

**Valley Mountain Regional Center
Home and Community-based Services Waiver
Monitoring Review Report**

Conducted by:

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

March 16 – 26, 2009

TABLE OF CONTENTS

EXECUTIVE SUMMARY	page 3
SECTION I REGIONAL CENTER SELF ASSESSMENT	page 7
SECTION II REGIONAL CENTER CONSUMER RECORD REVIEW	page 10
SECTION III COMMUNITY CARE FACILITY RECORD REVIEW	page 21
SECTION IV DAY PROGRAM CONSUMER RECORD REVIEW	page 24
SECTION V CONSUMER OBSERVATIONS AND INTERVIEWS	page 28
SECTION VI	
A. SERVICE COORDINATOR INTERVIEWS	page 29
B. CLINICAL SERVICES INTERVIEW	page 30
C. QUALITY ASSURANCE INTERVIEW	page 32
SECTION VII	
A. SERVICE PROVIDER INTERVIEWS	page 33
B. DIRECT SERVICE STAFF INTERVIEWS	page 34
SECTION VIII VENDOR STANDARDS REVIEW.....	page 35
SECTION IX SPECIAL INCIDENT REPORTING.....	page 36
SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS	page 38

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 March 16-26, 2009 at Valley Mountain Regional Center (VMRC). The monitoring team members were Lisa Miller (Team Leader), Corbett Bray and Jeffery Greer from DDS, and Katherine Page 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, with the oversight of DHCS, to ensure that the HCBS Waiver is implemented 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 regional centers have implemented the HCBS Waiver program requirements, the consumers' needs are being met, and 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 44 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) two consumers whose HCBS Waiver eligibility had been previously terminated; 2) two consumers who moved from a developmental center; and 3) ten consumers who had special incidents reported to DDS during the review period of January 1, 2008 through December 31, 2008.

The monitoring team completed site visits to eight community care facilities (CCFs) and six day programs. The team reviewed 10 CCF and 14 day program consumer records and had face-to-face visits with 35 selected sample consumers and two telephone interviews conducted with parents of minors.

Overall Conclusion

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

Forty-four 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 90%-100% in compliance for 29 applicable criteria. One criterion, 2.7.b was 75% in compliance because two of the eight records contained IPP addenda that were not signed by the consumers. One criterion was rated as not applicable for this review.

The sample records were 98% in overall compliance for this review. VMRC's records were 99% and 98% in overall compliance for the collaborative reviews conducted in 2007 and in 2005, respectively.

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

Ten consumer records were reviewed at eight CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100% in compliance for the 19 criteria. VMRC's records were 99% and 97% in overall compliance for the collaborative reviews conducted in 2007 and in 2005, respectively.

Section IV – Day Program Consumer Record Review

Fourteen consumer records were reviewed at six day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 92-100% in compliance for the 17 criteria. VMRC's records were 99% in overall compliance for this review.

VMRC's records were 99% and 96% in overall compliance for the collaborative reviews conducted in 2007 and in 2005.

Section V – Consumer Observations and Interviews

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

Section VI A – Service Coordinator Interviews

Nine service coordinators were interviewed using a standard interview instrument. The service coordinators responded to questions regarding their knowledge of the consumer, the IPP/annual review process, and the monitoring of services, health issues and safety. The service coordinators were very familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VI B – Clinical Services Interview

VMRC's Clinical Nurse Manager was interviewed using a standard interview instrument. The clinical nurse manager 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 Committee.

Section VI C – Quality Assurance Interview

A community services liaison was interviewed using a standard interview instrument. The liaison responded to questions regarding how VMRC is organized to conduct Title 17 monitoring reviews, verification of provider qualifications, resource development activities, special incident reporting, and QA activities where there is no regulatory requirement.

Section VII A – Service Provider Interviews

Six CCF and three day program service providers were interviewed using a standard interview instrument. The service providers responded to questions in the context of the sample consumers regarding their knowledge of the consumer, the annual review process and the monitoring of health issues, medications, progress, safety and emergency preparedness.

The service providers were familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interviews

Six CCF and three day program direct service staff were interviewed using a standard interview instrument. Direct service staff responded to questions regarding their knowledge of consumers, the IPP, communication, service delivery, procedures for safety, emergency preparedness, and medications. The staff were familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VIII – Vendor Standards Review

The monitoring team reviewed six CCFs and three day programs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. The vendors were found to be in good condition with no immediate health and safety concerns.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 44 HCBS Waiver consumers and the ten supplemental sample consumers for special incidents during the review period. VMRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported nine of the ten special incidents to VMRC within the required timeframes, and VMRC subsequently transmitted nine of the ten special incidents to DDS within the required timeframes. VMRC's follow-up activities on consumer incidents were timely and appropriate for the severity of the situation.

SECTION I

REGIONAL CENTER SELF ASSESSMENT

I. Purpose

The regional center self assessment addresses the California Home and Community-based Services (HCBS) Waiver assurance criteria and questions. The self assessment obtains information about Valley Mountain Regional Center's (VMRC) 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

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

✓ VMRC's 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.)	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. 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.
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 Home and Community-based Services (HCBS) Waiver services. The criteria address requirements for eligibility, consumer choice, notification of proposed action (NOA), fair hearing rights, level of care, individual program plans (IPPs), 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. Forty-four HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	16
With Family	15
Independent or Supported Living Setting	13

2. The review period covered activity from January 1, 2008 through December 31, 2008.

III. Results of Review

The 44 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Two supplemental records were reviewed solely for documentation that VMRC had either provided the consumer with written notification prior to termination of the consumer's HCBS Waiver eligibility or the consumer had voluntarily disenrolled from the HCBS Waiver. Additionally, two supplemental records were reviewed solely for documentation indicating that the consumers received face-to-face reviews every thirty days after moving from a developmental center. One criterion was not applicable for this review.

- ✓ The sample records were in 100% compliance for 22 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

- 2.2 Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). (SMM 4442.7), (42 CFR 441.302(d))

Findings

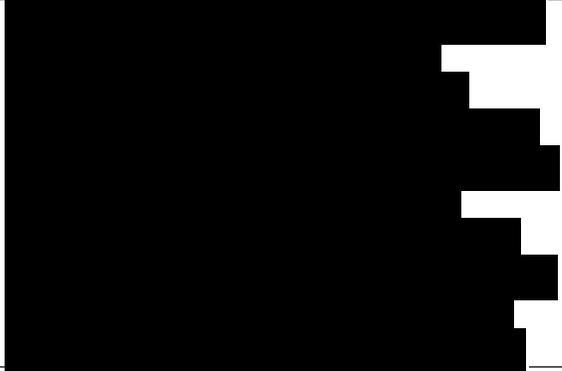
Forty-two of the 44 (95%) sample consumer records contained a dated and signed DS 2200 forms. The DS 2200 for consumer #XX and #XX both non-conserved adults, were not signed by the consumers.

2.2 Recommendation	Regional Center Plan/Response
VMRC should ensure the DS 2200 forms for consumers #XX and #XX are signed by the consumers.	

- 2.5.a The consumer’s qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in ICF/DD, ICF/DD-H, ICF/DD-N facilities are documented in the consumer’s CDER and/or other assessments. (SMM 4442.5), (42 CFR 441.302(c)), (Title 22, CCR, §51343)

Findings

Forty-three of the 44 (98%) sample consumer records documented qualifying conditions that meet the level of care requirement. For consumer #X,   is identified as the only qualifying condition.

2.5.a Recommendation	Regional Center Plan/Response
<p>VMRC should reevaluate the HCBS Waiver eligibility of consumer #X to ensure that the consumer meets the level of care requirements. If the consumer does not have at least two distinct qualifying conditions that meet the level of care requirements, the consumer’s HCBS Waiver eligibility should be terminated.</p>	

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

Findings

Forty-one of the 44 (93%) applicable consumer records document qualifying conditions that are 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 #XX -  ”
2. Consumer #XX -  ”
3. Consumer #XX - 

2.5.b Recommendation	Regional Center Plan/Response
<p>VMRC should determine if the items listed above for consumers #XX, #XX, and #XX are appropriately identified as qualifying conditions. The consumers' DS 3770 form should be corrected to ensure that any items that do not represent substantial limitations in the consumers' ability to perform activities of daily living are no longer identified as qualifying conditions. If VMRC determines that any of the issues above are correctly identified as qualifying conditions, documentation (updated IPPs, progress reports, etc.) that supports the original determinations should be submitted with the response to this report.</p>	

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

Finding

Forty of the 44 (91%) consumer records contained IPPs that were signed by VMRC authorized representative and the consumer or their legal representative. Four records contained IPPs that were not signed by the authorized representative as indicated below:

1. The IPPs for consumers #XX, #XX, and #XX, who are non-conserved adults, 
2. The IPP for consumer #XX was not signed by the conservator.

2.7.a Recommendation	Regional Center Plan/Response
VMRC should ensure that the IPP for consumers #XX, #XX, and #XX are signed by the consumers and the IPP for consumer #XX is signed by [REDACTED] conservator. If a consumer does not sign, VMRC should ensure that the record addresses what actions were taken to encourage the consumer to sign and the reason why the consumer refused.	[REDACTED]

- 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.

Findings

Six of the eight (75%) applicable sample consumer records contained an IPP addendum signed by an authorized representative of VMRC and the consumer or, where appropriate, his/her parents, legal guardian, or conservator. However, the IPP addendum for consumer #X, a non-conserved adult [REDACTED] [REDACTED]. Additionally, the IPP addendum for consumer #XX was not signed by the conservator.

2.7.b Recommendation	Regional Center Plan/Response
VMRC should ensure that the IPP addenda for consumers #X and #XX are signed by the consumer and conservator, respectively.	VMRC reviewed the IPP addenda for consumer #X and all current IPP addenda are signed by the consumer. VMRC reviewed the IPP addenda for consumer #XX and the addenda has been sent to the conservator for signature [REDACTED] [REDACTED]

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

Finding

Forty-three of the 44 (98%) sample consumer records contained an IPP that included the amount and type of all services and supports purchased by the regional center. The record for consumer #X indicated that the regional center purchased a number of trips transportation from Yellow Cab; however, there was no mention of this support in the IPP.

2.10.a Recommendation	Regional Center Plan/Response
VMRC should ensure that the IPP for consumer #X includes information related to the purchase for Yellow Cab.	VMRC reviewed the IPP for consumer #X and an IPP addenda has been created for purchase of yellow cab and it was signed by the consumer on 12/8/09.

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

Findings

Twenty-six of the 29 (90%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. The records for three consumers did not contain documentation of all the required quarterly meetings as indicated below:

1. Consumer #X - contained documentation of two of the required quarterly face-to-face meetings.
2. Consumers #X and #XX - contained documentation for three of the required quarterly face-to-face meetings.

2.13.a Recommendation	Regional Center Plan/Response
VMRC should ensure that future face-to-face meetings are completed and documented each quarter for consumers #X, #X, and #XX.	VMRC has notified the Program Manager and Service Coordinator for consumers #X, #X and #XX that the quarterly face to face meeting need to be completed for each of these consumers.

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

Findings

Twenty six of the 29 (90%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for three consumers did not contain one or more of the required quarterly reports of progress as indicated below:

1. Consumer #X - contained documentation of two of the required quarterly reports.
2. Consumers #XX and #XX - contained documentation of three of the required quarterly reports.

2.13.b Recommendation	Regional Center Plan/Response
VMRC should ensure that future reports of progress are completed each quarter for consumer #X, #XX, and #XX.	VMRC has notified the Program Manager and Service Coordinator for consumers #X, #X and #XX that the quarterly reports of progress need to be completed for each of these consumers. The QMRPs monitor quarterly report compliance.

Regional Center Consumer Record Review Summary						
Sample Size = 44 + 4 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	44			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Mental Retardation Professional (QMRP), which documents the date of the consumer's initial HCBS Waiver eligibility certification, annual recertification, the consumer's qualifying conditions and short-term absences. (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.	44			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.	44			100	None
2.1.c	The DS 3770 form documents annual recertifications.	44			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	5		39	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))	42	2		95	See Narrative
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all, or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. (SMM 4442.7), (42 CFR Part 431, Subpart E), (WIC §4646(g))	2		44	100	None

Regional Center Consumer Record Review Summary Sample Size = 44 + 4 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)	44			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)	43	1		98	See Narrative
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	41	3		93	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))	44			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)			44	NA	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))	40	4		91	See Narrative
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	6	2	36	75	See Narrative
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	44			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 44 + 4 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. (WIC §4646.5(a))	44			100	None
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).	44			100	None
2.9.b	The IPP addresses the special health care requirements.	26		18	100	None
2.9.c	The IPP addressed the services for which the CCF provider is responsible for implementing.	16		28	100	None
2.9.d	The IPP addressed the services for which the day program provider is responsible for implementing.	22		22	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.	11		33	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	44			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	6		38	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))	43	1		98	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))	44			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	8		36	100	None
2.11	The IPP identifies the provider or providers of service responsible for implementing	44			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 44 + 4 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
	services, including, but not limited to vendors, contract providers, generic service agencies and natural supports. (WIC §4646.5(a)(4))					
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. (WIC §4646.5(a)(6))	44			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. (Title 17, CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement)	26	3	15	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. (Title 17, CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement)	26	3	15	90	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. (WIC §4418.3)	2		44	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

Ten consumer records were reviewed at eight CCFs visited by the monitoring teams. The facilities' consumer records were reviewed to determine compliance with 19 criteria.

III. Results of Review

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

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

Community Care Facility Record Review Summary						
Sample Size: Consumers = 10; CCFs = 8						
	Criteria	+	-	N/A	% Met	Follow-up
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. <i>(Title 17, CCR, §56017(b)), (Title 17, CCR §56059(b)), (Title 22, CCR, §80069)</i>	10			100	None
3.1.a	The consumer record contains a statement of ambulatory or non ambulatory status.	10			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		5	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.	10			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	10			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	10			100	None
3.1.i	Special safety and behavior needs are addressed.	5		5	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>	10			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>(Title 17, CCR, §56022(c))</i>	10			100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 10; CCFs = 8						
	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>)	8		2	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.	8		2	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>)	2		8	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.	2		8	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>)	2		8	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>)	10			100	None
3.6.b	The ongoing notes/information verifies that behavior needs are being addressed.	5		5	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>)	4		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>)	4		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>)	4		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 six day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria.

III. Results of Review

1. The consumer records were 100% in compliance for 15 of the 17 criteria.

- ✓ The 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

4.1.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*)

Findings

Thirteen of the 14 (92%) sample consumer records contained authorizations for emergency medical treatment. The record for consumer #XX at day program #X did not contain a signed authorization for emergency medical treatment.

4.1.d. Recommendation	Regional Center Plan/Response
VMRC should ensure the record for consumer #XX contain a signed authorization for emergency medical treatment.	The VMRC Quality Assurance Liaison will ensure that the day program records for consumer #XX contain a signed authorization for emergency medical treatment.

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

Finding

Thirteen of the 14 (93%) sample consumer records contained a copy of the consumer's current IPP. The record for consumer #XX at day program #X did not contain a copy of the current IPP. A copy of the consumer's IPP was provided to the day program during the review. Therefore, no recommendation is required.

Day Program Record Review Summary						
Sample Size: Consumers = 14; Day Programs = 6						
	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.	13	1		92	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.	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	14			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 14; Day Programs = 6						
	Criteria	+	-	N/A	% Met	Follow-up
	implementing.					
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.	7		7	100	None
4.2	The day program has a copy of the consumer's current IPP. (<i>Title 17, CCR §56720(b)</i>)	13	1		93	See Narrative
4.3.a	The day program provider develops, maintains, and modifies as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. (<i>Title 17, CCR, §56720(a)</i>)	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	100	None
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services for which the day program is responsible for implementing.	13		1	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

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

II. Scope of Interviews and Observations

For this review, the total sample was 44 consumers. Six consumers were unavailable for an interview or observation. One consumer was terminated from the waiver prior to the site visit. Two phone interviews were conducted with parents of minors.

Thirty-five consumers were interviewed and/or observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Twenty-three adult consumers agreed to be interviewed by the monitoring teams.
- ✓ Ten consumers did not communicate verbally, but were observed.
- ✓ Two consumers declined to be interviewed, but were observed.

III. Results of Observations and Interviews

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

SECTION VI A

SERVICE COORDINATOR INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed nine Valley Mountain Regional Center (VMRC) 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 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. 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, incident reports, and vendor reports of progress. Service coordinators have access to specialists that are available to assist them in assuring appropriate services in the areas of medical, behavioral, psychological, and dental needs. In addition, nurse consultants are used by the VMRC staff to address medication issues.
3. The service coordinators monitor the consumers' services, health and safety. Service coordinators work with the vendors to ensure all special incidents are reported, provide necessary follow-up activities and if appropriate, cross file with Adult Protective Services or other agencies.

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 questions in the interview cover the following topics: routine monitoring of consumers with medical issues: medications and behavior plans; coordination of medical and mental health care for consumers; circumstances under which actions are initiated for medical or behavior issues; clinical supports to assist service coordinators; improved access to preventive health care resources; role in Risk Management Committee and special incident reports.
2. The monitoring team interviewed Valley Mountain Regional Center's (VMRC) Clinical Nurse Manager.

II. Results of Interview

1. VMRC's clinical services team includes: a physician, psychologists, registered nurses, clinical project coordinators, intake staff, autism coordinators, and a pharmacist.
2. The clinical team provides training, consultation, and support to staff, vendors, consumers and families. A member of the team is available to visit hospitalized consumers and assists with discharge planning and appropriate follow-up. The pharmacist makes random visits to CCFs and day programs to monitor medication compliance, provide technical assistance, and is available for consumer medication review as requested by the service coordinators.
3. The clinical team is involved with consumer behavior plans and mental health issues. The regional center contracts with a behavior management agency to review consumer behavior plans. VMRC utilizes telemedicine services with Psychiatric Clinic of San Diego and provides mental health clinics to meet the needs of consumers.

4. The clinical team provides on-going medical and medication training on various health issues to service coordinators and is a resource to them as needed.
5. VMRC has improved access to health care resources through the following programs and services:
 - ✓ Healthy Smiles Program
 - ✓ Genetics Clinic
 - ✓ Feeding Clinic
 - ✓ Gait Clinic
 - ✓ Occupational Therapy Clinic
6. The medical director and registered nurses from the clinical services team participate in the Risk Assessment Committee. The medical director reviews deaths and the nurses review medically related special incidents. The committee analyzes special incidents for trends and risk factors, and makes recommendations for appropriate follow-up and training as needed.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

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

II. Scope of Interview

The monitoring team interviewed a community services liaison that is part of the team responsible for conducting QA activities.

III. Results of Interview

1. Community services liaisons are responsible for conducting the annual Title 17 monitoring reviews of CCFs. Results of these reviews are compiled in a report including corrective actions plans (CAPs), if any, that the facility is required to complete. Depending on the nature of the findings, a variety of technical assistance options are offered. Ongoing provider trainings are also held on topics such as abuse prevention, positive behavioral supports, medications, common health problems and incident reporting requirements. The liaisons also work with day program, supported and independent living providers to ensure these vendors are in compliance with regulatory standards.
2. In addition to the monitoring reviews of CCFs, the liaisons, in conjunction with service coordinators make two unannounced visits to each CCF annually. VMRC maintains a tracking system to monitor the completion of the annual and unannounced visits as well as any follow-up activities that were required as a result of these visits. Any issues identified at times other than during these visits are documented on an "alert" form and addressed by the liaisons.
3. The community services managers participate in VMRC's Risk Assessment Committee. The results of analysis completed by this committee are used by service coordinators, liaisons and others to increase awareness of identified issues in an attempt to minimize potential risks for consumers.

SECTION VII A

SERVICE PROVIDER INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed nine service providers at six community care facilities and three day programs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The service providers were familiar with the strengths, needs and preferences of their respective consumers.
2. The service providers indicated that they conducted assessments of the consumers, participated in their IPP development, provided the program specific services addressed in the IPPs and attempted to foster the progress of consumers.
3. The service providers monitored consumer health issues and safeguarded medications.
4. The service providers communicated with people involved in the consumers' lives and monitored progress documentation.
5. The service providers were prepared for emergencies, monitored the safety of consumers, and understood special incident reporting and follow-up processes.

SECTION VII B

DIRECT SERVICE STAFF INTERVIEWS

I. Purpose

The interviews determine how well the direct service staff knows the consumers and their understanding of the IPP and service delivery requirements, how they communicate, and their level of preparedness to address safety issues, their understanding of emergency preparedness, and knowledge about safeguarding medications.

II. Scope of Interviews

1. The monitoring team interviewed nine direct service staff at six community care facilities and three day programs where services are provided to the consumers scheduled to be visited by the monitoring team.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The direct service staff were familiar with the strengths, needs and preferences of their respective consumers.
2. The direct service staff were knowledgeable about their roles and responsibilities for providing the services addressed in the consumers' IPPs.
3. The direct service staff demonstrated that they understood the importance of communication with all individuals concerned with the consumers.
4. The direct service staff were prepared to address safety issues and emergencies, and were familiar with special incident reporting requirements.
5. The direct service staff demonstrated an understanding about emergency preparedness.
6. The direct service staff were knowledgeable regarding safeguarding and assisting with self-administration of medications where applicable.

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

The review ensures that the selected community care facilities (CCFs) and day programs are serving consumers in a safe, healthy and positive environment where their rights are respected.

II. Scope of Review

1. The monitoring teams reviewed a total of six CCFs and three day programs.
2. The teams used a monitoring review checklist consisting of 23 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. Specifics for one finding are detailed below.

IV. Finding and Recommendation

8.5.c Statement of Rights

Finding

Day program #X did not have a statement of rights posted.

8.5.c Recommendation	Regional Center Plan/Response
VMRC should ensure that day program #X posts a statement of rights.	VMRC Quality Assurance Liaison spoke to Day Program staff #X and Day Program Staff Posted a statement of rights the same day after the site visit was completed by DDS &/ DHS.

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 Valley Mountain Regional Center (VMRC) 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 44 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. VMRC reported all deaths during the review period to DDS.
2. VMRC reported all SIRs in the sample of 44 records selected for the HCBS Waiver review to DDS.
3. VMRC's vendors reported nine of ten (90%) SIRs in the supplemental sample within the required timeframes.
4. VMRC reported nine of the ten (90%) SIRs to DDS within the required timeframes.
5. VMRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the ten incidents.

IV. Findings and Recommendations

Findings

Consumer #XX: The incident occurred and was reported to VMRC on May 6, 2008. However, VMRC did not report the incident to DDS until May 16, 2008.

Consumer #XX: The incident occurred on August 24, 2008. However, the vendor did not submit the written report of the incident to VMRC until August 27, 2008.

Recommendations	Regional Center Plan/Response
1. VMRC should determine what actions are necessary to ensure that the vendor for consumer #XX submits reports of special incidents within the required timeframe.	VMRC sent a letter to the vendor for consumer #XX reminding them of their requirement to notify the regional center within 24 hours and submit a written report within 48 hours of an incident.
2. VMRC should ensure that all special incidents are reported to DDS within the required timeframe.	VMRC reviewed the incident for consumer #XX. In addition, further training regarding SIR best practices was provided to all case management teams but specifically this case management team and Program Manager on June 10, 2009.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

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

#	UCI	CCF #	Day Program #
36	XXXXXXXX		
37	XXXXXXXX	1	
38	XXXXXXXX		
39	XXXXXXXX		
40	XXXXXXXX		
41	XXXXXXXX		
42	XXXXXXXX		4
43	XXXXXXXX		4
44	XXXXXXXX		

Supplemental Sample Consumers

#	UCI
45 DC	XXXXXXXX
46 DC	XXXXXXXX

Supplemental Sample of Terminated Consumers

#	UCI
47 T	XXXXXXXX
48 T	XXXXXXXX

HCBS Waiver Review Service Providers

Community Care Facilities

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

Day Programs

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

SIR Review Consumers

#	UCI
51	XXXXXXXX
52	XXXXXXXX
53	XXXXXXXX
54	XXXXXXXX
55	XXXXXXXX
56	XXXXXXXX
57	XXXXXXXX
58	XXXXXXXX
59	XXXXXXXX
60	XXXXXXXX

SIR Review Service Providers

Service Provider	Vendor #
51	XXXXXX
52	XXXXXX
53	XXXXXX
54	XXXXXX
55	XXXXXX
56	XXXXXX
57	XXXXXX
58	XXXXXX
59	XXXXXX
60	XXXXXX