

**Tri-Counties Regional Center
Home and Community-based Services Waiver
Monitoring Review Report**

Conducted by:

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

April 7 - 18, 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 April 7 – 18, 2014 at Tri-Counties Regional Center (TCRC). The monitoring team members were Ray Harris, (Team Leader), Kathy Benson, Lisa Miller, Sue Chapman, and Erin Paulsen from DDS, and Annette Hanson and Raylyn Garrett from DHCS.

Purpose of the Review

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

Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

The compliance monitoring review protocol is comprised of sections/components designed to determine if the consumers' needs and program requirements are being met and that services are being provided in accordance with the consumers' individual program plans (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 55 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) nine consumers who had special incidents reported to DDS during the review period of February 1, 2013 through January 31, 2014.

The monitoring team completed visits to six community care facilities (CCFs) and ten day programs. The team reviewed seven CCF and fourteen day program consumer records and interviewed and/or observed 43 selected sample consumers.

Overall Conclusion

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

Fifty-five sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements.

The sample records were 98% in overall compliance for this review. TCRC's records were 97% in overall compliance for the collaborative reviews conducted in 2012 and in 2010.

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

Seven consumer records were reviewed at six CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100% in overall compliance for the criteria.

TCRC's records were 100% in overall compliance for the collaborative reviews conducted in 2012 and in 2010.

Section IV – Day Program Consumer Record Review

Fourteen consumer records were reviewed at ten day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 99% in overall compliance for the 17 criteria.

TCRC's records were 99% in overall compliance for the collaborative reviews conducted in 2012 and 100% in overall compliance in 2010.

Section V – Consumer Observations and Interviews

Forty-three 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 but one of the interviewed consumers/parents indicated that they were satisfied with their services, health and choices. One consumer stated that she has difficulty contacting her service coordinator.

Section VI A – Service Coordinator Interviews

Ten 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

TCRC's Medical Consultant and a Psychologist were interviewed using a standard interview instrument. They responded to informational questions regarding the monitoring of consumers with medical issues, medications and behavior plans, the coordination of medical and mental health care for consumers, the provision of clinical supports to service coordinators, and the clinical team's participation in the Risk Management Assessment and Planning Committee.

Section VI C – Quality Assurance Interview

A senior quality assurance (QA) specialist was interviewed using a standard interview instrument. He responded to informational questions regarding how TCRC 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 five 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

Five CCF and five 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 was familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VIII – Vendor Standards Review

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

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 55 HCBS Waiver consumers and ten supplemental sample consumers for special incidents during the review period. TCRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported all of the ten incidents to TCRC within the required timeframes, and TCRC subsequently transmitted all of the ten special incidents to DDS within the required timeframes. TCRC's follow-up activities on consumer incidents were timely and appropriate for the severity of the situations.

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 Tri-Counties Regional Center's (TCRC) 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

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

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

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

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

SECTION II

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

1. Fifty-five HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	11
With Family	13
Independent or Supported Living Setting	31

2. The review period covered activity from February 1, 2013 – January 31, 2014.

III. Results of Review

The 55 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements.

- ✓ The sample records were in 100% compliance for 26 applicable criteria. There are no recommendations for these criteria.
- ✓ Findings for five 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

- 2.5.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*)

Finding

Fifty-four of the 55 (98%) consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in the record for consumer #34 did not support the determination that Esophagitis identified in the CDER and DS 3770 could be considered a qualifying condition. Subsequent to the monitoring review, TCRC removed the qualifying condition from the DS 3770 for consumer #34. Accordingly, no recommendation is required.

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

Findings

Forty-eight of the 55 (87%) sample consumer records contained IPPs that addressed the consumers' qualifying conditions. However, the IPPs for the consumers listed below did not identify the supports or services that are in place to address all of the consumers' qualifying conditions:

1. Consumer #4: The IPP does not indicate what services and supports are in place to address the consumer's "outbursts", as stated in the quarterly monitoring report dated 12/06/13.
2. Consumer #25: The IPP does not indicate what services and supports are in place to address consumer's "personal care", as stated in the quarterly monitoring report dated 01/27/14.
3. Consumer #27: The IPP does not indicate what services and supports are in place to address the consumer's "disruptive behavior", as stated in the Day program report dated 12/26/13.
4. Consumer #40: The IPP does not indicate what services and supports are in place to address the consumer's need to "walks with support" and "assistance with medications" as stated in the quarterly monitoring report dated 12/30/13.
5. Consumer #43: The IPP does not indicate what services and supports are in place to address consumer's "disruptive social behavior", as stated in the quarterly monitoring report dated 10/25/13.

6. Consumer #46: The IPP does not indicate what services and supports are in place to address the consumer’s “disruptive behavior”, as stated in the quarterly report dated 5/24/13. Subsequent to the review, TCRC provided a corrected DS 3770 eliminating “disruptive behavior” as a qualifying condition. Therefore, no further action is necessary.

7. Consumer #48: The IPP does not indicate what services and supports are in place to address the consumer’s need to “take medication with supervision” as stated in the Annual Review dated 5/14/13. Subsequent to the review TCRC provided an Addendum to the IPP dated 4/8/14 that addressed this issue. Therefore, no further action is necessary.

2.9.a Recommendations	Regional Center Plan/Response
TCRC should ensure that the IPPs for consumers #4, #25, #27, #40, #43, and #46 address the services and supports in place for the issues identified above.	TCRC will ensure IPPs for all individuals including #4, #25, #27, #40, #43, and #46 address the services and supports in place for the individuals qualifying conditions.

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

Fifty of the 55 (91%) applicable sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by TCRC. However, the IPPs for four consumers did not indicate TCRC funded services as indicated below:

1. Consumers #27, #30, #35 and #39 “Dentistry”
2. Consumer #38: “Crisis support”

2.10.a Recommendations	Regional Center Plan/Response
TCRC should ensure that the IPPs for consumers #27, #30, #35, #38 and #39 include a schedule of the type and amount of all services and supports purchased by TCRC.	TCRC will ensure that IPP’s for all individuals including #27, #30, #35, #38 and #39 have a schedule to the type and amount of all services and supports purchased by TCRC.

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

Thirty-eight of the 42 (91%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for consumers #27, #34, #36 and #39 contained documentation of three of the required meetings.

2.13.a Recommendations	Regional Center Plan/Response
<p>TCRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #27, #34, #36 and #39.</p>	<p>TCRC will ensure face-to-face meetings are completed and documented each quarter for all individuals residing outside of the family home including #27, #34, #36 and #39. In addition, TCRC has developed a revised electronic monitoring system which tracks the date of the most recent Annual Review and/or Quarterly Report along with the date of the most current IPP, CDER and the last DS 3770 entered into UFS. This monitoring system also identifies the next Annual Review and/or Quarterly report, IPP, CDER and DS 3770 is due and is updated on an hourly basis to reflect the work done throughout the day.</p> <p>TCRC Service Coordination staff use this report as a planning tool to ensure face-to-face meetings are completed and documented as required for individuals served by TCRC.</p> <p>Completion of quarterly visits and reports is a key performance indicator for SCs. Any staff not meeting the indicator will be given more intensive coaching to assist them in meeting the expectation.</p>

2.13.b Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (*Title 17, CCR, §56047*), (*Title 17, CCR, §56095*), (*Title 17, CCR, §58680*), (*Contract requirement*)

Findings

Thirty-eight of the 42 (91%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for consumers #27, #34, #36 and #39 contained three of the required quarterly progress reports.

2.13.b Recommendations	Regional Center Plan/Response
TCRC should ensure that future quarterly reports of progress are completed for consumer #27, #34, #36 and #39.	TCRC will ensure quarterly reports of progress are completed on all individuals who require this level of documentation including #27, #34, #36 and #39.

Regional Center Consumer Record Review Summary						
Sample Size = 55 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	55			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.	55			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.	55			100	None
2.1.c	The DS 3770 form documents annual recertifications.	55			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	6		49	100	None
2.2	Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). (SMM 4442.7), (42 CFR 441.302(d))	55			100	None
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		55	100	None

Regional Center Consumer Record Review Summary
Sample Size = 55 + 6 Supplemental Records

	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5), (42 CFR 441.302)	55			100	None
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in an ICF-DD, ICF-DDH, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. (SMM 4442.5), (42 CFR 441.302(c)), (Title 22, CCR, §51343)	55			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	54	1		98	See Narrative
2.6.a	IPP is reviewed (at least annually) by the planning team and modified as necessary, in response to the consumer's changing needs, wants or health status. (42 CFR 441.301(b)(1)(I))	55			100	None
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. (HCBS Waiver requirement)	42		13	100	None
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. (WIC §4646(g))	55			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.	36		19	100	None
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	55			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. (WIC §4646.5(a))	55			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 55 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
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).	48	7		87	See Narrative
2.9.b	The IPP addresses the special health care requirements.	32		23	100	None
2.9.c	The IPP addressed the services for which the CCF provider is responsible for implementing.	11		44	100	None
2.9.d	The IPP addressed the services for which the day program provider is responsible for implementing.	32		23	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.	31		24	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	55			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	7		48	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))	50	5		91	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))	55			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	36		19	100	None
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to vendors, contract providers, generic service agencies and natural supports. (WIC §4646.5(a)(4))	55			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 55 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic review and reevaluations of consumer progress are completed (<i>at least annually</i>) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. (<i>WIC §4646.5(a)(6)</i>)	55			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>)	38	4	13	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>)	38	4	13	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>)	3		55	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 6 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 19 criteria.

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

Community Care Facility Record Review Summary						
Sample Size: Consumers = 7; CCFs = 6						
	Criteria	+	-	N/A	% Met	Follow-up
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. (<i>Title 17, CCR, §56017(b)</i>), (<i>Title 17, CCR §56059(b)</i>), (<i>Title 22, CCR, §80069</i>)	7			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	7			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	5		2	100	None
3.1.c	The consumer record contains current health information that includes medical, dental and other health needs of the consumer including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	7			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	7			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	7			100	None
3.1.i	Special safety and behavior needs are addressed.	5		2	100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17, and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. (<i>Title 17, CCR, §56019(c)(1)</i>)	7			100	None
3.3	The facility has a copy of the consumer's current IPP. (<i>Title 17, CCR, §56022(c)</i>)	7			100	None

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

- ✓ Findings for two 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

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

Finding

Twelve of the 14 (86%) sample consumer records contained a copy of the consumer's current IPP. The records for consumer #20 at DP #9 and consumer #53 at DP #4 did not have a copy of the current IPP.

4.2 Recommendation	Regional Center Plan/Response
TCRC should ensure that providers at day program #9 and #4 receive a copy of the current IPP for consumers #20 and #53.	TCRC will ensure Day Program #9 and #4 receive a copy of the current IPP for individuals #20 and #53.

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

Finding

Thirteen of the 14 (93%) sample consumer records contained written semiannual reports of consumer progress. The record for consumer #53 at day program #4 contained only one of the required written semiannual reports.

4.4.a Recommendation	Regional Center Plan/Response
TCRC should ensure that the provider at day program #4 completes semiannual reports for consumer #53.	TCRC's QA department will work with day program #4 to ensure semi-annual reports are completed for all individuals who attend this program including individual #53.

Day Program Record Review Summary						
Sample Size: Consumers = 14; Day Programs = 10						
	Criteria	+	-	N/A	% Met	Follow-up
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. (Title 17, CCR, §56730)	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

Day Program Record Review Summary						
Sample Size: Consumers = 14; Day Programs = 10						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	14			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	11		3	100	None
4.2	The day program has a copy of the consumer's current IPP. (<i>Title 17, CCR §56720(b)</i>)	12	2		86	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>)	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>)	13	1		93	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>)	1		13	100	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)	1		13	100	None
4.5.c	There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. (<i>Title 17, CCR, §54327</i>)	1		13	100	None

SECTION V

CONSUMER OBSERVATIONS AND INTERVIEWS

I. Purpose

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

II. Scope of Observations and Interviews

Forty-three of the 55 consumers were interviewed and/or observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Thirty-four consumers agreed to be interviewed by the monitoring teams
- ✓ Four consumers did not communicate verbally or declined an interview, but were observed
- ✓ Five interviews were conducted with parents of minors
- ✓ Twelve consumers were unavailable for or declined interviews

III. Results of Observations and Interviews

Forty-two of the 43 consumers/parents of minors indicated satisfaction with their living situation, day program, work activities, health, choices, and regional center services. The consumers' overall appearance reflected personal choice and individual style.

IV. Finding and Recommendation

Consumer #47 stated that she has difficulty contacting her service coordinator. She also stated that her SLS staff had recently tried to contact the service coordinator and had not received a response.

Recommendation	Regional Center Plan/Response
TCRC should follow-up with consumer #47 regarding her concerns with her service coordinator.	TCRC Services and Supports manager will follow-up with individual #47 no later than 10/31/14.

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 ten Tri-Counties Regional Center (TCRC) 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 TCRC's clinical team and internet medication guides as resources. TCRC offers periodic trainings on new and commonly used medications.

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 (SIRs).
2. The monitoring team interviewed the Medical Consultant and Psychologist at Tri-Counties Regional Center (TCRC).

III. Results of Interview

1. The TCRC clinical team consists of physicians, psychologists, a psychopharmacologist, psychiatrists, autism coordinator, and a registered nurse.
2. The TCRC service coordinators are instrumental in identifying and requesting support and/or review of potential medical issues from the clinical team. These issues can be presented at weekly planning team meetings, or the service coordinator can request individual appointments. The clinical team is also available to assist service providers regarding consumer medical issues or concerns.
3. Consumers' medications are reviewed during the annual review by the service coordinators. The clinical team is available for any medication issues, and will assess, evaluate and make referrals as needed. In addition, the psychopharmacologist is available to review consumers with multiple psychotropic medications, and will contact their primary physician as needed.
4. Behavior plans are reviewed quarterly by a psychologist. The service coordinators can contact the clinical team regarding consumers' behavioral

- needs. The psychologist is available to do on site visits with families and providers regarding behavior issues as needed.
5. When service coordinators identify mental health issues, they are able to utilize the services of the team psychologist. Meetings are conducted between the regional center and county mental health personnel to assist in coordinating psychological, psychiatric and counseling services. The regional center provides a psychiatric clinic that offers evaluation and treatment for consumers with unmet psychiatric needs. The psychiatrist is also available to conduct emergency on-site assessments.
 6. The clinical team provides training to staff and providers on a variety of topics, such as aging, behavior interventions, and medications. Clinical team members are also involved in new employee orientation training.
 7. TCRC has taken a proactive role in advocating for prevention, education, resource development, and medical treatments for consumers. These efforts include, but are not limited to:
 - ✓ Clinician Referral Guidelines and Checklist - this tool assists service coordinators to screen for possible polypharmacy issues
 - ✓ Multi-disciplinary intake evaluations
 - ✓ Autism coordinator organizes classes for parents
 - ✓ Working with community physicians to assist with autism diagnosis
 - ✓ Participation in health and wellness conferences
 8. Members of the clinical team will review medical and mental health SIRs as requested by service coordinator or SIR coordinator. A clinical team physician reviews all deaths and participates on the morbidity and mortality review committee.
-

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 the Senior QA Specialist who is part of the team responsible for conducting Tri-Counties Regional Center's (TCRC) QA activities.

III. Results of Interview

1. The annual Title 17 visits and two unannounced visits of CCFs are conducted by QA specialists and other Regional Center (RC) staff. Evaluation activities include a review of records, medications, consumer funds, first aid certificates, and a safety walk-through. In addition, staff monitors day programs, independent living, and supporting living service agencies.
2. When issues of substantial inadequacies are identified, QA specialists are responsible for developing corrective action plans (CAPs) and ensuring providers complete the CAP requirements. QA staff provides information about best practices and discuss findings with vendors.
3. The QA staff provides orientation training to new service coordinators, provider trainings and on-site technical assistance for vendors. TCRC's QA staff reviews all new program designs and are available for consultation.
4. TCRC employs a Special Incident Report Specialist who reviews all SIRs and is a member of the Risk Management Committee. TCRC's Information Systems department generates reports daily indicating SIRs that require review and follow-up.
5. TCRC's Risk Management Committee meets semi-annually to review reports generated by SIR Specialists. The Mortality Review is a sub-committee that meets and review the death of an individual within 3 days after a death has been reported. Results of mortality reviews are reported to the Risk Management Committee on at least a semi-annual basis.

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 eleven service providers at six community care facilities (CCFs) and five 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 ten direct service staff at five community care facilities (CCF) and five 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. The review also ensures that CCFs are meeting the HCBS Waiver definition of a home-like setting.

II. Scope of Review

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

III. Results of Review

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

IV. Finding and Recommendation

8.1g Appropriate Storage

DP#5 had their emergency water supply stored with cleaning compounds.

8.1g Recommendation	Regional Center Plan/Response
TCRC should ensure that DP#5 stores their cleaning compounds separately from food supplies.	TCRC QA will monitor DP #5 to ensure they are storing cleaning compounds away from food supplies.

8.2d PRN Medication Records

DP#5 was not documenting consumers' response to PRN medications.

8.2 d Recommendation	Regional Center Plan/Response
TCRC should ensure that DP#5 properly documents all required PRN medication information.	TCRC QA will monitor DP #5 to ensure they are properly documenting all required PRN medication information.

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 Tri-Counties Regional Center (TCRC) 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 55 consumers selected for the Home and Community-based Services (HCBS) Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of ten consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. TCRC reported all deaths during the review period to DDS.
2. TCRC reported all special incidents in the sample of 55 records selected for the HCBS Waiver review to DDS.
3. TCRC's vendors reported all ten (100%) incidents in the supplemental sample within the required timeframes.
4. TCRC reported all ten (100%) incidents to DDS within the required timeframes.
5. TCRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the nine incidents.

IV. Findings and Recommendations

None.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

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

#	UCI	CCF	DP
38	XXXXXXXX		
39	XXXXXXXX		
40	XXXXXXXX		
41	XXXXXXXX		3
42	XXXXXXXX		
43	XXXXXXXX		
44	XXXXXXXX		
45	XXXXXXXX		
46	XXXXXXXX		5
47	XXXXXXXX		
48	XXXXXXXX		
49	XXXXXXXX		
50	XXXXXXXX		
51	XXXXXXXX		
52	XXXXXXXX		
53	XXXXXXXX		4
54	XXXXXXXX		2
55	XXXXXXXX		

Terminated Consumers

#	UCI
T-1	XXXXXXXX
T-2	XXXXXXXX
T-3	XXXXXXXX

DC Movers

#	UCI
DC1	XXXXXXXX
DC 2	XXXXXXXX
DC 3	XXXXXXXX

HCBS Waiver Review Service Providers

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

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

SIR Review Consumers

#	UCI	Vendor
1-S	XXXXXXXX	XXXXXXXX
2-S	XXXXXXXX	XXXXXXXX
3-S	XXXXXXXX	XXXXXXXX
4-S	XXXXXXXX	XXXXXXXX
5-S	XXXXXXXX	XXXXXXXX
6-S	XXXXXXXX	XXXXXXXX
7-S	XXXXXXXX	XXXXXXXX
8-S	XXXXXXXX	XXXXXXXX
9-S	XXXXXXXX	XXXXXXXX
10-S	XXXXXXXX	XXXXXXXX