

**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**

January 17–27, 2017

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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 January 17–27, 2017, at San Diego Regional Center (SDRC). The monitoring team members were Ray Harris (Team Leader), Kathy Benson, Linda Rhoades, Corbett Bray and Jennifer Parsons from DDS, and Raylyn Garrett and Annette Hanson from DHCS.

Purpose of the Review

DDS contracts with 21 private, non-profit corporations to operate regional centers, which are responsible under state law for coordinating, providing, arranging or purchasing 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 statutes 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 (IPP). Specific criteria have been developed for the review sections listed below that are derived from federal/state statutes and regulations and from the 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 87 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) two consumers who moved from a developmental center; and 3) ten consumers who had special incidents reported to DDS during the review period of November 1, 2015 through October 31, 2016.

The monitoring team completed visits to 16 community care facilities (CCF) and 16 day programs. The team reviewed 17 CCF and 21 day program consumer records and had face-to-face visits and/or interviews with 77 consumers or their parents.

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-Seven sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Criterion 2.6.b was 82 percent in compliance because 12 of the 67 applicable records did not have a standardized annual review form (SARF) completed. Criterion 2.13.a was 70 percent in compliance because 17 of the 57 applicable records did not contain documentation of all required quarterly face-to-face visits. Criterion 2.13.b was 68 percent in compliance because 18 of the 57 applicable records did not contain documentation of all required quarterly reports of progress. The sample records were 95 percent in overall compliance for this review.

SDRC's records were 98 percent in overall compliance for the collaborative reviews conducted in 2014 and in 2012.

Section III – Community Care Facility Consumer Record Review

Seventeen consumer records were reviewed at 16 CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 99 percent in overall compliance for all 19 applicable criteria.

SDRC's records were 100 percent in overall compliance for the collaborative reviews conducted in 2014 and in 2012.

Section IV – Day Program Consumer Record Review

Twenty-one consumer records were reviewed at 16 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 98 percent in overall compliance for this review. Three criteria were not applicable for this review.

SDRC's records were 100 percent in overall compliance for the collaborative reviews conducted in 2014 and 2012.

Section V – Consumer Observations and Interviews

Seventy-seven sample consumers, or in the case of minors, their parents, were interviewed and/or observed at their CCFs, day programs, or in independent living settings. The monitoring team observed that all of the consumers were in good health and were treated with dignity and respect. All interviewed consumers/parents indicated 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, 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 and the Coordinator of Behavioral Services were interviewed using a standard interview instrument. They 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, improved access to preventive health care resources, and role in the Risk Management Committee and special incident reports.

Section VI C – Quality Assurance (QA) Interview

A QA specialist was interviewed using a standard interview instrument. She responded to 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

Ten CCF and eight day program service providers were interviewed using a standard interview instrument. The service providers responded to questions regarding their knowledge of the consumer, the annual review process and the monitoring of health issues, medications, progress, safety and emergency preparedness. The service providers were familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interviews

Eleven CCF and eight 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 11 CCFs and five day programs utilizing a standard checklist with 24 criteria that are consistent with HCBS Waiver requirements. All of the reviewed vendors were in good repair with no immediate health or safety concerns observed.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. SDRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported all of the 10 incidents to SDRC within the required timeframes, and SDRC subsequently transmitted all of the 10 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 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 SDRC's 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>The 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 memorandum of understanding (MOU) between DDS and the Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 CCFs.</p> <p>The regional center reviews each CCF annually to assure services are consistent with the program design and applicable laws, and oversees development and implementation of corrective action plans as needed.</p> <p>The regional center conducts no less than two unannounced monitoring visits to each CCF annually.</p> <p>Service coordinators perform and document periodic reviews (at least annually) to ascertain progress toward achieving IPP objectives, and the consumer's and the family's satisfaction with the IPP and its implementation.</p> <p>Service coordinators have quarterly face-to-face meetings with consumers in CCFs, family home agencies, supported living services, and independent living services to review services and progress toward achieving the IPP objectives for which the service provider is responsible.</p>

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 to a community living arrangement.</p> <p>Service coordinators provide enhanced case management to consumers who move from a developmental center 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 HCBS Waiver services. The criteria address requirements for eligibility, consumer choice, notification of proposed action and fair hearing rights, level of care, 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-Seven HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility	31
With Family	30
Independent or Supported Living Setting	26

2. The review period covered activity from November 1, 2015 through October 31, 2016.

III. Results of Review

The 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 either SDRC had 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. Two 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 100 percent in compliance for 17 applicable criteria. There are no recommendations for these criteria.
- ✓ Findings for 14 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

2.1.c The DS 3770 documents timely annual recertification.

Finding

Eighty-two of the eighty-three (99 percent) applicable consumer records contained a DS 3770 annual recertification. For consumer #15, the annual recertification was completed in February 2016. However, it had been 24 months since the last recertification.

2.1.c Recommendation	Regional Center Plan/Response
SDRC should ensure that all case files of consumers on the Home and Community-Based Services Waiver have timely annual recertification documented on the DS 3770.	SDRC has re-created the DS 3770. Additionally, SDRC will ensure that all case files of consumers on the Home and Community-Based Services Waiver will have timely annual recertification documented on the DS 3770.

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

Seventy-eight of the eighty-seven (90 percent) sample consumer records contained a dated and signed DS 2200 form. The DS 2200 forms for consumers #2, #15, #30, #45, #48, #55, #59, #71, and #81 were not present in the case file. Subsequent to the review, SDRC obtained a signed and dated DS 2200 for each consumer listed above and, in addition, documentation that consumer #45 was no longer served by SDRC. Accordingly, no further action is necessary.

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)

Finding

Seventy-eight of the eighty-four (93 percent) applicable consumer records contained a CDER that had been reviewed within the last 12 months. However, the records for consumers #47, #66, #67, #74, #81, and #83 did not contain documentation that the CDER had been reviewed during the review period.

2.4 Recommendation	Regional Center Plan/Response
SDRC should ensure that the CDER for consumers #47, #66, #67, #74, #81, and #83 is reviewed annually.	SDRC will ensure that the CDER for clients #47, #66, #67, #74, #81, and #83 are reviewed annually.

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 ICF/DD, ICF/DD-H, or ICF/DD-N facilities are documented in the consumer’s CDER and/or other assessments. (SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343)

Findings

Eighty-five of the eighty-seven (98 percent) consumer records had documented qualifying conditions. Consumer records #75 and #79 contained documentation of conditions such as a history of substance abuse and habitual lying that do not appear to represent a condition that can be used as a qualifying condition or a “substantial limitation” for the consumers as outlined in the March 2002 program advisory regarding level of care.

2.5.a Recommendation	Regional Center Plan/Response
SDRC should reevaluate the HCBS Waiver eligibility of consumers #75 and #79 to ensure that the consumers meet the level-of-care requirements. If the consumer does not have at least two qualifying conditions that meet the level-of-care requirements, the consumer’s HCBS Waiver eligibility should be terminated. If SDRC determines the consumer(s) remain eligible for the waiver, supporting documentation, such as an updated CDER and DS 3770, should be submitted with the response to this report. In addition, SDRC should review the March 2002 program advisory regarding level of care.	Clients #75 and #79 were terminated due to no longer having the level-of-care requirements. SDRC will ensure clients meet the level-of-care requirements. SDRC will also review the March 2002 program advisory regarding level of care.

- 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

Eighty of the eight-five (94 percent) applicable consumer records documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in five 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 #16: "Assistance with toileting" and "eats with fingers without assistance" are listed as qualifying conditions. However, the IPP dated October 20, 2014, states that the consumer "uses appropriate utensils when eating."
2. Consumer #45: "AWOL" is listed as a qualifying condition.
3. Consumer #56: "AWOL" is listed as a qualifying condition
4. Consumer #72: "Personal care" is listed as a qualifying condition. However, the IPP dated March 24, 2015, states "(name) can complete his self-help skills independently."
5. Consumer #82: "Other health" is listed as a qualifying condition.

2.5.b Recommendation	Regional Center Plan/Response
<p>SDRC should determine if the items listed above for consumers #16, #45, #56, #72, and #82 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. If SDRC determines that any of the issues above are correctly identified as qualifying conditions, documentation (updated IPPs, progress reports, etc.) that support the original determinations should be submitted with the response to this report.</p>	<p>Each of the DS 3770s were corrected. SDRC will ensure qualifying conditions in the CDER are consistent with information contained in the consumer's record.</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-five of the sixty-seven (82 percent) applicable sample consumer records contained a completed SARF. However, the records for consumers #12, #13, #21, #45, #57, #65, #66, #72, #74, #77, #82 and #87 did not contain a completed SARF.

2.6.b Recommendation	Regional Center Plan/Response
<p>SDRC should ensure that the SARF for consumers #12, #13, #21, #45, #57, #65, #66, #72, #74, #77, #82, and #87 is completed during the annual IPP review process.</p>	<p>SDRC Program Managers will ensure service coordinators complete SARFs for clients.</p>

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

Findings

Eighty-six of the eighty-seven (99 percent) consumer records contained IPPs that were signed by SDRC and the consumers or their legal representatives. The IPP for consumer #28, held on May 24, 2016, was not signed by the consumer or the regional center.

2.7.a Recommendation	Regional Center Plan/Response
SDRC should ensure that consumer #28 and the regional center sign the current IPP and maintain a copy of the signature page on file.	SDRC will ensure that client #28 and the regional center sign the current IPP and maintain a copy of the signature page on file.

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-five of the eight-seven (98 percent) applicable sample consumer records contained IPPs that addressed the consumers’ qualifying conditions. The IPPs for the consumers listed below did not identify the supports or services that are in place to address the following issues:

1. Consumer #68: “Wetting” and “Soiling” as mentioned in the annual review dated December 30, 2015.
2. Consumer #73: “Medication Assistance” as mentioned in the quarterly report dated November 3, 2015.

2.9.a Recommendation	Regional Center Plan/Response
SDRC should ensure that the IPPs for consumers #68 and #73 address the services and supports in place for the qualifying conditions identified above.	SDRC Program Manager will ensure that clients #68 and #73 have IPPs that address the services and supports in place for the qualifying conditions identified above.

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

Findings

Fifty of the fifty-one (98 percent) applicable sample consumer records contained IPPs that addressed the consumers' day program services. The IPP for consumer #79 did not address the services which the day program provider is responsible for implementing.

2.9.d Recommendation	Regional Center Plan/Response
SDRC should ensure that the IPP for consumer #79 addresses the services which the day program provider is responsible for implementing.	SDRC will ensure that the IPP for client #79 addresses services for which the day program provider is responsible.

2.9.e The IPP addresses the services which the supported living services (SLS) agency or independent living services (ILS) provider is responsible for implementing.

Findings

Twenty-three of the twenty-four (96 percent) applicable sample consumer IPPs addressed services which the ILS or SLS providers are responsible for implementing. However, the IPP for consumer #87, during the review period, did not contain the services which the ILS provider is responsible for implementing. An addendum completed subsequent to the review period on 12/13/16 addressed the ILS services. Accordingly, no further action is necessary.

2.10.a The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. [WIC §4646.5(a)(4)]

Findings

Eighty of the eighty-seven (92 percent) sample consumer records contained IPPs that included all services and supports purchased by the regional center. However, the IPPs for the following consumers did not include the following services and supports purchased by the regional center:

1. Consumer #06: Registered Nurse Service;
2. Consumer #14: Dentistry;
3. Consumer #59: Respite;
4. Consumer #65: Supported Living Service;
5. Consumer #75: Public Transportation;
6. Consumer #77: Crisis Team; and,

7. Consumer #81: Independent Living Service, Respite, and Crisis Team.

2.10.a Recommendation	Regional Center Plan/Response
SDRC should ensure that the IPPs for consumers #6, #14, #59, #65, #75, #77, and #81 include all services and supports purchased by the regional center.	SDRC will ensure that the IPPs for clients #6, #14, #59, #65, #75, #77, and #81 include all services and supports purchased by SDRC.

2.10.c The IPP specifies the approximate scheduled start date for new services and supports. [WIC §4646.59(a)(4)]

Findings

Sixteen of the seventeen (94 percent) applicable sample consumer records contained an IPP that included an approximate scheduled start date for new services. The record for consumer #59 contained an IPP addendum that did not identify a start date for the respite services.

2.10.c Recommendation	Regional Center Plan/Response
SDRC should ensure that future IPPs for consumer #59 include an approximate start date for new services and supports.	SDRC has amended the IPP for client #59. See Appendix 2.10.c.

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

Forty of the fifty-seven (70 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, seventeen records did not contain documentation of all of the required meetings as indicated below:

1. Consumers #2, #3, #13, #15, #21, #22, #23, #72, #77, and #79: The records contained documentation of only three face-to-face quarterly meetings.
2. Consumers #12, #76, #80, #82, and #87: The records contained documentation of only two face-to-face quarterly meetings.
3. Consumers #16 and #65: The records contained documentation of only one face-to-face quarterly meeting.

2.13.a Recommendations	Regional Center Plan/Response
1. SDRC should ensure that all future face-to-face meetings are completed and documented each quarter for the consumers identified above.	SDRC Program Managers will ensure service coordinators complete the requirements for quarterly face-to-face meetings and documentation.
2. SDRC should evaluate what actions may be necessary to ensure that quarterly face-to-face meetings are completed for all applicable consumers.	SDRC will provide a training to staff regarding quarterly face-to-face meetings for applicable clients.

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

Thirty-nine of the fifty-seven (68 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, eighteen records did not contain the required quarterly reports of progress as indicated below:

1. Consumers #3, #13, #15, #21, #23, #28, #72, #77, and #79: The records contained documentation of only three quarterly reports of progress.
2. Consumers #2, #12, #22, #76, #80, #82, and #87: The records contained documentation of only two quarterly reports of progress.
4. Consumers #16 and #65: The records contained documentation of only one quarterly report of progress.

2.13.b Recommendations	Regional Center Plan/Response
1. SDRC should ensure that future quarterly reports of progress are completed for the consumers identified above.	SDRC Program Managers will ensure future quarterly reports of progress are completed for the clients identified above.
2. SDRC should evaluate what actions may be necessary to ensure that quarterly progress reports are completed for all applicable consumers.	SDRC will provide training for staff regarding quarterly progress reports for applicable clients.

Regional Center Consumer Record Review Summary						
Sample Size = 87 + 5 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. <i>(SMM 4442.1)</i>	87			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 recertification, the consumer's qualifying conditions and short-term absences. <i>[SMM 4442.1; 42 CFR 483.430(a)]</i>	Criterion 2.1 consists of four sub-criteria (2.1.a-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.	87			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.	87			100	None
2.1.c	The DS 3770 form documents annual recertification.	82	1	4	99	See Narrative
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	2		85	100	
2.2	Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). <i>[SMM 4442.7; 42 CFR 441.302(d)]</i>	78	9		90	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. <i>[SMM 4442.7; 42 CFR Part 431, Subpart E; WIC §4646(g)]</i>	4		86	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 87 + 5 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. <i>(SMM 4442.5; 42 CFR 441.302)</i>	78	6	3	93	See Narrative
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/DD-H, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. <i>(SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343)</i>	85	2		98	See Narrative
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	80	5	2	94	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. <i>[42 CFR 441.301(b)(1)(I)]</i>	87				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. <i>(HCBS Waiver requirement)</i>	55	12	20	82	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. <i>[WIC §4646(g)]</i>	86	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.	17		70	100	None
2.7.c	The IPP is prepared jointly with the planning team. <i>[WIC §4646(d)]</i>	87			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. <i>[WIC §4646.5(a)]</i>	87			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 87 + 5 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer's goals and needs. <i>[WIC §4646.5(a)(2)]</i>	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).	85	2	0	98	See Narrative
2.9.b	The IPP addresses the special health care requirements.	31		56	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	32		55	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	50	1	36	98	See Narrative
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	23	1	63	96	See Narrative
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	87			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. <i>[WIC §4685(c)(2)]</i>	15		72	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. <i>[WIC §4646.5(a)(4)]</i>	80	7		92	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. <i>[WIC §4646.5(a)(4)]</i>	87			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. <i>[WIC §4646.5(a)(4)]</i>	16	1	70	94	See Narrative
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. <i>[WIC §4646.5(a)(4)]</i>	85		2	100	None

Regional Center Consumer Record Review Summary Sample Size = 87 + 5 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 that the consumer and his/her family are satisfied with the IPP and its implementation. <i>[WIC §4646.5(a)(6)]</i>	87			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; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	40	17	30	70	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	39	18	30	68	See Narrative
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. <i>(WIC §4418.3)</i>	2		87	100	None

SECTION III

COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

Seventeen consumer records were reviewed at 16 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 percent in compliance for 17 of the 19 applicable criteria.

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

IV. Findings and Recommendations

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

Findings

Nine of the ten (90 percent) applicable consumer records contained semiannual reports of the consumers' progress. However, the record for consumer #16 at CCF #15 was missing one semiannual progress report.

3.4.a Recommendation	Regional Center Plan/Response
SDRC should ensure that CCF provider #15 prepares and maintains written semiannual reports of progress for consumer #16.	SDRC will ensure that CCF provider #15 prepares and maintains written semiannual reports of progress for consumer #16.

- 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. *[Title 17, CCR, §56026(b)]*

Findings

Eight of the ten (80 percent) applicable consumer records contained semiannual reports that addressed the consumers' progress. The reports in the records for consumer #12 at CCF #14 and consumer #16 at CCF #15 did not address progress related to the consumers' IPP objectives.

3.4.b Recommendation	Regional Center Plan/Response
SDRC should ensure that CCF providers #14 and #15 prepare and maintain written semiannual reports that address progress related to the consumers' IPP objectives.	SDRC will ensure that CCF providers #14 and #15 prepare and maintain written semiannual reports that address progress related to the consumers' IPP objectives.

Community Care Facility Record Review Summary						
Sample Size: Consumers = 17; CCFs = 16						
	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); Title 17, CCR, §56059(b); Title 22, CCR, §80069]</i>	17			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	17			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	6		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.	17			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	17			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	17			100	None
3.1.i	Special safety and behavior needs are addressed.	14		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>	17			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	17			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>	9	1	7	90	See Narrative

Community Care Facility Record Review Summary						
Sample Size: Consumers = 17; CCFs = 16						
	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.	8	2	7	80	See Narrative
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. <i>[Title 17, CCR, §56026(c)]</i>	7		10	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.	7		10	100	None
3.5.c	Quarterly reports include a summary of data collected. <i>[Title 17, CCR, §56013(d)(4); Title 17, CCR, §56026]</i>	7		10	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>	17			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	15		2	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>	2		15	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>	2		15	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>	2		15	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 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-one sample consumer records were reviewed at 16 day programs visited by the monitoring team. The records were reviewed to determine compliance with 14 criteria. Three criteria were not applicable for this review.

III. Results of Review

The consumer records were 100 percent in compliance for 10 of the 14 applicable criteria.

- ✓ 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

- 4.1.d The consumer record contains an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative.
(Title 17, CCR, §56730)

Finding

Twenty of the twenty-one (95 percent) sample consumer records contained signed authorizations for emergency medical treatment. However, the record for consumer #27 at day program #8 did not contain an authorization for emergency medical treatment.

4.1.d Recommendation	Regional Center Plan/Response
SDRC should ensure that day program provider #8 maintains current authorizations for emergency medical treatment for consumer #27.	SDRC will ensure that day program provider #8 maintains current authorization for emergency medical treatment for consumer #27.

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

Findings

Nineteen of the twenty-one (90 percent) sample consumer records contained a copy of the consumer’s current IPP. The record for consumer #27 at day program #8 and consumer #60 at day program #1 did not have a copy of the current IPP. SDRC staff provided a copy of the IPP at the time of each of the team’s visits. Therefore, no recommendation is required.

- 4.3.a The day program develops, maintains, and modifies, as necessary, documentation regarding the manner in which it will assist the consumer in achieving the IPP/ISP objectives for which the day program is responsible.
[Title 17, CCR, §56720)(a)]

Findings

Twenty of the twenty-one (95 percent) sample consumer records contained documentation regarding the manner in which it will assist the consumers in achieving the IPP/ISP objectives for which the day program is responsible. The record for consumer #27 at day program #8 did not contain documentation describing how the day program will assist the consumer in achieving the IPP/ISP objectives.

4.3.a Recommendation	Regional Center/Plan Response
SDRC should ensure that day program provider #8 maintains documentation on how the program will implement services for consumer #27.	SDRC will ensure that day program provider #8 maintains documentation on how the program will implement services for consumer #27.

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

Findings

Seventeen of the eighteen (94 percent) applicable sample consumer records contained written semiannual reports of consumer progress. The record for consumer #27 at day program #8 did not contain either of the required written semiannual reports.

4.4.a Recommendation	Regional Center Plan/Response
SDRC should ensure that the provider at day program #8 completes semiannual reports for consumer #27.	SDRC service coordinators will ensure day program prepares written semiannual reports of client progress.

Day Program Record Review Summary						
Sample Size: Consumers = 21; Day Programs = 16						
	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. <i>(Title 17, CCR, §56730)</i>	21			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.	21			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.	21			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.	21			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.	20	1		95	See Narrative
4.1.e	The consumer record contains documentation that the consumer and/or the authorized consumer representative has been informed of his/her personal rights.	21			100	None
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP which the day program provider is responsible for implementing.	21			100	None
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	21			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 21; Day Programs = 16						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	12		9	100	None
4.2	The day program has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56720(b)]</i>	19	2		90	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>	20	1		95	See Narrative
4.3.b	The day program's individual service plan (ISP) or other program documentation is consistent with the services addressed in the consumer's IPP.	20		1	100	None
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	17	1	3	94	See Narrative
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services which the day program is responsible for implementing.	17		4	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>			21	NA	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>			21	NA	None
4.5.c	There is appropriate follow-up to special incidents to resolve issues and eliminate or mitigate future risk. <i>(Title 17, CCR, §54327)</i>			21	NA	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, choices, and regional center services.

II. Scope of Observations and Interviews

Seventy-seven of the eighty-seven consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities (CCF), or in independent living settings.

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

III. Results of Observations and Interviews

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

SECTION VI A

SERVICE COORDINATOR INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed 17 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. To better understand issues related to consumers' use of medication and issues related to side effects, the service coordinators utilize SDRC's clinical team and internet medication guides as resources.
3. 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 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 and the Coordinator of Behavioral Services at 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 Committee and special incident reports.

III. Results of Interview

1. The clinical team includes physicians, registered nurses, psychologists, genetic counselors, behavioral specialists, social workers, a forensic and mental health specialist, a dental coordinator and an autism services coordinator. Additionally, SDRC has contracted for RDHAP's (Registered Dental Hygienist in Alternative Practice) physical, occupational, and speech therapy services, a pharmacist, and behavioral management services.
2. The clinical team is available to consult with service coordinators in evaluating consumers with medical and/or medication issues on an as-needed basis. The pharmacist is available by referral from service coordinators, providers, family or consumers for consultation regarding medication concerns. If needed, members of the clinical team will make home visits to evaluate and coordinate care. Additionally, team members work with hospitals, psychiatric facilities, local physicians and consumer advocates to ensure consumers' medical needs are addressed appropriately.
3. The Coordinator of Behavioral Services is available to assist with complex behavior issues and to consult with service coordinators regarding review of behavior plans. He also visits hospitalized consumers in psychiatric facilities and assists with coordination of care and discharge planning. Psychologists consult with consumers' primary care doctors as requested. The Behavior

Modification Review Committee reviews behavioral intervention plans that are considered potentially restrictive or aversive.

4. Staff training is provided by members of the clinical team on various health-related topics, such as autism, dual diagnosis, medication management, cerebral palsy, and epilepsy. Training is also provided to vendors, clients, families and the community. Recent topics have included signs and symptoms of illness, Down syndrome, medication safety, healthy eating and lifestyle.
5. SDRC has improved health care access for its consumers through the following programs:
 - ✓ The Anderson Dental Center/Children's Hospital, which provides training for consumers and providers, and treatment for consumers in the Residency Dental Program;
 - ✓ Dental Coordinator & Registered Dental Hygienist in Alternative Practice (RDHAP) providing in-home visits for evaluations and cleanings;
 - ✓ Collaborating with King Chavez Dental Clinic;
 - ✓ Providing consultations for consumers, families, and providers who request assistance with medication and nutritional needs;
 - ✓ Autism Program;
 - ✓ Safety Alert Inc., a twenty-four-hour on-call crisis team that assists with difficult mental health cases;
 - ✓ Victims Assistance Support Team (VAST); and,
 - ✓ Nurses contributing articles to the SDRC Vendor Bulletin.
6. Physicians and nurses participate in SDRC's Risk Management, Assessment, and Planning Committee. Members of the clinical team review all SIRs for hospitalized consumers, and medical-related special incident reports are reviewed as needed. The regional center also utilizes Mission Analytics Group, Inc., the State's risk management contractor, to analyze special incidents for trends. The clinical team uses this information to make recommendations for appropriate follow-up and training as needed.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

The informational interview with quality assurance (QA) staff ascertains how the regional center has organized itself to conduct Title 17 monitoring of 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 QA specialist who is part of the team responsible for conducting SDRC's QA activities.

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 (CAP) 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. SDRC provides staff orientation training in identifying substantial inadequacies and immediate dangers, and on their roles and responsibilities during visits to CCFs.
2. The SIR coordinator receives all SIRs. SDRC's QA team will follow up on vendor-related SIRs, while the service coordinator will follow up on any family-related SIRs. The senior QA staff is a member of the Risk Management Committee, which meets monthly. They 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 Specialist 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, and how they monitor safety and safeguard medications.

II. Scope of Interviews

1. The monitoring team interviewed 18 service providers at 10 CCFs and eight 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; and,
 - ✓ 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, their level of preparedness to address safety issues, their understanding of emergency preparedness, and their knowledge about safeguarding medications.

II. Scope of Interviews

1. The monitoring team interviewed 19 direct service staff at 11 CCFs and eight 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; and,
 - ✓ 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 (CCF) 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 11 CCFs and five day programs.
2. The teams used a monitoring review checklist consisting of 24 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

III. Results of Review

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

IV. Findings and Recommendations

8.2.d Pro re nata (PRN) Medication Records

Day program #13 was not documenting the consumer's response to PRN medications.

8.2.d Recommendation	Regional Center Plan/Response
SDRC should ensure that day program #13 properly documents all required PRN medication information.	SDRC will ensure that day program #13 properly documents all required PRN medication information.

8.3.c First Aid

CCF #2 had two direct care staff that did not have current first aid certificates. The staff renewed their first aid certificates after the monitoring review. Therefore, 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 SDRC was reviewed by comparing deaths entered into the Client Master File for the review period with SIRs of deaths received by DDS.
2. The records of the 87 consumers selected for the 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 10 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 (100 percent) special incidents in the sample of 87 records selected for the HCBS Waiver review to DDS.
3. SDRC's vendors reported all 10 (100 percent) of the special incidents in the supplemental sample within the required timeframes.
4. SDRC reported all 10 (100 percent) of the special 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 10 (100 percent) of the special incidents.

**SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS
 HCBS Waiver Review Consumers**

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

#	UCI	CCF	DP
40	XXXXXX		
41	XXXXXX		
42	XXXXXX		
43	XXXXXX		
44	XXXXXX		
45	XXXXXX		
46	XXXXXX		
47	XXXXXX		
48	XXXXXX		
49	XXXXXX		6
50	XXXXXX		3
51	XXXXXX		
52	XXXXXX		14
53	XXXXXX		
54	XXXXXX		9
55	XXXXXX		5
56	XXXXXX		
57	XXXXXX		
58	XXXXXX		
59	XXXXXX		
60	XXXXXX		1
61	XXXXXX		
62	XXXXXX		
63	XXXXXX		
64	XXXXXX		
65	XXXXXX		
66	XXXXXX		
67	XXXXXX		
68	XXXXXX		
69	XXXXXX		
70	XXXXXX		7
71	XXXXXX		
72	XXXXXX		
73	XXXXXX		
74	XXXXXX		
75	XXXXXX		
76	XXXXXX		
77	XXXXXX		
78	XXXXXX		
79	XXXXXX		
80	XXXXXX		
81	XXXXXX		

#	UCI	CCF	DP
82	XXXXXX		
83	XXXXXX		2
84	XXXXXX		
85	XXXXXX		
86	XXXXXX		4
87	XXXXXX		

Supplemental Sample of Terminated Consumers

#	UCI
T 1	XXXXXX
T 2	XXXXXX
T 3	XXXXXX

Developmental Center Mover Consumers

#	UCI
DC 1	XXXXXX
DC 3	XXXXXX

HCBS Waiver Review Service Providers

CCF #	Vendor
1	XXXXXX
2	XXXXXX
3	XXXXXX
4	XXXXXX
5	XXXXXX
6	XXXXXX
7	XXXXXX
8	XXXXXX
9	XXXXXX
10	XXXXXX
11	XXXXXX
12	XXXXXX
13	XXXXXX
14	XXXXXX
15	XXXXXX
16	XXXXXX

Day Program #	Vendor
1	XXXXXX
2	XXXXXX
3	XXXXXX
4	XXXXXX
5	XXXXXX
6	XXXXXX
7	XXXXXX
8	XXXXXX
9	XXXXXX
10	XXXXXX
11	XXXXXX
12	XXXXXX
13	XXXXXX
14	XXXXXX
15	XXXXXX
16	XXXXXX

SIR Review Consumers

#	UCI	Vendor
SIR 1	XXXXXX	XXXXXX
SIR 2	XXXXXX	XXXXXX
SIR 3	XXXXXX	XXXXXX
SIR 4	XXXXXX	XXXXXX
SIR 5	XXXXXX	XXXXXX
SIR 6	XXXXXX	XXXXXX
SIR 7	XXXXXX	XXXXXX
SIR 8	XXXXXX	XXXXXX
SIR 9	XXXXXX	XXXXXX
SIR 10	XXXXXX	XXXXXX