

**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**

**September 8-12, 2014**

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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 September 8 - 12, 2015, at San Gabriel/Pomona Regional Center (SG/PRC). The monitoring team members were Linda Rhoades (Team Leader), Kathy Benson and Corbett Bray 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 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 34 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) two consumers whose HCBS Waiver eligibility had been previously terminated; 2) one consumer who moved from a developmental center, and 3) 10 consumers who had special incidents reported to DDS during the review period of July 1, 2013 – June 30, 2014.

The monitoring team completed visits to seven community care facilities (CCFs) and 10 day programs. The team reviewed seven CCF and 14 day program consumer records and had face-to-face visits and/or interviews with 32 consumers or their parents.

## 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-four sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Three criteria were not applicable for this review.

The sample records were 99% in overall compliance for this review. SG/PRC's records were 98% and 99% in overall compliance for the collaborative reviews conducted in 2012 and in 2011, respectively.

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

Seven consumer records were reviewed at seven CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations.

The sample records were 100% in overall compliance for the 19 criteria. SG/PRC's records were 100% and 99% in overall compliance for the collaborative reviews conducted in 2012 and in 2011, respectively.

### Section IV – Day Program Consumer Record Review

Fourteen consumer records were reviewed at 10 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. Three criteria were not applicable for this review.

The sample records were 100% in overall compliance for the applicable criteria. SG/PRC's records were 100% and 99% in overall compliance for the collaborative reviews conducted in 2012 and in 2011, respectively.

## Section V – Consumer Observations and Interviews

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

### Section VI A – Service Coordinator Interviews

Six 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 Associate Director of Clinical Services and Nurse Manager were interviewed using a standard interview instrument. The medical officer and nurse both responded to informational questions regarding the monitoring of consumers with medical issues, medications, behavior plans, the coordination of medical and mental health care for consumers, the provision of clinical supports to service coordinators, and the clinical team's participation in the Risk Management Committee.

### Section VI C – Quality Assurance Interview

A quality assurance specialist was interviewed using a standard interview instrument. She 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 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 one day program 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 34 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. SG/PRC reported all of the special incidents for the sample of 34 records selected for the HCBS Waiver review to DDS. For the supplemental sample, the service providers reported eight of the ten incidents to SG/PRC within the required timeframe and SG/PRC subsequently transmitted all ten special incidents to DDS within the required timeframe. 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 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 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>	
HCBS Waiver Assurances	Regional Center Assurances
<p>State conducts level of care need determinations consistent with the need for institutionalization</p>	<p>The regional center ensures that consumers meet ICF/DD, ICF/DD-H, or ICF/DD-N facility level of care requirements as a condition of initial and annual eligibility for the HCBS Waiver Program.</p> <p>Regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meet the federal definition of a Qualified Mental Retardation Professional (QMRP).</p> <p>The regional center ensures that consumers are eligible for full scope Medi-Cal benefits before enrolling them in the HCBS Waiver.</p>
<p>Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services</p>	<p>The regional center takes action(s) to ensure consumer's rights are protected.</p> <p>The regional center takes action(s) to ensure that the consumer's 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>	
<b>HCBS Waiver Assurances</b>	<b>Regional Center Assurances</b>
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 consumer's 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-four HCBS Waiver consumer records were selected for the review sample.

<b>Living Arrangement</b>	<b># of Consumers</b>
Community Care Facility (CCF)	16
With Family	12
Independent or Supported Living Setting	6

2. The review period covered activity from July 1, 2013 – June 30, 2014.

#### III. Results of Review

The 34 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Two 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. One supplemental record was 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. Three criteria were not applicable for this review.

- ✓ The sample records were in 100% compliance for 22 applicable 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-three of the 34 (97%) sample consumer records contained a dated and signed DS 2200 form. However, the DS 2200 form for consumer #19, an unconserved adult, was not signed.

2.2 Recommendation	Regional Center Plan/Response
SG/PRC should ensure the DS 2200 form for consumer #19 is completed and signed by the consumer. If the consumer does not sign, SG/PRC should ensure that the record addresses what actions were taken to encourage the consumer to sign and the reason why they did not sign.	Consumer #19 SGPRC was able to get the DS 2200 form signed by the client, which has been scanned into their record.

- 2.5.b The consumer’s qualifying conditions documented in the Client Development Evaluation Report (CDER) are consistent with information contained in the consumer’s record. (SMM 4442.5), (42 CFR 441.302(c)), (Title 22, CCR, §51343)

Findings

Thirty-two of the 34 (94%) sample consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in two consumer records (detailed below) did not support the determination that all of the issues identified in the CDER and DS 3770 could be considered qualifying conditions. The following were identified as qualifying conditions on the DS 3770 but there was no supporting information in the consumers’ records (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports.

1. Consumer #2: “Reminders to complete dressing.”
2. Consumer #15: “Running/wandering away” and “special diet.”

2.5.b Recommendations	Regional Center Plan/Response
<p>SG/PRC should determine if the items listed above for consumers #2 and #15 are appropriately identified as qualifying conditions. The consumer’s DS 3770 form should be corrected to ensure that any items that do not represent substantial limitations in the consumer’s ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying conditions.</p>	<p>Consumer #2: SGPRC has determined that the “reminders to complete dressing” is a qualifying condition for this Consumer. A quarterly meeting was held May 2015. All qualifying conditions to be eligible for the waiver will be addressed in the accompanying quarterly report.</p> <p>Consumer #15 SGPRC has determined that the two identified areas (Wandering/running away and Special Diet) are no longer qualifying conditions. The CDER and DS3770 have been corrected.</p>

2.9.a The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770). (*WIC §4646.5(a)(2)*)

Finding

Thirty-three of the 34 (97%) sample consumer records contained IPPs that addressed the consumers’ qualifying conditions. However, the IPP for consumer #27 did not identify the supports or services that are in place to address the consumer’s need for a head protective device and assistance with personal care as indicated in the ILS report dated 06/16/14.

2.9.a Recommendation	Regional Center Plan/Response
<p>SG/PRC should ensure that the IPP for consumer #27 addresses the services and supports in place for a head protective device and assistance with personal care.</p>	<p>Consumer #27 SG/PRC has made sure that this consumer’s IPP dated 11/24/14 addresses services and supports for a head protective device and assistance with personal care.</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-three of the 34 (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 #32 did not indicate SG/PRC funded services for socialization training.

2.10.a Recommendation	Regional Center Plan/Response
SG/PRC should ensure that the IPP for consumer #32 includes a schedule of the type and amount of all services and supports purchased by SG/PRC.	Consumer #32: SGPRC has completed an addendum to this Consumer’s IPP to reflect the purchase of socialization training.

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

Twenty of the 22 (91%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the record for consumers #4 and #15 contained documentation of three and one of the required meetings, respectively.

2.13.a Recommendations	Regional Center Plan/Response
SG/PRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #4 and #15.	SGPRC has a monitoring procedure in place to ensure that consumers are seen on a quarterly basis. SGPRC’s Managers of Client Services continue to monitor quarterly visits accordingly.

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

Twenty of the 22 (91%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the record for consumers #4 and #15 contained three and one of the required quarterly progress reports, respectively.

2.13.b Recommendations	Regional Center Plan/Response
SG/PRC should ensure that future quarterly reports of progress are completed for consumers #4 and #15.	SGPRC has a monitoring procedure in place for reviewing reports. SGPRC’s Managers of Client Services will continue to monitor quarterly reports accordingly.

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 34 +3 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)	34			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.	34			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.	34			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	34			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	0		34	NA	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))	33	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))	2		34	100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 34 + 3 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. ( <i>SMM 4442.5</i> ), ( <i>42 CFR 441.302</i> )	33		1	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. ( <i>SMM 4442.5</i> ), ( <i>42 CFR 441.302(c)</i> ), ( <i>Title 22, CCR, §51343</i> )	34			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	32	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> )	33		1	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. ( <i>HCBS Waiver requirement</i> )	1		33	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. ( <i>WIC §4646(g)</i> )	34			100	None
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.			34	NA	None
2.7.c	The IPP is prepared jointly with the planning team. ( <i>WIC §4646(d)</i> )	34			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> )	34			100	None
2.9	The IPP addresses the consumer's goals and needs. ( <i>WIC §4646.5(a)(2)</i> )					

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 34 + 3 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	33	1		97	See Narrative
2.9.b	The IPP addresses the special health care requirements.	12		22	100	None
2.9.c	The IPP addresses the services for which the CCF provider is responsible for implementing.	16		18	100	None
2.9.d	The IPP addresses the services for which the day program provider is responsible for implementing.	21		13	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.	6		28	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	34			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	34			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))	33	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))	34			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))			34	NA	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))	34			100	None



<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 65 + 5 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> )	33		1	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> )	20	2	12	91	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</i> ), ( <i>Title 17, CCR, §56095</i> ), ( <i>Title 17, CCR, §58680</i> ), ( <i>Contract requirement</i> )	20	2	12	91	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> )	1		34	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 seven CCFs visited by the monitoring team. The facilities' consumer records were reviewed to determine compliance with 19 criteria.

#### III. Results of Review

The consumer records were 100% in compliance for the 19 criteria.

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

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 7; CCFs = 7</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. (Title 17, CCR, §56017(b)), (Title 17, CCR §56059(b)), (Title 22, CCR, §80069)	7			100	None
3.1.a	The consumer record contains a statement of ambulatory or non ambulatory 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.	4		3	100	None
3.1.c	The consumer record contains current health information that includes medical, dental and other health needs of the consumer including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	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.	7			100	None
3.1.i	Special safety and behavior needs are addressed.	7			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. (Title 17, CCR, §56019(c)(1))	7			100	None
3.3	The facility has a copy of the consumer's current IPP. (Title 17, CCR, §56022(c))	7			100	None

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 7; CCFs = 7</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> )	2		5	100	None
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	2		5	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. ( <i>Title 17, CCR, §56026(c)</i> )	5		2	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.	5		2	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> )	5		2	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 verifies that behavior needs are being addressed.	7			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 (DP) to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the individual program plan (IPP) that the day program provider is responsible for implementing. The criteria are derived from Title 17, California Code of Regulations.

#### **II. Scope of Review**

Fourteen sample consumer records were reviewed at 10 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 14 applicable criteria. Three criteria were not applicable for this review.

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

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 14; Day Programs = 10</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)	14			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.	14			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.	14			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.	14			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.	14			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.	14			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.	14			100	None

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 14; Day Programs = 10</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.	14			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	12		2	100	None
4.2	The day program has a copy of the consumer's current IPP. ( <i>Title 17, CCR §56720(b)</i> )	14			100	None
4.3.a	The day program provider develops, maintains, and modifies as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. ( <i>Title 17, CCR, §56720(a)</i> )	14			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.	14			100	None
4.4.a	The day program prepares and maintains written semiannual reports. ( <i>Title 17, CCR, §56720(c)</i> )	14			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.	14			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> )			14	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> )			14	N/A	None
4.5.c	There is appropriate follow-up to special incidents to resolve the issue and eliminate or mitigate future risk. ( <i>Title 17, CCR, §54327</i> )			14	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

Thirty-two of the 34 consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Twenty-one adult consumers agreed to be interviewed by the monitoring teams
- ✓ Seven consumers did not communicate verbally or declined an interview, but were observed
- ✓ Four interviews were conducted with parents of minors
- ✓ Two consumers/parents of minors 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 six 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. To better understand issues related to consumers' use of medication and issues related to side-effects, the service coordinators utilize SG/PRC's clinical team and internet medication guides as resources.
4. The service coordinators monitor the consumers' services, health and safety during periodic visits. They are aware of the consumers' health issues. The service coordinators were knowledgeable about the special incident report (SIR) process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed.

## SECTION VI B

### CLINICAL SERVICES INTERVIEW

#### I. Purpose

The clinical services interview is used to obtain supplemental information on how the regional center is organized to provide clinical support to consumers and service coordinators. This interview aids in determining what measures the regional center is utilizing to ensure the ongoing health and safety of all Home and Community-based Services Waiver consumers.

#### II. Scope of Interview

1. The 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 the 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, psychologists, behavioral analyst, and a dental coordinator. The regional center also utilizes contract positions for specialty positions such as: physicians, neurologist, geneticist, occupational and physical therapist, speech pathologist, psychologists, psychiatrists, pharmacist, dental hygienist, and nutritionist.
2. The clinical team participates in monitoring consumers' health care issues. Nurses review charts annually to identify health problems or trends, and will provide recommendations to the service coordinators. The nurses are responsible for monitoring hospitalized consumers and assist with discharge planning as needed. The nurses may also visit consumers in skilled nursing and sub-acute facilities, family homes and day programs. In addition, the nurses are available to evaluate consumers with complex medical issues and assist with developing health care plans. The pharmacist and nurses are a resource to the service coordinators regarding medication concerns. Dental hygienists may provide in-home dental care for consumers who are unable to tolerate clinic settings.
3. Members of the clinical team are available to the service coordinators for assistance with behavior and mental health issues. As part of SG/PRC's

- clinical services, a psychiatrist, pharmacist, and a behavioral psychologist provide consultation focusing on consumers with significant mental health and/or behavioral needs.
4. Members of the clinical team provide training on a variety of health related topics for SG/PRC staff, vendors and community health providers. The nurses have trained local managed care providers and hospital staff regarding the regional center system and care of persons with developmental disabilities. New employee orientation includes 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. Recent topics have included diabetes, choking, infections and wound care.
  5. SG/PRC has improved access to health care resources through the following programs and services:
    - ✓ Bio-Behavioral Clinic
    - ✓ Autism Clinic
    - ✓ Genetics Clinic
    - ✓ Neurology Clinic
    - ✓ Psychiatric Clinic
    - ✓ Dental Hygiene Clinic
    - ✓ Equipment Clinic
    - ✓ Early Start Clinic
    - ✓ Dental Fairs
    - ✓ Managed Care Liaison
    - ✓ Collaborates with Western University College of Dental Medicine to provide pediatric dental clinics
  6. The Associate Director of Clinical Services, Nurse Manager and SGP/RC's physician are members of the Risk Management Committee. The Nurse Manager reviews all deaths and medical related special incident reports (SIRs). 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 community care facilities (CCFs), two unannounced visits to CCFs, service provider training, verification of provider qualifications, resource development activities, and quality assurance among programs and providers where there is no regulatory requirement to conduct quality assurance monitoring.

#### II. Scope of Interview

The monitoring team interviewed a quality assurance specialist who is part of the team responsible for conducting San Gabriel/Pomona Regional Center's (SG/PRC) QA activities.

#### III. Results of Interview

1. The annual Title 17 visits and one of the required unannounced visits are conducted by QA staff. The specialists review vendor files, IPPs, SIRs and corrective action plans (CAPs). Service coordinators are responsible for completing the other unannounced visit to residential service providers. SG/PRC also completes a more comprehensive annual review every two years. Additional unannounced visits by QA staff can result from a referral by a service coordinator with concerns arising from a facility visit or a special incident report that needs investigation.
2. QA staff and service coordinators provide technical assistance; they coordinate information sharing, and provide updates on available regional center trainings. When issues of substantial inadequacies are identified, the QA staff is responsible for developing CAPs and ensuring providers complete the CAP requirements.
3. Quality assurance specialists usually do the follow-up on special incident reports (SIRs) in collaboration with Community Care Licensing and/or law enforcement, as needed. They provide technical assistance to vendors for issues related to special incidents. SG/PRC uses a database to track monitoring visits, SIRs, and CAPs. QA staff also does follow up and investigations on referrals from service coordinators.
4. The Risk Management Committee receives all SIRs, maintains statistics on compliance with reporting special incidents, and disperses the information to the staff at the regional center.

## 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 (CCF) 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 and positive environment where their rights are respected.

#### II. Scope of Review

1. The monitoring teams reviewed a total of six CCFs and one day program.
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 the day program were found to be in good condition with no immediate health and safety concerns. Specific findings and recommendations are detailed below.

#### IV. Finding and Recommendation

##### 8.5 c Statement of Rights

At CCF #2, a statement of consumer rights was not posted. During the monitoring review, the provider posted the statement of consumer rights. Accordingly, no recommendation is needed

## SECTION IX

### SPECIAL INCIDENT REPORTING

#### I. Purpose

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

#### II. Scope of Review

1. Special incident reporting of deaths by the 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 34 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 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. SG/PRC reported all deaths during the review period to DDS.
2. SG/PRC reported all of the special incidents in the sample of 34 records selected for the HCBS Waiver review to DDS.
3. SG/PRC's vendors reported eight of the ten (80%) applicable incidents in the supplemental sample within the required timeframes.
4. SG/PRC reported all 10 (100%) 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 and Recommendations

Consumer #41: The incident occurred on November 22, 2013. However, the vendor did not submit a written report to SG/PRC until November 26, 2013.

Consumer #46: The incident occurred on June 24, 2014. However, the vendor did not submit a written report to SG/PRC until June 30, 2014.

Recommendations	Regional Center Plan/Response
SG/PRC should ensure that the vendors for consumers #41 and #46 report special incidents within the required timeframes.	The vendor for consumer #41 and the vendor for consumer #46 were provided with the SIR guidelines. These guidelines are also available on SGPRC's web page. In addition a Technical Assistance Training on SIR reporting was held on 8/27/15 at SG/PRC.

## SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

### HCBS Waiver Review Consumers

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

### Supplemental Sample of Terminated Consumers

#	UCI
35	XXXXXXXX
36	XXXXXXXX

### Consumers Developmental Center Movers

#	UCI
37	XXXXXXXX

### HCBS Waiver Review Service Providers

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

Day Program #	Vendor
8	XXXXXXXX
9	XXXXXXXX
10	XXXXXXXX
11	XXXXXXXX
12	XXXXXXXX
13	XXXXXXXX
14	XXXXXXXX
15	XXXXXXXX
16	XXXXXXXX
17	XXXXXXXX

### SIR Review Consumers

#	UCI	Vendor
38	XXXXXXXX	XXXXXXXX
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