

**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 11 – 21, 2013**

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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 March 11 - 21, 2013 at Valley Mountain Regional Center (VMRC). The monitoring team members were Linda Rhoades (Team Leader), Kathy Benson and Lisa Miller 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 statute and regulations.

### Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

The compliance monitoring review protocol is comprised of sections/components designed to determine if the consumers' needs and program requirements are being met and that services are being provided in accordance with the consumers' individual program plans (IPPs). Specific criteria have been developed for the review sections listed below that are derived from federal/state statutes and regulations and from Centers for Medicare & Medicaid Services directives and guidelines relating to the provision of HCBS Waiver services.

### Scope of Review

The monitoring team reviewed a sample of 45 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) one consumer who moved from a developmental center; 2) three consumers whose HCBS Waiver eligibility had been previously terminated; 3) ten consumers who had special incidents reported to DDS during the review period of January 1, 2012 through December 31, 2012.

The monitoring team completed visits to seven community care facilities (CCFs) and twelve day programs. The team reviewed seven CCF and seventeen day program consumer records and had face-to-face visits and/or interviews with 40 consumers or their parents.

## 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-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 89 -100% in compliance for the 31 criteria.

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 2011 and in 2009, respectively.

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

Seven consumer records were reviewed at seven CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 99% in compliance for the 19 criteria.

VMRC's records were 100% in overall compliance for the collaborative reviews conducted in 2011 and in 2009.

### Section IV – Day Program Consumer Record Review

Seventeen consumer records were reviewed at twelve day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100% in compliance for the 17 criteria.

VMRC's records were 99% in overall compliance for the collaborative reviews conducted in 2011 and in 2009.

## Section V – Consumer Observations and Interviews

Forty 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 the consumers were in good health and were treated with dignity and respect. All of the interviewed consumers/parents 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

The Clinical Director was interviewed using a standard interview instrument. She 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 Committee.

## Section VI C – Quality Assurance Interview

A consumer services liaison was interviewed using a standard interview instrument. The liaison responded to informational 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

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

### Section VIII – Vendor Standards Review

The monitoring team reviewed seven CCFs and three day programs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. All of the reviewed vendors were in good repair with no immediate health or safety concerns observed.

### Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 45 HCBS Waiver consumers and ten supplemental consumers for special incidents during the review period. VMRC reported all special incidents for the sample consumers selected for the HCBS Waiver review. For the supplemental sample, the service providers reported eight of the ten 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 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 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.

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

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



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

| <b>Living Arrangement</b>               | <b># of Consumers</b> |
|---|-----------------------|
| Community Care Facility (CCF)           | 17                    |
| With Family                             | 14                    |
| Independent or Supported Living Setting | 14                    |

The review period covered activity from January 1, 2012 through December 31, 2012.

#### III. Results of Review

The 45 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Three supplemental records were reviewed solely for documentation that 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, one supplemental record was reviewed solely for documentation indicating that the consumer received face-to-face reviews every thirty days after moving from a developmental center.

- ✓ The sample records were in 100% compliance for 26 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.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 45 (96%) sample consumer records documented at least two qualifying conditions that meet the level of care requirement. The record for consumer #2, identified “psychotropic meds to manage behaviors” as the only qualifying condition. The record for consumer #38, identified “history or current behaviors of substance or alcohol abuse” as the only qualifying condition. In addition to this being the only qualifying condition identified, per the December 2007 Program Advisory, this issue is not considered a distinct qualifying condition.

| 2.5.a Recommendations   | Regional Center Plan/Response   |
|---|---|
| VMRC should reevaluate the HCBS Waiver eligibility of consumer #2 and #38 to ensure that the consumers meet the level of care requirements. If the consumers do not have at least two distinct qualifying conditions that meet the level of care requirements, the consumer’s HCBS Waiver eligibility should be terminated. | VMRC will revise the 3770 to reflect all current deficits and ensure that there are at least two distinct qualifying conditions that meet the level of care requirements. |

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

##### Findings

Forty-two of the 44 (96%) applicable sample consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in two consumer records (detailed below) did not support the determination that all of the issues identified in the

CDER and DS 3770 could be considered qualifying conditions. The following were identified as qualifying conditions on the DS 3770 but there was no supporting information in the consumers' records (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports.

1. Consumer #9: "eating".
2. Consumer #16: "run/wandering away".

| 2.5.b Recommendations   | Regional Center Plan/Response   |
|---|---|
| <p>VMRC should determine if the items listed above are appropriately identified as qualifying conditions. The consumers' DS 3770 forms should be corrected to ensure that any items that do not represent substantial limitations in the consumers' ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying conditions. If 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> | <p>VMRC will revise the 3770 to reflect all current deficits and ensure that any items that do not represent substantial limitations are not included in the 3770.</p> <p>For consumer #9, "eating" will be removed from the 3770.</p> <p>For consumer #16, "run/wandering away" will be removed from the 3770.</p> |

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

Findings

Forty of the 45 (89%) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by VMRC. However, five IPPs did not indicate VMRC funded services as indicated below:

1. Consumer #6: Optometric services.
2. Consumer #13: Transportation services.
3. Consumer #15: Dentistry.

- 4. Consumer #17: Counseling services.
- 5. Consumer #25: Transportation service.

| 2.10.a Recommendations  | Regional Center Plan/Response   |
|---|---|
| VMRC should ensure that the IPPs for consumers #6, #13, #15, #17, and #25 include a schedule of the type and amount of all services and supports purchased by VMRC. | VMRC will ensure that the IPPs for consumers #6, #13, #15, #17, and #25 include a schedule of the type and amount of all services and supports purchased by VMRC. |

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-eight of the 31 (90%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for consumers #11, #28 and #35 contained documentation for three of the required meetings.

| 2.13.a Recommendations   | Regional Center Plan/Response  |
|--|--|
| VMRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #11, #28 and #35. | VMRC will provide technical assistance to Service Coordinators to remind them that all future face-to-face meetings are completed and documented each quarter. |

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-eight of the 31 (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 #11, #28 and #35 contained documentation of three quarterly reports of progress.

| 2.13.b Recommendations   | Regional Center Plan/Response  |
|--|--|
| VMRC should ensure that future quarterly reports of progress are completed for consumers #11, #28 and #35. | VMRC will provide technical assistance to Service Coordinators to remind them that all future quarterly reports of progress are completed. |

| <b>Regional Center Consumer Record Review Summary</b> |  |   |          |            |              |                  |
|---|--|---|----------|------------|--------------|------------------|
| <b>Sample Size = 45 + 4 Supplemental Records</b>      |  |   |          |            |              |                  |
|   | <b>Criteria</b>  | <b>+</b>  | <b>-</b> | <b>N/A</b> | <b>% Met</b> | <b>Follow-up</b> |
| 2.0   | The consumer is Medi-Cal eligible.<br>(SMM 4442.1)   | 45  |          |            | 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.<br>(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.  | 45  |          |            | 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.  | 45  |          |            | 100          | None             |
| 2.1.c   | The DS 3770 form documents annual recertifications.  | 44  |          | 1          | 100          | None             |
| 2.1.d   | The DS 3770 documents short-term absences of 120 days or less, if applicable.  | 4   |          | 41         | 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))   | 45  |          |            | 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.<br>(SMM 4442.7), (42 CFR Part 431, Subpart E), (WIC §4646(g)) | 3   |          | 45         | 100          | None             |

| <b>Regional Center Consumer Record Review Summary</b> |   |          |          |            |              |                  |
|---|---|----------|----------|------------|--------------|------------------|
| <b>Sample Size = 45 + 4 Supplemental Records</b>      |   |          |          |            |              |                  |
|   | <b>Criteria</b>   | <b>+</b> | <b>-</b> | <b>N/A</b> | <b>% Met</b> | <b>Follow-up</b> |
| 2.4   | Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. ( <i>SMM 4442.5</i> ), ( <i>42 CFR 441.302</i> )   | 45       |          |            | 100          | None             |
| 2.5.a   | The consumer's qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in an ICF-DD, ICF-DDH, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. ( <i>SMM 4442.5</i> ), ( <i>42 CFR 441.302(c)</i> ), ( <i>Title 22, CCR, §51343</i> ) | 43       | 2        |            | 96           | See Narrative    |
| 2.5.b   | The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.   | 42       | 2        | 1          | 96           | See Narrative    |
| 2.6.a   | IPP is reviewed ( <i>at least annually</i> ) by the planning team and modified as necessary, in response to the consumer's changing needs, wants or health status. ( <i>42 CFR 441.301(b)(1)(I)</i> )   | 45       |          |            | 100          | None             |
| 2.6.b   | The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. ( <i>HCBS Waiver requirement</i> )   | 1        |          | 44         | 100          | None             |
| 2.7.a   | The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. ( <i>WIC §4646(g)</i> )  | 45       |          |            | 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.  | 5        |          | 40         | 100          | None             |
| 2.7.c   | The IPP is prepared jointly with the planning team. ( <i>WIC §4646(d)</i> )   | 45       |          |            | 100          | None             |



| <b>Regional Center Consumer Record Review Summary</b> |  |  |          |            |              |                  |
|---|--|--|----------|------------|--------------|------------------|
| <b>Sample Size = 45 + 4 Supplemental Records</b>      |  |  |          |            |              |                  |
|   | <b>Criteria</b>  | <b>+</b>   | <b>-</b> | <b>N/A</b> | <b>% Met</b> | <b>Follow-up</b> |
| 2.8   | The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. (WIC §4646.5(a))                               | 45   |          |            | 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   |          | 1          | 100          | None             |
| 2.9.b   | The IPP addresses the special health care requirements.  | 13   |          | 32         | 100          | None             |
| 2.9.c   | The IPP addressed the services for which the CCF provider is responsible for implementing.   | 17   |          | 28         | 100          | None             |
| 2.9.d   | The IPP addressed the services for which the day program provider is responsible for implementing.   | 24   |          | 21         | 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. | 14   |          | 31         | 100          | None             |
| 2.9.f   | The IPP addresses the consumer's goals, preferences and life choices.  | 45   |          |            | 100          | None             |
| 2.9.g   | The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))   | 6  |          | 39         | 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))                  | 40   | 5        |            | 89           | 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)) | 45   |          |            | 100          | None             |
| 2.10.c  | The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))   | 4  |          | 41         | 100          | None             |

| <b>Regional Center Consumer Record Review Summary</b> |  |          |          |            |              |                  |
|---|--|----------|----------|------------|--------------|------------------|
| <b>Sample Size = 45 + 4 Supplemental Records</b>      |  |          |          |            |              |                  |
|   | <b>Criteria</b>  | <b>+</b> | <b>-</b> | <b>N/A</b> | <b>% Met</b> | <b>Follow-up</b> |
| 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))   | 45       |          |            | 100          | None             |
| 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))    | 45       |          |            | 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) | 28       | 3        | 14         | 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)   | 28       | 3        | 14         | 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)  | 1        |          | 45         | 100          | None             |

## SECTION III

### COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

#### I. Purpose

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

#### II. Scope of Review

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

#### III. Results of Review

The consumer records were 100% in compliance for 18 criteria.

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

#### IV. Finding and Recommendation

##### 3.5.a Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. (*Title 17, CCR, §56026(c)*)

##### Finding

Three of the four (75%) applicable consumer records contained quarterly reports of consumer progress. However, the record for consumer #2 at CCF #4 was missing one of the required reports.

| 3.5.a Recommendation   | Regional Center Plan/Response   |
|--|---|
| VMRC should ensure that CCF #4 completes the required quarterly reports of progress for consumer #2. | VMRC's Community Services Liaison followed up with CCF #4 and provided technical support. |

| <b>Community Care Facility Record Review Summary</b> |   |          |          |            |              |                  |
|--|---|----------|----------|------------|--------------|------------------|
| <b>Sample Size: Consumers = 7; CCFs = 7</b>          |   |          |          |            |              |                  |
|  | <b>Criteria</b>   | <b>+</b> | <b>-</b> | <b>N/A</b> | <b>% Met</b> | <b>Follow-up</b> |
| 3.1  | An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. ( <i>Title 17, CCR, §56017(b)</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.  | 3        |          | 4          | 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             |

| <b>Community Care Facility Record Review Summary</b> |   |          |          |            |              |                  |
|--|---|----------|----------|------------|--------------|------------------|
| <b>Sample Size: Consumers = 7; CCFs = 7</b>          |   |          |          |            |              |                  |
|  | <b>Criteria</b>   | <b>+</b> | <b>-</b> | <b>N/A</b> | <b>% Met</b> | <b>Follow-up</b> |
| 3.4.a  | Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. ( <i>Title 17, CCR, §56026(b)</i> )                                  | 3        |          | 4          | 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.                           | 3        |          | 4          | 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> )   | 3        | 1        | 3          | 75           | See Narrative    |
| 3.5.b  | Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.                            | 4        |          | 3          | 100          | 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> )   | 4        |          | 3          | 100          | None             |
| 3.6.a  | The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. ( <i>Title 17, CCR §56026(a)</i> )  | 7        |          |            | 100          | None             |
| 3.6.b  | The ongoing notes/information verify that behavior needs are being addressed.   | 5        |          | 2          | 100          | None             |
| 3.7.a  | Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. ( <i>Title 17, CCR, §54327</i> )            | 2        |          | 5          | 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> ) | 2        |          | 5          | 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> )   | 2        |          | 5          | 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**

Seventeen sample consumer records were reviewed at 12 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 the 17 criteria.

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

| <b>Day Program Record Review Summary</b>              |   |          |          |            |              |                  |
|---|---|----------|----------|------------|--------------|------------------|
| <b>Sample Size: Consumers = 17; Day Programs = 12</b> |   |          |          |            |              |                  |
|   | <b>Criteria</b>   | <b>+</b> | <b>-</b> | <b>N/A</b> | <b>% Met</b> | <b>Follow-up</b> |
| 4.1   | An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. (Title 17, CCR, §56730)   | 17       |          |            | 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. | 17       |          |            | 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.  | 17       |          |            | 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.  | 17       |          |            | 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.   | 17       |          |            | 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.  | 17       |          |            | 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.  | 17       |          |            | 100          | None             |

| <b>Day Program Record Review Summary</b>              |   |          |          |            |              |                  |
|---|---|----------|----------|------------|--------------|------------------|
| <b>Sample Size: Consumers = 17; Day Programs = 12</b> |   |          |          |            |              |                  |
|   | <b>Criteria</b>   | <b>+</b> | <b>-</b> | <b>N/A</b> | <b>% Met</b> | <b>Follow-up</b> |
| 4.1.g   | The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.   | 17       |          |            | 100          | None             |
| 4.1.h   | The consumer record contains documentation that special safety and behavior needs are being addressed.  | 14       |          | 3          | 100          | None             |
| 4.2   | The day program has a copy of the consumer's current IPP. ( <i>Title 17, CCR §56720(b)</i> )  | 17       |          |            | 100          | None             |
| 4.3.a   | The day program provider develops, maintains, and modifies as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. ( <i>Title 17, CCR, §56720(a)</i> ) | 17       |          |            | 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.   | 17       |          |            | 100          | None             |
| 4.4.a   | The day program prepares and maintains written semiannual reports. ( <i>Title 17, CCR, §56720(c)</i> )  | 15       |          | 2          | 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.  | 16       |          | 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> )  | 3        |          | 14         | 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> )                               | 3        |          | 14         | 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> )  | 3        |          | 14         | 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 of the 45 consumers were interviewed and/or observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Twenty-nine consumers/parents of minors agreed to be interviewed by the monitoring teams
- ✓ Eleven consumers did not communicate verbally or declined an interview, but were observed
- ✓ Five consumers/parents of minors were unavailable for or declined interviews

#### III. Results of Observations and Interviews

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

## SECTION VI A

### SERVICE COORDINATOR INTERVIEWS

#### I. Purpose

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

#### II. Scope of Interviews

1. The monitoring team interviewed 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 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 VMRC's clinical team and internet medication guides as resources. VMRC offers periodic trainings on new and commonly used medications along with related health topics.

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. Service coordinators are briefed on SIR trends that may affect their caseloads.

## 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 the Clinical Director at Valley Mountain Regional Center (VMRC).

#### II. Results of Interview

1. VMRC's clinical services team includes: a psychiatrist, physicians, psychologists, registered nurses, a clinical project coordinator, intake staff, an autism coordinator and pharmacy services contracted through UOP (University of Pacific).
2. The clinical staff is available for consultation with service coordinators regarding consumer health concerns. A clinical team nurse and physician are available to visit hospitalized consumers. The nurse will also participate in discharge planning as needed.
3. The clinical team participates in monitoring consumers' medications. The service coordinator completes an annual medication review form that is routed to the pharmacist. Any concerns identified will be discussed with the service coordinator or referred to one of the multi-disciplinary clinics for further review.
4. The clinical team is involved with consumer behavior plans and mental health issues. The regional center contracts with a behavior management agency that reviews consumer behavior plans. To meet the needs of VMRC

- consumers the regional center utilizes telemedicine services with the Psychiatric Center of San Diego. VMRC also provides weekly mental health clinics at the regional center, offering assessments and follow-up for consumers with behavioral or mental health concerns.
5. The clinical team provides training to staff, vendors, consumers and families. Recent topics have included basic medication safety, diabetes, cardiac and respiratory care.
  6. VMRC has improved access to health care resources through the following programs and services:
    - ✓ Healthy Smiles Program
    - ✓ Feeding Clinic
    - ✓ Gait Clinic
    - ✓ Occupational Therapy Clinic
    - ✓ Communication Clinic
  7. A physician participates in the Risk Assessment Committee. The physician reviews SIR's related to emergency room visits and all deaths. In addition, a nurse is available to review other medical related special incidents. The regional center utilizes Mission Analytics Group Inc., the State's risk management contractor, to analyze special incidents for trends. The committee uses this information to make recommendations for follow-up and training as needed.

## SECTION VI C

### QUALITY ASSURANCE INTERVIEW

#### I. Purpose

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

#### II. Scope of Interview

The monitoring team interviewed a community services liaison who is part of the team responsible for conducting QA activities at Valley Mountain Regional Center (VMRC).

#### III. Results of Interview

1. Community services liaisons are responsible for conducting the annual Title 17 monitoring reviews of CCFs. The annual Title 17 reviews are unannounced. The liaisons provide technical assistance as needed during the time of the annual review. The second unannounced visit is conducted by a service coordinator. Results of these reviews are compiled in a report including any corrective action plans (CAPs). In addition, the liaisons work with the day programs, supported and independent living providers to ensure these vendors are in compliance with regulatory standards.
2. VMRC maintains a tracking system to monitor the completion of the unannounced annual and unannounced visit as well as any follow-up activities that were required as a result of CAPs. Any issues identified at times other than during these visits are documented by service coordinators on an "alert" form and then addressed by the liaison.
3. The community services liaisons review special incident reports (SIRs) daily. The service coordinators are responsible for follow up for all SIRs that pertain to their consumers; however, they can request the assistance of a liaison. The liaisons are automatically involved with special incidents regarding client rights and abuse issues.

## SECTION VII A

### SERVICE PROVIDER INTERVIEWS

#### I. Purpose

The interviews determine how well the service providers know 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 ten service providers at seven community care facilities (CCFs) and three day programs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories.
  - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
  - ✓ The questions in the second category are related to general areas.

#### III. Results of Interviews

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

## SECTION VII B

### DIRECT SERVICE STAFF INTERVIEWS

#### I. Purpose

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

#### II. Scope of Interviews

1. The monitoring team interviewed eight direct care staff at five community care facilities (CCFs) and three day programs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories.
  - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
  - ✓ The questions in the second category are related to general areas.

#### III. Results of Interviews

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



## SECTION VIII

### VENDOR STANDARDS REVIEW

#### I. Purpose

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

#### II. Scope of Review

1. The monitoring teams reviewed a total of seven 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. Specific findings and recommendations are detailed below.

#### IV. Findings and Recommendations

##### 8.2 d Medication Records PRN

##### Findings

Staff at CCF #2, CCF #3, and day program #8, were not documenting consumers' response to PRN medications.

| 8.2 d Recommendations  | Regional Center Plan/Response  |
|--|--|
| VMRC should ensure that CCF #2, CCF #3 and day program #8 properly document all required PRN medication information. | VMRC's Community Services Liaison followed up with CCF #2 and #3 and provided technical support. |

### 8.3 c First Aid

#### Finding

One direct care staff at CCF #7 had an expired first aid card.

| 8.3 c Recommendation  | Regional Center Plan/Response   |
|---|---|
| VMRC should ensure that all direct care staff at CCF #7 have current first aid cards. | VMRC's Community Services Liaison followed up with CCF #7 and provided technical support. |

## 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 45 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 special incidents in the sample of 45 records selected for the HCBS Waiver review to DDS.
3. VMRC's vendors reported eight of the ten (80%) incidents in the supplemental sample to VMRC within the required timeframes.
4. VMRC reported nine of the ten (90%) incidents to DDS within the required timeframes.
5. VMRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for all ten incidents.

#### IV. Findings and Recommendations

Consumer #51: The incident was reported to VMRC on February 27, 2012. However, VMRC did not report the incident to DDS until March 19, 2012.

Consumer #53: The incident occurred on May 25, 2012. However the vendor did not submit a written report to VMRC until May 31, 2012.

Consumer #54: The incident occurred on July 3, 2012. However, the vendor did not submit the written report to VMRC until July 6, 2012.

| Recommendations   | Regional Center Plan/Response  |
|---|--|
| <p>1. VMRC should ensure all special incidents are reported to DDS within the required timeframes.</p> <p>2. VMRC should ensure that the vendors for consumers #53 and #54 report special incidents within the required timeframes.</p> | <p>Consumer # 51- In SANDIS the incident was reported to VMRC on 2 /27/12 and was not transmitted to DDS until 3/19/12. VMRC hired a SIR Coordinator April 2012 who now monitors all transmissions to DDS.</p> <p>Consumer # 53- The vendor for this Consumer closed. In addition, the Consumer moved home with family and no longer receives supported living services.</p> <p>Consumer # 54- VMRC to provide technical assistance to vendor regarding reporting timelines.</p> |

## SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

### HCBS Waiver Review Consumers

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

| #  | UCI      | CCF # | Day Program # |
|----|----------|-------|---------------|
| 37 | XXXXXXXX |       |               |
| 38 | XXXXXXXX |       |               |
| 39 | XXXXXXXX |       |               |
| 40 | XXXXXXXX |       |               |
| 41 | XXXXXXXX |       |               |
| 42 | XXXXXXXX |       |               |
| 43 | XXXXXXXX |       |               |
| 44 | XXXXXXXX |       |               |
| 45 | XXXXXXXX |       |               |

**Terminated Reason 6 Sample**

| #  | UCI      |
|----|----------|
| 46 | XXXXXXXX |
| 47 | XXXXXXXX |
| 48 | XXXXXXXX |

**Supplemental Sample DC Consumers**

| #  | UCI      |
|----|----------|
| 49 | XXXXXXXX |

**HCBS Waiver Review Service Providers**

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

| <b>Day<br/>Program #</b> | <b>Vendor</b> |
|--------------------------|---------------|
| 1                        | XXXXXXXX      |
| 2                        | XXXXXXXX      |
| 3                        | XXXXXXXX      |
| 4                        | XXXXXXXX      |
| 5                        | XXXXXXXX      |
| 6                        | XXXXXXXX      |
| 7                        | XXXXXXXX      |
| 8                        | XXXXXXXX      |
| 10                       | XXXXXXXX      |
| 11                       | XXXXXXXX      |
| 12                       | XXXXXXXX      |
| 13                       | XXXXXXXX      |

**SIR Review Consumers**

| <b>#</b> | <b>UCI</b> | <b>Vendor</b> |
|----------|------------|---------------|
| 50       | XXXXXXXX   | XXXXXXXX      |
| 51       | XXXXXXXX   | XXXXXXXX      |
| 53       | XXXXXXXX   | XXXXXXXX      |
| 54       | XXXXXXXX   | XXXXXXXX      |
| 55       | XXXXXXXX   | XXXXXXXX      |
| 56       | XXXXXXXX   | XXXXXXXX      |
| 57       | XXXXXXXX   | XXXXXXXX      |
| 58       | XXXXXXXX   | XXXXXXXX      |
| 59       | XXXXXXXX   | XXXXXXXX      |
| A60      | XXXXXXXX   | XXXXXXXX      |