1)]	1			100	None
3.3	The facility has a copy of the consumer's current IPP. [Title 17, CCR, §56022(c)]	1			100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 1; CCFs = 1						
	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>]				NA	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.				NA	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			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			100	None
3.5.c	Quarterly reports include a summary of data collected. [<i>Title 17, CCR, §56013(d)(4); Title 17, CCR, §56026</i>]	1			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>]	1			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	1			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>)				NA	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>)				NA	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>)				NA	None

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

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

III. Results of Review

The consumer records were 100 percent in compliance for 16 criteria.

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

IV. Finding and Recommendation

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

Finding

One of the two sample consumer records contained documentation that the consumers and/or their authorized representative had been informed of their personal rights. However, the record for consumer #5 at day program #1 did not contain documentation that the consumer had been informed of her personal rights. During the review the consumer was informed of their personal rights. Accordingly, there is no recommendation.

Day Program Record Review Summary						
Sample Size: Consumers = 2; Day Programs = 2						
	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)	2			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.	2			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.	2			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.	2			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.	2			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.	1	1		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.	2			100	None
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	2			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 2; Day Programs = 2						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	2			100	None
4.2	The day program has a copy of the consumer's current IPP. [<i>Title 17, CCR §56720(b)</i>]	2			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>]	2			100	None
4.3.b	The day program's individual service plan (ISP) or other program documentation is consistent with the services addressed in the consumer's IPP.	2			100	None
4.4.a	The day program prepares and maintains written semiannual reports. [<i>Title 17, CCR, §56720(c)</i>]	2			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.	2			100	None
4.5.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)	1		1	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		1	100	None
4.5.c	There is appropriate follow-up to special incidents to resolve the issue and eliminate or mitigate future risk. (<i>Title 17, CCR, §54327</i>)	1		1	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

Seventeen of the nineteen consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, CCFs, or in independent living settings.

- ✓ Twelve adult consumers agreed to be interviewed by the monitoring teams.
- ✓ Four consumers did not communicate verbally or declined an interview, but were observed.
- ✓ One interview was conducted with a parent of a minor.
- ✓ Two consumers/parents of minors were unavailable for, or declined, interviews.

III. Results of Observations and Interviews

All consumers and parents of minors interviewed indicated satisfaction with their living situation, day program, work activities, health, choices, and regional center services. The 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 three 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 RCRC's medical director and online resources for medication.
4. The service coordinators monitor the consumers' services, health and safety during periodic visits. They are aware of the consumers' health issues. The service coordinators were knowledgeable about the special incident reporting process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed.

SECTION VI B

CLINICAL SERVICES INTERVIEW

I. Purpose

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

II. Scope of Interview

1. RCRC's Director of Clinical Services provided information to the monitoring team.
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, psychologists, behaviorists, dental coordinators, and a dietician.

The clinical team monitors consumers with medical issues identified during development of the IPP, special incident reports, and through referrals made by the service coordinators. As a result, consumer-specific plans may be developed which could include referrals to specialists, RCRC specialty clinics, or the Telemedicine Assessment and Consultation Team (TACT). The TACT program offers multi-disciplinary clinical services to consumers and their families via videoconferencing. The TACT team is available to provide ongoing support and follow-up as needed.

Members of the clinical team collaborate with the consumers' primary care physician in the coordination of care. The clinical team nurses are involved with all hospitalizations to ensure appropriate discharge planning and follow-up.

The clinical staff monitors consumers with polypharmacy or medication-related issues. The team has developed a medication checklist which assists the service coordinators to identify medication concerns. Nurses are available to provide medication training to service coordinators and providers.

The clinical team has numerous supports in place to assist service coordinators to carry out their responsibilities. RCRC provides continuing education for staff and service providers on topics such as medication management, end of life issues, and coordination of health care. Some of these supports also include videoconference presentations at all RCRC offices. The clinical staff maintains a library of tapes/DVDs that can be loaned to consumers, families, vendors, and regional center staff.

The clinical team is involved with consumers' behavioral plans and mental health issues. A behaviorist and psychologist are available to review behavior plans and special incident reports, and to provide support and training to consumers, families and providers. Clinical team members also have a role in the coordination of mental health services for consumers with issues identified through mental health reports, the IPP process, and by referrals from service coordinators.

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

- ✓ Advocacy for consumers with local health care providers
- ✓ Development of community-based services with emphasis on behavior, mental health, and psychiatry
- ✓ Specialty pediatric clinics, including nutrition and psychiatry
- ✓ Dental coordinators that provide desensitization training and support for consumers, and work with local hospitals and dental providers
- ✓ Grant from University of California San Francisco (UCSF) to provide training to local physicians regarding rare developmental conditions

Clinical team members participate in RCRC's Risk Management, Assessment and Planning Committee. Clinical staff review all health and death special incidents, provide feedback and recommendations, and if necessary, increased clinical services. The regional center utilizes Mission Analytics Group Inc., the State's risk management contractor, to analyze special incidents for trends. This information is used to make recommendations for appropriate follow-up and training, as needed. 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 CCFs, two unannounced visits to 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 a community resource manager who is part of the team responsible for conducting RCRC's QA activities.

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. The community resource manager may conduct additional unannounced visits to facilities with identified issues that require further follow-up review. The community resource manager is responsible for writing a corrective action plan if significant issues are discovered.
2. Service coordinators and the community resource manager 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 manager 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 training for providers. Topics have included preventing sexual and physical abuse, medication side effects, symptoms of medical conditions, and special needs of elderly consumers.

SECTION VII A

SERVICE PROVIDER INTERVIEWS

I. Purpose

The interviews determine how well the service provider knows the consumers, the extent of their assessment process for the 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 one service provider at one 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 their consumer.
2. The service provider indicated that they conducted assessments of the consumer, participated in their IPP development, provided the program specific services addressed in the IPPs and attempt to foster the progress of their consumer.
3. The service provider monitored the consumers' health issues and safeguarded medications.
4. The service provider communicated with people involved in the consumers' life and monitored progress.
5. The service provider is prepared for emergencies, monitors the safety of the consumer, and understands special incident reporting and follow-up processes.

SECTION VII B

DIRECT SERVICE STAFF INTERVIEWS

I. Purpose

The interviews determine how well the direct service staff knows the consumers and their understanding of the IPP and service delivery requirements, how they communicate, and their level of preparedness to address safety issues, their understanding of emergency preparedness, and knowledge about safeguarding medications.

II. Scope of Interviews

1. The monitoring team interviewed one direct service staff at one 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 direct service staff were familiar with the strengths, needs and preferences of their consumer.
2. The direct service staff were knowledgeable about their roles and responsibilities for providing the services addressed in the consumers' IPP.
3. The direct service staff demonstrated that they understood the importance of communication with all individuals concerned with the consumer.
4. The direct service staff were prepared to address safety issues and emergencies, and were familiar with special incident reporting requirements.
5. The direct service staff demonstrated an understanding about emergency preparedness.
6. The direct service staff were knowledgeable regarding safeguarding and assisting with self-administration of medications, where applicable.

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

The review ensures that the selected community care facilities (CCF) and day programs are serving consumers in a safe, healthy and positive environment where their rights are respected. The review also ensures that CCFs are meeting the HCBS Waiver definition of a homelike setting.

II. Scope of Review

1. A monitoring team reviewed one CCF.
2. The team used a monitoring review checklist consisting of 24 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

III. Results of Review

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 (SIR) of deaths received by DDS.
2. The records of the 19 consumers selected for the HCBS Waiver sample were reviewed to determine if all required special incidents were reported to DDS during the review period.
3. A supplemental sample of 10 consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. RCRC reported all deaths during the review period to DDS.
2. RCRC reported all special incidents in the sample of 19 records selected for the HCBS Waiver review to DDS.
3. RCRC's vendors reported 8 of the 10 (80 percent) incidents in the supplemental sample within the required timeframes.
4. RCRC reported all 10 (100 percent) 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 10 (100 percent) incidents.

IV. Findings and Recommendations

Consumer #32-S: The incident occurred on June 8, 2015. However, the vendor did not submit a written report to RCRC until June 11, 2015.

Consumer #34-S: The incident occurred on August 16, 2015. However, the vendor did not submit a written report to RCRC until August 19, 2015.

Recommendation	Regional Center Plan/Response
RCRC should ensure that the vendors for consumers #32-S and #34-S report special incidents within the required timeframes.	RCRC has been working closely with vendors who have been late in SIR reporting. For instance, SIR training was provided by RCRC at a Supported Living Services Roundtable. RCRC's Community Service staff have also provided letters with SIR timeline information, as well as conducting individual phone calls with timeline information to vendors with late reporting, along with "targeted" individualized SIR training to vendors and their staff as issues of late reporting have been identified.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

#	UCI	CCF	DP
1	XXXXXX		
2	XXXXXX	1	
3	XXXXXX		
4	XXXXXX		
5	XXXXXX		1
6	XXXXXX		
7	XXXXXX		
8	XXXXXX		
9	XXXXXX		
10	XXXXXX		
11	XXXXXX		
12	XXXXXX		
13	XXXXXX		
14	XXXXXX		2
15	XXXXXX		
16	XXXXXX		
17	XXXXXX		
18	XXXXXX		
19	XXXXXX		

Terminated/Reason 6

#	UCI
XX-T	XXXXXX
XX-T	XXXXXX
XX-T	XXXXXX

Supplemental Sample DC Consumers

#	UCI
XX-DC	XXXXXX

HCBS Waiver Review Service Providers

CCF #	Vendor
1	XXXXXX

Day Program #	Vendor
1	XXXXXX
2	XXXXXX

SIR Review Consumers

#	UCI	Vendor
26-S	XXXXXX	XXXXXX
27-S	XXXXXX	XXXXXX
28-S	XXXXXX	XXXXXX
29-S	XXXXXX	XXXXXX
30-S	XXXXXX	XXXXXX
31-S	XXXXXX	XXXXXX
32-S	XXXXXX	XXXXXX
33-S	XXXXXX	XXXXXX
34-S	XXXXXX	XXXXXX
35-S	XXXXXX	XXXXXX