

**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 13-23, 2014**

## TABLE OF CONTENTS

EXECUTIVE SUMMARY .....	page 3
SECTION I REGIONAL CENTER SELF ASSESSMENT .....	page 7
SECTION II REGIONAL CENTER CONSUMER RECORD REVIEW .....	page 10
SECTION III COMMUNITY CARE FACILITY RECORD REVIEW .....	page 28
SECTION IV DAY PROGRAM CONSUMER RECORD REVIEW .....	page 32
SECTION V CONSUMER OBSERVATIONS AND INTERVIEWS .....	page 37
SECTION VI	
A. SERVICE COORDINATOR INTERVIEWS .....	page 38
B. CLINICAL SERVICES INTERVIEW .....	page 40
C. QUALITY ASSURANCE INTERVIEW .....	page 42
SECTION VII	
A. SERVICE PROVIDER INTERVIEWS .....	page 44
B. DIRECT SERVICE STAFF INTERVIEWS .....	page 45
SECTION VIII VENDOR STANDARDS REVIEW.....	page 46
SECTION IX SPECIAL INCIDENT REPORTING.....	page 47
SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS .....	page 49

## 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 13-23, 2014 at San Andreas Regional Center (SARC). The monitoring team members were Ray Harris (Team Leader), Linda Rhoades, Kathy Benson, Susan Chapman and Mary Ann Smith from DDS, and Raylyn Garrett, Annette Hanson, and Kim Phaneuf 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 62 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, 2013 through July 31, 2014.

The monitoring team completed visits to 14 community care facilities (CCFs) and 18 day programs. The team reviewed 15 CCF and 22 day program consumer records and 47 selected sample consumers 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-two 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.b was rated 73% in compliance because 11 of the 41 applicable records did not contain documentation of required quarterly reports of progress.

The sample records were 97% in overall compliance for this review. SARC's records were 98% and 97% in overall compliance for the collaborative reviews conducted in 2012 and in 2010, respectively.

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

Fifteen consumer records were reviewed at 14 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 2012 and in 2010, respectively.

### Section IV – Day Program Consumer Record Review

Twenty-two consumer records were reviewed at 18 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 98% and 99% in overall compliance for the collaborative reviews conducted in 2012 and 2010.

## Section V – Consumer Observations and Interviews

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

A Health Services Coordinator, a Health Services Associate Coordinator and a Clinical Psychologist 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. He 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

Nine CCF and three 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 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 nine CCFs and five day programs utilizing a standard checklist with 24 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 62 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 eight of the 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.

<b>Regional Center Self-Assessment HCBS Waiver Assurances</b>	
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>

<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. 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-two HCBS Waiver consumer records were selected for the review sample.

<b>Living Arrangement</b>	<b># of Consumers</b>
Community Care Facility (CCF)	25
With Family	18
Independent or Supported Living Setting	19

2. The review period covered activity from August 1, 2013 – July 31, 2014.

#### III. Results of Review

The 62 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.

- ✓ The sample records were in 100% compliance for 19 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))

Finding

Sixty of the 61 (98%) sample consumer records contained a completed DS 2200 Choice of Living form. However, the DS 2200 for consumer #12 a non-conserved adult was not signed by the consumer.

2.2 Recommendation	Regional Center Plan/Response
SARC should ensure that a DS 2200 form is completed and signed for consumer #12 as appropriate. If consumer #12 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 #12</u> has signed the DS 2200 and it is currently on file. Report was originally misfiled in Laserfiche. SARC will continue to develop procedures with the goal of streamlining the acquisition of properly signed DS 2200's and follow protocol for filing documentation.

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-seven of the 62 (92%) 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's for consumers #16, #20, #27, #28, and #38 was reviewed during the monitoring review period.

2.6.a Recommendation	Regional Center Plan/Response
SARC should ensure that the IPP for consumer #16, #20, #27, #28, and #38, is reviewed at least annually by the planning team.	* <u>Consumer #16</u> : SARC will ensure that planning teams adhere to annual review schedules and follow through with documentation by continuing training and communication with managers, service coordinators, and planning teams. Service coordinators will utilize SANIDS to update all annual reviews completed. * <u>Consumer #20</u> : SARC will ensure that planning teams adhere to annual review

	<p>schedules and follow through with documentation by continuing training and communication with managers, service coordinators, and planning teams. Service coordinators will utilize SANIDS to update all annual reviews completed.</p> <p>*<u>Consumer #27</u>: SARC will ensure that planning teams adhere to annual review schedules and follow through with documentations by continuing training and communication with managers, service coordinators and planning teams: Current Service coordinator did not have this case at the time of review. Annual reviews are updated and on Laserfiche and was originally misfiled.</p> <p>*<u>Consumer #28</u>: Current Service Coordinator has since completed annual review on April 2015. SARC will ensure that planning teams adhere to annual review schedules and follow through with documentation by continuing training and communication with managers, service coordinators and planning teams. Annual reviews are updated and on file. SARC will follow up with review for consumer 28</p> <p>*<u>Consumer #38</u>: Annual review is completed and in Laserfiche. SARC will ensure that planning teams adhere to annual review schedules and follow through with documentation by continuing training and communication with managers, service coordinators, and planning teams: Current Service coordinator did not have this case at the time of review.</p> <ul style="list-style-type: none"><li>• SARC SC's and Managers now have the ability to complete annuals in the SANDIS program. All staff will be trained to use this program.</li></ul>
--	---

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

Thirty-two of the 41 (78%) applicable sample consumer records contained a completed SARF. However, the records for consumer #16, #20, #24, #25, #27, #28, #38, #40, and #51 did not contain a completed SARF.

2.6.b Recommendation	Regional Center Plan/Response
<p>SARC should ensure that the SARF for consumer #16, #20, #24, #25, #27, #28, #38, #40, and #51 is completed during the annual IPP review process.</p>	<p>*<u>Consumer #16</u>: SARF was completed during annual review process and is in Laserfiche. SARC will continue to endeavor towards compliance towards SARF completions. All staff will be trained staff on deadlines for SARF forms.</p> <p>*<u>Consumer #20</u>: SARF was not completed during annual review process by the current Service Coordinator. SARC will continue to endeavor towards compliance towards SARF completions by developing and implementing procedures to train staff on deadlines for SARF forms.</p> <p>*<u>Consumer #24</u>: SARF was not completed during annual review process by the previous Service Coordinator. SARC will continue to endeavor towards compliance towards SARF completions by developing and implementing procedures to train staff on deadlines for SARF forms.</p> <p>*<u>Consumer #25</u>: SARF was not completed during annual review process by the previous Service Coordinator. SARC will continue to endeavor towards compliance towards SARF completions by developing and implementing procedures to train staff on deadlines for SARF forms.</p>

	<p>*<u>Consumer #27</u>: SARF was not completed during annual review process by the previous Service Coordinator. SARC will continue to stride towards compliance towards SARF completions by developing and implementing procedures to train staff on deadlines for SARF forms.</p> <p>*<u>Consumer #28</u>: SARF was not completed during annual review process by the previous Service Coordinator. SARC will continue to stride towards compliance towards SARF completions by developing and implementing procedures to train staff on deadlines for SARF forms.</p> <p>*<u>Consumer #38</u>: SARF was completed during annual review process by the previous Service Coordinator. SARC will continue to endeavor towards compliance towards SARF completions by developing and implementing procedures to train staff on deadlines for SARF forms.</p> <p>*<u>Consumer #40</u>: SC requires consumer's guardian signature on SARF. SARC will ensure this is completed. SARC will continue to endeavor towards compliance towards SARF completions by developing and implementing procedures to train staff on deadlines for SARF forms.</p> <p>*<u>Consumer #51</u>: SARF was not completed. SARC will continue to endeavor towards compliance towards SARF completions by developing and implementing procedures to train staff on deadlines for SARF forms. SARC managers and service coordinators will attend a training on workload and when and how to complete an annual review within the next 6 months.</p>
--	---

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 of the 61 (98%) sample consumer records contained IPPs that were signed by SARC and the consumers or their legal representatives. However, the IPP for consumer #12 was not signed by the consumer.

2.7.a Recommendation	Regional Center Plan/Response
SARC should ensure that consumer #12 signs the IPP or if the consumer 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 #12</u> : SARC has verified the IPP signature has been completed on 3/6/15. Staff is reminded of signature requirements through ongoing training and unit meetings.

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

Findings

Thirty-five of the 37 (95%) applicable sample consumer records contained IPPs that addressed the consumers' day program services. The IPPs for consumer #7, and #53 did not address the services for which the day program provider is responsible for implementing.

2.9.a Recommendation	Regional Center Plan/Response
SARC should ensure that the IPPs for consumers #7 and #53 address the services for which the day program provider is responsible for implementing.	<u>Consumer #7</u> SC wrote an Addendum to the consumers IPP to address services the Day Program is responsible for providing. <u>Consumer #53</u> SC wrote an Addendum to the consumers IPP 4/3/15 addresses services the Day Program is responsible for providing. SARC will remind SC's to have measurable goals that relate to the service.

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-five of the 62 (89%) sample consumer records contained IPPs that included 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 #1: Dispensing Optician
2. Consumer #3: Community Integration Training Program
3. Consumer #5: Psychiatrist
4. Consumer #19: Camping
5. Consumer #29: Camping
6. Consumer #48: Psychiatrist
7. Consumer #57: Community Integration Training Program

2.10.a Recommendations	Regional Center Plan/Response
<p>SARC should ensure that the IPPs for consumers #1, #3, #5, #19, #29, #48 and #57 include all services and supports purchased by the regional center.</p>	<p><u>Consumer #1</u>: SARC will continue to train Managers and SC's on the importance of linking the consumers IPP supports to purchases of service the consumer is utilizing. Dispensing Optician has the same code (755) as diaper service, SARC will work to clarify and streamline this code to avoid conflicts in services reflected in the IPP.</p> <p><u>Consumer #3</u> The SC updated the consumers IPP utilizing an IPP addendum to reflect the purchase of support for the Community Integration Program. SARC will continue to train Managers and SC's on the importance of relating the consumers IPP supports to purchases of service the consumer is utilizing.</p> <p><u>Consumer #5</u> The SC updated the consumers IPP utilizing an IPP addendum to reflect the purchase of support need for Psychiatry services. SARC will continue to train Managers</p>

	<p>and SC's on the importance of relating the consumers IPP supports to purchases of service the consumer is utilizing.</p> <p><u>Consumer #19</u> The SC updated the consumers IPP utilizing an IPP addendum to reflect the purchase of support need for Camping. SARC will continue to train Managers and SC's on the importance of linking the consumers IPP supports to purchases of service the consumer is utilizing.</p> <p><u>Consumer #29</u> The SC updated the consumers IPP utilizing an IPP addendum to reflect the purchase of support need for camping. SARC will continue to train Managers and SC's on the importance of linking the consumers IPP supports to purchases of service the consumer is utilizing.</p> <p><u>Consumer #48</u> The SC updated the consumers IPP utilizing an IPP addendum to reflect the purchase of support need for Psychiatry services. SARC will continue to train Managers and SC's on the importance of linking the consumers IPP supports to purchases of service the consumer is utilizing.</p> <p><u>Consumer #57</u> The SC updated the consumers IPP utilizing an IPP addendum to reflect the purchase of support need for Community Integration Program. SARC will continue to train Managers and SC's on the importance of linking the consumers IPP supports to purchases of service the consumer is utilizing.</p> <ul style="list-style-type: none"><li>• SARC will utilize SANDIS program to link IPP goals with purchases of services and updates.</li><li>• SARC will continue to explore and implement improved technology to improve ease of access of IPP's in SANDIS.</li></ul>
--	--

	<ul style="list-style-type: none"> <li>SARC will utilize Arclearn.org to provide continuous training on writing goals and outcomes.</li> </ul>
--	--

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))

Finding

Sixty-one of the 62 (98%) sample consumer records contained an IPP that included services and supports obtained from generic agencies or resources. However, the IPP for consumer #56 did not identify the funding source for medical and dental services.

2.10.b Recommendation	Regional Center Plan/Response
SARC should ensure that the IPP for consumer #56 identifies the funding source for medical and dental services.	<u>Consumer #56:</u> The SC updated the consumers IPP utilizing an IPP addendum to reflect the funding source for Medical and Dental services. SARC will continue to train Managers and SC's on the importance of relating the consumers IPP supports to purchases of service the consumer is utilizing.

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))

Finding

Sixty of the 61 (98%) sample consumer IPPs identified the provider or providers of service responsible for implementing services. However, the IPP for consumer #53 did not identify the camp provider purchased by the regional center.

2.11 Recommendation	Regional Center Plan/Response
SARC should ensure the IPP for consumer #53 identifies the providers for the camp service listed.	<u>Consumer #53</u> SC provided the name of Camp utilized (Easter Seals/Camp Harmon) POS is in place in SANDIS and are being scanned into Laserfiche. SARC will ensure that Camps and other services are identified in a consumer's IPP by addressing this issue in future trainings for Managers and SC's.

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

Fifty-seven of the 62 (92%) sample consumer records contained documentation of periodic review and reevaluation of consumer progress at least annually. However, the record for consumers #16, #20, #27, #28 and #38 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
<p>SARC should ensure that a review and reevaluation of progress regarding planned services, timeframes and satisfaction for consumers #16, #20, #27, #28 and #38 is completed and documented at least annually.</p>	<p><u>Consumer #16</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.</p> <p><u>Consumer #20</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.</p> <p><u>Consumer #27</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.</p> <p><u>Consumer #28</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</p>

	<p>reminded of this requirement Consumer #38: 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.</p> <ul style="list-style-type: none"><li>• <u>Consumers #16, #20, #27, #28, &amp; #38:</u> SARC will launch annual/quarterly review module in SANDIS by the end of 2015. All managers and SC's will be required to utilize this module.</li></ul>
--	---

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-three of the 41 (80%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for eight consumers did not meet the requirements as indicated below:

1. The records for consumers #44, #45 and #62 contained documentation of three of the required meetings.
2. The records for consumers #1, #31 and #33 contained documentation of two of the required meetings.
3. The records for consumers #24 and #25 contained documentation of one of the required meetings.

2.13.a Recommendations	Regional Center Plan/Response
<p>SARC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #1, #24, #25, #31, #33, #44, #45 and #62.</p>	<p><u>Consumers #1, #24, #25, #31, #33, #44, #45, &amp; #62</u>: Staff is reminded of the quarterly, face-to-face contact requirements; staff have been provided written examples as guides in how to document face-to-face contact. SARC will launch annual/quarterly review module in SANDIS by the end of 2015.</p>
	<p><b><u>2.6.a - 2.13.b Tracking System for Overall Compliance</u></b></p> <p>In addition to utilizing SANDIS and ongoing trainings as mentioned previously, SARC Service Coordinators, will utilize a 1 page tracking worksheet to update current statuses of:</p> <ul style="list-style-type: none"> <li>• Documentation of Current IPP's</li> <li>• Current Addendums</li> <li>• Current Quarterly's</li> <li>• Choice Statements (DS2200)</li> <li>• SARF's</li> <li>• Schedule of Services</li> <li>• Current Purchase of Services</li> </ul>

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 of the 41 (73%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for eleven consumers did not meet the requirements as indicated below:

1. The records for consumers #44, #45, #58 and #62 contained documentation of three of the required quarterly reports of progress.

2. The records for consumers #1, #31, #33, #40 and #57 contained documentation of two of the required quarterly reports of progress.
3. The records for consumers #24 and #25 contained documentation of one of the required quarterly reports of progress.

2.13.b Recommendations	Regional Center Plan/Response
SARC should ensure that future quarterly reports of progress are completed for the consumers #1, #24, #25, #31, #33, #40, #44, #45, #57, #58 and #62.	<u>Consumers #1, #24, #25, #31, #33, #40, #44, #45, #57, #58, 62:</u> Staff is reminded of the quarterly, face-to-face reporting requirements; Staff have been provided written examples as guides in how to document face-to-face contact. SARC will actively increase its use of tracking technology and continue to explore new methods of increasing compliance while streamlining quarterly requirements.

- 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. (WIC §4418.3)

Findings

One of the three (33%) applicable sample consumer records contained documentation that face-to-face reviews were conducted 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. However, the records for two consumers did not meet the requirements as indicated below:

1. The record for consumer #DC2 did not document a face-to-face review during the first 60 days following the consumer move.
2. The record for consumer #DC3 did not have any documentation of face-to-face reviews during the first 90 days following the consumer’s move.

2.14 Recommendation	Regional Center Plan/Response
SARC should ensure that face-to-face meetings are conducted no less than once every 30 days for the first 90 days for all consumers moving from a developmental center to a community living arrangement.	<u>DC Consumer #2:</u> Staff is reminded of the face-to-face meetings needing to be conducted no less than 30 days for consumers moving from a developmental center into the community. Staff will be provided

	training to ensure compliance is met. <u>DC Consumer #2 (deceased):</u> Staff is reminded of the face-to-face meetings needing to be conducted no less than 30 days for consumers moving from a developmental center into the community. Staff will be provided training to ensure compliance is met.
--	--

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 62 + 6 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	62			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.	62			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.	62			100	None
2.1.c	The DS 3770 form documents annual recertifications.	60		2	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	7		55	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))	60	1	1	98	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))	2		63	100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 62+ 6 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5), (42 CFR 441.302)	61		1	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)	62			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	62			100	None
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))	57	5		92	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)	32	9	21	78	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))	60	1	1	98	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.	13		49	100	None
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	62			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))	62			100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 62+ 6 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.9	The IPP addresses the consumer's goals and needs. (WIC §4646.5(a)(2))	Criterion 2.9 consists of seven sub-criteria (2.9 a-g) that are reviewed independently				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	62			100	None
2.9.b	The IPP addresses special health care requirements.	26		36	100	None
2.9.c	The IPP addresses the services for which the CCF provider is responsible for implementing.	25		37	100	None
2.9.d	The IPP addresses the services for which the day program provider is responsible for implementing.	35	2	25	95	See Narrative
2.9.e	The IPP addresses the services for which the supported living services agency or independent living services provider is responsible for implementing.	19		43	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	62			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	18		44	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))	55	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. (WIC §4646.5(a)(4))	61	1		98	See Narrative
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	21		41	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))	60	1	1	98	See Narrative

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 62 + 6 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.12	Periodic review and reevaluations of consumer progress are completed ( <i>at least annually</i> ) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. ( <i>WIC §4646.5(a)(6)</i> )	57	5		92	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> )	33	8	21	80	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> )	30	11	21	73	See Narrative
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. ( <i>WIC §4418.3</i> )	1	2	62	33	See Narrative

## 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

Fifteen consumer records were reviewed at fourteen 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 18 criteria. There are no recommendations for these criteria.
- ✓ A finding for one criterion is detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

#### IV. Findings and Recommendations

##### 3.4.a Service Level 2 and 3 facilities prepare and maintain written semiannual reports of the consumer's progress. (*Title 17, CCR, §56026(b)*)

##### Finding

Five of the six (83%) applicable consumer records contained semiannual reports of the consumers' progress. However, the record for #6 at CCF #2 did not contain any reports of consumer progress during the review period.

3.4.a Recommendation	Regional Center Plan/Response
SARC should ensure that CCF provider #2 prepares and maintains written semiannual reports of progress for consumer #6.	<u>Consumer #6:</u> SARC will ensure CCF#2 prepares and maintains semiannual reports. SC and Managers are reminded to maintain consistent oversight and management of consumer semiannual reports. Reports will be scanned into Laserfiche.

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 15; 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)), (Title 17, CCR §56059(b)), (Title 22, CCR, §80069)</i>	15			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	15			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	10		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.	15			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	15			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	15			100	None
3.1.i	Special safety and behavior needs are addressed.	14		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>	15			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>(Title 17, CCR, §56022(c))</i>	15			100	None

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 15; 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 semi-annual reports of consumer progress. ( <i>Title 17, CCR, §56026(b)</i> )	5	1	9	83	See Narrative
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		10	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> )	9		6	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.	9		6	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> )	9		6	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> )	15			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	14		1	100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. ( <i>Title 17, CCR, §54327</i> )	3		12	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> )	3		12	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> )	3		12	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-two sample consumer records were reviewed at 18 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 eleven 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 three criteria are detailed below.

#### IV. Findings and Recommendations

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

##### Finding

Twenty-one of the 22 (95%) sample consumer records contained documentation that the consumer and/or their authorized representative had been informed of their personal rights. The record for consumer #44 at DP #10 did not contain documentation that the conservator was informed of the consumer's personal rights.

4.1.e. Recommendation	Regional Center Plan/Response
<p>SARC should ensure the record for consumer #44 at DP #10 contains documentation that the conservator has been informed of their personal rights.</p>	<p><u>Consumer #44</u>: SC has obtained documentation from DP#10 regarding the consumers personal rights. SARC will continue to provide training to all SC's and Managers on the importance to the consumer and compliance in assuring consumers have record of being informed of their personal rights.</p> <ul style="list-style-type: none"> <li>• Day Program will have consumer rights documentation in each of the consumer's charts.</li> </ul>

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

Findings

Nineteen of the 22 (86%) sample consumer records contained a copy of the consumer's current IPP. The records for consumer #52 at DP #13, #55 at DP #11, and #57 at DP #9 did not have a copy of the current IPP.

4.2 Recommendation	Regional Center Plan/Response
<p>SARC should ensure that provider #9, #11, and #13 receives a copy of the current IPP for consumers #57, #55, and #52.</p>	<p><u>Consumer #57</u>: A copy of consumers IPP was sent to the consumers Day Program in October of 2014. SARC will ensure continued compliance in providing IPP and other relevant documentation to Day Programs by providing active reminders and trainings to management and SC's</p> <p><u>Consumer #55</u>: A copy of consumers IPP was sent to the consumers Day Program in July of 2015. SARC will ensure continued compliance in providing IPP and other relevant documentation to Day Programs by providing active reminders and trainings to management and SC's</p> <p><u>Consumer #52</u>: SARC will ensure continued compliance in providing IPP and other relevant documentation to Day Programs by providing active reminders and trainings to management and SC's</p>

	<p>Consumers</p> <ul style="list-style-type: none"> <li>SARC will utilize the Service Provider Advisory Committee (SPAC) as an opportunity to re-train day programs and residential care vendors on necessary required documentation required to remain in compliance with Title 17 regulation.</li> </ul>
--	--

4.4.a The day program prepares and maintains written semiannual reports.  
 (Title 17, CCR, § 56720(c))

Finding

Nineteen of the twenty (95%) sample consumer records contained written semiannual reports of consumer progress. The record for consumer #26 at day program #1 contained only one of the required written semiannual reports.

4.4.a Recommendation	Regional Center Plan/Response
SARC should ensure that the provider at day program #1 completes semiannual reports for consumer #26.	<u>Consumer #26:</u> Day Program #1 will continue to endeavor towards compliance in completing semi-annual reports for SARC consumers.

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 22; Day Programs = 18</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)	22			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.	22			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.	22			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.	22			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.	22			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.	21	1		95	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.	22			100	None

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 22; Day Programs = 18</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.	22			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	21		1	100	None
4.2	The day program has a copy of the consumer's current IPP. ( <i>Title 17, CCR §56720(b)</i> )	19	3		86	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> )	22			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.	22			100	None
4.4.a	The day program prepares and maintains written semi-annual reports. ( <i>Title 17, CCR, §56720(c)</i> )	19	1	2	95	See Narrative
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.	20		2	100	None
4.5.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. ( <i>Title 17, CCR, §54327</i> )			22	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> )			22	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> )			22	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

Forty-seven of the 61 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-four adult consumers agreed to be interviewed by the monitoring teams
- ✓ Fifteen consumers did not communicate verbally or declined an interview, but were observed
- ✓ Eight interviews were conducted with parents of minors
- ✓ Fourteen consumers/parents of minors were unavailable for or declined interviews

#### III. Results of Observations and Interviews

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

## SECTION VI A

### SERVICE COORDINATOR INTERVIEWS

#### I. Purpose

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

#### II. Scope of Interviews

1. The monitoring team interviewed twelve 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 Coordinator, Health Services Associate Coordinator, and a Clinical Psychologist 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 a dental coordinator.
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.
3. A psychologist is available for consultation regarding behavioral issues and may review behaviors plans to assess for appropriateness. Also, a

- psychologist will provide training to SARC staff and vendors regarding behavior plans.
4. The clinical team provides ongoing training and support to service coordinators, as well as new employee orientation. The nurses offer provider training on topics such as medications, dysphagia, nutrition, obesity, emergency preparedness, and restricting health care plans.
  5. SARC has improved health care access for its consumers through the following resources and/or programs:
    - a. SARC dental coordinators provide dental screenings for consumers and review dental plans of care. Dentists vendored by SARC are available to provide anesthesia care as needed. For complex cases, the dental coordinator will assess and help coordinate dental case based on consumer need.
    - b. The regional center has collaborated with Golden Gate Regional Center and the Regional Center of the East Bay to provided crisis support services.
    - c. The clinical team works with the local managed care health plan to coordinate care for consumers.
    - d. Members of the clinical team attend county emergency preparedness meetings to obtain information for staff, consumers and providers.
  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. The regional center also utilizes Mission Analytics Group Inc., the State's risk management contractor, to analyze special incidents for trends. The clinical team uses this information to make recommendations for appropriate follow-up and training as needed.
-

## 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, QA, clinical staff, and behaviorist are invited to attend. In addition, two unannounced visits are conducted by SC's or other regional center staff as appropriate. Reviews are generally conducted in the afternoon so that consumer may be interviewed and observed.
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, special incident report (SIRs) and trends. Additional visits can occur to ensure that CAP issues have been resolved or to follow-up on SIRs. 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. In addition, staff monitors ongoing compliance issues, certifications and updating of continuing educational hours. The Resource Development Department investigates CAPs or substantial inadequacies for non-licensed vendors and providers where there is no regulatory requirement to monitor.

4. SARC's QA manager, district managers and the 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 12 service providers at nine community care facilities (CCFs) and three 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 12 direct service staff 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 nine CCFs and five day programs.
2. The teams used a monitoring review checklist consisting of 24 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

#### III. Results of Review

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

#### IV. Finding and Recommendation

##### 8.3 c First Aid

CCF #2 had six direct care staff that did not have current first aid certificates.

8.3 c Recommendation	Regional Center Plan/Response
SARC should ensure that the provider at CCF #2 have current first aid certificates for all direct care staff.	CCF #2 and SARC Liaison will ensure that all vendors have updated personnel records for all direct care staff to be in compliance with first aid certifications and all required trainings. SARC QA liaison will continue to provide all CCF staff with a checklist of requirements for all direct care 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

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 62 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 62 records selected for the HCBS Waiver review to DDS.
3. SARC's vendors reported eight of the 10 (80%) special incidents in the supplemental sample within the required timeframes.
4. SARC reported nine of the 10 (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 10 incidents.

Finding

Consumer #5: The incident occurred on May 25, 2014. However, the vendor did not submit a written report to SARC until August 22, 2014.

Consumer #10: The incident occurred on November 8, 2013. However, the vendor did not submit a written report to SARC until November 12, 2013.

Consumer #8: The incident was reported to SARC on January 2, 2014. However, SARC did not report the incident to DDS until January 9, 2014.

Recommendation	Regional Center Plan/Response
<p>SARC should ensure that the vendors for consumers #5 and #10 report special incidents within the required timeframes.</p>	<p><u>Consumer #5:</u> SC shared there was no SIR on file for the month of May 2014. SARC will endeavor towards compliance in assuring all special incidents are reported to DDS within the required time frame.</p> <p><u>Consumer #10:</u> SC shared there was no SIR on file for the month of November 2013. SARC will endeavor towards compliance in assuring all special incidents are reported to DDS within the required time frame.</p> <p><u>Consumer #8:</u> SARC will endeavor towards compliance in assuring all special incidents are reported to DDS within the required time frame.</p>
<p>SARC should ensure that all special incidents are reported to DDS within the required timeframe.</p>	<p>SARC will continue utilizing ongoing quarterly vendor training in order to target compliance. SARC SIR manager will continue to provide manager and SC's trainings with the goal of targeting and maintaining compliance.</p>

## SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

### HCBS Waiver Review Consumers

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

#	UCI	CCF	DP
38	XXXXXXXX		
39	XXXXXXXX		12
40	XXXXXXXX	7	
41	XXXXXXXX		18
42	XXXXXXXX	1	
43	XXXXXXXX		
44	XXXXXXXX		10
45	XXXXXXXX		
46	XXXXXXXX		20
47	XXXXXXXX	14	
48	XXXXXXXX	6	
49	XXXXXXXX		
50	XXXXXXXX		
51	XXXXXXXX	8	
52	XXXXXXXX		13
53	XXXXXXXX		5
54	XXXXXXXX		
55	XXXXXXXX		11
56	XXXXXXXX		
57	XXXXXXXX		9
58	XXXXXXXX		
59	XXXXXXXX		4
60	XXXXXXXX		
61	XXXXXXXX		
62	XXXXXXXX		17

**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
9	XXXXXXXX
10	XXXXXXXX
11	XXXXXXXX
12	XXXXXXXX
13	XXXXXXXX
14	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
16	Removed
17	XXXXXXXX
18	XXXXXXXX
19	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