

**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 8-19, 2012

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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 8-19, 2012 at San Andreas Regional Center (SARC). The monitoring team members were Lisa Miller (Team Leader), Ray Harris, Corbett Bray and Mary Ann Smith from DDS, and Raylyn Garrett, Annette Hanson, and Jalal Haddad 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 65 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; 3) ten consumers who had special incidents reported to DDS during the review period of August 1, 2011 through July 31, 2012, and 4) DDS conducted an enhanced review of criteria 2.13.a on November 15, 2012, in conjunction with this review to assess SARC's compliance in conducting quarterly face-to-face meetings with consumers living in community out-of-home settings.

The monitoring team completed visits to 8 community care facilities (CCFs) and 15 day programs. The team reviewed eight CCF and 25 day program consumer records and 56 sample consumers, or in the case of minors, their parents were interviewed and/or observed.

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. DDS is requesting documentation of follow-up actions taken by SARC 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 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

Sixty-five sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Criterion 2.13.a was rated 85% because 6 of the 40 applicable records did not contain documentation of quarterly face-to-face meetings.

The sample records were 98% in overall compliance for this review. SARC's records were 97% and 96% in overall compliance for the collaborative reviews conducted in 2010 and in 2008, respectively.

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

Eight consumer records were reviewed at 8 CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. 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 2010 and in 2008, respectively.

Section IV – Day Program Consumer Record Review

Twenty-five consumer records were reviewed at 15 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 98% in overall compliance for this review.

SARC's records were 99% in overall compliance for the collaborative reviews conducted in 2010 and 2008.

Section V – Consumer Observations and Interviews

Fifty-six 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 except two of the interviewed consumers/parents indicated they were satisfied with their services, health and choices.

Section VI A – Service Coordinator Interviews

Thirteen 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

SARC's Health Services Associate Coordinator and Nurse Consultant were interviewed using a standard interview instrument. They 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

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

Section VII B – Direct Service Staff Interviews

Seven CCF and six 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 was familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VIII – Vendor Standards Review

The monitoring team reviewed eight CCFs and five 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.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 65 HCBS Waiver consumers and 10 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 ten incidents to SARC within the required timeframes, and SARC subsequently transmitted nine of the ten special incidents to DDS within the required timeframe. 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.

Regional Center Self-Assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
<p>State conducts level of care need determinations consistent with the need for institutionalization</p>	<p>The regional center ensures that consumers meet ICF/DD, ICF/DD-H, or ICF/DD-N facility level of care requirements as a condition of initial and annual eligibility for the HCBS Waiver Program.</p> <p>Regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meets the federal definition of a Qualified Mental Retardation Professional (QMRP).</p> <p>The regional center ensures that consumers are eligible for full scope Medi-Cal benefits before enrolling them in the HCBS Waiver.</p>
<p>Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services</p>	<p>The regional center takes action(s) to ensure consumers' rights are protected.</p> <p>The regional center takes action(s) to ensure that the consumers' health needs are addressed.</p> <p>The regional center ensures that behavior plans preserve the right of the consumer to be free from harm.</p> <p>The regional center maintains a Risk Management, Risk Assessment and Planning Committee.</p> <p>The regional center has developed and implemented a Risk Management/Mitigation Plan.</p> <p>Regional centers and local Community Care Licensing offices coordinate and collaborate in addressing issues involving licensing requirements and monitoring of CCFs pursuant to the MOU between DDS and Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 community care facilities (CCF).</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 no 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 (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. The criteria addresses requirements for eligibility, consumer choice, notification of proposed action (NOA) and fair hearing rights, level of care, individual program plans (IPPs), 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. Sixty-five HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	26
With Family	25
Independent or Supported Living Setting	14

2. The review period covered activity from August 1, 2011 – July 31, 2012.

III. Results of Review

The 65 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 or the consumer had voluntarily disenrolled from the HCBS Waiver. Additionally, three supplemental records were reviewed solely for documentation indicating that the consumer received face-to-face reviews every thirty days after moving from a developmental center. One criterion was rated as not applicable for this review.

- ✓ The sample records were in 100% compliance for 18 criteria. There are no recommendations for these criteria.
- ✓ Findings for 12 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

Sixty-three of the 65 (97%) sample consumer records contained a completed DS 2200 Choice of Living form. However, the DS 2200 for consumer #22 a non-conserved adult was not signed by the consumer. The record for consumer #44 contained a DS 2200 form that was not signed by the conservator.

2.2 Recommendation	Regional Center Plan/Response
SARC should ensure that a DS 2200 form is completed and signed for consumers #22 and #44 as appropriate. If consumer #22 does not sign, SARC should ensure that the record addresses what actions were taken to encourage the consumer to sign and the reason why he did not sign.	<u>Consumer #22</u> : Has signed the DS 2200. <u>Consumer #44</u> : Is no longer conserved; the DS 2200 was signed by consumer. SARC will develop and implement procedures intended to streamline the acquisition of DS 2200s.

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

Finding

Sixty-four of the 65 (98%) sample consumer records documented at least two qualifying conditions that meet the level-of-care requirements. The record for consumer #23 included, “express herself when out in the public.” However, this is not an issue that can be considered a qualifying condition in either the ICF regulations or the program advisories.

2.5.a Recommendation	Regional Center Plan/Response
<p>SARC should reevaluate the HCBS Waiver eligibility of consumer #23 to ensure that the consumer meets the level of care requirements. If the consumer does not have at least two distinct qualifying conditions that meet the level of care requirements, the consumer's HCBS Waiver eligibility should be terminated.</p>	<p><u>Consumer #23</u>: HCBS Waiver eligibility has been reevaluated, and the consumer was found to meet the eligibility criteria. The SC created an addendum to the consumer's IPP to reflect "2" qualifying conditions and supports. QMRP staff was re-educated on identifying eligibility criteria.</p>

2.5.b The consumer's qualifying conditions documented in the Client Development Evaluation Report (CDER) are consistent with information contained in the consumer's record. (SMM 4442.5), (42 CFR 441.302(c)), (Title 22, CCR, §51343)

Finding

Sixty-four of the 65 (98%) sample consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. The record for consumer #12 identified two conditions, "medication" and "safety" on the DS 3770. However, there was no supporting information in the consumers' record (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports.

2.5.b Recommendation	Regional Center Plan/Response
<p>SARC 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 qualifying conditions. If SARC 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><u>Consumer #12</u>: Was terminated from Medicaid Waiver due to insufficient qualifying conditions. SARC has implemented utilization of SANDIS generated IPPs; one of the features of this program is that it is linked to the CDER. The qualifying conditions must be linked to the purchases or objectives before the Service Coordinator can submit the IPP for approval. This is to help ensure that the qualifying deficits are adequately addressed.</p>

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

Finding

Sixty-four of the 65 (98%) sample consumer records contained documentation that the consumer’s IPP had been reviewed annually by the planning team. However, there was no documentation that the IPP for consumer #12 was reviewed during the monitoring review period.

2.6.a Recommendation	Regional Center Plan/Response
SARC should ensure that the IPP for consumer #12 is reviewed at least annually by the planning team.	<u>Consumer #12:</u> The IPP was reviewed for recertification 11/12. The consumer did not have 2 qualifying conditions. The consumer was terminated effective 10/31/12.

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

Forty-two of the 43 (98%) applicable sample consumer records contained a completed SARF. However, the record for consumer #12 did not contain a completed SARF.

2.6.b Recommendation	Regional Center Plan/Response
SARC should ensure that the SARF for consumer #12 is completed during the annual IPP review process.	<u>Consumer #12:</u> The file was reviewed for recertification 11/12, consumer did not have 2 qualifying conditions. The consumer was terminated effective 10/31/12.

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, legal guardian, or conservator. (WIC §4646(g))

Findings

Sixty-two of the 65 (95%) sample consumer records contained IPPs that were signed by SARC and the consumers or their legal representatives. However, the IPPs for consumers #36, #44 and #45 were not signed by the conservators.

2.7.a Recommendation	Regional Center Plan/Response
SARC should ensure that the conservators sign the IPPs for consumers #36, #44, and #45.	<p><u>Consumer #36:</u> The SC received the conservator's signature and provided documentation on 8/9. SARC will endeavor to ensure that future IPPs are signed by conservators. <u>Consumer #44:</u> Is no longer conserved, therefore, the current 5/12-5/15 IPP is signed by the consumer (see attached IPP Signature page and the IPP addendum). <u>Consumer #45:</u> The conservator has signed the IPP (see attached IPP signature page for the 3/10 IPP). Staff is reminded of signature requirements.</p>

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

Five of the six (83%) applicable sample consumer records contained IPP addenda signed by an SARC representative and the consumer or their legal representative. However, the IPP addenda completed in 03/11 for consumer #45 was not signed by the conservator.

2.7.b Recommendation	Regional Center Plan/Response
SARC should ensure that the IPP addendum for consumer #45 is signed by the conservator.	<u>Consumer # 45:</u> SARC will endeavor to ensure that IPP addenda are signed by conservators. Staff is reminded of the signature requirements.

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

Fifty-eight of the 65 (89%) sample consumer records contained IPPs that include all services and supports purchased by the regional center. However, the IPPs for the following consumers did not include the following supports purchased by the regional center.

1. Consumer #3: Community integration training
2. Consumer #25: Dental services

3. Consumer #29: Dental and supplemental program support
4. Consumer #31: Camping
5. Consumer #39: Client parent support behavior intervention training
6. Consumer #47: Dental services
7. Consumer #53: Dental services

2.10.a Recommendation	Regional Center Plan/Response
<p>SARC should ensure that the IPPs for consumers #3, #25, #29, #31, #39, #47 and #53 include all services and supports purchased by the regional center.</p>	<p><u>Consumer #3, #39, #53:</u> SARC will endeavor to ensure that future IPPs include all services and supports purchased by the regional center, the current IPPs identify all services and supports purchased by the regional center.</p> <p><u>Consumer #25:</u> SARC will endeavor to ensure that future IPPs include all services and supports purchased by the regional center, “Dental Services” is no longer authorized for this consumer; the current IPP identifies all services and supports purchased by the regional center.</p> <p><u>Consumer #29:</u> SARC will endeavor to ensure that future IPPs include all services and supports purchased by the regional center, an addendum was developed for the current IPP, dated 4/12 and identifies all services and supports purchased by the regional center.</p> <p><u>Consumer #31:</u> SARC will endeavor to ensure that future IPPs include all services and supports purchased by the regional center, the current IPP identifies all services and supports purchased by the regional center; SARC funds out of home respite for this consumer. Subsequent IPP dated 1/25/13 identifies respite to be used to give parents a break from care. Parents have selected camp as the form of respite.</p>

	<p><u>Consumer #47</u>: IPP/Statement of Support was signed but not scanned to file. Staff has also been reminded that purchases are to be identified in the IPPs/Statement of Supportive Services.</p>
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- 2.11 The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to, vendors, contracted providers, generic service agencies, and natural supports. (WIC §4646.5(a)(4))

Findings

Sixty-three of the 65 (97%) sample consumer IPPs identified the provider or providers of service responsible for implementing services. However, the IPPs for the following consumers did not identify the provider or providers responsible for implementing the following supports purchased by the regional center.

1. Consumer #3: Community integration training
2. Consumer #39: Behavior intervention training

2.11 Recommendation	Regional Center Plan/Response
<p>SARC should ensure the IPPs for consumers #3 and #39 identifies the providers for the services listed.</p>	<p><u>Consumer # 3 and #39</u>: SARC will endeavor to ensure that future IPPs identify the providers for the services listed, the current IPP identifies the providers for the services listed. Staff is reminded that providers of purchased services are to be identified in the IPPs.</p>

- 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))

Finding

Sixty-four of the 65 (98%) sample consumer records contained documentation of periodic review and reevaluation of consumer progress at least annually. However, the record for consumer #12 did not contain documentation that the consumer’s progress had been reviewed within the year. Specifically, there was no documentation (e.g. consumer signatures on a current IPP or standardized annual review form) to indicate the consumer’s progress or satisfaction with implementation of the IPP.

2.12 Recommendation	Regional Center Plan/Response
SARC should ensure that a review and reevaluation of progress regarding planned services, timeframes and satisfaction for consumer #12 is completed and documented at least annually.	<u>Consumer #12:</u> SARC will endeavor to ensure that a review and reevaluation of progress regarding planned services, timeframes and satisfaction for consumers is completed and documented at least annually. Staff is reminded of this requirement.

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 (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

Thirty-four of the 40 (85%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for six consumers did not meet the requirements as indicated below:

1. The records for consumers #17, #33, #45 and #47 contained documentation of three of the required meetings.
2. The records for consumers #53 and #62 contained documentation of two of the required meetings.

Additional Comments

As indicated in DDS's letter to SARC dated May 25, 2010, several previous monitoring reviews have resulted in findings of exceptionally low compliance in this area. As a result, the letter indicated that DDS would conduct enhanced follow-up monitoring reviews until SARC demonstrates sustained improvement in making the required quarterly face-to-face meetings with consumers. An additional 60 consumers were selected for the enhanced follow-up monitoring review conducted on November 15, 2012. The results for the entire sample of 100 were sent under separate cover.

2.13.a Recommendation	Regional Center Plan/Response
SARC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #17, #33, #45, #47, #53 and #62.	<u>Consumers #17, #33, #45, #47, #53 and #62:</u> Staff is reminded of the quarterly, face-to-face contact requirements; Staff has been provided written examples as guides in how to document face-to-face contact.

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

Thirty-three of the 40 (83%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for seven consumers did not meet the requirements as indicated below:

1. The records for consumers #38 and #47 contained documentation of three of the required quarterly reports of progress.
2. The records for consumers #45 and #62 contained documentation of two of the required quarterly reports of progress.
3. The records for consumers #21, #33 and #53 contained documentation of one of the required quarterly reports of progress.

2.13.b Recommendation	Regional Center Plan/Response
SARC should ensure that future quarterly reports of progress are completed for the consumers #21, #33, #38, #45, #47, #53 and #62.	<u>Consumers #21, #33, #38, #45, #47, #53 and #62:</u> Staff is reminded of the quarterly, face-to-face reporting requirements; Staff has been provided written examples as guides in how to document face-to-face contact.

Regional Center Consumer Record Review Summary						
Sample Size = 65 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	65			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.	65			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.	65			100	None
2.1.c	The DS 3770 form documents annual recertifications.	65			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.			65	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))	63	2		97	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		65	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 65 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5), (42 CFR 441.302)	65			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)	64	1		98	See Narrative
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	64	1		98	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))	64	1		98	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)	42	1	22	98	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))	62	3		95	See Narrative
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	5	1	59	83	See Narrative
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	65			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))	65			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 65 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer's goals and needs. (<i>WIC §4646.5(a)(2)</i>)	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).	64		1	100	None
2.9.b	The IPP addresses special health care requirements.	33		32	100	None
2.9.c	The IPP addresses the services for which the CCF provider is responsible for implementing.	26		39	100	None
2.9.d	The IPP addresses the services for which the day program provider is responsible for implementing.	38		27	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.	15		50	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	65			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (<i>WIC §4685(c)(2)</i>)	14		51	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. (<i>WIC §4646.5(a)(4)</i>)	58	7		89	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. (<i>WIC §4646.5(a)(4)</i>)	65			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (<i>WIC §4646.5(a)(4)</i>)	6		59	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. (<i>WIC §4646.5(a)(4)</i>)	63	2		97	See Narrative

Regional Center Consumer Record Review Summary						
Sample Size = 65 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic review and reevaluations of consumer progress are completed (<i>at least annually</i>) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. (<i>WIC §4646.5(a)(6)</i>)	64	1		98	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>)	34	6	25	85	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>)	33	7	25	83	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		65	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

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

III. Results of Review

- ✓ The sample records were in 100% compliance for 17 criteria. There are no recommendations for these criteria.
- ✓ Findings for two 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

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

Finding

Seven of the eight (88%) sample consumer records contained a copy of the consumer's current IPP. The record for consumer #3 at CCF #6 did not have a copy of the consumer's current IPP.

3.3 Recommendation	Regional Center Plan/Response
SARC should ensure that the record for consumer #3 at CCF #6 contains a copy of the current IPP.	SC provided a copy of the current IPP to the day program June 2013.

- 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. (*Title 17, CCR, §54327*)

Finding

One of the two (50%) applicable special incidents was submitted to the regional center within 48 hours. An incident occurred on September 11, 2011 for consumer #42 at CCF #5. However, the written incident report was not submitted to SARC until September 16, 2011.

3.7.b Recommendation	Regional Center Plan/Response
SARC should ensure that CCF #5 submits written reports of special incidents within 48 hours.	The incident was reviewed with care providers along with review of SIR reporting requirements.

Community Care Facility Record Review Summary						
Sample Size: Consumers = 8; CCFs = 8						
	Criteria	+	-	N/A	% Met	Follow-up
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. <i>(Title 17, CCR, §56017(b)), (Title 17, CCR §56059(b)), (Title 22, CCR, §80069)</i>	8			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	8			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	3		5	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.	8			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	8			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	8			100	None
3.1.i	Special safety and behavior needs are addressed.	7		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. <i>(Title 17, CCR, §56019(c)(1))</i>	8			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>(Title 17, CCR, §56022(c))</i>	7	1		88	See Narrative

Community Care Facility Record Review Summary						
Sample Size: Consumers = 8; CCFs = 8						
	Criteria	+	-	N/A	% Met	Follow-up
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semi-annual reports of consumer progress. (<i>Title 17, CCR, §56026(b)</i>)	2		6	100	None
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	2		6	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>)	6		2	100	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	6		2	100	None
3.5.c	Quarterly reports include a summary of data collected. (<i>Title 17, CCR, §56013(d)(4)</i>), (<i>Title 17, CCR, §56026</i>)	6		2	100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. (<i>Title 17, CCR §56026(a)</i>)	8			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	5		3	100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)	2		6	100	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)	1	1	6	50	See Narrative
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		6	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

Twenty-five sample consumer records were reviewed at 15 day programs (DP) 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 nine of the 14 applicable criteria. Three criteria were rated as not applicable for this review.

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

IV. Findings and Recommendations

- 4.1.d The consumer record contains an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative. (*Title 17, CCR, §56730*)

Finding

Twenty-four of the 25 (96%) sample consumer records contained signed authorizations for emergency medical treatment. However, the record for consumer #23 at DP #17 did not contain an authorization for emergency medical treatment that was signed by the conservator.

4.1.d. Recommendation	Regional Center Plan/Response
SARC should ensure the record for consumer #23 at DP #17 contains an authorization for emergency medical treatment that is signed by the conservator.	The authorization for emergency medical treatment for consumer #23 at DP #17 was signed by the conservator.

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

Finding

Twenty-four of the 25 (96%) sample consumer records contained documentation that the consumer and/or their authorized representative had been informed of their personal rights. The record for consumer #23 at DP #17 did not contain documentation that the conservator was informed of the consumer’s personal rights.

4.1.e. Recommendation	Regional Center Plan/Response
SARC should ensure the record for consumer #23 at DP #17 contains documentation that the conservator has been informed of their personal rights.	The record for consumer #23 at DP #17 contains documentation that the conservator has been informed of their personal.

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

Finding

Twenty-four of the 25 (96%) sample 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 consumer’s IPP. However, the record for consumer #21 at DP #14 did not have data collected for measuring the consumer’s progress for services in their IPP. The day program provider explained that incomplete data collection was due to a staffing shortage and turnover.

4.1.f Recommendation	Regional Center Plan/Response
SARC should ensure that DP provider #14 maintains data collection to measure consumer progress on IPP objectives for consumer #21.	Service Coordinator responded that DP provider #14 is made aware of the requirement to maintain data collection to measure consumer progress on IPP objectives for consumer #21.

- 4.1.g The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere. (*Title 17, CCR, §56730*)

Finding

Twenty-four of the 25 (96%) sample consumer records contained case notes of important events and information. The record for consumer #21 at DP #14 did not contain case notes of important events and information.

4.1.g Recommendation	Regional Center/Plan Response
SARC should ensure that DP provider #14 maintains case notes of important events and information for consumer #21.	Service Coordinator responded that DP provider #14 is made aware of the requirement to maintain case notes of important events and information for consumer #21.

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

Finding

Twenty-four of the 25 (96%) sample consumer records contained a copy of the consumer's current IPP. The record for consumer #44 at DP #3 did not have a copy of the current IPP.

4.2 Recommendation	Regional Center Plan/Response
SARC should ensure that provider #3 receives a copy of the current IPP for consumer #44.	Service Coordinator responded that provider #3 has received a copy of the current IPP for consumer #44.

Day Program Record Review Summary						
Sample Size: Consumers = 25; Day Programs = 15						
	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)	25			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.	25			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.	25			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.	25			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.	24	1		96	See Narrative
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.	24	1		96	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.	24	1		96	See Narrative

Day Program Record Review Summary						
Sample Size: Consumers = 25; Day Programs = 15						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	24	1		96	See Narrative
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	17		8	100	None
4.2	The day program has a copy of the consumer's current IPP. (<i>Title 17, CCR §56720(b)</i>)	24	1		96	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>)	25			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.	25			100	None
4.4.a	The day program prepares and maintains written semi-annual reports. (<i>Title 17, CCR, §56720(c)</i>)	25			100	None
4.4.b	Semi-annual reports address the consumer's performance and progress relating to the services for which the day program is responsible for implementing.	25			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>)			25	N/A	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)			25	N/A	None
4.5.c	There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. (<i>Title 17, CCR, §54327</i>)			25	N/A	None

SECTION V

CONSUMER OBSERVATIONS AND INTERVIEWS

I. Purpose

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

II. Scope of Observations and Interviews

Fifty-six of the 65 consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

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

III. Results of Observations and Interviews

Fifty-four of the 56 consumers/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. The findings for two consumers are described below.

IV. Findings and Recommendations

Consumer #47 stated that he is not allowed to use the telephone at the CCF.

Recommendation	Regional Center Plan/Response
SARC should follow-up with consumer #47 regarding his concerns with the CCF.	Service Coordinator has followed-up with consumer #47. The consumer is allowed to use the telephone however he wanted a cell phone. The SC discussed budgeting so he can afford one.

Consumer #61 stated that he requested a new service coordinator and has not received a response from the regional center.

Recommendation	Regional Center Plan/Response
SARC should follow-up with consumer #61 regarding his request for a new service coordinator.	Service Coordinator has followed-up with consumer #61. The consumer stated he did not tell DDS he wanted another SC. He indicated he wants to keep his current SC.

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 thirteen 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 SARC's clinical team and website, "Web MD" as resources for medication. SARC offers periodic trainings on new and commonly used medications along with related health topics.

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 report (SIR) process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed. Service coordinators 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 utilizes to ensure the ongoing health and safety of all Home and Community-Based Services Waiver consumers.

II. Scope of Interview

The questions in the interview cover 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, and role in Risk Management and special incident reports (SIRs).

The monitoring team interviewed the Health Services Associate Coordinator and Nurse Consultant at San Andreas Regional Center (SARC).

III. Results of Interview

1. The clinical team at SARC consists of a physician, psychologists, registered nurses, an occupational therapist, and dental coordinators.
2. The clinical team is available to respond to the service coordinator's requests when there are concerns regarding consumers' health or safety issues. The clinical team assists staff with medication reviews as needed. The nurses review and approve all restricted or special health condition care plans for consumers living in community care facilities or attending day programs. The nurses are available to evaluate consumers with medical issues to ensure appropriate respite services. The nurses may be involved in the surgical consent process for consumers who are unable to give informed consent. They also monitor hospitalized consumers, assist with discharge planning and end of life issues. The psychologist is available for consultation regarding behavioral issues.
3. The clinical team provides ongoing training and support to service coordinators. The team is responsible for new employee orientation as well as ongoing training classes for service coordinators. Recent trainings have included topics such as Methicillin-Resistant Staphylococcus Aureus (MRSA), special incident reports, diphtheria, tetanus, and pertussis. The nurses offer

- provider training on topics which include medications, skin care, signs and symptoms of illness and injury, and restricted health care plans.
4. SARC has improved health care access for its consumers through the following resources and/or programs:
 - a. SARC dental coordinators provide dental screenings and review dental plans of care. Dentists vendored by SARC are available to provide anesthesia care as needed. For complex cases, a dental coordinator is available to attend dental appointments and coordinate with the dentist to develop a plan of care.
 - b. Nurses advocate for unconserved adults and/or elderly consumers who have no family or legal representatives and reside in hospitals or other facilities.
 - c. The regional center has collaborated with Golden Gate Regional Center and the Regional Center of the East Bay to provide crisis support services.
 - d. The clinical team works with the local managed care health plan to coordinate care for consumers.
 5. Members of the clinical team attend county emergency preparedness meetings to obtain information for staff, consumers and providers. The regional center provides "Feeling Safe, Being Safe" an emergency preparedness program for consumers.
 6. Members of the clinical team participate on the Risk Management Committee by reviewing all death and hospital related SIRs. Other medically related SIRs are reviewed as needed. Training and technical assistance is provided when trends or unusual SIR patterns are identified. Members of the clinical team attend the Quality Assurance Advisory Committee to report on topics such as SIRs, vendor trainings or emergency preparedness.
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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, 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 a service coordinator who is part of the team responsible for conducting SARC's QA activities.

III. Results of Interview

1. Service coordinators (SCs) are responsible for conducting the Title 17 monitoring reviews for the CCF homes. As needed, the residential service providers and behaviorist are invited to attend. In addition, two unannounced visits are conducted by SC's or other regional center staff as appropriate.
2. Results of the Title 17 reviews and unannounced visits are forwarded to the QA Manager and the Standards Compliance Coordinator who oversee corrective action plans (CAPs). The QA manager and the Standards Compliance Coordinator oversee activities related to CAPs, SIRs and trends. Additional visits can occur to ensure that CAP issues have been resolved or to follow-up on special incidents. When issues of substantial inadequacies are identified, SCs are responsible for developing CAPs and ensuring providers complete the requirements.
3. SARC maintains a Resource Development Department that interviews potential providers, reviews applications and program designs and conducts new provider orientation. The Resource Development Department investigates CAPs identified by SCs for non-licensed vendors and providers where there is no regulatory requirement to monitor.

4. SARC's QA manager, district managers and the Special Incident Report (SIR) Coordinator participate on the QA Advisory Committee which meets monthly. The Committee reviews information regarding SIRs, CAPs and trends and makes recommendations and/or conducts trainings for both providers and SCs.

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, and how they monitor safety and safeguard medications.

II. Scope of Interviews

1. The monitoring team interviewed fourteen service providers at eight community care facilities (CCFs) and six 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 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 thirteen direct service staff at seven community care facilities (CCFs) and six 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 five 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.

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

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).

The records of the 65 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.

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 65 records selected for the HCBS Waiver review to DDS.
3. SARC's vendors reported all special incidents in the supplemental sample within the required timeframes.
4. SARC reported nine of the ten (90%) 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 the ten incidents.

Finding

Consumer #1: The incident was reported to SARC on August 8, 2011. However, SARC did not report the incident to DDS until August 11, 2011.

Recommendation	Regional Center Plan/Response
SARC should ensure that all special incidents are reported to DDS within the required timeframe.	SARC will endeavor to ensure that all special incidents are reported to DDS within the required timeframe. Case load was uncovered and vendor received a CAP regarding the incident.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

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

#	UCI	CCF	DP
38	XXXXXXXX	1	
39	XXXXXXXX		
40	XXXXXXXX		8
41	XXXXXXXX		
42	XXXXXXXX	5	
43	XXXXXXXX		
44	XXXXXXXX		3
45	XXXXXXXX		
46	XXXXXXXX		11
47	XXXXXXXX		4
48	XXXXXXXX		
49	XXXXXXXX		6
50	XXXXXXXX		8
51	XXXXXXXX		3
52	XXXXXXXX		
53	XXXXXXXX		
54	XXXXXXXX		
55	XXXXXXXX		13
56	XXXXXXXX		11
57	XXXXXXXX		
58	XXXXXXXX		
59	XXXXXXXX		5
60	XXXXXXXX	8	
61	XXXXXXXX	2	
62	XXXXXXXX		
63	XXXXXXXX		12
64	XXXXXXXX		11
65	XXXXXXXX		

Supplemental Sample DC Consumer

#	UCI
DC-1	XXXXXXXX
DC-2	XXXXXXXX
DC-3	XXXXXXXX

Supplemental Sample of Terminated Consumers

#	UCI
T-1	XXXXXXXX
T-2	XXXXXXXX
T-3	XXXXXXXX

HCBS Waiver Review Service Providers

CCF #	Vendor
1	XXXXXXXX
2	XXXXXXXX
3	XXXXXXXX
4	XXXXXXXX
5	XXXXXXXX
6	XXXXXXXX
7	XXXXXXXX
8	XXXXXXXX

HCBS Waiver Review Service Providers

Day Program #	Vendor
1	XXXXXXXX
2	XXXXXXXX
3	XXXXXXXX
4	XXXXXXXX
5	XXXXXXXX
6	XXXXXXXX
7	XXXXXXXX
8	XXXXXXXX
9	XXXXXXXX
10	XXXXXXXX
11	XXXXXXXX
12	XXXXXXXX
13	XXXXXXXX
14	XXXXXXXX
15	XXXXXXXX

SIR Review Consumers

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