

**San Andreas Regional Center  
Home and Community-based Services Waiver  
Monitoring Review Report**

**Conducted by:**

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

**October 6 - 17, 2008**

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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 October 6 - 17, 2008, at San Andreas Regional Center (SARC). The monitoring team members were Ray Harris (Team Leader), Linda Rhoades, Kathy Benson, and Lisa Miller from DDS, and Raylyn Garrett, Annette Hanson, and Katherine Page from DHCS.

### Purpose of the Review

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

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

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

### Scope of Review

The monitoring team reviewed a sample of 58 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers whose HCBS Waiver eligibility had been previously terminated; 2) three consumers who moved from a developmental center; and 3) ten consumers who had special incidents reported to DDS during the review period of August 1, 2007 through July 31, 2008.

The monitoring team completed visits to 14 community care facilities (CCFs) and 14 day programs. The team reviewed 17 CCF and 15 day program consumer records and had face-to-face visits with 44 selected sample consumers.

## Overall Conclusion

SARC is in substantial compliance with the federal requirements for the HCBS Waiver program. Specific recommendations that require follow-up actions by SARC are included in the report findings.

## Major Findings

### Section I – Regional Center Self Assessment

The self assessment responses indicated that SARC 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

Fifty-eight sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. The most prevalent findings were the following: Criterion 2.6.b was 83% in compliance because five of the 30 applicable consumer records did not contain completed Standardized Annual Review Forms. Criterion 2.13.a was 68% in compliance because 12 of the 37 applicable records did not contain documentation of all of the required quarterly face-to-face meetings for consumers living in community out-of-home settings. Criterion 2.13.b was 57% in compliance because 16 of the 37 applicable consumer records did not contain all of the required quarterly reports of progress completed for consumers living in community out-of-home settings.

The sample records were 96% in overall compliance for this review. SARC's records were 93% and 98% in overall compliance for the collaborative reviews conducted in 2006 and in 2004, respectively.

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

Seventeen consumer records were reviewed at 14 CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100% in compliance for the 19 criteria. SARC's records were 99% in overall compliance for the collaborative reviews conducted in 2006 and in 2004.

#### Section IV – Day Program Consumer Record Review

Fifteen consumer records were reviewed at 14 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 93-100% in compliance for the 17 criteria.

The sample records were 99% in overall compliance for this review. SARC's records were 98% and 100% in overall compliance for the collaborative reviews conducted in 2006 and in 2004, respectively.

#### Section V – Consumer Observations and Interviews

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

#### Section VI A – Service Coordinator Interviews

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

#### Section VI B – Clinical Services Interview

SARC's Healthcare Services Coordinator was interviewed using a standard interview instrument. She 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 Quality Assurance Coordinator was interviewed using a standard interview instrument. She responded to questions regarding how SARC is organized to conduct Title 17 monitoring reviews, verification of provider qualifications, resource development activities, special incident reporting, and QA activities where there is no regulatory requirement.

### Section VII A – Service Provider Interviews

Eight CCF and five day program service providers were interviewed using a standard interview instrument. The service providers responded to questions in the context of the sample consumers regarding their knowledge of the consumers, the annual review process and the monitoring of health issues, medications, progress, safety and emergency preparedness. The service providers were familiar with the consumers and knowledgeable about their roles and responsibilities.

### Section VII B – Direct Service Staff Interviews

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

### Section VIII – Vendor Standards Review

The monitoring team reviewed eight CCFs and six day programs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. All of the reviewed vendors were in good repair with no immediate health or safety concerns observed. However, two service provider staff did not have a current first aide certificate.

### Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 58 HCBS Waiver consumers and nine supplemental sample consumers for special incidents during the review period. SARC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported all the applicable incidents to SARC within the required timeframes, and SARC subsequently transmitted all special incidents to DDS within the required timeframes. SARC'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 San Andreas Regional Center's (SARC) 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

SARC 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 SARC 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. Fifty-eight HCBS Waiver consumer records were selected for the review sample.

<b>Living Arrangement</b>	<b># of Consumers</b>
Community Care Facility (CCF)	23
With Family	21
Independent or Supported Living Setting	14

2. The review period covered activity from August 1, 2007 - July 31, 2008.

#### III. Results of Review

The 58 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 SARC 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, three consumers were reviewed solely for documentation indicating they received face-to-face reviews every thirty days after moving from a developmental center.

- ✓ The sample records were in 100% compliance for 23 criteria. There are no recommendations for these criteria.
- ✓ 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))

Findings

Fifty-five of the 58 (95%) sample consumer records contained a completed DS 2200 form. However, the DS 2200 forms for consumers #XX and #XX were not in the record. Additionally, the DS 2200 form for consumer #XX was completed one year after eligibility was determined.

Subsequent to the review, SARC obtained a signed and dated DS 2200 for consumer #XX, thus no recommendation is needed for this record.

2.2 Recommendations	Regional Center Plan/Response
1. SARC should ensure that a DS 2200 form is completed and signed by consumer #XX.	Consumer #XX was terminated from the Waiver.
2. SARC should ensure that all DS 2200 forms are dated and signed at the time of the consumers' initial HCBS Waiver eligibility and filed in the consumer's chart.	SARC will ensure that no one is made eligible without a DS 2200 in place.

- 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

Fifty-two of the 58 (90%) consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in six 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 #XX: [REDACTED]
3. Consumer #XX: [REDACTED]  
[REDACTED]
4. Consumer #XX: [REDACTED]
5. Consumer #XX: [REDACTED]
6. Consumer #XX: [REDACTED]

2.5.b Recommendation	Regional Center Plan/Response
<p>SARC 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 consumers #XX and #XX due to an insufficient number of qualifying conditions, the correction may require that the consumer's HCBS Waiver eligibility be terminated. If SARC 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>SARC has changed the respective 3770's to more accurately reflect the consumer's current conditions for consumer #X, #XX, #XX, and #XX.</p> <p>[REDACTED]</p>

2.6.a The IPP is reviewed (*at least annually*) by the planning team and modified as necessary, in response to the consumer’s changing needs, wants or health status. (42 CFR 441.301(b)(1)(I))


Findings

Fifty-five of the 58 (95%) consumer records contained documentation that the consumers’ IPP had been reviewed annually by the planning team. However, the records for consumer #XX, #XX, and #XX did not contain documentation that the consumer’s IPP had been reviewed in the past year.

2.6.a Recommendation	Regional Center Plan/Response
SARC should ensure the IPP for consumers #XX, #XX, and #XX are reviewed at least annually.	SARC has provided documentation that an annual review for consumer #XX has been completed.  SARC will ensure that future annual IPP reviews are completed for consumer #XX.  

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

Findings

Twenty-five of the 30 (83%) applicable sample consumer records contained a completed SARF. However, the annual IPP review for consumers #XX, #XX, #XX, and #XX did not include the completion of a SARF. In addition, the SARF for consumer #XX was not signed by .

2.6.b Recommendations	Regional Center Plan/Response
1. SARC should ensure that a SARF form is completed during the annual IPP review process for consumers #XX, #XX, #XX, and #XX.	SARC has provided documentation that an annual review has been completed for consumer #XX.  Consumer #XX [REDACTED] [REDACTED]  SARC will ensure that future annual IPP reviews for consumers #XX and # XX include the completion of a SARF.
2. SARC should ensure that the [REDACTED] consumer #XX signs the SARF.	The signature of [REDACTED] consumer #XX has been obtained.

2.7.b IPP addenda are signed by an authorized representative of the regional center and the consumer or, where appropriate, his/her parents, legal guardian, or conservator.

Finding

Two of the three (67%) applicable sample consumer records contained IPP addenda signed by an authorized representative of SARC and the consumer or, where appropriate, his/her parents, legal guardian, or conservator. However, the IPP addendum dated X/XX/XX to begin a community integration program for consumer #XX was not signed by [REDACTED].

2.7.b Recommendation	Regional Center Plan/Response
SARC should ensure that the IPP addendum for consumer #XX is signed by [REDACTED]	The signature of [REDACTED] consumer #XX has been obtained.

- 2.12 Periodic review and reevaluations of consumer progress are completed (*at least annually*) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation.  
 (WIC §4646.5(a)(6))

Findings

Fifty-five of the 58 (95%) consumer records contained documentation of periodic review and reevaluation of consumer progress at least annually. However, the record for consumers #XX, #XX and #XX did not contain documentation that the consumers' progress had been reviewed within the year.

2.12 Recommendation	Regional Center Plan/Response
SARC should ensure that a review and reevaluation of progress regarding planned services, timeframes and satisfaction for consumers #XX, #XX and #XX are completed and documented at least annually.	Consumer #XX [REDACTED] SARC will ensure that a review and reevaluation of progress regarding planned services, timeframes and satisfaction is completed annually in the future for consumers #XX and #XX.

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

Twenty-five of the 37 (68%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for twelve consumers did not meet the requirements as indicated below:

1. The records for consumers #X, #XX, #XX, #XX, #XX, and #XX contained documentation for three of the required meetings.
2. The records for consumers #XX and #XX contained documentation for two of the required meetings.
3. The records for consumers #XX, #XX, #XX, and #XX did not contain documentation of the required meetings.

2.13.a Recommendations	Regional Center Plan/Response
1. SARC should ensure that all future face-to-face meetings are completed and documented each quarter for the consumers identified above.	SARC will endeavor to ensure that future quarterly face-to-face meetings are completed each quarter.
2. SARC should evaluate what action may be necessary to ensure that quarterly face-to-face meetings are completed for all applicable consumers.	SARC has evaluated what actions to take to ensure quarterly face-to-face meetings are completed, and determined that filling uncovered caseloads and reducing caseload ratios will increase the performance in this area.



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

Twenty-one of the 37 (57%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for sixteen consumers did not meet the requirements as indicated below:

1. The records for consumers #X, #XX, #XX, #XX, #XX, #XX, #XX, and #XX contained three quarterly progress reports.
2. The records for consumers #X, #XX, #XX, and #XX contained two quarterly progress reports.
3. The records for consumers # XX, #XX, #XX, and #XX did not contain documentation of the required quarterly progress reports.

2.13.b Recommendations	Regional Center Plan/Response
1. SARC should ensure that future quarterly reports of progress are completed each quarter for the consumers identified above.	SARC will endeavor to ensure that future quarterly reports are completed each quarter.
2. SARC should evaluate what action may be necessary to ensure that quarterly reports of progress are completed for all applicable consumers.	SARC has evaluated what actions to take to ensure quarterly face to face meetings are completed, and determined that filling uncovered caseloads and reducing caseload ratios will increase the performance in this area.

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 58 + 6 Supplemental Record</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)	58			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Mental Retardation Professional (QMRP), which documents the date of the consumer's initial HCBS Waiver eligibility certification, annual recertifications, the consumer's qualifying conditions and short-term absences. (SMM 4442.1), (42 CFR 483.430(a))	Criterion 2.1 consists of four sub-criteria (2.1a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Mental Retardation Professional and the title "QMRP" appears after the person's signature.	58			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.	58			100	None
2.1.c	The DS 3770 form documents annual recertifications.	57		1	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	1		57	100	None
2.2	Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). (SMM 4442.7), (42 CFR 441.302(d))	55	3		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))	3		58	100	None

**Regional Center Consumer Record Review Summary**  
**Sample Size = 58 + 6 Supplemental Record**

	<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)	58			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)	58			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	52	6		90	See narrative
2.6.a	IPP is reviewed ( <i>at least annually</i> ) by the planning team and modified as necessary, in response to the consumer's changing needs, wants or health status. (42 CFR 441.301(b)(1)(I))	55	3		95	See Narrative
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. (HCBS Waiver requirement)	25	5	28	83	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))	58			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	1	55	67	See Narrative
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	58			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))	58			100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 58 + 6 Supplemental Record</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))					
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	57		1	100	None
2.9.b	The IPP addresses the special health care requirements.	12		46	100	None
2.9.c	The IPP addressed the services for which the CCF provider is responsible for implementing.	23		35	100	None
2.9.d	The IPP addressed the services for which the day program provider is responsible for implementing.	41		17	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.	14		44	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	58			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	12		46	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))	58			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))	58		0	100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	3		55	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))	58			100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 58 + 6 Supplemental Record</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> )	55	3		95	See Narrative
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> )	25	12	21	68	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> )	21	16	21	57	See Narrative
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. ( <i>WIC §4418.3</i> )	3		58	100	None

## SECTION III

### COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

#### I. Purpose

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

#### II. Scope of Review

Seventeen sample consumer records were reviewed at 14 CCFs visited by the monitoring team. The facilities' consumer records were reviewed to determine compliance with 19 criteria.

#### III. Results of Review

The consumer records were 100% in compliance for the 19 criteria.

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

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 17; CCFs = 14</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. ( <i>Title 17, CCR, §56017(b)</i> ), ( <i>Title 17, CCR §56059(b)</i> ), ( <i>Title 22, CCR, §80069</i> )	17			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	17			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	11		6	100	None
3.1.c	The consumer record contains current health information that includes medical, dental and other health needs of the consumer including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	17			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	17			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	17			100	None
3.1.i	Special safety and behavior needs are addressed.	11		6	100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17, and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. ( <i>Title 17, CCR, §56019(c)(1)</i> )	17			100	None
3.3	The facility has a copy of the consumer's current IPP. ( <i>Title 17, CCR, §56022(c)</i> )	17			100	None

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 17; CCFs = 14</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. ( <i>Title 17, CCR, §56026(b)</i> )	5		12	100	None
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	5		12	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> )	12		5	100	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	12		5	100	None
3.5.c	Quarterly reports include a summary of data collected. ( <i>Title 17, CCR, §56013(d)(4)</i> ), ( <i>Title 17, CCR, §56026</i> )	12		5	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> )	17			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	11		6	100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. ( <i>Title 17, CCR, §54327</i> )	2		15	100	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. ( <i>Title 17, CCR, §54327</i> )	2		15	100	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. ( <i>Title 17, CCR, §54327</i> )	2		15	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

Fifteen sample consumer records were reviewed at 14 day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria.

#### III. Results of Review

The consumer records were 100% in compliance for 14 of the 17 criteria. Findings for three criteria are detailed below.

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

#### IV. Findings and Recommendations

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

##### Findings

Fourteen of the fifteen sample (93%) consumer records contained up-to-date data collection for measuring progress on the services for which the day program provider is responsible for implementing, as indicated in the consumers' IPPs. However, the record for consumer #XX at day program #X did not contain data on the services in the IPP for which the day program was responsible.

4.1.f Recommendation	Regional Center Plan/Response
SARC should ensure that day program provider #X collects data that measures progress on objectives as indicated in the IPP for consumer #XX.	We followed up regarding our reminders for them to collect IPP data.

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

Finding

Fourteen of the 15 (93%) sample consumer records contained a copy of the consumer’s current IPP. The record for consumer #X at day program #XX did not contain a copy of the current IPP. A copy of the consumer’s current IPP was provided to the service provider at the time of the visit. Accordingly, a recommendation is not needed.

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

Finding

Fourteen of the 15 (93%) sample consumer records contained semiannual reports of consumer performance and progress. However, the record for consumer #XX at day program #X was missing one of the two required semiannual reports of progress.

4.4.a Recommendation	Regional Center Plan/Response
SARC should ensure that day program provider #X prepares written semiannual reports of progress for consumer #XX	We followed up regarding our reminders for them to complete semiannual progress reports.

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 15; Day Programs = 14</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)	15			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.	15			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.	15			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.	15			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.	15			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.	15			100	None
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing.	14	1		93	None

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 15; Day Programs = 14</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.	15			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	7		8	100	None
4.2	The day program has a copy of the consumer's current IPP. ( <i>Title 17, CCR §56720(b)</i> )	14	1		93	See Narrative
4.3.a	The day program provider develops, maintains, and modifies as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. ( <i>Title 17, CCR, §56720(a)</i> )	15			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.	15			100	None
4.4.a	The day program prepares and maintains written semiannual reports. ( <i>Title 17, CCR, §56720(c)</i> )	14	1		93	See Narrative
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services for which the day program is responsible for implementing.	15			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> )	3		12	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> )	3		12	100	None
4.5.c	There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. ( <i>Title 17, CCR, §54327</i> )	3		12	100	None

## SECTION V

### CONSUMER OBSERVATIONS AND INTERVIEWS

#### I. Purpose

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

#### II. Scope of Observations and Interviews

Forty-four of 58 consumers were observed and/or interviewed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Thirty consumers agreed to be interviewed by the monitoring teams.
- ✓ Ten phone interviews were conducted with parents of minor consumers.
- ✓ Fourteen consumers did not communicate verbally or declined to be interviewed but were observed.
- ✓ Four consumers were unavailable for an interview or observation.

#### III. Results of Observations and Interviews

The consumers' overall appearance reflected personal choice and individual style. Thirty-nine of the 40 interviewed consumers and parents indicated satisfaction with their living situations, day programs, work activities, health, choices, and regional center services.

#### IV. Finding and Recommendation

Consumer #XX is



IV. Recommendation

Recommendation	Regional Center Plan/Response
SARC should follow-up with [REDACTED]	[REDACTED]

## SECTION VI A

### SERVICE COORDINATOR INTERVIEWS

#### I. Purpose

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

#### II. Scope of Interviews

1. The monitoring team interviewed 12 San Andreas Regional Center (SARC) 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 SARC nurses and internet medication guides as resources. Additionally, SARC provides all newly employed service coordinators with training on medications and side effects, and offers periodic trainings on new and commonly used medications.

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. The interview with clinical services staff aids in determining what measures the regional center is utilizing to ensure the ongoing health and safety of all Home and Community-Based Services Waiver consumers.

#### II. Scope of Interview

1. The questions in the interview cover the following topics: routine monitoring of consumers with medical issues, medications and behavior plans; coordination of medical and mental health care for consumers; circumstances under which actions are initiated for medical or behavior issues; clinical supports to assist service coordinators; improved access to preventive health care resources; role in Risk Management Committee and special incident reports (SIRs).
2. The monitoring team interviewed the Healthcare Services Coordinator at San Andreas Regional Center's (SARC).

#### III. Results of Interview

1. The clinical team at SARC consists of a physician, psychologists, registered nurses, occupational therapists, a dental hygienist, and a dental coordinator. In addition, there are two registered nurses and two psychiatric technicians from Agnews Developmental Center (ADC) that are under contract with SARC.
2. The clinical team is available to respond to requests from service coordinators when there are concerns regarding consumers' health or safety issues. The clinical team can assist staff with medication reviews as needed; they are also able to access the drug utilization review committee at ADC. The nurses review and approve all restricted or special health condition care plans for consumers living in CCF's or attending day programs. They are responsible for monitoring hospitalized consumers and assist with discharge planning.
3. The clinical team psychologists are available for consultation regarding behavior plans. Also, the nurses and psychiatric technicians from ADC work with behaviorists and providers to modify and implement behavior plans as needed.

4. The clinical team provides ongoing training and support to service coordinators. The team is responsible for new employee orientation related to consumer health issues as well as ongoing training classes for service coordinators and providers. Presentations have included choking precautions and other pertinent health issues. The clinical team has developed a “Grab and Go” packet to ensure providers have quick access to consumer health information in emergencies.
5. SARC has improved health care access for its consumers, through education, including the following:
  - ✓ SARC has three registered dental hygienists that help to coordinate availability of dental providers, improve access to dental anesthesia and train providers on how to care for the developmentally disabled population.
  - ✓ The nurse consultants are advocates for unconserved adults and/or elderly consumers in hospitals or other facilities, who have no family or legal representatives available.
  - ✓ The clinical team has developed a relationship with a managed care health plan that has allocated five of their physicians to make home visits for discharged ADC patients.
  - ✓ The regional center has collaborated with Golden Gate Regional Center and the Regional Center of the East Bay to develop a crisis intervention service.
6. One of the nurses from the clinical team is on the Risk Management Committee. This nurse reviews all medically related SIR(s), and ensures that appropriate follow-up is completed. The clinical team nurses also provide training for service coordinators and vendors as needed in response to health related SIR trends.

## SECTION VI C

### QUALITY ASSURANCE INTERVIEW

#### I. Purpose

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

#### II. Scope of Interview

The monitoring team interviewed the Quality Assurance coordinator who directs service coordinators, clinical staff and consultants who conduct San Andreas Regional Center (SARC) QA activities.

#### III. Results of Interview

1. Service coordinators, who are assigned as facility liaisons, are responsible for conducting the annual Title 17 monitoring reviews and the two required unannounced visits to CCFs. The QA coordinator acts as team lead for the tri-annual QA evaluations, the more extensive reviews that may include additional regional center staff, consumers, family members, and other members of the community. Evaluation activities include a review of records, medications, personal and incidental funds, consumer interviews, staffing ratios, first aid certificates, and safety walk through.
2. When issues of substantial inadequacies are identified corrective action plans (CAPs) are developed. Additional visits can occur to ensure that CAP issues have been resolved or to follow-up on special incidents that are related to vendor operations, such as medication errors. The QA coordinator may provide on-site technical assistance and training to vendors in order to help them resolve specific issues arising from these visits. Additionally, the coordinator is involved in the orientation and training for new service providers.
3. SARC also conducts periodic monitoring visits at other service providers such as day programs.

## SECTION VII A

### SERVICE PROVIDER INTERVIEWS

#### I. Purpose

The interviews determine how well the service provider knows the consumers, the extent of their assessment process for the annual 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 13 service providers at eight community care facilities (CCFs) and five day programs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories.
  - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
  - ✓ The questions in the second category are related to general areas.

#### III. Results of Interviews

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

## SECTION VII B

### DIRECT SERVICE STAFF INTERVIEWS

#### I. Purpose

The interviews determine how well the direct service staff knows the consumers, their understanding of the IPP and service delivery requirements, how they communicate, 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 12 service providers at seven community care facilities (CCFs) and five day programs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories.
  - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
  - ✓ The questions in the second category are related to general areas.

#### III. Results of Interviews

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

## SECTION VIII

### VENDOR STANDARDS REVIEW

#### I. Purpose

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

#### II. Scope of Review

1. The monitoring teams reviewed a total of eight CCFs and six day programs.
2. The teams used a monitoring review checklist consisting of 23 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

#### III. Results of Review

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

#### IV. Findings and Recommendation

##### 8.3.c First Aid

##### Findings

Day program #X had one direct care staff that did not have a current first aid certificate.

CCF #XX had one direct care staff that did not have a current first aid certificate.

8.3.c Recommendation	Regional Center Plan/Response
SARC should ensure that the providers at day program #X and CCF #XX have current first aid certificates for all staff.	Current first aid certificates are on file for all staff.

## 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 San Andreas Regional Center (SARC) 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 58 consumers selected for the Home and Community-based Services (HCBS) Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of ten consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

#### III. Results of Review

1. SARC reported all deaths during the review period to DDS.
2. SARC reported all special incidents in the sample of 58 records selected for the HCBS Waiver review to DDS.
3. SARC's vendors reported all nine applicable incidents in the supplemental sample to SARC within the required timeframes.
4. SARC reported all nine incidents to DDS within the required timeframes.
5. SARC's follow-up activities on consumer incidents were appropriate for the severity of the situations for all ten incidents.

#### IV. Finding and Recommendation

None



## SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

### HCBS Waiver Review Consumers

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

33	XXXXXXXX	4	
34	XXXXXXXX		
35	XXXXXXXX		
36	XXXXXXXX		4
37	XXXXXXXX	9	
38	XXXXXXXX		
39	XXXXXXXX		6
40	XXXXXXXX		
41	XXXXXXXX	10	
42	XXXXXXXX		
43	XXXXXXXX		
44	XXXXXXXX	5	
45	XXXXXXXX		11
46	XXXXXXXX		3
47	XXXXXXXX		
48	XXXXXXXX		
49	XXXXXXXX		
50	XXXXXXXX		
51	XXXXXXXX		
52	XXXXXXXX		
53	XXXXXXXX		
54	XXXXXXXX		
55	XXXXXXXX		
56	XXXXXXXX		
57	XXXXXXXX		
58	XXXXXXXX		

**Supplemental Sample Consumers**

#	UCI
59 DC	XXXXXXXX
60 DC	XXXXXXXX
61 DC	XXXXXXXX

**Supplemental Sample of Terminated Consumers**

#	UCI
62 T	XXXXXXXX
63 T	XXXXXXXX
64 T	XXXXXXXX

### HCBS Waiver Review Service Providers

<b>CCF#</b>	<b>Vendor</b>
1	XXXXXXXX
2	XXXXXXXX
3	XXXXXXXX
4	XXXXXXXX
5	XXXXXXXX
6	XXXXXXXX
7	XXXXXXXX
8	XXXXXXXX
9	XXXXXXXX
10	XXXXXXXX
11	XXXXXXXX
12	XXXXXXXX
13	XXXXXXXX
14	XXXXXXXX
15	XXXXXXXX

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

**SIR Review Consumers**

<b>#</b>	<b>UCI</b>	<b>Vendor</b>
65	XXXXXXXX	XXXXXXXX
66	XXXXXXXX	XXXXXXXX
67	XXXXXXXX	XXXXXXXX
68	XXXXXXXX	XXXXXXXX
69	XXXXXXXX	XXXXXXXX
70	XXXXXXXX	XXXXXXXX
71	XXXXXXXX	XXXXXXXX
72	XXXXXXXX	XXXXXXXX
73	XXXXXXXX	XXXXXXXX
74	XXXXXXXX	XXXXXXXX