

**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**

**October 26 - 30, 2009**

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## EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the Home and Community-based Services (HCBS) Waiver from October 26 - 30, 2009 at South Central Los Angeles Regional Center (SCLARC). The monitoring team members were Kathy Benson (Team Leader), Linda Rhoades and Ray Harris from DDS, and Raylyn Garrett and Annette Hanson 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) one consumer who moved from a developmental center; and 2) ten consumers who had special incidents reported to DDS during the review period of September 1, 2008 through August 31, 2009.

The monitoring team completed visits to five community care facilities (CCFs) and 11 day programs. The team reviewed five CCF and 13 day program consumer records and had face-to-face visits with 25 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 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. The sample records were 91 -100% in compliance for the 31 applicable criteria.

The sample records were 99% in overall compliance for this review. SCLARC's records were 99% in overall compliance for the collaborative reviews conducted in 2007 and in 2005.

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

Five consumer records were reviewed at five CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 98% in overall compliance for the 16 applicable criteria. Three criteria were rated as not applicable for this review.

SCLARC's records were 100% and 98% in overall compliance for the collaborative reviews conducted in 2007 and in 2005, respectively.

### Section IV – Day Program Consumer Record Review

Thirteen 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 99% in overall compliance for 17 criteria.

SCLARC's records were 99% and 96% in overall compliance for the collaborative reviews conducted in 2007 and in 2005, respectively.

## Section V – Consumer Observations and Interviews

Thirty 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. The interviewed consumers/parents indicated that all but one were satisfied with their services, health and choices.

## 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, 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

One of SCLARC's registered nurses was interviewed using a standard interview instrument. She responded to informational questions regarding the monitoring of consumers with medical issues, medications and behavior plans, the coordination of medical and mental health care for consumers, the provision of clinical supports to service coordinators, and the clinical team's participation in the Risk Management and Mitigation Team.

## Section VI C – Quality Assurance Interview

A quality assurance specialist was interviewed using a standard interview instrument. She 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 is no regulatory requirement.

## Section VII A – Service Provider Interviews

Five 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

Four CCF and four 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. One direct service staff was unable to answer questions regarding emergency evacuation.

### Section VIII – Vendor Standards Review

The monitoring team reviewed five CCFs and three day programs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. All of the reviewed vendors were in good repair with no immediate health or safety concerns observed.

### Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 35 HCBS Waiver consumers and ten supplemental sample consumers for special incidents during the review period. SCLARC reported all but two special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported seven of the ten applicable incidents to SCLARC within the required timeframes, and SCLARC subsequently transmitted all 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 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 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 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.

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



<b>Regional Center Self Assessment HCBS Waiver Assurances</b>	
HCBS Waiver Assurances	Regional Center Assurances
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services (cont.)	<p>The regional center ensures that needed services and supports are in place when a consumer moves from a developmental center (DC) to a community living arrangement.</p> <p>Service coordinators provide enhanced case management to consumers who move from a DC by meeting with them face-to-face every 30 days for the first 90 days they reside in the community.</p>
Only qualified providers serve HCBS Waiver participants	<p>The regional center ensures that all HCBS Waiver service providers have signed the "HCBS Provider Agreement Form" and meet the required qualifications at the time services are provided.</p>
Plans of care are responsive to HCBS Waiver participant needs	<p>The regional center ensures that all HCBS Waiver consumers are offered a choice between receiving services and living arrangements in an institutional or community setting.</p> <p>Regional centers ensure that planning for IPPs includes a comprehensive assessment and information gathering process which addresses the total needs of HCBS Waiver consumers and is completed at least every three years at the time of his/her triennial IPP</p> <p>The IPPs of HCBS Waiver consumers are reviewed at least annually by the planning team and modified, as necessary, in response to the consumers' changing needs, wants and health status.</p> <p>The regional center uses feedback from consumers, families and legal representatives to improve system performance.</p> <p>The regional center documents the manner by which consumers indicate choice and consent.</p>

## SECTION II

### REGIONAL CENTER CONSUMER RECORD REVIEW

#### I. Purpose

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

#### II. Scope of Review

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

<b>Living Arrangement</b>	<b># of Consumers</b>
Community Care Facility (CCF)	14
With Family	17
Independent or Supported Living Setting	4

2. The review period covered activity from September 1, 2008 – August 31, 2009.

#### 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. Additionally, one supplemental record was 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 28 criteria. There are no recommendations for these criteria.
- ✓ Findings for three criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

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)

Findings

Thirty- two of the 35 (91%) applicable consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in three consumer records (detailed below) did not support the determination that all of the issues identified in the CDER and DS 3770 could be considered qualifying conditions. The following were identified as qualifying conditions on the DS 3770 but there was no supporting information in the consumers’ records (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports.

1. Consumer #XX: [REDACTED] ”
2. Consumer #XX: [REDACTED] ”
3. Consumer #XX: [REDACTED] ”

2.5.b Recommendation	Regional Center Plan/Response
<p>SCLARC should determine if the items listed above are appropriately identified as qualifying conditions. The consumers’ DS 3770 forms should be corrected to ensure that any items that do not represent substantial limitations in the consumers’ ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying conditions. For consumer #XX, due to an insufficient number of qualifying conditions, the correction may require that the consumer’s HCBS Waiver eligibility be terminated. If SCLARC determines that any of the issues above are correctly identified as qualifying conditions, documentation (updated IPPs, progress</p>	<p><b><u>RESPONSE:</u></b>                      SCLARC’S QMRP reviewed the case records for Consumers #XX, #XX, and #XX to determine if the qualifying conditions documented in DS 3770 are found elsewhere in the case records.</p> <p>The following are the results of the case records review:</p> <p>1) <b><u>Consumer #XX</u></b>                      The case records review [REDACTED]</p>

<p>reports, etc.) that supports the original determinations should be submitted with the response to this report.</p>	<p>[REDACTED]</p> <p>2) <b><u>Consumer #XX</u></b> The DS 3770 for Consumer #XX indicated that the identified qualifying conditions are as follows: [REDACTED]</p> <p>[REDACTED]</p> <p>3) <b><u>Consumer #XX</u></b> The case records review [REDACTED]</p> <p>[REDACTED]</p> <p><b><u>PLAN:</u></b></p> <p>SCLARC Medicaid Waiver (MW) Certifiers were given a refresher training session regarding the HCBS Waiver level of care determination. The DDS Program Advisory (Level of Care Determination Using the Revised CDER for HCBS Waiver Consumers) was also re-distributed to them. The MW Certifiers are still assimilating to the usage of the Revised CDER in determining the level of care needs. SCLARC is now using the MW Review Sheets generated by the Sandis program (instead of the CDER Profiles)</p>
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	to assist the MW Certifiers. The MW Review Sheets delineates the CDER elements that identify the consumer's qualifying conditions. The MW Review Sheets serves as a guide to assist the MW certifiers in ensuring that the consumer meets the level of care eligibility for HCBS Waiver enrollment. It does not take the place of the QMRP's professional judgment in determining the qualifying conditions for the HCBS Waiver.
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- 2.9.a The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770). (*WIC §4646.5(a)(2)*)

Finding

Thirty-four of the 35 (97%) applicable sample consumer records contained IPPs that addressed the consumer's qualifying conditions. However, the IPP for consumer #XX did not identify the supports and services that are in place to address the consumer's [REDACTED].

During the review, SCLARC completed an IPP addendum [REDACTED]. Accordingly, no recommendation is needed.

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

Finding

Twenty-two of the 23 (96%) applicable sample consumer records contained IPPs that addressed the consumer's day program services. The IPP for consumer #XX did not address the services for which the day program provider is responsible for implementing. During the review, SCLARC completed an IPP addendum which addresses the services for which the day program provider is responsible. Accordingly, no recommendation is needed.

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 35 + 1 Supplemental Record</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	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	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.	35			100	None
2.1.c	The DS 3770 form documents annual recertifications.	35			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	5		30	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))	3		32	100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 35 + 1 Supplemental Record</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)	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.	32	3		91	See Narrative
2.6.a	IPP is reviewed (at least annually) by the planning team and modified as necessary, in response to the consumer's changing needs, wants or health status. (42 CFR 441.301(b)(1)(I))	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)	25		10	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.	7		28	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

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 35 + 1 Supplemental Record</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.9	The IPP addresses the consumer's goals and needs. (WIC §4646.5(a)(2))	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		97	See Narrative
2.9.b	The IPP addresses the special health care requirements.	14		21	100	None
2.9.c	The IPP addressed the services for which the CCF provider is responsible for implementing.	14		21	100	None
2.9.d	The IPP addressed the services for which the day program provider is responsible for implementing.	22	1	12	96	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.	5		30	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))	7		28	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



<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 35 + 1 Supplemental Record</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.12	Periodic review and reevaluations of consumer progress are completed ( <i>at least annually</i> ) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. ( <i>WIC §4646.5(a)(6)</i> )	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> )	18		17	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> )	18		17	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> )	1		35	100	None

## SECTION III

### COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

#### I. Purpose

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

#### II. Scope of Review

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

#### III. Results of Review

The consumer records were 100% in compliance for 15 of the 16 applicable criteria. Three criteria were not applicable for this review.

- ✓ 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

- 3.1.e The consumer record contains a recent photograph and a physical description of the consumer.

##### Finding

Four of the five (80%) consumer records contained a recent photograph of the consumer. However, the record for consumer #XX at CCF #X did not contain a recent photograph of the consumer.

3.1.e Recommendation	Regional Center Plan/Response
SCLARC should ensure the record for consumer #XX at CCF #X contains a recent photograph of the consumer.	<b>RESPONSE:</b> CCF #X was contacted and instructed to place a current photograph of consumer #XX in the consumer

	<p>record. On January 22, 2010 SCLARC's Senior Quality Assurance Specialist visited the facility and confirmed that the photograph is now in the consumer's chart.</p> <p><b><u>PLAN:</u></b> SCLARC's Quality Assurance Specialist will ensure that current photographs are in the consumer's individual case records at the time of each annual monitoring visit.</p>
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<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 5; CCFs = 5</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. ( <i>Title 17, CCR, §56017(b)</i> ), ( <i>Title 17, CCR §56059(b)</i> ), ( <i>Title 22, CCR, §80069</i> )	5			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	5			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	3		2	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.	5			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	5			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	4	1		80	See Narrative
3.1.i	Special safety and behavior needs are addressed.	4		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> )	5			100	None
3.3	The facility has a copy of the consumer's current IPP. ( <i>Title 17, CCR, §56022(c)</i> )	5			100	None

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 5; CCFs = 5</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. ( <i>Title 17, CCR, §56026(b)</i> )	3		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.	3		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		3	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		3	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		3	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> )	5			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	4		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> )			5	NA	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. ( <i>Title 17, CCR, §54327</i> )			5	NA	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. ( <i>Title 17, CCR, §54327</i> )			5	NA	None

## SECTION IV

### DAY PROGRAM CONSUMER RECORD REVIEW

#### I. Purpose

The review criteria address the requirements for day programs to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the 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

Thirteen sample consumer records were reviewed at 11 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 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.a The consumer record contains current emergency and personal identification information including the consumer's address and telephone number; the names and telephone numbers of the residential care provider, relatives and /or guardian or conservator; physician's name(s) and telephone number(s); pharmacy name, address and telephone number; and health plan, if appropriate.

##### Finding

Twelve of the 13 (92%) applicable consumer records contained current emergency and personal identification information. However, the record for consumer #XX at DP #XX did not contain a recent photograph of the consumer. During the review, the provider explained that last year the Commission on Accreditation of Rehabilitation Facilities (CARF) had informed them not to have a photo identification card in consumer files. However, a recent photograph of the consumer still needs to be included in the file.

4.1.a Recommendation	Regional Center Plan/Response
<p>SCLARC should ensure the record for consumer #XX at DP #XX contains a recent photograph of the consumer.</p>	<p><b><u>RESPONSE:</u></b> DP #XX was contacted and instructed to place a current photograph of consumer #XX in the consumer record. On January 20, 2010, SCLARC's Quality Assurance Specialist visited the day program and confirmed that the photograph is now in the consumer's chart.</p> <p><b><u>PLAN:</u></b> SCLARC's Quality Assurance Specialist will ensure that current photographs are in the consumer's individual case records at the time of each annual monitoring visit.</p>

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 13; Day Programs = 11</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)	13			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.	12	1		92	See Narrative
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.	13			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.	13			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.	13			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			100	None
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing.	13			100	None



<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 13; Day Programs = 11</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.	13			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	11		2	100	None
4.2	The day program has a copy of the consumer's current IPP. ( <i>Title 17, CCR §56720(b)</i> )	13			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> )	13			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.	13			100	None
4.4.a	The day program prepares and maintains written semiannual reports. ( <i>Title 17, CCR, §56720(c)</i> )	13			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.	13			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		12	100	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. ( <i>Title 17, CCR, §54327</i> )	1		12	100	None
4.5.c	There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. ( <i>Title 17, CCR, §54327</i> )	1		12	100	None

## SECTION V

### CONSUMER OBSERVATIONS AND INTERVIEWS

#### I. Purpose

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

#### II. Scope of Observations and Interviews

For this review, the total sample was 35 consumers. Five consumers were unavailable for an interview or observation.

Twenty-five consumers were interviewed and/or observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings. Five phone interviews were conducted with parents of minors.

✓ Thirteen adult consumers agreed to be interviewed by the monitoring teams.

✓ Twelve consumers did not communicate verbally, but were observed.

#### III. Results of Observations and Interviews

All but one consumer 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.

#### IV. Finding and Recommendation

Consumer #XX stated

[REDACTED]

Recommendation	Regional Center Plan/Response
SCLARC should address the concerns of consumer #XX regarding her services and supports.	<b>RESPONSE:</b> [REDACTED]



## SECTION VI A

### SERVICE COORDINATOR INTERVIEWS

#### I. Purpose

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

#### II. Scope of Interviews

1. The monitoring team interviewed 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 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 SCLARC's clinical team and internet medication guides as resources. SCLARC offers periodic trainings on new and commonly used medications.

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. This 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 Assessment and Mitigation Team and special incident reports (SIRs).

#### III. Results of Interview

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

The clinical team functions as a resource for the service coordinators and is available to assess consumers with medical, behavioral or psychiatric concerns. The clinical team has developed a checklist for the service coordinators to utilize during their annual review of consumers. The checklist incorporates information that will assist service coordinators to address health issues in the IPP, or to identify potential issues that might benefit from a clinical team referral. A pharmacist is available for consultation, training and clinical meetings with service coordinators, service providers, consumers and their families.

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. SCLARC's behavior consultant provides training and support to residential, day program, and regional center staff. The consultant also reviews and approves all behavioral intervention plans prior to implementation and reviews progress reports to ensure that appropriate procedures are being used.

The clinical team tracks all hospitalized consumers and communicates with the admitting facility regarding diagnoses, treatment, and discharge plans. As necessary, the clinical team may visit hospitalized consumers.

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 all consumers
- ✓ Educating providers on mammography, gynecology, colonoscopy, adult vaccines, diabetes, and other health issues
- ✓ Assisting providers to develop healthcare plans
- ✓ Dental screening/treatment
- ✓ 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, providers, consumers and families
- ✓ A monthly mobility clinic to evaluate consumers with impaired movement for mobility, positioning and assistive devices
- ✓ Autism clinic
- ✓ Promoting Healthy Lifestyles – A grant program that focuses on children 0-5 years
- ✓ Nutritional Assessments
- ✓ Human Rights Committee

Clinical team members participate in SCLARC's Risk Management and Mitigation Team. All SIR's that require medical review are referred to the clinical team for further evaluation, follow-up and trend analysis. All trends are reported to the Risk Management and Mitigation Team and may result in training to staff or providers. The team also participates in the regional center's mortality reviews and actively works with Acumen, the State's risk management contractor, to develop mortality review guidelines.

## 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 quality assurance 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. The interviewed QA specialist provided specific information about SCLARC's process for conducting annual Title 17 reviews and the unannounced visits. SCLARC's staff receives orientation training in identifying substantial inadequacies and immediate dangers and on their roles and duties during an inspection.
2. The QA specialists are responsible for conducting the annual Title 17 reviews. When substantial inadequacies are identified, corrective action plans (CAPs) are issued at the time of the review. Depending on the issue, most CAPs allow the vendor 30 days to correct the situation. The QA team will follow-up and provide further training to the vendor if necessary.
3. The service coordinators are responsible for conducting the two unannounced visits to CCFs each year. Any findings from the service coordinators are reported to the QA team. The QA team will investigate, issue a CAP and schedule a follow up, if necessary.
4. The QA team members also monitor the day programs annually. In addition, the QA team requires new providers to take their Residential Specialists Services Training (RSST). This is a six to eight week series of classroom instruction that all new providers are required to pass.
5. The special incidents report (SIR) coordinator receives all SIRs. The SIRs are referred to the senior QA specialist for further evaluation and follow-up. The senior QA is a member of the Risk Management and Mitigation Team.



## SECTION VII A

### SERVICE PROVIDER INTERVIEWS

#### I. Purpose

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

#### II. Scope of Interviews

1. The monitoring team interviewed nine service providers at five 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 eight direct service staff at four community care facilities (CCF) 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 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. One direct service staff was unable to answer questions regarding emergency evacuation.
6. The direct service staff were knowledgeable regarding safeguarding and assisting with self-administration of medications where applicable.

IV. Finding and Recommendation

7.B.2.b Direct care staff are familiar with emergency preparedness.

Finding

The direct service staff at CCF #X was not familiar with what actions to take in the event of a natural disaster.

7.B.2.b Recommendation	Regional Center Plan/Response
<p>SCLARC should ensure that the direct service staff at CCF #X is knowledgeable regarding disaster procedures.</p>	<p><b>RESPONSE:</b>                      SCLARC's Senior Quality Assurance Specialist provided emergency evacuation/emergency contingency plan training to CCF #X vendor and her staff person on January 22, 2010.</p> <p><b>PLAN:</b>                      SCLARC's Quality Assurance staff will review with the vendor and her staff person CCF #X's emergency evacuation/emergency contingency plan during the next annual monitoring visit. Quality Assurance staff will ensure that the direct service staff is knowledgeable regarding disaster procedures.</p>

## 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 five CCFs and three day programs.
2. The teams used a monitoring review checklist consisting of twenty-three criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

#### III. Results of Review

All of the CCFs and the day programs were found to be in good condition with no immediate health and safety concerns.

## SECTION IX

### SPECIAL INCIDENT REPORTING

#### I. Purpose

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

#### II. Scope of Review

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

#### III. Results of Review

1. SCLARC reported all deaths during the review period to DDS.
2. SCLARC did not report two special incidents in the sample of 35 records selected for the HCBS Waiver review to DDS.
3. SCLARC's vendors reported seven of the ten (70%) incidents in the supplemental sample within the required timeframes.
4. SCLARC reported all ten (100%) 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 #X: The incident occurred on April 5, 2009 and was reported to SCLARC on April 6, 2009 but it was not reported to DDS. During the monitoring review, SCLARC transmitted the report to DDS. Accordingly, no recommendation is needed.

Consumer #X: The incident occurred on January 11, 2009 and was reported to SCLARC on January 14, 2009. However, due to an incorrect incident type entered on the SIR completed by SCLARC, it was not reported to DDS. During the monitoring review, SCLARC corrected the incident type and the report was transmitted to DDS. Accordingly, no recommendation is needed.

Consumer #XXX: The incident occurred on October 5, 2008. However, the vendor did not submit a written report to SCLARC until October 10, 2008.

Consumer #XXX: The incident occurred on December 19, 2008. However, the vendor did not submit a written report to SCLARC until December 22, 2008.

Consumer #XXX: The incident occurred on February 13, 2009. However, the vendor did not submit a written report to SCLARC until February 17, 2009.

Recommendations	Regional Center Plan/Response
<p>SCLARC should ensure that the vendors for consumers #XXX, #XXX and #XXX report special incidents within the required timeframes.</p>	<p><b><u>RESPONSE REGARDING #XXX:</u></b>                      Vendorization was terminated at the vendor's request on August 1, 2009.</p> <p><b><u>RESPONSE REGARDING #XXX:</u></b>                      SCLARC's Senior Quality Assurance Specialist provided SIR training to the vendor and all staff persons on February 1, 2010.</p> <p><b><u>PLAN REGARDING #XXX:</u></b>                      At the time of the 2011 monitoring visit, SCLARC's Quality Assurance Specialist will review training records to ensure that the vendor reviews SIR reporting procedures and requirements with staff on an annual basis.</p>

	<p><b><u>RESPONSE REGARDING #XXX:</u></b> SCLARC's Senior Quality Assurance Specialist conducted a SIR training to the licensee and a volunteer on February 5, 2010.</p> <p><b><u>PLAN REGARDING #XXX:</u></b> At the time of the 2011 monitoring visit, SCLARC's Quality Assurance Specialist will review training records to ensure that the vendor reviews SIR reporting procedures and requirements with staff and volunteers on an annual basis.</p>
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## SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

### HCBS Waiver Review Consumers

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



### Supplemental Sample DC Consumer

#	UCI
DC-1	XXXXXXXX

### HCBS Waiver Review Service Providers

CCF #	Vendor
1	XXXXXX
2	XXXXXX
3	XXXXXX
4	XXXXXX
5	XXXXXX

Day Program #	Vendor
1	XXXXXX
2	XXXXXX
3	XXXXXX
4	XXXXXX
5	XXXXXX
6	XXXXXX
7	XXXXXX
8	XXXXXX
9	XXXXXX
10	XXXXXX
11	XXXXXX

### SIR Review Consumers

#	UCI	Vendor
101	XXXXXXXX	XXXXXX
102	XXXXXXXX	XXXXXX
103	XXXXXXXX	XXXXXX
104	XXXXXXXX	XXXXXX
105	XXXXXXXX	XXXXXX
106	XXXXXXXX	XXXXXX
107	XXXXXXXX	XXXXXX
108	XXXXXXXX	XXXXXX
109	XXXXXXXX	XXXXXX
110	XXXXXXXX	XXXXXX