

**San Gabriel/Pomona Regional Center  
Home and Community-based Services Waiver  
Monitoring Review Report**

**Conducted by:**

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

**May 12-16, 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 May 12-16, 2008 at San Gabriel/Pomona Regional Center (SG/PRC). The monitoring team members were Linda Rhoades (Team Leader), Mike Haft and Mary Ann Smith from DDS, and Raylyn Garrett, Catherine Johnson, Patrick McMahan, and Katherine Page 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 38 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 March 1, 2007 – February 29, 2008.

The monitoring team completed visits to six community care facilities (CCFs) and 13 day programs. The team reviewed seven CCF and 15 day program consumer records and had face-to-face visits with 28 selected sample consumers.

## Overall Conclusion

SG/PRC is in substantial compliance with the federal requirements for the HCBS Waiver program. Specific recommendations that require follow-up actions by SG/PRC are included in the report findings. DDS is requesting documentation of follow-up actions taken by SG/PRC 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 SG/PRC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self assessment criteria.

### Section II – Regional Center Consumer Record Review

Thirty-eight 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 95%-100% in compliance for the 31 applicable criteria.

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

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

Seven consumer records were reviewed at six CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. Two criteria were rated not applicable. The sample records were 86%-100% in compliance for the 19 criteria.

The sample records were 99% in compliance for this review. SG/PRC's records were 98% and 97% in overall compliance for the collaborative reviews conducted in 2006 and in 2004, respectively.

### Section IV – Day Program Consumer Record Review

Fifteen consumer records were reviewed at 13 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. Three criteria were rated not applicable. The sample records were 93%-100% in compliance for the 14 applicable criteria.

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

### Section V – Consumer Observations and Interviews

Twenty-eight 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. The interviewed consumers indicated that they were satisfied with their services, health and choices.

### Section VI A – Service Coordinator Interviews

Seven service coordinators were interviewed using a standard interview instrument. The service coordinators responded to questions regarding their knowledge of the consumer, the IPP/annual review process, 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

SG/PRC's Associate Director of Clinical Services and a Nurse Manager 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, improving access to preventative health care resources, and the clinical team's participation in the Risk Management Committee.

### Section VI C – Quality Assurance Interview

A QA Specialist was interviewed using a standard interview instrument. The staff responded to informational questions regarding how SG/PRC 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

Six CCF and three day program service providers were interviewed using a standard interview instrument. The nine 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 three 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 six CCFs and three day programs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. All of the reviewed vendors were in good repair with no immediate health or safety concerns observed.

### Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 38 HCBS Waiver consumers and ten supplemental sample consumers for special incidents during the review period. For the HCBS waiver sample, SG/PRC reported all of the special incidents. For the supplemental sample, the service providers and SG/PRC reported nine of the ten incidents within the required timeframes. SG/PRC'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 Gabriel/Pomona Regional Center's (SG/PRC) 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

SG/PRC is asked to respond to questions in five categories that correspond to the HCBS Waiver assurances with which the regional center is responsible for complying. The questions are shown at the end of this section.

#### III. Results of Assessment

The self assessment responses indicate that SG/PRC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self assessment criteria.

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

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



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

## SECTION II

### REGIONAL CENTER CONSUMER RECORD REVIEW

#### I. Purpose

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

#### II. Scope of Review

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

<b>Living Arrangement</b>	<b># of Consumers</b>
Community Care Facility (CCF)	17
With Family	12
Independent or Supported Living Setting	9

2. The review period covered activity from March 1, 2007 - February 29, 2008.

#### III. Results of Review

The 38 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 SG/PRC 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 25 criteria. There are no recommendations for these criteria.
- ✓ Findings for six 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

Thirty-seven of the 38 (97%) sample consumer records contained a completed DS 2200 form. However, the DS 2200 form in the record for consumer #XX was not dated or signed.

During the review, SG/PRC obtained the date and signature on the DS 2200. 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

Thirty-six of the 38 (95%) applicable consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in two consumer records (detailed below) did not support the determination that all of the issues identified in the CDER and DS 3770 could be considered qualifying conditions. The following were identified as qualifying conditions on the DS 3770 but there was no supporting information in the consumers' records (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports.

1. Consumer #XX: "[REDACTED]".
2. Consumer #XX: "[REDACTED]".

2.5.b Recommendations	Regional Center Plan/Response
<p>SG/PRC 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. If SG/PRC 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><b>Consumer #XX</b> [REDACTED]</p> <p><b>Consumer #XX:</b> [REDACTED]</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))

Finding

Thirty-six of the 38 (95%) consumer records contained IPPs that were signed by SG/PRC and the consumers or their legal representatives. Consumers #XX and #XX, [REDACTED], had not signed their IPPs.

2.7.a Recommendation	Regional Center Plan/Response
<p>SG/PRC should ensure that consumers #XX and #XX sign their IPPs. If the consumers do not sign, SG/PRC should ensure that the record addresses what actions were taken to encourage the consumers to sign and the reason why they did not sign.</p>	<p><b>Consumer #XX</b> [REDACTED] SGPRC has updated the consumer's record with an IPP signature page that states the consumer's condition and the reason why it lacks the consumer's signature.</p> <p><b>Consumer #XX:</b> [REDACTED] SGPRC has updated the consumer's record with an IPP signature page that states the consumer's condition and the reason why it lacks the consumer's signature.</p>

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

Thirty-seven of the 38 (97%) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by SG/PRC. However, the IPP for consumer #XX did not indicate that the [REDACTED]

2.10.a Recommendation	Regional Center Plan/Response
<p>SG/PRC should ensure that the IPP for consumer #XX identifies all services funded by SG/PRC.</p>	<p><b>Consumer #XX: SGPRC has completed an addendum to this consumer's IPP to</b> [REDACTED]</p>

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)*)

Finding

Thirty-seven of the 38 (97%) sample consumer IPPs identified all services and supports obtained from generic agencies or resources. However, the IPP for consumer #XX did not identify Medi-Cal as the funding source for medical and dental services.

2.10.b Recommendation	Regional Center Plan/Response
SG/PRC should ensure that the IPP for consumer #XX identifies Medi-Cal as the funding source for medical and dental services.	<b>Consumer #XX: SGPRC has assured that the IPP for this consumer does document that Medi-Cal is a generic resource that funds this consumer’s medical and dental services.</b>

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*)

Finding

Twenty-five of the 26 (96%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the record for consumer #X contained only three of the required quarterly reports of progress.

2.13.b Recommendation	Regional Center Plan/Response
SG/PRC should ensure that future reports of progress are completed each quarter for consumer #X.	<b>SGPRC has a monitoring procedure in place for reviewing quarterly reports. SGPRC feels that lack of a quarterly report for consumer #X is an isolated case. On 11/05/2007 a quarterly visit was conducted with this consumer, per the TCM notes. Shortly there after, there was a change in case management; with the Service Coordinator leaving the agency. This quarterly report was not completed for the 11/05/2007 visit. SGPRC's Managers of Client Services will continue to monitor quarterly reporting accordingly.</b>

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 38 + 6 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	38			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.	38			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.	38			100	None
2.1.c	The DS 3770 form documents annual recertifications.	38			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	4		34	100	None
2.2	Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). (SMM 4442.7), (42 CFR 441.302(d))	37	1		97	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		38	100	None



<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 38 + 6 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5), (42 CFR 441.302)	38			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)	38			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	36	2		95	See Narrative
2.6.a	IPP is reviewed (at least annually) by the planning team and modified as necessary, in response to the consumer's changing needs, wants or health status. (42 CFR 441.301(b)(1)(I))	38			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)	22		16	100	None
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. (WIC §4646(g))	36	2		95	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.	7		31	100	None
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	38			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. (WIC §4646.5(a))	38			100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 38 + 6 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.9	The IPP addresses the consumer's goals and needs. (WIC §4646.5(a)(2))	Criterion 2.9 consists of seven sub-criteria (2.9 a-g) that are reviewed independently				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	38			100	None
2.9.b	The IPP addresses the special health care requirements.	23		15	100	None
2.9.c	The IPP addressed the services for which the CCF provider is responsible for implementing.	17		21	100	None
2.9.d	The IPP addressed the services for which the day program provider is responsible for implementing.	24		14	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.	9		29	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	38			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	5		33	100	None
2.10.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. (WIC §4646.5(a)(4))	37	1		97	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))	37	1		97	See Narrative
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	5		33	100	None
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to vendors, contract providers, generic service agencies and natural supports. (WIC §4646.5(a)(4))	38			100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 38 + 6 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.12	Periodic review and reevaluations of consumer progress are completed ( <i>at least annually</i> ) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. ( <i>WIC §4646.5(a)(6)</i> )	38			100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. ( <i>Title 17, CCR, §56047</i> ), ( <i>Title 17, CCR, §56095</i> ), ( <i>Title 17, CCR, §58680</i> ), ( <i>Contract requirement</i> )	26		12	100	None
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. ( <i>Title 17, CCR, §56047</i> ), ( <i>Title 17, CCR, §56095</i> ), ( <i>Title 17, CCR, §58680</i> ), ( <i>Contract requirement</i> )	25	1	12	96	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> )	3		38	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

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

#### III. Results of Review

The consumer records were 100% in compliance for 16 applicable criteria. Two criteria (3.4.a and 3.4.b) were rated not applicable because none of the consumers reside in Service Level 2 or 3 CCFs.

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

#### IV. Finding and Recommendation

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

##### Finding

Six of the seven (86%) applicable consumer records contained a recent photograph of the consumers. However, the record for consumer #X at CCF #X did not contain a recent photograph of the consumer.

3.1.e Recommendation	Regional Center Plan/Response
SG/PRC should ensure the record for consumer #X at CCF #X contains a recent photograph of the consumer.	<b>The record for consumer #X at CCF #X has been updated with a picture of the consumer.</b>

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 7; CCFs = 6</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. ( <i>Title 17, CCR, §56017(b)</i> ), ( <i>Title 17, CCR §56059(b)</i> ), ( <i>Title 22, CCR, §80069</i> )	7			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	7			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	5		2	100	None
3.1.c	The consumer record contains current health information that includes medical, dental and other health needs of the consumer including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	7			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	7			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	6	1		86	See Narrative
3.1.i	Special safety and behavior needs are addressed.	5		2	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> )	7			100	None
3.3	The facility has a copy of the consumer's current IPP. ( <i>Title 17, CCR, §56022(c)</i> )	7			100	None

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 7; CCFs = 6</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. ( <i>Title 17, CCR, §56026(b)</i> )			7	N/A	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.			7	N/A	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. ( <i>Title 17, CCR, §56026(c)</i> )	7			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			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> )	6		1	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> )	7			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	5		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> )	1		6	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		6	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		6	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

Fifteen sample consumer records were reviewed at 13 day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria.

#### III. Results of Review

The consumer records were 100% in compliance for 13 applicable criteria. Three criteria (4.5.a, 4.5.b and 4.5.c) were not applicable because the consumers did not have any 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.
- ✓ A finding for one criterion is 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

Fourteen of the 15 (93%) sample consumer records contained a copy of the consumer's current IPP. The record for consumer #X at day program #XX did not contain a copy of the current IPP.

2 Recommendation	Regional Center Plan/Response
SG/PRC should ensure that the provider at day program #XX receives a copy of the current IPP for consumer #X.	<b>SGPRC has assured that a copy of the IPP for consumer #X has been sent to day program #XX for their records.</b>



<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 15; Day Programs = 13</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. (Title 17, CCR, §56730)	15			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.	15			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.	15			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.	15			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.	15			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.	15			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.	15			100	None

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 15; Day Programs = 13</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	15			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	9		6	100	None
4.2	The day program has a copy of the consumer's current IPP. ( <i>Title 17, CCR §56720(b)</i> )	14	1		93	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> )	15			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.	15			100	None
4.4.a	The day program prepares and maintains written semiannual reports. ( <i>Title 17, CCR, §56720(c)</i> )	15			100	None
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services for which the day program is responsible for implementing.	15			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> )			15	N/A	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> )			15	N/A	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> )			15	N/A	None

## SECTION V

### CONSUMER OBSERVATIONS AND INTERVIEWS

#### I. Purpose

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

#### II. Scope of Observations and Interviews

Twenty-eight of 38 consumers were observed and/or interviewed at their day programs, employment sites, community care facilities (CCFs), or independent living settings.

- ✓ Nineteen consumers agreed to be interviewed by the monitoring teams.
- ✓ Nine consumers did not communicate verbally or declined to be interviewed, but were observed.
- ✓ Ten consumers were unavailable or declined to be interviewed or observed.

#### III. Results of Observations and Interviews

The consumers' overall appearance reflects personal choice and individual style. Eighteen of the 19 interviewed consumers indicated satisfaction with their living situations, day programs, work activities, health, choices, and regional center services.

#### IV. Finding and Recommendation

Consumer #XX stated that

[REDACTED]

Recommendation	Regional Center Plan/Response
SG/PRC should follow up with consumer #XX to help her understand [REDACTED]	<b>The Service Coordinator met with consumer #XX</b> [REDACTED]

## SECTION VI A

### SERVICE COORDINATOR INTERVIEWS

#### I. Purpose

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

#### II. Scope of Interviews

1. The monitoring team interviewed seven San Gabriel/Pomona Regional Center (SG/PRC) 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. The service coordinators monitor the consumers' services, health and safety during periodic face to face visits at their homes or day programs. They were aware of the consumers' health issues and knowledgeable about how to access available medical resources. 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 interview questions cover the following topics: routine monitoring of consumers with medical issues, medications and behavior plans; coordination of medical and mental health care for consumers; circumstances under which actions are initiated for medical or behavior issues; clinical supports to assist service coordinators; improved access to preventive health care resources; role in Risk Management Committee and special incident reports.
2. The monitoring team interviewed the Associate Director of Clinical Services and Nurse Manager at San Gabriel/Pomona Regional Center (SG/PRC).

#### III. Results of Interview

1. The clinical team at SG/PRC is comprised of the Director and Associate Director of Clinical Services, registered nurses, an occupational therapist, psychologist, and a part time dental coordinator. The regional center also utilizes contract positions for a variety of specialty positions such as: physician, neurologist, geneticist, occupational and physical therapist, speech pathologist, psychologists, psychiatrists, pharmacists, and nutritionist.
1. The clinical team actively participates in monitoring consumer's health care issues. The nurse consultants review charts annually for medications and unmet health care needs, they also monitor restricted and non-restricted health condition care plans. The pharmacist is available to consult with service coordinators and to review charts and make recommendations. The dental coordinator has been instrumental in working with local dentists to improve dental care for regional center consumers.

2. The service coordinators can request a review of behavior plans as needed. The regional center psychiatrist, psychologist and pharmacist are available at the weekly Bio-Behavioral Clinic to review medications, hospitalizations and other behavior related issues. Service coordinators have access to a monthly forum to present cases for consumers requiring mental health services.
3. The clinical team is available to the service coordinators for assessing clients with medical, and/or medication issues. New staff receive training on the role of the clinical team and how to access their services. A monthly calendar of training is provided to staff and providers on a variety of health related topics.
4. SG/PRC has taken a proactive role in advocating for prevention, education, resource development, and medical treatments for its consumers. These efforts include, but are not limited to:
  - ✓ Bio-Behavioral Clinic
  - ✓ Genetics Clinic
  - ✓ Neurology Clinic
  - ✓ Psychiatric Clinic
  - ✓ Dental Hygiene Clinic
  - ✓ Equipment Clinic
  - ✓ Early Start Clinic for intake and eligibility
5. The Assistant Director of Clinical Services, Nurse Manager and regional center physician are members of the Risk Management Committee, which meets quarterly. The Nurse Manager reviews all medical related special incident reports (SIRs) and reports any noted trends to the committee. As a result of SIR trend analysis, training was recently given to staff and providers regarding choking precautions.

## SECTION VI C

### QUALITY ASSURANCE INTERVIEW

#### I. Purpose

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

#### II. Scope of Interview

The monitoring team interviewed a QA specialist who is part of the team responsible for conducting QA activities.

#### III. Results of Interview

1. The interviewed QA staff provided specific information about SG/PRC's process for conducting annual Title 17 reviews, unannounced visits and provider training. SG/PRC's QA specialists conduct the annual facility monitoring visits. The service coordinators assigned as facility liaisons conduct two unannounced visits each year.
2. The QA specialists act as team leaders for the triennial QA evaluations. This is a more extensive review that may include additional regional center staff, family, college interns, and board members. The evaluation includes a review of records, medications, personal and incidental funds, consumer interviews, staffing ratios, corrective action plans (CAPS), first aid certificates, and a safety walkthrough.
3. The information garnered from QA activities is compiled and analyzed by the QA specialists for trends and issues and forwarded to the Risk Management Committee. This committee includes nurses, a physician, QA manager, training manager, QA director, and other management staff. This committee meets on a quarterly basis to review deaths and trends regarding special incidents. Referrals are made to appropriate clinical and behavioral consultants for follow-up. This information is also used to identify topics for vendor training or identify consumers who may need additional case management. All vendors are encouraged to attend training in areas such as assessing client referrals for admission, money management procedures, SIRs, coordinating individual service plans, and medication administration.



## SECTION VII A

### SERVICE PROVIDER INTERVIEWS

#### I. Purpose

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

#### II. Scope of Interviews

1. The monitoring team interviewed nine service providers at six community care facilities (CCFs) and three 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 nine direct service staff at six community care facilities (CCFs) and three 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 six CCFs and three 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

#### 8.1 d Environment and Safety

##### Finding

At CCF #X, two doorways providing access to the backyard had uneven floor surfaces, posing a potential trip and fall hazard.

8.1 d Recommendation	Regional Center Plan/Response
SG/PRC should ensure that the provider at CCF #X addresses the uneven floor surfaces.	<b>SG/PRC’s Quality Assurance (QA) Specialist did follow up with CCF #X regarding the uneven floor surfaces on the two doorways that provide access to the backyard. On 10/21/08, the QA Specialist physically inspected the area and the problem with the uneven floors has been resolved. A metal strip has been put in place to correct the problem.</b>

8.3 c Service and Staff

Findings

At CCF #X, two employees did not have a first aid certificate on file.

At day program #XX, one employee's first aid certificate had expired.

8.3 c Recommendation	Regional Center Plan/Response
SGPRC should ensure that the providers at CCF #X and day program #XX have current first aid certificates for all staff.	<b>SGPRC has assured that all employees at CCF#X have first aid certificates on file.</b>  <b>Day program #XX is Inland Regional Center’s program. SGPRC’s Quality Assurance Department does not monitor this program. SGPRC’s Quality Assurance Manager did call the program director of this day program to notify them of this recommendation.</b>

## 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 Gabriel/Pomona Regional Center (SG/PRC) 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 38 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. SG/PRC reported all deaths during the review period to DDS.
2. SG/PRC reported all SIRs in the sample of 38 records selected for the HCBS Waiver review to DDS.
3. SG/PRC's vendors reported nine of the ten (90%) incidents in the supplemental sample within the required timeframes.
4. SG/PRC reported nine of the ten (90%) incidents to DDS within the required timeframes.
5. SG/PRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the ten incidents.

IV. Findings

Consumer #XX: The incident occurred on April 17, 2007. However, the vendor did not report the incident to SG/PRC until June 14, 2007. Additionally, SG/PRC did not report the incident to DDS until June 26, 2007.

Recommendations	Regional Center Plan/Response
1. SG/PRC should determine what actions are necessary to ensure that vendor #XX reports special incidents within the required timeframes.	<b>Vendor #XX was provided with SIR guidelines. In addition a Technical Assistance Training was held at SGPRC for the vendor community on August 28, 2008.</b>
2. SG/PRC should ensure that all special incidents are reported to DDS within the required timeframes.	<b>SGPRC continues to provide training to staff on SIR regulations and required time frames. In addition, SGPRC has a system set up in which SIRs are reviewed daily. On going feedback is provided to staff that includes required timelines.</b>

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

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

### Supplemental Sample Consumers

#	UCI
T49	XXXXXXXX
T50	XXXXXXXX
T51	XXXXXXXX
DC52	XXXXXXXX
DC53	XXXXXXXX
DC54	XXXXXXXX

### SIR Review Consumers

#	UCI	Vendor #
39	XXXXXXXX	XXXXXXXX
40	XXXXXXXX	XXXXXXXX
41	XXXXXXXX	XXXXXXXX
42	XXXXXXXX	XXXXXXXX
43	XXXXXXXX	XXXXXXXX
44	XXXXXXXX	XXXXXXXX
45	XXXXXXXX	XXXXXXXX
46	XXXXXXXX	XXXXXXXX
47	XXXXXXXX	XXXXXXXX
48	XXXXXXXX	XXXXXXXX