

**San Diego Regional Center
Home and Community-based Services Waiver
Monitoring Review Report**

Conducted by:

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

October 27 – November 7, 2008

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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 27 – November 7, 2008 at San Diego Regional Center (SDRC). The monitoring team members were Mary Ann Smith (Team Leader), Kathy Benson, Ray Harris, and Jim Knight from DDS, and Raylyn Garrett, Patrick McMahan, Katherine Page and Catherine Johnson from DHCS.

Purpose of the Review

DDS contracts with 21 private, non-profit corporations to operate regional centers, which are responsible under state law for coordinating, providing, arranging or purchasing all services needed for eligible individuals with developmental disabilities in California. All HCBS Waiver services are provided through this system. It is the responsibility of DDS to ensure, with the oversight of DHCS, that the HCBS Waiver is implemented by regional centers in accordance with Medicaid statute and regulations.

Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

The compliance monitoring review protocol is comprised of sections/components designed to determine if the consumers' needs and program requirements are being met and that services are being provided in accordance with the consumers' individual program plans (IPPs). Specific criteria have been developed for the review sections listed below that are derived from federal/state statutes and regulations and from Centers for Medicare & Medicaid Services directives and guidelines relating to the provision of HCBS Waiver services.

Scope of Review

The monitoring team reviewed a sample of 82 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) ten consumers who had special incidents reported to DDS during the review period of August 1, 2007 through July 31, 2008.

The monitoring team completed visits to 11 community care facilities (CCFs) and 22 day programs. The team reviewed 11 CCF and 29 day program consumer records and had face-to-face visits with 59 selected sample consumers.

Overall Conclusion

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

Eighty-two 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 93%-100% in compliance for the 30 of the 31 applicable criteria. Criterion 2.5.b was 84% in compliance because thirteen of the 82 applicable consumer records did not contain sufficient information to support the determination that all of the conditions identified in the CDER and DS 3770 could be considered qualifying conditions.

The sample records were 99% in overall compliance for this review. SDRC's records were 99% in overall compliance for the collaborative reviews conducted in 2006 and in 2004.

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

Eleven consumer records were reviewed at 11 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. SDRC's records were 99% and 100% in overall compliance for the collaborative reviews conducted in 2006 and in 2004, respectively.

Section IV – Day Program Consumer Record Review

Twenty-nine consumer records were reviewed at 22 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 97-100% in compliance for the 17 criteria. Three criteria were rated as not applicable for this review.

The sample records were 99% in overall compliance for this review. SDRC's records were 100% in overall compliance for the collaborative reviews conducted in 2006 and in 2004.

Section V – Consumer Observations and Interviews

Fifty-nine sample consumers were observed at their CCFs, day programs, or in independent living settings. The monitoring team observed that the consumers were in good health and were treated with dignity and respect. All but two of the interviewed consumers/parents indicated that they were satisfied with their services, health and choices.

Section VI A – Service Coordinator Interviews

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

Section VI B – Clinical Services Interview

The Director of Clinical Services, the Nurse Supervisor, and the Coordinator of Behavioral Services of the San Diego Regional Center (SDRC) were interviewed using a standard interview instrument. They responded to informational questions regarding the monitoring of consumers with medical issues, medications and behavior plans, the coordination of medical and mental health care for consumers, the provision of clinical supports to service coordinators, and the clinical team's participation in the Risk Management, Assessment, and Planning Committee.

Section VI C – Quality Assurance Interview

A Quality Evaluation Specialist was interviewed using a standard interview instrument. The staff responded to informational questions regarding how SDRC 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

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

the annual review process and the monitoring of health issues, medications, progress, safety and emergency preparedness. The service providers were familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interviews

Six CCF and six day program direct service staff were interviewed using a standard interview instrument. The direct service staff responded to questions regarding their knowledge of consumers, the IPP, communication, service delivery, procedures for safety, emergency preparedness, and medications. The staff were familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VIII – Vendor Standards Review

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

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 82 HCBS Waiver consumers and the ten supplemental consumers for special incidents during the review period. SDRC reported all special incidents for the sample consumers selected for the HCBS Waiver review. For the supplemental sample, the service providers reported six of the ten applicable incidents to SDRC within the required timeframes, and SDRC subsequently transmitted nine of the ten special incidents to DDS within the required timeframes. SDRC's follow-up activities on consumer incidents were timely and appropriate for the severity of the situation.

SECTION I

REGIONAL CENTER SELF ASSESSMENT

I. Purpose

The regional center self assessment addresses the California Home and Community-based Services (HCBS) Waiver assurances criteria and is designed to provide information about the regional center's processes and practices. The responses are used to verify that the regional center has processes in place to ensure compliance with federal and state laws and regulations.

The self assessment obtains information about San Diego Regional Center's (SDRC) 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

SDRC 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 SDRC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self assessment criteria.

- ✓ The full response to the self assessment is available upon request.

Regional Center Self Assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
<p>State conducts level of care need determinations consistent with the need for institutionalization</p>	<p>The regional center ensures that consumers meet ICF/DD, ICF/DD-H, or ICF/DD-N facility level of care requirements as a condition of initial and annual eligibility for the HCBS Waiver Program.</p> <p>Regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meet the federal definition of a Qualified Mental Retardation Professional (QMRP).</p> <p>The regional center ensures that consumers are eligible for full scope Medi-Cal benefits before enrolling them in the HCBS Waiver.</p>
<p>Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services</p>	<p>The regional center takes action(s) to ensure consumers' rights are protected.</p> <p>The regional center takes action(s) to ensure that the consumers' health needs are addressed.</p> <p>The regional center ensures that behavior plans preserve the right of the consumer to be free from harm.</p> <p>The regional center maintains a Risk Management, Risk Assessment and Planning Committee.</p> <p>The regional center has developed and implemented a Risk Management/Mitigation Plan.</p> <p>Regional centers and local Community Care Licensing offices coordinate and collaborate in addressing issues involving licensing requirements and monitoring of CCFs pursuant to the MOU between DDS and Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 community care facilities.</p> <p>The regional center reviews each community care facility annually to assure services are consistent with the program design and applicable laws, and development and implementation of corrective action plans as needed.</p> <p>The regional center conducts not less than two unannounced monitoring visits to each CCF annually.</p> <p>Service coordinators perform and document periodic reviews [at least annually] to ascertain progress toward achieving IPP objectives, and the consumer's and the family's satisfaction with the IPP and its implementation.</p> <p>Service coordinators have quarterly face-to-face meetings with consumers in CCFs, Family Home Agencies, Supported Living Services, and Independent Living Services to review services and progress toward achieving the IPP objectives for which the service provider is responsible.</p>

Regional Center Self Assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services (cont.)	<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. Eighty-two HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	29
With Family	28
Independent or Supported Living Setting	25

The review period covered activity from August 1, 2007 through July 31, 2008.

III. Results of Review

The 82 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 SDRC 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. Additionally, three consumers were reviewed solely for documentation indicating they received face-to-face reviews every thirty days after moving from a developmental center.

- ✓ The sample records were in 100% compliance for 23 criteria. There are no recommendations for these criteria.
- ✓ Findings for eight criteria are detailed below.

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

IV. Findings and Recommendations

- 2.2 Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). (SMM 4442.7), (42 CFR 441.302(d))

Findings

Eighty-one of the 82 (99%) sample consumer records contained a completed DS 2200 form. However, the DS 2200 form in the record for consumer #39 was not signed by the consumer. During the monitoring review, SDRC obtained the consumer's signature on the DS 2200 form. Accordingly, no recommendation is required.

- 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

Sixty-nine of the 82 (84%) consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in thirteen 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. Unless otherwise noted in the list below, 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 #X: [REDACTED]
2. Consumer #X: [REDACTED]
3. Consumer #XX: [REDACTED]

4. Consumer #XX: [REDACTED]
5. Consumer #XX: [REDACTED]
6. Consumer #XX: [REDACTED]
7. Consumer #XX: [REDACTED]
8. Consumer #XX: [REDACTED]
9. Consumer #XX: [REDACTED]
10. Consumer #XX: [REDACTED]
11. Consumer #XX: [REDACTED].” During the review, the consumer’s DS 3770 was modified to exclude this as a qualifying condition. Accordingly, no recommendation is needed.
12. Consumer #XX: [REDACTED]
13. Consumer #XX: [REDACTED].” During the review, the consumer’s DS 3770 was modified to exclude these as qualifying conditions. Accordingly, no recommendation is needed.

2.5.b Recommendation	Regional Center Plan/Response
<p>1. SDRC 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 SDRC 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>Consumer #X [REDACTED]</p> <p>An IPP meeting is being scheduled for consumer #XX in 8/09 to update the IPP which will reflect [REDACTED]</p> <p>After the audit, the 12/1/08 3770 Annual Recertification for consumer #XX was completed and more accurately reflects the consumer's level of care needs, which are supported by the IPP and other documentation.</p> <p>For consumer #XX, the 3770 was corrected and no longer reflects [REDACTED]</p> <p>The service coordinator will include consumer #XX's [REDACTED]</p> <p>Consumer #XX's 3770 remains accurate. [REDACTED]</p>

	<p>[REDACTED]</p> <p>Consumer #XX's 3770 was changed to reflect [REDACTED]</p> <p>Consumer #XX1's 3770 was corrected to [REDACTED]</p>
<p>2. SDRC should determine what steps are necessary to ensure that only issues determined to represent substantial limitations in consumers' ability to perform activities of daily living and/or participate in community activities are identified as qualifying conditions on DS 3770 forms. This determination must be consistent with other information in the consumer records that describe the impact of the identified conditions and the need for services and supports.</p>	<p>Medicaid Waiver training for program managers and service coordinators was conducted in April, May and June 2009. The training included identifying qualifying conditions and consistency of information in the consumer record. Annual training will continue to be provided for all case management units. Individual training by Medicaid Waiver staff will continue to be available to service coordinators. The Sandis IPP will also ensure that the Medicaid Waiver qualifying conditions are addressed thoroughly in consumers IPP's.</p>

2.6.b The HCBS Waiver Standardized Annual Review Form (SARF) is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and that the consumer's health status and CDER have been reviewed. *(HCBS Waiver Requirement)*

Findings

Fifty-one of the 52 (98%) applicable sample consumer records contained a completed SARF. However, for consumer #XX the required SARF for October 2007 for was not in the consumer's file. During the monitoring review period, a SARF was completed and signed by the consumer. Therefore, no recommendation is required.

- 2.7.a The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer or, where appropriate, his/her parents, legal guardian, or conservator. (WIC §4646(g))

Findings

Eighty-one of the 82 (99%) consumer records contained IPPs that were signed by SDRC and the consumers or their legal representatives. The IPP for consumer #XX, [REDACTED], had not been signed by the consumer.

2.7.a Recommendation	Regional Center Plan/Response
SDRC should ensure that consumer #XX signs her IPP. If the consumer does not sign, SDRC should ensure that the record addresses what actions were taken to encourage the consumer to sign and/or the reason why they did not sign.	Consumer #XX did sign XXX IPP at the time of the meeting [REDACTED]

- 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

Eighty of the 82 (98%) sample consumer records contained IPPs that addressed the consumers' qualifying conditions. However, the IPPs for consumers #XX and #XX did not identify the supports or services that are in place to address all of the consumer's qualifying conditions as indicated below.

1. Consumer #XX: [REDACTED]
 [REDACTED] Therefore, no recommendation is required.
2. Consumer #XX: [REDACTED]
 [REDACTED]

2.9.a Recommendation	Regional Center Plan/Response
SDRC should ensure that the IPP for consumer #XX addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility (DS 3770).	Consumer #XX now has a new IPP, held 4/29/09, which addresses the qualifying conditions identified in the CDER and the DS 3770.

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)*)

Finding

Eighty-one of the 82 (99%) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by SDRC. However, the IPP for consumer #XX did not indicate that SDRC funded an [REDACTED]. Therefore, no recommendation is required.

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. (*Title 17, CCR, §56047*), (*Title 17, CCR, §56095*), (*Title 17, CCR, §58680*), (*Contract requirement*)

Findings

Fifty of the 54 (93%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, four records did not contain documentation of all the required quarterly meetings, as indicated below:

The records for consumers #XX, #XX, and #XX contained documentation of three of the required quarterly meetings.

The record for consumer #XX contained documentation of two of the required quarterly meetings.

2.13.a Recommendation	Regional Center Plan/Response
SDRC should ensure that future face-to-face meetings are completed and documented each quarter for consumers #XX, #XX, #XX, and #XX.	Program managers will ensure service coordinators comply with the requirements for quarterly face to face meetings and documentation.

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. (*Title 17, CCR, §56047*), (*Title 17, CCR, §56095*), (*Title 17, CCR, §58680*), (*Contract requirement*)

Findings

Fifty of the 54 (93%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, four records did not contain documentation of all the required quarterly meetings, as indicated below:

The records for consumers #XX, #XX, and #XX contained three of the required quarterly reports of progress.

The record for consumer #XX contained two of the required quarterly reports of progress.

2.13.b Recommendation	Regional Center Plan/Response
SDRC should ensure that future reports of progress are completed each quarter for consumers #XX, #XX, #XX, and #XX.	Program managers will ensure service coordinators complete the required quarterly progress reports.

Regional Center Consumer Record Review Summary						
Sample Size = 82 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	82			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.	82			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.	82			100	None
2.1.c	The DS 3770 form documents annual recertifications.	82			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	5		77	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))	81	1		99	See Narrative
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all, or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. (SMM 4442.7), (42 CFR Part 431, Subpart E), (WIC §4646(g))	3		82	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 82 + 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)	82			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)	82			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	69	13		84	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))	82			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)	51	1	30	98	See Narrative
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. (WIC §4646(g))	81	1		99	See Narrative
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	9		73	100	None
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	82			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 82 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. (WIC §4646.5(a))	82			100	None
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).	80	2		98	See Narrative
2.9.b	The IPP addresses the special health care requirements.	33		49	100	None
2.9.c	The IPP addressed the services for which the CCF provider is responsible for implementing.	29		53	100	None
2.9.d	The IPP addressed the services for which the day program provider is responsible for implementing.	46		36	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.	25		57	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	82			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	13		69	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))	81	1		99	See Narrative
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. (WIC §4646.5(a)(4))	82			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	9		73	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 82 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
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))	82			100	None
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. (WIC §4646.5(a)(6))	82			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. (Title 17, CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement)	50	4	28	93	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (Title 17, CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement)	50	4	28	93	See Narrative
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. (WIC §4418.3)	3		82	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

Eleven consumer records were reviewed at 11 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 = 11; CCFs = 11						
	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>)	11			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	11			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	11			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.	11			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	11			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	11			100	None
3.1.i	Special safety and behavior needs are addressed.	8		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>)	11			100	None
3.3	The facility has a copy of the consumer's current IPP. (<i>Title 17, CCR, §56022(c)</i>)	11			100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 11; CCFs = 11						
	Criteria	+	-	N/A	% Met	Follow-up
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. (<i>Title 17, CCR, §56026(b)</i>)	8		3	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.	8		3	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>)	3		8	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.	3		8	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>)	3		8	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>)	11			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	11			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		10	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		10	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		10	100	None

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

The review criteria address the requirements for day programs to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the individual program plan (IPP) that the day program provider is responsible for implementing. The criteria are derived from Title 17, California Code of Regulations.

II. Scope of Review

Twenty-nine sample consumer records were reviewed at 22 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 10 of the 14 applicable criteria. Three criteria (4.5.a, 4.5.b, and 4.5.c) were rated not applicable because the consumers did not have any reportable special incidents during the review period.

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

IV. Findings and Recommendations

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

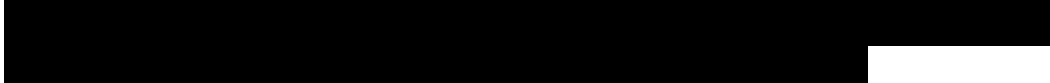
Finding

Twenty-eight of the 29 (97%) sample consumer records contained a copy of the consumer's current IPP. The record for consumer #XX at day program #XX did not contain a copy of the current IPP.

4.2 Recommendation	Regional Center Plan/Response
SDRC should ensure that the provider at day program #XX receives a copy of the current IPP for consumer #XX.	A copy of consumer #XX IPP was provided to day program #XX on 5/20/09.

- 4.3.b The day programs ISP or other program documentation is consistent with the consumer's IPP objectives for which the day program is responsible. *(Title 17, CCR, §56720)(a)*

Twenty-eight of the 29 (97%) sample consumer records contained program documentation that was consistent with the consumers' IPPs. The program documentation for consumer #XX at day program #XX did not address



4.3.b Recommendation	Regional Center Plan/Response
SDRC should ensure that the individual service plan documentation for consumer #XX at day program #XX is consistent with the IPP objectives for which the day program is responsible.	The service coordinator of consumer #XX will ensure the ISP documentation of program #XX is consistent with the IPP objectives for which the day program is responsible.

- 4.4.a The day program prepares and maintains written semiannual reports of the consumer's performance and progress. *(Title 17, CCR, § 56720)(c)*

Finding

Twenty-eight of the 29 (97%) sample consumer records contained written semiannual reports of consumer progress. The record for consumer #XX at day program #XX contained only one of the required progress reports completed in the last year.

4.4.a Recommendation	Regional Center Plan/Response
SDRC should ensure that the provider at day program #XX maintain written semiannual reports for consumer #XX.	Program manager will review Title 17 regulations with facility liaison of program #XX regarding preparing and maintaining semiannual reports.

4.4.b Semiannual reports address the consumer's performance and progress toward achieving each of the IPP objectives for which the day program is responsible. (Title 17, CCR, §56720 (c))

Twenty-eight of the 29 (97%) sample consumer records contained semiannual reports that addressed consumer performance and progress toward achieving the IPP objectives for which the day program is responsible. The semiannual reports for consumer #XX at day program #XX [REDACTED]

4.4.b Recommendation	Regional Center Plan/Response
SDRC should ensure that day program #XX completes semiannual reports of progress for consumer #XX that documents progress toward objectives outlined in the consumer's IPP.	Program manager will review Title 17 regulations with facility liaison of program #XX regarding preparing and maintaining semiannual reports. This will include progress of each IPP goal which the program is responsible for implementing.

Day Program Record Review Summary						
Sample Size: Consumers = 29; Day Programs = 22						
	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)	29			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.	29			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.	29			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.	29			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.	29			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.	29			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.	29			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 29; Day Programs = 22						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	29			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	16		13	100	None
4.2	The day program has a copy of the consumer's current IPP. (<i>Title 17, CCR §56720(b)</i>)	28	1		97	See Narrative
4.3.a	The day program provider develops, maintains, and modifies as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. (<i>Title 17, CCR, §56720(a)</i>)	29			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.	28	1		97	See Narrative
4.4.a	The day program prepares and maintains written semiannual reports. (<i>Title 17, CCR, §56720(c)</i>)	28	1		97	See Narrative
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.	28	1		97	See Narrative
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>)			29	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>)			29	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>)			29	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 82 consumers. Ten consumers were unavailable for an interview or observation. Thirteen phone interviews were conducted with parents of minor consumers.

Fifty-nine consumers were observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Forty-four consumers agreed to be interviewed by the monitoring teams.
- ✓ Twelve consumers did not communicate verbally, but were observed.
- ✓ Three consumers declined to be interviewed, but were observed.

III. Results of Observations and Interviews

All but two consumers 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. Findings and Recommendations

1. Consumer #XX is

[REDACTED]

2. Consumer #XX

[REDACTED]

[REDACTED]

Recommendations	Regional Center Plan/Response
1. SDRC should assist [REDACTED] consumer #XX with [REDACTED]	Service coordinator has attempted to [REDACTED]
2. SDRC should follow-up with the [REDACTED] consumer #XX regarding [REDACTED]	The [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 17 San Diego Regional Center (SDRC) 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' health issues, medications, and side-effects, the service coordinators utilize the SDRC nurses and clinical team as resources. Specialists are available to assist the service coordinators in assuring appropriate services in areas of medical, behavioral, psychological, and dental needs. SDRC's clinical team schedules

new employee training on medications and side effects, and offers periodic trainings on new and commonly used medications.

4. The service coordinators monitor the consumers' services, health and safety during periodic visits. 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 Director of Clinical Services, the Nurse Supervisor, and the Coordinator of Behavioral Services of the San Diego Regional Center (SDRC).
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; and role in Risk Management, Planning and Assessment Committee and special incident reports.

III. Results of Interview

1. The SDRC Clinical Services Team includes physicians, psychologists, social workers, behavior specialists, genetic counselors, a nutritionist, a contract pharmacist, and registered nurses in various specialty areas throughout the San Diego area. Additionally, SDRC has a physical, occupational, and speech therapist.
2. The Clinical Services Team is available to consult with service coordinators in evaluating consumers with medical and/or medication issues during the annual review process and on an as-needed basis. Each service coordinator is provided with a clinical services manual that assists them in identifying consumers who may need a referral to the team. The pharmacist consults on routine medication concerns, and will initiate a medication review when more than six medications or psychotropic drugs are prescribed to an individual consumer. The clinical team nurses provide medication training to SDRC staff and providers. Additionally, team members work with hospitals and local physicians as consultants and consumer advocates to ensure consumers' medical needs are addressed appropriately. For example, clinical team

- nurses visit hospitalized consumers and assist in the discharge planning process. Additionally, clinical team psychologists are available for consultations with consumers' primary care doctors.
3. The Behavior Review Team at the regional center and behavior specialists in each field office are available to assist with complex behavior issues. Additionally, the regional center provides behavior management training classes for providers.
 4. SDRC has improved health care access for its consumers through the following programs:
 - ✓ A preventive dental program with a resource list available to SDRC staff, consumers, families, and providers.
 - ✓ The Anderson Dental Center/Children's Hospital, which provides training for consumers and providers, and treatment for consumers through the Residency Dental Program.
 - ✓ Specialist consultations for consumers, families, and providers who request assistance with medication management and diet/nutritional needs and for families that have children with autism.
 - ✓ Safety Alert Inc., a twenty-four hour on-call crisis team that assists with difficult mental health cases.
 5. A nurse and physician are members of the Risk Management, Assessment, and Planning Committee. They provide information to the committee related to deaths, use of restraints, and medical and behavioral special incidents. Issues or trends that are identified may become topics for future trainings.

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 authority to conduct quality assurance monitoring.

II. Scope of Interview

The monitoring team interviewed a QA Evaluation Specialist who is an integral part of the team responsible for conducting QA activities.

III. Results of Interview

1. The interviewed staff provided specific information about SDRC's process for conducting annual Title 17 reviews, unannounced visits and provider training. SDRC's QA program consists of a manager and three evaluation specialists who work in conjunction with service coordinators assigned as facility liaisons. The annual Title 17 visits are conducted by facility liaisons who also conduct a minimum of two unannounced visits. QA staff may conduct additional unannounced visits to facilities with identified issues that require further follow-up review, and a report of these findings is given to both the provider and the facility liaison.
2. QA staff act as team leaders for the triennial QA evaluations, more extensive reviews that may include case management staff, consumers, behaviorists and nurses as part of the evaluation team. The evaluation includes a review of records, medications, personal and incidental funds, consumer interviews, staffing ratios, first aid certificates, and a safety walk-through looking for safety and health related issues. The information is compiled and analyzed by the QA Supervisor for trends of related issues that need to be addressed with training and/or referrals to appropriate consultants.
3. The QA Supervisor and the Residential Resource Coordinator meet monthly with case management unit supervisors to discuss trends and develop an analysis related to vendor monitoring and consumer special incident reports (SIRs). Depending on the findings from the trend analysis, training may be

directed to SDRC staff, individual service providers, or all providers. Information on available training opportunities is distributed to vendors by facility liaisons, and is published in the Quarterly Vendor Bulletin (a newsletter). All vendors are encouraged to attend, and vendors with substantial inadequacies are often required to attend training as part of their corrective action plan.

4. QA staff review and recommend for approval vendor applications and check Certification and Licensing for CCFs, Independent Living Services (ILS), Supported Living Services (SLS), and day programs.

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 17 service providers at 11 community care facilities (CCFs) and six day programs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The service providers were familiar with the strengths, needs and preferences of their respective consumers.
2. The service providers indicated that they conducted assessments of the consumers, participated in their IPP development, provided the program specific services addressed in the IPPs and attempted to foster the progress of consumers.
3. The service providers monitored consumer health issues and safeguarded medications.
4. The service providers communicated with people involved in the consumers' lives and monitored progress documentation.
5. The service providers were prepared for emergencies, monitored the safety of consumers, and understood special incident reporting and follow-up processes.

SECTION VII B

DIRECT SERVICE STAFF INTERVIEWS

I. Purpose

The interviews determine how well the direct service staff knows the consumers and their understanding of the IPP and service delivery requirements, how they communicate, and their level of preparedness to address safety issues, their understanding of emergency preparedness, and knowledge about safeguarding medications.

II. Scope of Interviews

1. The monitoring team interviewed 12 direct care staff at 6 community care facilities (CCFs) and six day programs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The direct service staff were familiar with the strengths, needs and preferences of their respective consumers.
2. The direct service staff were knowledgeable about their roles and responsibilities for providing the services addressed in the consumers' IPPs.
3. The direct service staff demonstrated that they understood the importance of communication with all individuals concerned with the consumers.
4. The direct service staff were prepared to address safety issues and emergencies, and were familiar with special incident reporting requirements.
5. The direct service staff demonstrated an understanding about emergency preparedness.
6. The direct service staff were knowledgeable regarding safeguarding and assisting with self-administration of medications where applicable.

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

The review ensures that the selected community care facilities (CCFs) and day programs are serving consumers in a safe, healthy, positive environment where their rights are respected.

II. Scope of Review

1. The monitoring team reviewed a total of eleven CCFs and six day programs.
2. The team 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 day programs were found to be in good condition with no immediate health and safety concerns. The specific findings and recommendations are detailed below.

IV. Findings and Recommendations

8.2 c Medication Records

Finding

At CCF #X, the dosage instructions on the prescription label for consumer #X's



8.2 c Recommendation	Regional Center Plan/Response
SDRC should ensure that instructions on prescription labels and the MAR match at CCF #X.	The instructions on the prescription labels and the MAR now match at CCF #X.

8.4 c Appropriate Expenditures

Finding

At CCF #X, consumer #X had a SDRC purchase of service in place for [REDACTED] from October 2008 through December 2008. The consumer's P&I record indicated money was withdrawn from the fund [REDACTED] prior to the purchase of service agreement.

8.4 c Recommendation	Regional Center Plan/Response
<p>SDRC should determine if consumer #X's [REDACTED] is an on-going need and, if so, ensure the IPP indicates the appropriate funding source. Additionally, SDRC should determine if the previous use of P&I funds for [REDACTED] was appropriate and if reimbursement to the consumer's account is warranted.</p>	<p>A planning team meeting occurred on 7/21/09 to discuss consumer #X's [REDACTED] and whether to reimburse the consumer for the associated cost. The IPP is being updated at that time to indicate the appropriate funding source.</p>

8.5 c Statement of Rights

Finding

At CCF #X and day program #XX a statement of consumer rights was not posted. During the monitoring review, both providers posted a statement of consumer rights. Accordingly, no recommendation is required.

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 San Diego Regional Center (SDRC) 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 82 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. SDRC reported all deaths during the review period to DDS.
2. SDRC reported all special incidents in the sample of 82 records selected for the HCBS Waiver review to DDS.
3. SDRC's vendors reported six of the ten (60%) applicable incidents in the supplemental sample to SDRC within the required timeframes.
4. SDRC reported nine of ten (90%) incidents to DDS within the required timeframes.
5. SDRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for all ten incidents.

IV. Findings and Recommendations

Findings

Consumer #XXX: The incident occurred on November 2, 2007. However, the vendor did not submit a written report of the incident to SDRC until November 5, 2007.

Consumer #XXX: The incident occurred on December 17, 2007. According to a Title 19 note, the vendor notified SDRC of the incident on December 21, 2007. However, the vendor did not submit a written report of the incident to SDRC until January 2, 2008. SDRC did not report the incident to DDS until January 2, 2008.

Consumer #XXX: The incident occurred on January 26, 2008. However, the vendor did not submit a written report of the incident to SDRC until January 30, 2008.

Consumer #XXX: The incident occurred on May 31, 2008. However, the vendor did not submit a written report of the incident to SDRC until June 3, 2008.

Recommendations	Regional Center Plan/Response
1. SDRC should ensure that the vendors for consumer #XXX, #XXX, #XXX, and #XXX report special incidents within the required timeframes.	SDRC will discuss reporting special incidents in the required time frames with the vendors of consumer #XXX, #XXX, #XXX, and #XXX.
2. SDRC should ensure that all special incidents are reported to DDS within the required timeframes.	SDRC will ensure all special incidents are reported to DDS within the required time frames.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

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

#	UCI	CCF #	Day Program #
37	XXXXXXXX		28
38	XXXXXXXX		24
39	XXXXXXXX		26
40	XXXXXXXX		
41	XXXXXXXX		
42	XXXXXXXX		18
43	XXXXXXXX		25
44	XXXXXXXX		28
45	XXXXXXXX		
46	XXXXXXXX		
47	XXXXXXXX		
48	XXXXXXXX		
49	XXXXXXXX		
50	XXXXXXXX		
51	XXXXXXXX		
52	XXXXXXXX		
53	XXXXXXXX		
54	XXXXXXXX		
55	XXXXXXXX		
56	XXXXXXXX		
57	XXXXXXXX		
58	XXXXXXXX		
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61	XXXXXXXX		
62	XXXXXXXX		
63	XXXXXXXX		
64	XXXXXXXX		
65	XXXXXXXX		
66	XXXXXXXX		
67	XXXXXXXX		
68	XXXXXXXX		
69	XXXXXXXX		
70	XXXXXXXX		
71	XXXXXXXX		
72	XXXXXXXX		
73	XXXXXXXX		
74	XXXXXXXX		
75	XXXXXXXX		
76	XXXXXXXX		

#	UCI	CCF #	Day Program #
77	XXXXXXXX		
78	XXXXXXXX		
79	XXXXXXXX		
80	XXXXXXXX		
81	XXXXXXXX		
82	XXXXXXXX		

HCBS Waiver Review Service Providers

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

Day Program#	Vendor
11	XXXXXXXX
12	XXXXXXXX
13	XXXXXXXX
14	XXXXXXXX
15	XXXXXXXX
16	XXXXXXXX
17	XXXXXXXX
18	XXXXXXXX
19	XXXXXXXX
20	XXXXXXXX
21	XXXXXXXX
22	XXXXXXXX
23	XXXXXXXX
24	XXXXXXXX
25	XXXXXXXX
26	XXXXXXXX
27	XXXXXXXX
28	XXXXXXXX
29	XXXXXXXX
30	XXXXXXXX
31	XXXXXXXX
32	XXXXXXXX

SIR Review Consumers

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

Supplemental Sample DC Consumers

#	UCI
DC1	XXXXXXXX
DC2	XXXXXXXX
DC3	XXXXXXXX

Supplemental Sample of Terminated Consumers

#	UCI
T1	XXXXXXXX
T2	XXXXXXXX
T3	XXXXXXXX