

**South Central Los Angeles Regional Center
Home and Community-based Services Waiver
Monitoring Review Report**

Conducted by:

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

November 5 – 9, 2007

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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 November 5-9, 2007, at South Central Los Angeles Regional Center (SCLARC). The monitoring team members were Jeffrey Greer, Kathy Benson, and Mike Haft from DDS, and Annette Hanson, Jayné Buchanan, and Catherine Johnson 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 35 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers whose HCBS Waiver eligibility had been previously terminated; and 2) ten consumers who had special incidents reported to DDS during the review period of September 1, 2006 – August 31, 2007.

The monitoring team completed site visits to six community care facilities (CCFs) and 11 day programs. The team reviewed six CCF and 14 day program consumer records and had face-to-face visits with 24 selected sample consumers.

Overall Conclusion

SCLARC is in substantial compliance with the federal requirements for the HCBS Waiver program. Specific recommendations that require follow-up actions by SCLARC are included in the report findings. DDS is requesting documentation of follow-up actions taken by SCLARC 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 SCLARC 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

Thirty-five sample consumer records were reviewed for 30 applicable documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. The sample records were 97-100% in compliance for the 30 applicable criteria. Additionally, there was one finding regarding apparent erroneous payments made to a service provider.

The sample records were 99% in compliance for this review. SCLARC's records were 99% and 98% in overall compliance for the collaborative reviews conducted in 2005 and in 2004, respectively.

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

Six consumer records were reviewed at six CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. SCLARC's records were 100% in overall compliance for this review. SCLARC records were 98% and 100% in overall compliance for the collaborative reviews conducted in 2005 and 2004, respectively.

Section IV – Day Program Consumer Record Review

Fourteen consumer records were reviewed at 11 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 93-100% in compliance for the 17 criteria.

The sample records were 99% in overall compliance for this review. SCLARC's records were 96% and 99% in overall compliance for the collaborative reviews conducted in 2005 and 2004, respectively.

Section V – Consumer Observations and Interviews

Twenty-four sample consumers were observed at their CCFs, day programs, employment sites, or in independent living settings. Two of the consumers expressed some concerns regarding their services, however, in each case SCLARC was assisting the consumers with these concerns.

Section VI A – Service Coordinator Interviews

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

Section VI B – Clinical Services Interview

A registered nurse from the clinical services team was interviewed using a standard interview instrument. She responded to informational questions regarding the monitoring of consumers with medical issues, medications and behavior plans, the coordination of medical and mental health care for consumers, the provision of clinical supports to service coordinators, the clinical team's participation in the Risk Management Assessment Committee, and issues with Medi-Cal funded services.

Section VI C – Quality Assurance Interview

A Quality Assurance (QA) Specialist was interviewed using a standard interview instrument. The staff responded to informational questions regarding how SCLARC is organized to conduct Title 17 monitoring reviews, verification of provider qualifications, resource development activities, special incident reporting, and QA activities where there are no regulatory requirements.

Section VII A – Service Provider Interviews

Six CCF and four day program service providers were interviewed using a standard interview instrument. The service providers responded to questions in the context of the sample consumers regarding their knowledge of the 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

Six CCF and four day program direct service staff were interviewed using a standard interview instrument. 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 six CCFs and four day programs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. All of the reviewed vendors were in good repair with no immediate health or safety concerns observed. However, issues requiring follow-up, including appropriate documentation of consumer medications and storage of cleaning supplies, were noted at three locations.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 35 HCBS Waiver consumers and the ten supplemental sample consumers for special incidents during the review period. SCLARC reported all special incidents for the sample consumers selected for the HCBS Waiver review. For the supplemental sample, the service providers reported nine of the ten incidents to SCLARC within the required timeframes, and SCLARC subsequently transmitted nine of the ten special incidents to DDS within the required timeframes. SCLARC'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 questions 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 South Central Los Angeles Regional Center's (SCLARC) 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

SCLARC is asked to respond to questions in five 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 SCLARC 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 meet the federal definition of a Qualified Mental Retardation Professional (QMRP).</p> <p>The regional center ensures that consumers are eligible for full scope Medi-Cal benefits before enrolling them in the HCBS Waiver.</p>
<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.</p> <p>The regional center reviews each community care facility annually to assure services are consistent with the program design and applicable laws, and development and implementation of corrective action plans as needed.</p> <p>The regional center conducts not less than two unannounced monitoring visits to each CCF annually.</p> <p>Service coordinators perform and document periodic reviews [at least annually] to ascertain progress toward achieving IPP objectives, and the consumer's and the family's satisfaction with the IPP and its implementation.</p> <p>Service coordinators have quarterly face-to-face meetings with consumers in CCFs, Family Home Agencies, Supported Living Services, and Independent Living Services to review services and progress toward achieving the IPP objectives for which the service provider is responsible.</p>

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.)	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. 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.
Only qualified providers serve HCBS Waiver participants	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.
Plans of care are responsive to HCBS Waiver participant needs	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. 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 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. The regional center uses feedback from consumers, families and legal representatives to improve system performance. The regional center documents the manner by which consumers indicate choice and consent.

SECTION II

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

1. Thirty-five HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	15
With Family	16
Independent or Supported Living Setting	4

2. A supplemental sample was selected of three consumers whose HCBS Waiver eligibility had been terminated during the review period.
3. The review period covered activity from September 1, 2006 through August 31, 2007.

III. Results of Review

The 35 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 SCLARC had either provided the consumer with written notification prior to termination of the consumer's HCBS Waiver eligibility or the consumer had voluntarily disenrolled from the HCBS Waiver. One criterion was not applicable for this review.

- ✓ The sample records were in 100% compliance for 29 criteria. There are no recommendations for these criteria.

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

IV. Findings and Recommendations

2.5.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

Thirty-four of the 35 (97%) applicable consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. The record for consumer #XX identified “requires daily medications to control the progression of medical conditions” as a qualifying condition. However, there was no supporting information in the consumer’s record (IPP, progress reports, etc.) that describes the need for services and supports for this.

During the review, the consumer’s IPP was modified to include the support received for the above qualifying condition. Accordingly, no recommendation is needed.

V. Supplemental Issue

Finding

It was noted that payments were made by SCLARC to a vendor to provide a transportation assistant for consumer #XX. These payments continued through the entire review period (September 2006 – August 2007). However, subsequent to the monitoring review, SCLARC confirmed the consumer stopped attending an after school program in September 2005 and no longer needed nor received the service of the transportation assistant.

Recommendation	Regional Center Plan/Response
SCLARC should ensure that payments made for transportation services after September 2005 for consumer #XX are recouped from the vendor and that the claims submitted to DDS for this service are reversed. Documentation submitted in response to this recommendation will be forwarded to the DDS Audit Branch to determine if further action is needed.	The vendor was paid \$47,881.48 over the period of three fiscal years. A credit memo will be issued to collect the over payment.

Regional Center Consumer Record Review Summary						
Sample Size = 35 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	35			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.	35			100	See Narrative
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.	35			100	None
2.1.c	The DS 3770 form documents annual recertifications.	34		1	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	4		31	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))	35			100	None
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all, or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. (SMM 4442.7), (42 CFR Part 431, Subpart E), (WIC §4646(g))	5		33	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 35 + 3 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)	35			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)	35			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	34	1		97	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))	35			100	None
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. (HCBS Waiver requirement)	28		7	100	None
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. (WIC §4646(g))	35			100	None
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	14		21	100	None
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	35			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))	35			100	None

Regional Center Consumer Record Review Summary
Sample Size = 35 + 3 Supplemental Records

	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer's goals and needs. (WIC §4646.5(a)(2))	Criterion 2.9 consists of seven sub-criteria (2.9 a-g) that are reviewed independently				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	34		1	100	None
2.9.b	The IPP addresses the special health care requirements.	15		20	100	None
2.9.c	The IPP addressed the services for which the CCF provider is responsible for implementing.	15		20	100	None
2.9.d	The IPP addressed the services for which the day program provider is responsible for implementing.	27		8	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.	4		31	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	35			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	7		28	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))	35			100	None
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. (WIC §4646.5(a)(4))	35			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	14		21	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))	35			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 35 + 3 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>)	35			100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	19		16	100	None
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>)	19		16	100	None
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>)			35	NA	None

SECTION III

COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

I. Purpose

The review criteria address the requirements for community care facilities (CCFs) to maintain consumer records and prepare written reports of consumer progress in relation to the services identified 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

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

III. Results of Review

The consumer records were 100% in compliance with all of the criteria.

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

Community Care Facility Record Review Summary						
Sample Size: Consumers = 6; CCFs = 6						
	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)</i>), (<i>Title 17, CCR §56059(b)</i>), (<i>Title 22, CCR, §80069</i>)	6			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	6			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	5		1	100	None
3.1.c	The consumer record contains current health information that includes medical, dental and other health needs of the consumer including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	6			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	6			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	6			100	None
3.1.i	Special safety and behavior needs are addressed.	6			100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17, and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. (<i>Title 17, CCR, §56019(c)(1)</i>)	6			100	None
3.3	The facility has a copy of the consumer's current IPP. (<i>Title 17, CCR, §56022(c)</i>)	6			100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 6; CCFs = 6						
	Criteria	+	-	N/A	% Met	Follow-up
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. (<i>Title 17, CCR, §56026(b)</i>)	4		2	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.	4		2	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>)	2		4	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.	2		4	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>)	2		4	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>)	6			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	5		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>)	1		5	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		5	100	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. (<i>Title 17, CCR, §54327</i>)	1		5	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

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

III. Results of Review

The consumer records were 100% in compliance for 16 of the 17 criteria.

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

IV. Finding and Recommendation

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

Findings

Thirteen of the 14 (93%) applicable sample consumer records contained documentation that the consumer and/or their authorized representative had been informed of their personal rights. The record for consumer #XXat day program #XXdid not contain documentation that the consumer had been informed of his personal rights. During the monitoring team's visit, the consumer was informed of his rights, and he signed a standard form of acknowledgement. Accordingly, no recommendation is necessary.

Day Program Record Review Summary						
Sample Size: Consumers = 14; Day Programs = 11						
	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)	14			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.	14			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.	14			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.	14			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.	14			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.	13	1		93	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.	14			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 14; Day Programs = 11						
	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.	14			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	12		2	100	None
4.2	The day program has a copy of the consumer's current IPP. (<i>Title 17, CCR §56720(b)</i>)	14			100	None
4.3.a	The day program provider develops, maintains, and modifies as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. (<i>Title 17, CCR, §56720(a)</i>)	14			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.	14			100	None
4.4.a	The day program prepares and maintains written semiannual reports. (<i>Title 17, CCR, §56720(c)</i>)	14			100	None
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services for which the day program is responsible for implementing.	14			100	None
4.5.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)	1		13	100	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)	1		13	100	None
4.5.c	There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. (<i>Title 17, CCR, §54327</i>)	1		13	100	None

SECTION V

CONSUMER OBSERVATIONS AND INTERVIEWS

I. Purpose

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

II. Scope of Observations and Interviews

Twenty-four of the 35 consumers were observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Eighteen consumers agreed to be interviewed by the monitoring teams.
- ✓ Six consumers were observed but did not communicate verbally.
- ✓ Five consumers were unavailable or declined to be interviewed.
- ✓ Six minors were not scheduled to be interviewed or observed.

III. Results of Observations and Interviews

Sixteen of the 18 interviewed consumers indicated satisfaction with their living situation, day program, work activities, health, choice, and regional center services. Two consumers indicated that they had concerns regarding their services, however SCLARC is in the process of addressing the concerns.

1. Consumer # [REDACTED]

2. Consumer # [REDACTED]

SECTION VI A

SERVICE COORDINATOR INTERVIEWS

I. Purpose

The interviews determine how well the service coordinators know their consumer, 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 seven South Central Los Angeles Regional Center (SCLARC) 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 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 living arrangements, service coordinators conduct quarterly face-to-face visits and develop written reports of consumer progress and satisfaction. In preparation for the quarterly visits, service coordinators review their previous progress reports, pertinent case notes, incident reports, and vendor reports of progress. Service coordinators consult with their supervisors regarding critical consumer issues. The more complex health and medication issues are staffed through the clinical team.
3. The service coordinators monitor the consumers' services, health and safety. The service coordinators and the quality assurance staff work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed.

SECTION VI B

CLINICAL SERVICES INTERVIEW

I Purpose

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

II. Scope of Interview

1. The monitoring team interviewed a registered nurse, who is a member of the South Central Los Angeles Regional Center's (SCLARC) Clinical Team.
2. The questions in the interview cover the following topics: routine monitoring of consumers with medical issues; medications and behavior plans; coordination of medical and mental health care for consumers; circumstances under which actions are initiated for medical or behavior issues; clinical supports to assist service coordinators; improved access to preventive health care resources; role in Risk Management Committee and special incident reports; availability of Medi-Cal providers; and issues with billing for Medi-Cal services.

III. Results of Interview

The SCLARC clinical services staff includes a variety of disciplines such as physicians, a pediatrician, nurses, a pharmacist, a psychiatrist, a psychologist, a behavioral consultant, a nutritionist, an occupational therapist, a geneticist, a speech pathologist, a dental assistant/hygienist, and a physical therapist.

Members of the clinical services team evaluate the cases of consumers who have been referred with medical, behavioral, or psychiatric problems, and provide recommendations for clinical support, special programs, or case management. A pharmacist is available for consultation, training, and clinical meetings with service coordinators, families, consumers, and service providers. Additionally, special incident reports that require medical review are referred to the clinical team for further evaluation and follow up. These reviews may result in recommendations for enhanced case management and training for service coordinators and vendors.

Clinical team members work with the Los Angeles County Department of Mental Health's crisis intervention team to improve collaboration of services for dually diagnosed consumers. The SCLARC behavior consultant provides training and support to residential, day program, and regional center staff. The behavior consultant also reviews behavior plans and evaluates consumers who may require alternative placement.

Clinical team members maintain a hospital tracking system and communicate with the admitting facility regarding diagnoses, treatment, and discharge plans, and recommends follow-up to ensure appropriate case management.

SCLARC has improved access to preventative health care resources by advocating prevention, education, resource development, and medical treatments for consumers. These efforts include:

- ✓ Establishing a nursing assessment program for consumers fifty years and older.
- ✓ Educating providers on mammography, gynecology, colonoscopy, adult vaccines, and other health issues.
- ✓ Dental screening/treatment (provided through special grants) such as: the Early Start Oral Health promotion project, LA Care/First 5 (oral health intervention services).
- ✓ Publications, such as: "The Service Coordinator Bulletin" and a Quarterly Newsletter for providers and families.
- ✓ Providing in-services/trainings and health fairs for service coordinators and families.
- ✓ A monthly mobility clinic to evaluate consumers with impaired movement for mobility, positioning and assistive devices.
- ✓ A prevention and wellness program that includes the project "Pathways to Healthy Living, Nutrition, and Fitness."

SCLARC reports little difficulty accessing Medi-Cal providers or specialists. When neurologists who accept Med-Cal are not immediately available, SCLARC is able to resolve this issue by paying for treatment or visits until a Medi-Cal provider can be found. When consumers experience difficulty with denial of treatment authorization requests, SCLARC assists in the appeal process and has on occasion funded the request in the interim.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

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

II. Scope of Interview

The monitoring team interviewed a QA Specialist who is an integral part of the team responsible for conducting QA activities at South Central Los Angeles Regional Center (SCLARC).

III. Results of Interview

1. QA specialists are responsible for conducting the annual Title 17 monitoring reviews. Service coordinator liaisons conduct the two required unannounced visits to CCFs, and inform the QA specialist of any identified issues. Results of these reviews are compiled in a report which includes corrective actions plans (CAPs), if any, that the facility is required to complete.
2. QA specialists are responsible for conducting the triennial evaluation. A service coordinator, not associated with the home, accompanies the specialist as part of the evaluation team. Before conducting the evaluation, the team reviews vendor files, Community Care Licensing reports, prior quality assurance reports, CAPs, IPPs, and may interview families and service coordinators. SCLARC also conducts monitoring of day programs, transportation providers, supported/independent living vendors, and infant programs.
3. Both service coordinators and QA specialists follow up on special incident reports (SIRs), and often provide training to vendors as part of the follow-up process. SCLARC uses information collected from SIR data and various monitoring activities to provide technical assistance to vendors. Topics have been in the areas of record keeping, behavior charting, semiannual reporting, personal and incidental money management, and medication tracking. In addition, SCLARC's consultant pharmacologist is available to provide specialized medication training to providers.

4. Information gathered from SIR and QA data is presented to the Risk Management Committee on a quarterly basis in order to identify trends that may need mitigation with training.

SECTION VII A

SERVICE PROVIDER INTERVIEWS

I. Purpose

The interviews determine how well the service provider knows the consumer, the extent of their assessment process for the annual IPP development and/or review, the extent of their plan participation, how the plan was developed, how service providers ensure accurate documentation, communicate, address and monitor health issues, their preparedness for emergencies, how they monitor safety and safeguard medications.

II. Scope of Interviews

1. The monitoring team interviewed ten service providers at six community care facilities (CCFs) and four 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 ten direct service staff interviews at six community care facilities (CCFs) and four day programs where services are provided to the consumers scheduled to be 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 six CCFs and four 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 day programs were found to be in good condition with no immediate health and safety concerns. However, issues requiring follow-up were noted at two day programs and one CCF. The specific findings and recommendations are detailed below.

IV. Findings and Recommendations

8.1.g Appropriate Storage

Finding

At day program #9, a bottle of Clorox and floor cleaner was found in an unlocked classroom cabinet. During the monitoring team's visit, the cleaners were removed and placed in a locked cabinet. Accordingly, no recommendation is necessary.

8.2.c Non-PRN Medication Records

Finding

At day program #X, the medication administration record for consumer #XX lacked signatures for medications given on November 1, 2, 5, and 6, 2007. However, the consumer had received the medications. The provider corrected the medication record during the monitoring visit. Accordingly, no recommendation is necessary.

8.2.d PRN Medication Records

Finding

The documentation regarding a PRN medication for consumer #XX at CCF #X did not contain all of the required physician’s information regarding its use. Following the monitoring visit, the CCF provided the monitoring team with the physician’s directions for the medication. Accordingly, no recommendation is necessary.

8.2.e Medication Disposal

Finding

The provider at day program #X was disposing of medications that either were expired or discontinued, but was not maintaining a destruction log.

8.2.e Recommendation	Regional Center Plan/Response
<p>SCLARC should ensure that the provider at day program #X maintains a medication destruction log.</p>	<p>On December 12, 2007, SCLARC met with the provider. A copy of the “Centrally Stored Medication and Destruction Record” was given to the director and technical assistance training provided regarding its usage.</p> <p>In addition, Westside Regional Center will send a RN consultant to the day program to provide additional training on proper medication destruction procedures and maintaining the logs. The provider was given the CCL website where additional copies of the form can be downloaded.</p>

8.5.c Rights

Finding

At day program #X, a statement of consumer rights was not posted.

8.5.c Recommendation	Regional Center Plan/Response
SCLARC should ensure that the provider at day program #X posts a statement of consumer rights.	On December 12, 2007, SCLARC met with the provider to confirm that the statement of consumer rights was posted. The document was posted on a wall at the entrance of the facility. The provider is to always post a statement of consumer rights.

SECTION IX

SPECIAL INCIDENT REPORTING

I. Purpose

The review verifies that special incidents have been reported within the required timelines, that documentation meets the requirements of Title 17, California Code of Regulations, and that the follow-up was complete.

II. Scope of Review

1. Special incident reporting of deaths by South Central Los Angeles Regional Center (SCLARC) was reviewed by comparing deaths entered into the Client Master File for the review period with special incident reports (SIRs) of deaths received by the Department of Developmental Services (DDS).
2. The records of the 35 consumers selected for the Home and Community-based Services Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of ten consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

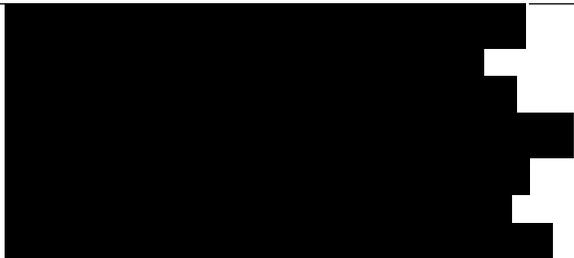
1. SCLARC reported all deaths during the review period to DDS.
2. SCLARC reported all special incidents in the sample of 35 records selected for the HCBS Waiver review to DDS.
3. SCLARC's vendors reported nine of the ten (90%) applicable incidents in the supplemental sample within the required timeframes.
4. SCLARC reported nine of the ten (90%) incidents to DDS within the required timeframes.
5. SCLARC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the ten incidents.

IV. Findings and Recommendations

Findings

Consumer #XX: The incident occurred on December 8, 2006. However, the vendor did not report of the incident to SCLARC until December 11, 2006.

Consumer #XX: The incident was reported to SCLARC on March 21, 2007. However, SCLARC did not report the incident to DDS until March 28, 2007.

Recommendations	Regional Center Plan/Response
1. SCLARC should ensure that the vendor for consumer #XX reports special incidents within the required timeframes.	
2. SCLARC should ensure that all special incidents are reported to DDS within the required timeframes.	SCLARC has developed/implemented a new process that should ensure that special incident reports are forwarded to DDS within the required timeframes.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS
HCBS Waiver Review Consumers

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

SIR Review Consumers

#	UCI	Vendor
51	XXXXXXXX	XXXXXX
52	XXXXXXXX	XXXXXX
53	XXXXXXXX	XXXXXX
54	XXXXXXXX	XXXXXX
55	XXXXXXXX	XXXXXX
56	XXXXXXXX	XXXXXX
57	XXXXXXXX	XXXXXX
58	XXXXXXXX	XXXXXX
59	XXXXXXXX	XXXXXX
60	XXXXXXXX	XXXXXX