

**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 28 – November 1, 2013

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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 28 - November 1, 2013, 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 Annette Hanson and Raylyn Garrett 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 the 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 37 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers whose HCBS Waiver eligibility had been previously terminated; 2) three consumers who moved from a developmental center, and 3) nine consumers who had special incidents reported to DDS during the review period of August 1, 2012 – July 31, 2013.

The monitoring team completed visits to five community care facilities (CCFs) and thirteen day programs. The team reviewed five CCF and 18 day program consumer records and had face-to-face visits and/or interviews with 33 consumers or their parents.

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-seven 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 99% in overall compliance for this review. SCLARC's records were 99% in overall compliance for the collaborative reviews conducted in 2011 and in 2009.

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 100% in compliance for the 19 criteria.

SCLARC's records were 100% and 98% in overall compliance for the collaborative reviews conducted in 2011 and in 2009, respectively.

Section IV – Day Program Consumer Record Review

Eighteen consumer records were reviewed at 13 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100% in overall compliance for the 17 criteria.

SCLARC's records were 99% in overall compliance for the collaborative reviews conducted in 2011 and in 2009.

Section V – Consumer Observations and Interviews

Thirty-three sample consumers, or in the case of minors, their parents were interviewed and/or observed at their CCFs, day programs, or in independent living settings. The monitoring team observed that all of the consumers were in good health and were treated with dignity and respect. All but one of the interviewed consumers/parents indicated that they were satisfied with their services, health and choices. The parent of one consumer requested assistance from SCLARC in coordinating services while the consumer attends school.

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

The Clinical Nurse Manager of SCLARC's Clinical Team was interviewed using a standard interview instrument. She responded to informational questions regarding the monitoring of consumers with medical issues, medications, 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.

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 37 HCBS Waiver consumers and nine supplemental sample consumers for special incidents during the review period. SCLARC reported all special incidents for the sample of 37 records selected for the HCBS Waiver review to DDS. For the supplemental sample, the service providers reported seven of the nine incidents to SCLARC within the required timeframe and SCLARC subsequently transmitted all nine special incidents to DDS within the required timeframe. 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.

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

Living Arrangement	# of Consumers
Community Care Facility (CCF)	14
With Family	16
Independent or Supported Living Setting	7

2. The review period covered activity from August 1, 2012 – July 31, 2013.

III. Results of Review

The 37 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. Three supplemental records were reviewed for documentation of face-to-face meetings no less than once every 30 days for the first 90 days following the consumer's move from a developmental center.

- ✓ The sample records were in 100% compliance for 29 criteria. There are no recommendations for these criteria.
- ✓ Findings for two criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

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-five of the 37 (95%) sample consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in two 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 #25: “Epilepsy.” Subsequent to the review period, SCLARC removed the qualifying condition from the DS 3770.
2. Consumer #28: “Assault and Habitual Theft.”

2.5.b Recommendations	Regional Center Plan/Response
<p>SCLARC should determine if the items listed above for consumer #28 are appropriately identified as qualifying conditions. The consumer’s DS 3770 form should be corrected to ensure that any items that do not represent substantial limitations in the consumer’s ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying conditions.</p>	<p><u>RESPONSE:</u> SCLARC’s QMRP reviewed Consumer #28’s case records. QMRP determined that the qualifying condition “assault and habitual theft” was inappropriately identified and therefore removed from the DS 3770. Consumer used to exhibit behavioral challenges but due to the provision of current services, consumer no longer exhibits physical and verbal aggression. Consumer continues to have sufficient number of qualifying conditions; therefore this consumer continues to be eligible to the HCBS Waiver.</p>

<p>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 reports, etc.) that supports the original determinations should be submitted with the response to this report.</p>	<p>PLAN: SCLARC is submitting an addendum to support the determination that consumer has qualifying conditions for continued enrollment to the HCBS Waiver. Please refer to attached addendum for further details. QMRP also revised the DS 3770 to delete the qualifying condition, "assault and habitual theft." SCLARC reviewed with Service Coordinators and Program Managers the importance of ensuring that the consumer's identified qualifying conditions documented in the DS 3770 are consistent with the information contained in the IPP, Annual Contact reports, quarterly review reports vendor reports and progress reports.</p>
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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))

Findings

Thirty-six of the 37 (97%) sample consumer records contained IPPs that addressed the consumers' qualifying conditions. However, the IPP for consumer #28 did not identify the supports or services that are in place for "medication monitoring", as indicated in the Annual Face-To-Face Report dated July 5, 2013.

2.9.a Recommendations	Regional Center Plan/Response
<p>SCLARC should ensure that the IPP for consumer #28 address the services and supports in place for "medication monitoring."</p>	<p>RESPONSE: SCLARC's QMRP reviewed consumer #28's case records. It was deduced that medication monitoring is appropriately identified as a qualifying condition. Consumer #28 requires the support and services of the SLS agency to monitor consumer's medications due to occasions when he does not take them as prescribed. He also requires monitoring of the side effects of her medications.</p> <p>PLAN: SCLARC is submitting an addendum which identifies the supports or services that are in place for</p>

	<p>consumer's identified need of "medication monitoring." SCLARC reviewed with Service Coordinators and Program Managers the importance of ensuring that the consumer's identified qualifying conditions documented in the DS 3770 are consistent with the information contained in the IPP, Annual Contact reports, quarterly review reports vendor reports and progress reports.</p>
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Regional Center Consumer Record Review Summary						
Sample Size = 37 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	37			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.	37			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.	37			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	36		1	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	1		36	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))	37			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		37	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 37 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5), (42 CFR 441.302)	37			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)	37			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	35	2		95	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))	37			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)	20		17	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))	37			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		23	100	None
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	37			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))	37			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 37 + 6 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).	36	1		97	See Narrative
2.9.b	The IPP addresses the special health care requirements.	18		19	100	None
2.9.c	The IPP addresses the services for which the CCF provider is responsible for implementing.	14		23	100	None
2.9.d	The IPP addresses the services for which the day program provider is responsible for implementing.	25		12	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.	7		30	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	37			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	8		29	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))	37			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))	37			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	14		23	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))	37			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 37 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic review and reevaluations of consumer progress are completed (<i>at least annually</i>) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. (<i>WIC §4646.5(a)(6)</i>)	37			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>)	21		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>)	21		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>)	3		37	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 the 19 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 = 5; CCFs = 5						
	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>)	5			100	None
3.1.a	The consumer record contains a statement of ambulatory or non ambulatory 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.	2		3	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.	5			100	None
3.1.i	Special safety and behavior needs are addressed.	2		3	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
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

Community Care Facility Record Review Summary						
Sample Size: Consumers = 5; CCFs = 5						
	Criteria	+	-	N/A	% Met	Follow-up
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 verifies 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>)	1		4	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		4	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		4	100	None

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

The review criteria address the requirements for day programs (DP) 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

Eighteen consumer records were reviewed at 13 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 the 17 criteria.

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

Day Program Record Review Summary						
Sample Size: Consumers = 18; Day Programs = 13						
	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)	18			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.	18			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.	18			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.	18			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.	18			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.	18			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.	18			100	None
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	18			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 18; Day Programs = 13						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	13		5	100	None
4.2	The day program has a copy of the consumer's current IPP. (<i>Title 17, CCR §56720(b)</i>)	18			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>)	18			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.	17		1	100	None
4.4.a	The day program prepares and maintains written semiannual reports. (<i>Title 17, CCR, §56720(c)</i>)	17		1	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.	17		1	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		17	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		17	100	None
4.5.c	There is appropriate follow-up to special incidents to resolve the issue and eliminate or mitigate future risk. (<i>Title 17, CCR, §54327</i>)	1		17	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

Thirty-three of the 37 consumers were interviewed and/or observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Sixteen consumers agreed to be interviewed by the monitoring teams
- ✓ Ten consumers did not communicate verbally or declined an interview, but were observed
- ✓ Seven interviews were conducted with parents of minors
- ✓ Four consumers were unavailable for or declined interviews

III. Results of Observations and Interviews

Thirty-two of the 33 consumers/parents of minors 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

The parent of consumer #33 is requesting assistance from the regional center to obtain 1:1 behavioral intervention for her son while at school.

Recommendation	Regional Center Plan/Response
SCLARC should follow-up with the parent of consumer #33 regarding her request.	Please review (on pages 25 and 26) the chronology of actions taken by SCLARC in response to this finding regarding Consumer # 33.

The following is a chronology of SCLARC's actions in response to this audit finding:

11/01/13 – SC contacted mother to inquire about her concerns shared with the DDS auditors. Mother stated that she shared the following with the auditors:

1. Consumer's behavior regarding inappropriate touching which he is receiving behavior support at school.
2. Another concern was that other kids are making fun of consumer and mother stated that the other kids manipulate consumer. No reports of physical abuse by other students.
3. Mother's main concern was consumer having issues in his algebra class. Mother felt that there is a personality conflict with teacher and consumer. She added that she herself does not take interest in the teacher as well. This was the only class consumer is not passing and mother wanted assistance in this area. She would like to have a 1:1 in this class. SC assured mother that a copy of the IEP would be requested and will consult with SCLARC's Psychologist and Education Specialist for recommendations.

01/27/2014 - SC was informed that parent attended the Town Hall Meeting. Parent requested an individual meeting with the Assistant Director.

01/30/2014 - SC met with SCLARC's Director and Program Manager. SC explained the issues and that parent is requesting a follow-up meeting to include issues in his algebra class, inappropriate touching, and bullying at school. Mother stated that she already met with the principal to address this and was told that the teacher's assistant would assist the teacher. Mother stated she was also given the choice of placing consumer in a special education class. Consumer is currently fully mainstreamed. Mother did not want for consumer to be placed in a special education class and she was not happy with current situation. Consumer continues to struggle, is in the same class with the same teacher, and the teacher's assistant did not seem to have made any changes.

02/03/14 - Mother came to SCLARC's office and brought a copy of the IEP dated 08/10/13. Mother confirmed her concerns as previously stated.

02/04/14 - SC reviewed IEP dated 10/08/2013 and prepared referral packet to be reviewed by the Regional Center Special Education Specialist with mother's concerns and requesting for recommendations.

02/06/14 - SC met with Assistant Director, and Program Manager, but mother didn't show up for the Follow-Up meeting at SCLARC's office.

03/07/14 - IEP was scheduled for 03/26/2014 at 9:30 a.m. at Maywood Academy. SC is scheduled to attend IEP. Mother will review her concerns and compile a list to address at the meeting. Mother and SC will review her list of concerns a week before the meeting.

03/07/14 - SC consulted with Education Specialist and was given the following recommendations: Mother should request a Student Study/Success Team Meeting (SST) to address the concern. The meeting is typically held with parent, teacher, aide and student. Mother should inquire about tutorial services offered via the school if available or local library.

It appears that consumer's behaviors (inappropriate touching) is being addressed in school via weekly DIS counseling services as well as included in a behavior support plan. Parent should speak with Therapist regarding techniques to use both at home and in the community. Should behaviors become problematic a referral to HS Life Skills Inc. may be warranted.

3/17/14 - SC traveled to the home and met with mother to outline and confirm mother's concerns to be addressed at the IEP scheduled for 03/26/2014.

1. Mother stated that consumer continues to struggle in his Algebra class. This is the only class that consumer continues to struggle. Mother was concerned because she stated this is consumer's strong subject. Mother felt that it is a personality issue with consumer and teacher. After meeting with the teacher and observing herself on how the teacher addresses the students, mother strongly felt that the teacher is not addressing the students appropriately and has developed a rejection to the teacher.
 - Mother stated that on 01/15/2014 she has spoken to the Dean, Mr. Padilla, regarding this and she was told that there were 3 aides for this Special Ed class of 23 Autistic students. This had been mother's concerns since the last IEP.
 - Mother stated that she was also given the choice of placing consumer in a Special Education class. Mother did not want for consumer to be placed in a Special Education class and she was not happy with the current situation.
2. Mother continued to have concerns with consumer inappropriately touching girls. Per mother, consumer is touching girls at school on their shoulders or their thighs for attention. Mother reported that consumer is receiving behavior counseling through the school for this behavior, but mother is still concerned that he can get in trouble and even with the police.
3. Mother was concerned about bullying at school. Mother reported that other students make fun of consumer and/or takes advantage of him. He has not been physically abused, but mother stated that other students have taken his lunch money in the past, but is not a problem now.
 - This was also brought up to the Principal and again consumer is receiving counseling with the School Psychologist.

3/26/14 – IEP meeting at Maywood Academy was held. SCLARC's SC and consumer's mother were in attendance. IEP initiated with addressing goals for reading, writing, and math. It was reported that with math, consumer has not met his goal. Regarding consumer's behavioral challenges, inappropriate touching was brought up. Consumer continues to have this behavior. The Teacher stated that the consumer's behaviors are escalating. Consumer is attracted to female consumers and during passing periods he would walk up to the girls he likes and stands next to them as if he is trying to make social contact. If the girls don't answer, he gets upset and will push them. He resorts to running in the hallways. There were also reports that consumer has gotten into fights with his twin brother (who is also in the same class) for trying to calm consumer down.

Mother was informed that consumer is taken to another class during the last period (Math period) to a smaller group. It was also reported that consumer's behavior tends to worsen at the end of the day and this way consumer receives more attention; this class has a 10 to 1 ratio. Mother stated that this was the reason consumer is not learning because he is pulled out of the class during his Math lessons. Mother was informed that this class is a lowered math level that consumer is able to work on.

Class teacher shared that these consumers (who are pulled out of class) are the ones who get picked on the most by the other consumers in the class. The Teacher stated that she has 23 Autistic consumers with behaviors and only has one aide. The class

gets noisy. One of the students who was picking on consumer was removed from the class already.

Counselor states that consumer is not able to identify emotions and is not sure if consumer can hear well. Consumer does not answer to questions asked or acts as if he is just ignoring staff. It was confirmed that consumer is receiving counseling at 120 minutes per month. SC requested a copy of report, but it was not available nor the counseling staff to address the report.

The IEP will reconvene on 04/04/2014 to resolve some of the other issues. Mother was asked if it was alright for school staff to initiate a functional assessment to consider a 1:1 aide for consumer during class time. Mother was also reassured that increased staffing would be available for passing periods.

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.
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.

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 the Clinical Nurse Manager 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, nurses, a dentist, a pediatrician, a pharmacist, a psychiatrist, a psychologist, behavioral consultants, nutritionists, a geneticist, a speech pathologist, a physical and occupational therapist, dental assistant/hygienist, an autism liaison and an educational specialist.

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.

The clinical team tracks all hospitalized consumers and communicates with the admitting facility regarding diagnoses, treatment, and discharge plans. A nurse conducts a nursing assessment and/or intervention to ensure health and safety is maintained after discharge.

The regional center pharmacist is available for consultation and training with service coordinators, service providers, consumers and their families. The pharmacist reviews all SIR's involving medication errors, which may result in onsite training as needed.

Clinical team members collaborate with the Los Angeles County Department of Mental Health's crisis intervention team to improve services for dually diagnosed consumers. SCLARC's behavior consultants provide training and support to residential, day program, and regional center staff. The consultants also review and approve all behavioral intervention plans prior to implementation and evaluate progress reports to ensure that appropriate procedures are utilized. Members of the clinical team participate in discharge planning for all psychiatric hospitalizations.

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

- ✓ Provider training, recent topics have included tuberculosis, nutrition, feeding issues, MRSA and restricted health care conditions
- ✓ SCLARC nurse attends L.A. Care Health Maintenance Organization and Health Net quarterly meetings
- ✓ Assists providers in developing restricted 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
- ✓ Mobility clinic
- ✓ Community outreach autism clinic
- ✓ Nutritional Assessments
- ✓ Human Rights Committee

Clinical team members participate in SCLARC's Risk Management and Mitigation Team. All SIRs that require medical review are referred to the team for further evaluation and follow-up. Trends are reported to the Risk Management and Mitigation Team and may result in training to staff or providers. The clinical team also reviews all deaths and reports findings to the mortality review committee.

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, service provider training, 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 annual Title 17 visits are conducted by the quality assurance specialists. The two unannounced visits are conducted annually by the service coordinators, who function as facility liaisons to the CCFs. Any issues or concerns from the facility liaisons are reported to the QA team for follow-up. When substantial inadequacies are identified, corrective action plans (CAPs) are issued. 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. SCLARC's staff receives orientation training in identifying substantial inadequacies, immediate dangers and on their roles and responsibilities during visits to CCFs.
2. The special incidents report (SIR) coordinator receives all SIRs. SCLARC's QA team will follow up on QA related SIRs. The SIRs are referred to the senior QA specialist for further evaluation and follow-up. The senior QA staff is a member of the Risk Management and Mitigation Team which meets monthly. The Risk Management and Mitigation Team will recommend additional trainings be provided to staff and vendors based on SIR trend analysis.
3. The QA team members also monitor day programs annually. In addition, the QA team requires new residential providers to complete Residential Specialists Services Training offered twice a year. This is a six to eight week series of classroom instruction that all new providers are required to complete.

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.
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. The review also ensures that CCFs are meeting the HCBS Waiver definition of a homelike setting.

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 23 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

III. Results of Review

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

SECTION IX

SPECIAL INCIDENT REPORTING

I. Purpose

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

II. Scope of Review

1. Special incident reporting of deaths by the 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 37 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 nine 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 37 records selected for the HCBS Waiver review to DDS.
3. SCLARC's vendors reported seven of the nine (77%) incidents in the supplemental sample within the required timeframes.
4. SCLARC reported all nine (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 nine incidents.

IV. Findings and Recommendations

Consumer #47-S: The incident occurred on April 2, 2013. However, the vendor did not submit a written report to SCLARC until April 8, 2013.

Consumer #49-S: The incident occurred on October 20, 2012. However, the vendor did not submit a written report to SCLARC until October 24, 2012.

Recommendation	Regional Center Plan/Response
<p>SCLARC should ensure that the vendors for consumers #47-S, #49-S and #52-S report special incidents within the required timeframes.</p>	<p>#47 S The vendor’s special incident report is dated April 4, 2013. Printing on the report from the vendor’s fax machine also reports an April 4, 2013 submission date. SCLARC did not receive the report until April 8, 2013. On March 28, 2014, SCLARC issued a corrective action plan to <u>Progressive Behavior Therapy</u> for failure to report a special incident within the required timelines. On the same date, SCLARC conducted technical assistance training to the vendor. The training focused specifically on the appropriate use of SCLARC e-fax system. This is the only way the vendor can ensure SCLARC receives special incident reports within the required timeframes.</p> <p>#49S On March 28, 2014, SCLARC issued a corrective action plan to <u>Flagship at Harvard</u> for failure to report a special incident within the required timelines. On the same date, SCLARC conducted technical assistance training at the facility. Special attention was paid to the Title 17 requirement that the special incident report is due to the regional center within 48 hours after the occurrence of the special incident. The vendor now understands that this includes incidents that occur during weekend hours.</p>

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

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

Terminated Reason 6 Sample

#	UCI
38-T	XXXXXXXX
39-T	XXXXXXXX
40-T	XXXXXXXX

Consumers Developmental Center Movers

#	UCI
41-DC	XXXXXXXX
42-DC	XXXXXXXX
43-DC	XXXXXXXX

HCBS Waiver Review Service Providers

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

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

SIR Review Consumers

#	UCI	Vendor
43-S	XXXXXXXX	XXXXXXXX
44-S	XXXXXXXX	XXXXXXXX
45-S	XXXXXXXX	XXXXXXXX
46-S	XXXXXXXX	XXXXXXXX
47-S	XXXXXXXX	XXXXXXXX
48-S	XXXXXXXX	XXXXXXXX
49-S	XXXXXXXX	XXXXXXXX
50-S	XXXXXXXX	XXXXXXXX
51-S	XXXXXXXX	XXXXXXXX
52-S	XXXXXXXX	XXXXXXXX