

# **Final Report**

## **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 9–13, 2016**

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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 9–13, 2016, at San Gabriel/Pomona Regional Center (SG/PRC). The monitoring team members were Ray Harris (Team Leader), Kathy Benson, Linda Rhoades, and Jennifer Parsons from DDS, and Raylyn Garrett and Annette Hanson from DHCS.

### Purpose of the Review

DDS contracts with 21 private, non-profit corporations to operate regional centers, which are responsible under state law for coordinating, providing, arranging or purchasing the services needed for eligible individuals with developmental disabilities in California. All HCBS Waiver services are provided through this system. It is the responsibility of DDS to ensure, with the oversight of DHCS, that the HCBS Waiver is implemented by regional centers in accordance with Medicaid 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 plan (IPP). 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) 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, 2015, through February 29, 2016.

The monitoring team completed visits to seven community care facilities (CCF) and eight day programs. The team reviewed seven CCF and 16 day program consumer records and had face-to-face visits and/or interviews with 31 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. Criterion 2.10.a was 82 percent in compliance because 28 of the 34 applicable consumer records did include a schedule of the type and amounts of all services and supports purchased by the regional center. The sample records were 97 percent in overall compliance for this review.

SG/PRC's records were 99 percent and 98 percent in overall compliance for the collaborative reviews conducted in 2014 and in 2012, respectively.

### Section III – Community Care Facility Consumer 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 percent in compliance for all 19 applicable criteria.

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

### Section IV – Day Program Consumer Record Review

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

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

## Section V – Consumer Observations and Interviews

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

### Section VI A – Service Coordinator Interviews

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 Director of Clinical Services was interviewed using a standard interview instrument. He responded to informational questions regarding the monitoring of consumers with medical issues, medications, behavior plans, the coordination of medical and mental health care for consumers, the provision of clinical supports to service coordinators, and the clinical team's participation in the Risk Management and Mitigation Committee.

### Section VI C – Quality Assurance (QA) Interview

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

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

### Section VII B – Direct Service Staff Interviews

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

#### Section IX – Special Incident Reporting

The monitoring team reviewed the records of the HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. SG/PRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported 9 of the 10 incidents to SG/PRC within the required timeframes, and SG/PRC subsequently transmitted 7 of the 10 special incidents to DDS 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 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 SG/PRC's procedures and practices to verify that there are processes in place to ensure compliance with state and federal laws and regulations as well as the assurances contained in the HCBS Waiver application approved by the Centers for Medicare & Medicaid Services.

#### II. Scope of Assessment

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>The regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meet the federal definition of a Qualified Mental Retardation Professional (QMRP).</p> <p>The regional center ensures that consumers are eligible for full scope Medi-Cal benefits before enrolling them in the HCBS Waiver.</p>
<p>Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services.</p>	<p>The regional center takes action(s) to ensure consumers' rights are protected.</p> <p>The regional center takes action(s) to ensure that the consumers' health needs are addressed.</p> <p>The regional center ensures that behavior plans preserve the right of the consumer to be free from harm.</p> <p>The regional center maintains a Risk Management, Risk Assessment and Planning Committee.</p> <p>The regional center has developed and implemented a Risk Management/Mitigation Plan.</p> <p>Regional centers and local community care licensing offices coordinate and collaborate in addressing issues involving licensing requirements and monitoring of CCFs pursuant to the memorandum of understanding (MOU) between DDS and the Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 CCFs.</p> <p>The regional center reviews each CCF annually to assure services are consistent with the program design and applicable laws, and development and implementation of corrective action plans as needed.</p> <p>The regional center conducts no less than two unannounced monitoring visits to each CCF annually.</p> <p>Service coordinators perform and document periodic reviews (at least annually) to ascertain progress toward achieving IPP objectives, and the consumer's and the family's satisfaction with the IPP and its implementation.</p> <p>Service coordinators have quarterly face-to-face meetings with consumers in CCFs, family home agencies, supported living services, and independent living services to review services and progress toward achieving the IPP objectives for which the service provider is responsible.</p>



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

## SECTION II

### REGIONAL CENTER CONSUMER RECORD REVIEW

#### I. Purpose

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

#### II. Scope of Review

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

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

2. The review period covered activity from March 1, 2015, through February 29, 2016.

#### III. Results of Review

The sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Three supplemental records were reviewed solely for documentation that either SG/PRC had provided the consumer with written notification prior to termination of the consumer's HCBS Waiver eligibility or the consumer had voluntarily disenrolled from the HCBS Waiver. Three supplemental records were reviewed for documentation of face-to-face meetings no less than once every 30 days for the first 90 days following the consumer's move from a developmental center. One criterion was not applicable for this review.

- ✓ The sample records were 100 percent in compliance for 22 applicable criteria. There are no recommendations for these criteria.
- ✓ Findings for eight criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

- 2.3 There is a written Notice of Action (NOA) 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)]

Findings

The record for consumers #T-1, #T-2, and #T-3 did not contain documentation indicating that the consumers had voluntarily disenrolled or that an NOA had been sent to the consumers prior to the termination of their eligibility from the HCBS Waiver.

2.3 Recommendation	Regional Center Plan/Response
SG/PRC should ensure that consumers #T-1, #T-2, and #T-3 are provided with a written NOA and fair hearing rights, or that their records contain documentation confirming their voluntary HCBS Waiver disenrollment.	Person #T-1: SG/PRC provided with a NOA and fair hearing rights. Person #T-2: SG/PRC provided with a NOA and fair hearing rights. Person #T-3: SG/PRC was able to get the DS 2200 form signed, voluntarily disenrolling from the HCBS Waiver.

- 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-one of the thirty-four (91 percent) consumer records documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in three consumer records (detailed below) did not support the determination that all of the issues identified in the CDER and DS 3770 could be considered qualifying conditions. Unless otherwise noted in the list below, the following were identified as qualifying conditions on the DS 3770, but there was no supporting information in the consumers’ records (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports.

1. Consumer #23: “Personal Care” is listed as a qualifying condition. However, the IPP dated October 20, 2015, states, “He is able to care for all of his own self-care needs such as showering, shampooing, brushing his teeth, toileting, and dressing.”

2. Consumer #27: "Self-Injurious Behavior" is listed as a qualifying condition. However, there are no services or supports for this condition, nor is there supportive information regarding self-injurious behaviors in the record.
3. Consumer #34: "Self-Injurious Behavior" is listed as a qualifying condition. However, the IPP dated October 6, 2015, states, "She does not have self-injurious behaviors and does not destroy property."

2.5.b Recommendation	Regional Center Plan/Response
SG/PRC should determine if the items listed above for consumers #23, #27 and #34 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.	Person #23: SG/PRC has determined that "Personal Care" is a qualifying condition for this person. An annual meeting was held in October 2016. All qualifying conditions to be eligible for the waiver were addressed in the accompanying Individual Program Plan (IPP). Person #27: SG/PRC has determined that the identified area (Self-Injurious Behavior) is no longer a qualifying condition. The CDER and DS 3770 have been corrected. Person #34: SG/PRC has determined that the identified area (Self-Injurious Behavior) is no longer a qualifying condition. The CDER and the DS 3770 have been corrected.

- 2.6.a The 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)]

Finding

Thirty-three of the thirty-four (97 percent) sample consumer records contained documentation that the consumer's IPP had been reviewed annually by the planning team. However, there was no documentation that the IPP for consumer #1 was reviewed during the monitoring review period.

2.6.a Recommendation	Regional Center Plan/Response
SG/PRC should ensure that the IPP for consumer #1 is reviewed at least annually by the planning team.	SG/PRC has a monitoring procedure in place to ensure that consumers are seen on an annual basis. SG/PRC's Managers of Client Services continue to monitor annual visits accordingly.

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 thirty-four (97 percent) applicable sample consumer records contained IPPs that addressed the consumers’ qualifying conditions. The IPP for consumer #31 did not identify the supports or services that are in place to address self-injurious behaviors and assistance with medication. These conditions were addressed in the annual report, however, not in the IPP.

2.9.a Recommendation	Regional Center Plan/Response
SG/PRC should ensure that the IPP for consumer #31 addresses the services and supports in place for the issues identified above.	Person #31: SG/PRC has made sure that this person’s IPP dated February 16, 2016, addresses services and supports for self-injurious behaviors and assistance with medications.

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

Findings

Twenty-eight of the thirty-four (82 percent) sample consumer records contained IPPs that included all services and supports purchased by the regional center. However, the IPPs for the following consumers did not include the following supports purchased by the regional center:

1. Consumer #16: Dentistry
2. Consumer #19: Dentistry
3. Consumer #22: Day Program
4. Consumer #26: Dentistry
5. Consumer #27: Respite
6. Consumer #29: Dentistry

2.10.a Recommendations	Regional Center Plan/Response
<p>SG/PRC should ensure that the IPPs for consumers #16, #19, #22, #26, #27, and #29 include all services and supports purchased by the regional center.</p>	<p>Person #16 passed away, and therefore a meeting could not be scheduled to amend the IPP. Person #19: SG/PRC has completed an addendum to this person's IPP to reflect the purchase of dentistry. Person #22: SG/PRC has completed an IPP to reflect the purchase of day program services. Person #26: SG/PRC has completed an addendum to this person's IPP to reflect the purchase of dentistry. Person #27: SG/PRC has completed an IPP to reflect the purchase of respite services. Person #29: SG/PRC reviewed SANDIS records and authorization inquiry and determined that this person uses their own dental plan to access dental services. This person's IPP reflects that "dental services" will be provided by private insurance, Denti-Cal, or other generic resources.</p>
<p>SG/PRC should determine what changes are needed to ensure all consumers' IPPs include all services and supports purchased by the regional center.</p>	<p>All case management staff were provided training on April 3, 2017, that each person's IPP needs to include all the services and supports purchased by SG/PRC. Additionally, SG/PRC has a monitoring procedure in place to ensure that clients' IPPs include the services and supports purchased by the regional center.</p>

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 CCFs, 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

Nineteen of the twenty-one (90 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for consumers #11 and #31 contained documentation of only three of the required meetings.

2.13.a Recommendation	Regional Center Plan/Response
SG/PRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #11 and #31.	SG/PRC has a monitoring procedure in place to ensure that consumers are seen on a quarterly basis. SG/PRC'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 CCFs, 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

Eighteen of the twenty-one (86 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for consumers #11, #17 and #31 contained documentation of only three of the required quarterly reports of progress.

2.13.b Recommendation	Regional Center Plan/Response
SG/PRC should ensure that future quarterly reports of progress are completed for consumers #11, #17 and #31.	SG/PRC has a monitoring procedure in place for reviewing reports. SG/PRC's Managers of Client Services will continue to monitor quarterly reports accordingly.

- 2.14 Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. (*WIC §4418.3*)

Findings

One of the three (33 percent) applicable sample consumer records contained documentation that face-to-face reviews were conducted no less than once every 30 days for the first 90 days following the consumers' move from a developmental center to a community living arrangement. However, the records for two consumers did not meet the requirements, as indicated below:

1. The record for consumer #DC1 contained documentation of a 30-day IPP meeting and a 90-day IPP meeting. However, it did not document a 60-day face-to-face review following the consumer's move.
2. The record for consumer #DC2 contained documentation of a 30-day IPP meeting. However, there is no documentation of a 60-day or 90-day face-to-face review following the consumer's move.

2.14 Recommendation	Regional Center Plan/Response
SG/PRC should ensure that face-to-face meetings are conducted no less than once every 30 days for the first 90 days for all consumers moving from a developmental center to a community living arrangement.	SG/PRC has a monitoring procedure in place for ensuring face-to-face meetings are conducted once every 30 days for the first 90 days for people moving from developmental centers. SG/PRC Managers of Client Service for this caseload will monitor visits accordingly.



Regional Center Consumer Record Review Summary Sample Size = 34 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	34			100	
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Mental Retardation Professional (QMRP), which documents the date of the consumer's initial HCBS Waiver eligibility certification, annual recertification, the consumer's qualifying conditions and short-term absences. [SMM 4442.1; 42 CFR 483.430(a)]	Criterion 2.1 consists of four sub-criteria (2.1.a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Mental Retardation Professional and the title "QMRP" appears after the person's signature.	34			100	
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	
2.1.c	The DS 3770 form documents annual recertification.	32		2	100	
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	3		31	100	
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)]	34			100	
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	34	0	See Narrative

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 34 + 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. <i>(SMM 4442.5; 42 CFR 441.302)</i>	34			100	
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level-of-care requirements for care provided in an ICF/DD, ICF/DD-H, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. <i>(SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343)</i>	34			100	
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	31	3		91	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>	32	1	1	97	See Narrative
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>			34	100	
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	
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.	1		33	100	
2.7.c	The IPP is prepared jointly with the planning team. <i>[WIC §4646(d)]</i>	34			100	
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	

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 34 + 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).	33	1		97	See Narrative
2.9.b	The IPP addresses the special health care requirements.	19		15	100	
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	7		27	100	
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	16		18	100	
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	6		28	100	
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	34			100	
2.9.g	The IPP includes a family plan component, if the consumer is a minor. [WIC §4685(c)(2)]	5		29	100	
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)]	28	6		82	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	
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [WIC §4646.5(a)(4)]	5		29	100	
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	

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 34 + 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 that the consumer and his/her family are satisfied with the IPP and its implementation. <i>[WIC §4646.5(a)(6)]</i>	32		2	100	
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. ( <i>Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement</i> )	19	2	13	90	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. ( <i>Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement</i> )	18	3	13	86	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	2	34	33	See Narrative

## SECTION III

### COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

#### I. Purpose

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

#### II. Scope of Review

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 percent in compliance for all 19 criteria.

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

#### IV. Finding and Recommendation

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>
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. <i>[Title 17, CCR, §56017(b); Title 17, CCR §56059(b); Title 22, CCR, §80069]</i>	7			100	
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	7			100	
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	
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	
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	7			100	
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	7			100	
3.1.i	Special safety and behavior needs are addressed.	5		2	100	
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	
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	7			100	
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. <i>[Title 17, CCR, §56026(b)]</i>	3		4	100	

<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.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	3		4	100	
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. <i>[Title 17, CCR, §56026(c)]</i>	4		3	100	
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.	4		3	100	
3.5.c	Quarterly reports include a summary of data collected. <i>[Title 17, CCR, §56013(d)(4); Title 17, CCR, §56026]</i>	4		3	100	
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	
3.6.b	The ongoing notes/information verifies that behavior needs are being addressed.	5		2	100	
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	2		5	100	
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	2		5	100	
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. <i>(Title 17, CCR, §54327)</i>	2		5	100	

## SECTION IV

### DAY PROGRAM CONSUMER RECORD REVIEW

#### I. Purpose

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

#### II. Scope of Review

Sixteen sample consumer records were reviewed at eight day programs visited by the monitoring team. The records were reviewed to determine compliance with 14 criteria. Three criteria were not applicable for this review.

#### III. Results of Review

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

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

#### IV. Findings and Recommendations

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

##### Finding

Fifteen of the sixteen (94 percent) sample consumer records contained signed authorizations for emergency medical treatment. However, the record for consumer #12 at day program #2 did not contain an authorization for emergency medical treatment. During the review, the authorization for emergency medical treatment was signed by consumer #12 at day program #2. Therefore, no recommendation is required.



- 4.1.e The consumer record contains documentation that the consumer has been informed of his/her personal rights. (*Title 17, CCR, §56730*)

Finding

Fifteen of the sixteen (94 percent) sample consumer records contained documentation that the consumer and/or their authorized representative had been informed of their personal rights. The record for consumer #12 at day program #2 did not contain documentation the consumer had been informed of his personal rights. During the review, day program #2 provided a rights document signed and dated by consumer #12. Therefore, no recommendation is required.

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

Findings

Fifteen of the sixteen (94 percent) sample consumer records contained a copy of the consumer’s current IPP. The record for consumer #29 at day program #6 did not contain a copy of the consumer’s current IPP. The SG/PRC staff present provided a copy of the IPP at the time of the team’s visit. Therefore, no recommendation is required.

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

Findings

Fourteen of the fifteen (93 percent) applicable sample consumer records contained written semiannual reports of consumer progress. The record for consumer #12 at day program #2 contained only one of the required written semiannual reports.

4.4.a Recommendation	Regional Center Plan/Response
SG/PRC should ensure that the provider at day program #2 completes semiannual reports for consumer #12.	SG/PRC has a monitoring procedure in place for reviewing reports. SG/PRC’s Managers of Client Services will continue to monitor that progress reports by the day program are completed semi-annually.

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 16; Day Programs = 8</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. <i>(Title 17, CCR, §56730)</i>	16			100	
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.	16			100	
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.	16			100	
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.	16			100	
4.1.d	The consumer record contains an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative.	15	1		94	See Narrative
4.1.e	The consumer record contains documentation that the consumer and/or the authorized consumer representative has been informed of his/her personal rights.	15	1		94	See Narrative
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP which the day program provider is responsible for implementing.	16			100	
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	16			100	

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 16; Day Programs = 8</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	16			100	
4.2	The day program has a copy of the consumer's current IPP. <i>[Title 17, CCR §56720(b)]</i>	15	1		94	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>	16			100	
4.3.b	The day program's individual service plan (ISP) or other program documentation is consistent with the services addressed in the consumer's IPP.	16			100	
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	14	1	1	93	See Narrative
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services which the day program is responsible for implementing.	15		1	100	
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>			16	NA	
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>			16	NA	
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>			16	NA	

## 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-one of the thirty-four consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, CCFs, or in independent living settings.

- ✓ Fourteen adult consumers agreed to be interviewed by the monitoring teams.
- ✓ Twelve consumers did not communicate verbally or declined an interview, but were observed.
- ✓ Five interviews were conducted with parents of minors.
- ✓ Three 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, choice, 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 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. 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.
3. The service coordinators monitor the consumers' services, health and safety during periodic visits. They are aware of the consumers' health issues. The service coordinators are knowledgeable about the special incident report process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed.

## SECTION VI B

### CLINICAL SERVICES INTERVIEW

#### I. Purpose

The clinical services interview is used to obtain supplemental information on how the regional center is organized to provide clinical support to consumers and service coordinators. This interview aids in determining what measures the regional center is utilizing to ensure the ongoing health and safety of all HCBS 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 Director of Clinical Services at 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, a behavioral analyst, and a dental coordinator. The regional center also utilizes contract positions for specialty positions, such as physicians, a neurologist, a geneticist, occupational and physical therapists, a speech pathologist, psychologists, psychiatrists, a pharmacist, a dental hygienist, and a 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 restricted 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, a pharmacist, and a behavioral psychologist provide consultation focusing on consumers with significant mental health and/or behavioral needs. A psychologist collaborates with the Department of Mental Health and local managed care plans to help reduce the incidence of psychiatric admissions.
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 provided training to 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 nutrition, special diets, and dental concerns.
5. SG/PRC has improved access to health care resources through the following programs and services:
  - ✓ Bio-Behavioral Clinic
  - ✓ Genetics, Neurology, Psychiatric and Autism Clinics
  - ✓ Dental Hygiene Clinic
  - ✓ Durable Medical Equipment Clinic
  - ✓ Early Start Clinic
  - ✓ Health and Dental Fairs
  - ✓ Managed Care Liaison
  - ✓ Parent support group (Parents Place)
  - ✓ Foster Grandparent/Senior Companion Program
  - ✓ Collaborates with Western University College of Dental Medicine to provide pediatric dental clinics.
6. The Director and Associate Director of Clinical Services, Nurse Manager and SG/PRC physician are members of the Risk Management Committee. The Nurse Manager reviews all deaths and medical-related special incident reports (SIR). A physician is available for additional consultation, as needed. The regional center also utilizes Mission Analytics Group, Inc., the State's risk management contractor, to analyze special incidents for trends. The clinical team uses this information to make recommendations for appropriate follow-up and training, as needed. Recent topics have included choking precautions, medication errors, and restricted health care plans.

## SECTION VI C

### QUALITY ASSURANCE INTERVIEW

#### I. Purpose

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

#### II. Scope of Interview

The monitoring team interviewed a QA specialist who is part of the team responsible for conducting SG/PRC's QA activities.

#### III. Results of Interview

1. The annual Title 17 visits are conducted by the quality assurance specialists. The two unannounced visits are conducted annually by the service coordinators, who function as facility liaisons to the CCFs. Any issues or concerns from the facility liaisons are reported to the QA team for follow-up. When substantial inadequacies are identified, corrective action plans (CAP) are issued. Most CAPs allow the vendor 30 days to correct the situation. The QA team will follow up and provide further training to the vendor, if necessary. Case Management provides SG/PRC's staff orientation training in identifying substantial inadequacies and immediate dangers, and on their roles and responsibilities during visits to CCFs.
2. The SIR coordinator receives all SIRs. SG/PRC's QA team will follow up on vendor-related SIRs; while the service coordinator will follow up on any family-related SIRs. The senior QA staff is a member of the Risk Management and Mitigation Team, which meets monthly. The Risk Management and Mitigation Team will recommend additional trainings be provided to staff and vendors based on SIR trend analysis.
3. The QA team members also monitor day programs annually. In addition, the QA team requires new residential providers to complete Residential Specialists Services Training offered twice a year. This is a six-to-eight-week series of classroom instruction that all new providers are required to complete.



## SECTION VII A

### SERVICE PROVIDER INTERVIEWS

#### I. Purpose

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

#### II. Scope of Interviews

1. The monitoring team interviewed five service providers at two 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 five direct service staff at two 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 CCFs and day programs are serving consumers in a safe, healthy and positive environment where their rights are respected. The review also ensures that CCFs are meeting the HCBS Waiver definition of a homelike setting.

#### II. Scope of Review

1. The monitoring teams reviewed a total of two CCFs and two day programs.
2. The teams used a monitoring review checklist consisting of 24 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

#### III. Results of Review

All of the CCFs and the day programs 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

##### 8.2.c Non-PRN (pro re nata) Medication Records

CCF #2 had incorrect information on the medication administration record for one consumer. Consumer #7 had refused his a.m. dose of medications and the staff had signed it out as taken.

8.2.c Recommendation	Regional Center Plan/Response
SG/PRC should ensure that CCF #2 properly documents all required medication information.	SG/PRC has a monitoring procedure in place for reviewing medication for clients residing in a residential care facility. SG/PRC's Quality Assurance Department also reviews medication records during annual visits.

### 8.2.d PRN Medication Records

CCF #2 was not documenting the date, time, dosage, name of the medication or consumer's response to PRN medications.

8.2.d Recommendation	Regional Center Plan/Response
SG/PRC should ensure that CCF #2 properly documents all required PRN medication information.	SG/PRC has a monitoring procedure in place for reviewing medication for clients residing in a residential care facility. SG/PRC's Quality Assurance Department also reviews medication records during annual visits.

### 8.3.c First Aid

CCF #2 had one direct care staff that did not have a current first aid certificate.

8.3.c Recommendation	Regional Center Plan/Response
SG/PRC should ensure that CCF #2 has current first aid certificates for all direct care staff.	SG/PRC has ensured that CCF #2 residential vendor has current first aid certificates for all staff. SG/PRC's Quality Assurance Department also reviews first aid cards during annual visits.

## 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 SG/PRC was reviewed by comparing deaths entered into the Client Master File for the review period with SIRs of deaths received by DDS.
2. The records of the 34 consumers selected for the HCBS Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of 10 consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

#### III. Results of Review

1. SG/PRC reported all deaths during the review period to DDS.
2. SG/PRC reported all special incidents in the sample of 34 records selected for the HCBS Waiver review to DDS.
3. SG/PRC's vendors reported 9 of the 10 (90 percent) special incidents in the supplemental sample within the required timeframes.
4. SG/PRC reported 7 of the 10 (70 percent) 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 10 incidents.

IV. Findings and Recommendations

Consumer #SIR 5: The incident was reported to SG/PRC on August 25, 2015. However, SG/PRC did not report the incident to DDS until September 8, 2015.

Consumer #SIR 7: The incident occurred on October 20, 2015. However, the vendor did not submit a special incident report to the regional center until November 3, 2015.

Consumer #SIR 8: The incident was reported to SG/PRC on December 15, 2015. However, SG/PRC did not report the incident to DDS until January 5, 2016.

Consumer #SIR 10: The incident occurred on February 22, 2016. However, SG/PRC did not report the incident to DDS until March 7, 2016.

Recommendation	Regional Center Plan/Response
<p>SG/PRC should ensure that the vendor for consumer #SIR 7 submit special incidents within the required timeframes. Additionally, SG/PRC should ensure that all special incidents are reported to DDS in a timely manner.</p>	<p>SG/PRC has provided vendor information on the SIR reporting requirements, Title 17, Section 54327; SG/PRC’s Methods of Reporting Special Incidents; and information on an upcoming Technical Assistance Training on SIR Reporting and Zero Tolerance to be held at SG/PRC on August 24, 2017. SG/PRC has provided training to all case management staff on the SIR reporting requirements on 1/12/17 and 2/8/17. An additional training for case management staff on SIRs is scheduled for 5/2/17. A Technical Assistance Training for Vendors on SIR Reporting is scheduled for 8/24/17. SG/PRC has a dedicated phone, fax, and e-mail for vendors to report SIRs to the regional center.</p>

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

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

### Supplemental Sample of Terminated Consumers

#	UCI
T 1	XXXXXX
T 2	XXXXXX
T 3	XXXXXX

### Consumers Who Moved from Developmental Center

#	UCI
DC 1	XXXXXX
DC 2	XXXXXX
DC 3	XXXXXX

### HCBS Waiver Review Service Providers

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

Day Program #	Vendor
1	XXXXXX
2	XXXXXX
3	XXXXXX
4	XXXXXX
5	XXXXXX
6	XXXXXX
7	XXXXXX
8	XXXXXX



### SIR Review Consumers

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