

**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 2-13, 2015**

## 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 20
SECTION IV DAY PROGRAM CONSUMER RECORD REVIEW .....	page 23
SECTION V CONSUMER OBSERVATIONS AND INTERVIEWS .....	page 29
SECTION VI	
A. SERVICE COORDINATOR INTERVIEWS .....	page 30
B. CLINICAL SERVICES INTERVIEW .....	page 32
C. QUALITY ASSURANCE INTERVIEW .....	page 34
SECTION VII	
A. SERVICE PROVIDER INTERVIEWS .....	page 35
B. DIRECT SERVICE STAFF INTERVIEWS .....	page 36
SECTION VIII VENDOR STANDARDS REVIEW.....	page 37
SECTION IX SPECIAL INCIDENT REPORTING.....	page 38
SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS .....	page 40

## 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 2-13, 2015 at Valley Mountain Regional Center (VMRC). The monitoring team members were Lisa Miller (Team Lead), Linda Rhoades, and Corbett Bray from DDS and Raylyn Garrett and Annette Hanson from DHCS.

### Purpose of the Review

DDS contracts with 21 private, non-profit corporations to operate regional centers, which are responsible under state law for coordinating, providing, arranging or purchasing 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 43 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 that were terminated during the review period, and 3) ten consumers who had special incidents reported to DDS during the review period of January 1, 2014 through December 31, 2014.

The monitoring team completed visits to seven community care facilities (CCFs) and nine day programs. The team reviewed eight CCF and 14 day program consumer records and interviewed and/or observed 25 selected sample consumers.

## 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-three sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. 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 98% and 99% in overall compliance for the collaborative reviews conducted in 2013 and in 2011, respectively.

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

Eight consumer records were reviewed at seven CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 98% in overall compliance for 18 criteria on this review. One criterion was 75% in compliance because 2 of the 8 CCFs visited did not have a current copy of the consumer's IPP.

VMRC's records were 99% and 100% in overall compliance for the collaborative reviews conducted in 2013 and in 2011, respectively.

### Section IV – Day Program Consumer Record Review

Fourteen consumer records were reviewed at nine day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations.

The sample records were 94% in compliance for the 17 criteria. VMRC's records were 100% and 99% in overall compliance for the collaborative reviews conducted in 2013 and in 2011, respectively.

### Section V – Consumer Observations and Interviews

Twenty-five sample consumers, or in the case of minors, their parents, were interviewed and/or observed at their CCFs, day programs, in independent living settings, or telephone for parents of minors. The monitoring team observed that all of the consumers were in good health and were treated with dignity and respect.

### Section VI A – Service Coordinator Interviews

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

### Section VI B – Clinical Services Interview

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

### Section VI C – Quality Assurance Interview

A community services liaison was interviewed using a standard interview instrument. She 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

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

## Section VII B – Direct Service Staff Interviews

Seven CCF and two 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 two 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 43 HCBS Waiver consumers and ten supplemental sample consumers for special incidents during the review period. VMRC reported all special incidents for the sample of 43 records selected for the HCBS Waiver review to DDS. For the supplemental sample, the service providers reported six of the 10 (60%) incidents to VMRC within the required timeframe and VMRC subsequently transmitted nine of the ten (90%) special incidents to DDS within the required timeframe. 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 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>The regional center ensures that the regional center staff that is 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>
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 CCFs.</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 no less than two unannounced monitoring visits to each CCF annually.</p> <p>Service coordinators perform and document periodic reviews [at least annually] to ascertain progress toward achieving IPP objectives and the consumer's and the family's satisfaction with the IPP and its implementation.</p> <p>Service coordinators have quarterly face-to-face meetings with consumers in CCFs, Family Home Agencies, Supported Living Services, and Independent Living Services to review services and progress toward achieving the IPP objectives for which the service provider is responsible.</p>



<b>Regional Center Self-assessment HCBS Waiver Assurances</b>	
<b>HCBS Waiver Assurances</b>	<b>Regional Center Assurances</b>
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services	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 for consumers who move from a DC by meeting 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 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-three HCBS Waiver consumer records were selected for the review sample.

<b>Living Arrangement</b>	<b># of Consumers</b>
Community Care Facility (CCF)	15
With Family	15
Independent or Supported Living Setting	13

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

#### III. Results of Review

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

- ✓ The sample records were in 100% compliance for 23 criteria. There are no recommendations for these criteria. One criterion was not applicable for this review.

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

#### IV. Findings and Recommendations

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

##### Findings

Forty of the 43 (93%) sample consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in the records for three consumers 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 consumer’s records (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports.

Consumer #22: “Eating”

Consumer #29: “Apnea Monitor”

Consumer #40: “Inhalation Therapy”

2.5.b Recommendation	Regional Center Plan/Response
VMRC should determine if the items listed above 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 and/or participate in community activities are no longer identified as qualifying conditions.	Consumer #22 “Eating” was removed from the DS 3770 and CDER. Consumer #29 “apnea monitor” was removed from the DS 3770 and CDER. Consumer #40 “inhalation therapy” was removed from the DS 3770 and CDER.

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

Finding

Forty-two of the 43 (98%) sample consumer records contained IPPs that addressed the consumers' qualifying conditions. However, the IPP for consumer #13 did not include the services and supports that are in place to address the consumer's issue with destruction of property which is identified in the quarterly report dated 7/11/14.

2.9.a Recommendation	Regional Center Plan/Response
VMRC should ensure that the IPP for consumer #13 includes the services and supports that are in place to address the qualifying conditions indicated on the DS 3770 and the consumer's quarterly reports.	Consumer #13 Property Destruction was removed from the DS 3770.

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-two of the 43 (98%) sample consumer records contained IPPs that include the type and amount of all services and supports purchased by VMRC. However, one IPP did not indicate VMRC funded services as indicated below:

Consumer #32: "Registered Nurse"

2.10.a Recommendation	Regional Center Plan/Response
VMRC should ensure that the IPPs for consumer #32 include a schedule of the type and amount of all services and supports purchased by VMRC.	Consumer #32 is no longer receiving RN services. VMRC will ensure that all future purchased services and supports are noted in the IPP.

2.11 The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to, vendors, contracted providers, generic service agencies, and natural supports. (*WIC §4646.5(a)(4)*)

Findings

Forty-one of the 43 (95%) sample consumer records contained IPPs that identified the provider or providers that is responsible for implementing services. However, three IPPs did not indicate the provider of the VMRC funded services indicated below:

1. Consumer #4: "SLS"
2. Consumer #16: "Transportation"

2.11 Recommendation	Regional Center Plan/Response
VMRC should ensure the IPPs for consumers #4 and #16 identify the providers for the services listed.	Consumer #4 Provider name has been added for SLS. Consumer #16: 2015 IPP transportation objective includes the provider name.

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*)

Finding

Twenty-seven of the 28 (96%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the record for consumer #5 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 Consumer #5.	Consumer #5 VMRC will continue to require timely completion of all quarterly face-to-face meetings. The Program Manager met with the Senior Service Coordinator regarding quarterly progress reporting requirements and provided technical assistance related to methods that

	should be implemented to assure effective tracking and scheduling of quarterly meetings. Attached is a copy of a tracking tool that is provided monthly to case management staff to assist with tracking quarterly progress reviews.
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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 28 (93%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for consumers #5 and #11 contained documentation of three of the required quarterly reports of progress.

2.13.b Recommendation	Regional Center Plan/Response
VMRC should ensure that future quarterly reports of progress are completed for consumers #5 and #11.	Consumer #5 and Consumer #11 The Program Manager met with the Senior Service Coordinator regarding quarterly progress reporting requirements and provided technical assistance related to methods that should be implemented to assure effective tracking and scheduling of quarterly meetings. Attached is a copy of a tracking tool that is provided monthly to case management staff to assist with tracking quarterly progress reviews.

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*)

Finding

One record was reviewed to confirm face-to-face visits were conducted 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. The record for consumer #DC-2 did not document any of the required face-to-face meetings.

2.14 Recommendation	Regional Center Plan/Response
VMRC should ensure that face-to-face reviews are completed at least once every 30 days for the first 90 days for consumers who have moved from a developmental center to a community living arrangement.	Consumer #DC-2 Program Manager spoke to Case Management Specialist and stressed the importance of completing face-to-face visits every 30 days for the first 90 days following the Consumer's move from the DC to a community living arrangement.

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 43 + 5 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	43			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Mental Retardation Professional (QMRP), which documents the date of the consumer's initial HCBS Waiver eligibility certification, annual recertifications, the consumer's qualifying conditions and short-term absences. (SMM 4442.1), (42 CFR 483.430(a))	Criterion 2.1 consists of four sub-criteria (2.1a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Mental Retardation Professional and the title "QMRP" appears after the person's signature.	43			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.	43			100	None
2.1.c	The DS 3770 form documents annual recertifications.	43			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.			43		N/A
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))	43			100	None
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all, or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. (SMM 4442.7), (42 CFR Part 431, Subpart E), (WIC §4646(g))	3		43	100	None



<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 43 + 5 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. (SMM 4442.5), (42 CFR 441.302)	43			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			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	40	3		93	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. (42 CFR 441.301(b)(1)(I))	43			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)	2		41	100	None
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. (WIC §4646(g))	43			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.	3		40	100	None
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	43			100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 43 + 5 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))	43			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).	42	1		98	See Narrative
2.9.b	The IPP addresses the special health care requirements.	21		22	100	None
2.9.c	The IPP addressed the services for which the CCF provider is responsible for implementing.	15		28	100	None
2.9.d	The IPP addressed the services for which the day program provider is responsible for implementing.	22		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.	13		30	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	43		0	100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	8		35	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))	42	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))	43			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	3		40	100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 43 + 5 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))	41	2		95	See Narrative
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))	42		1	100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (Title 17, CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement)	27	1	14	96	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	2	14	93	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	43	0	See Narrative

## 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

Eight 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 applicable criteria.

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

#### IV. Finding and Recommendation

##### 3.3 The facility has a copy of the consumer's current IPP. (*Title 17, CCR, §56022(c)*)

##### Finding

Six of the eight (75%) sample consumer records contained a copy of the consumer's current IPP. However, the records for consumers #1 at CCF #1 and #38 at CCF #7 and did not have a copy of the current IPP. During the review, CCF #1 received a copy of the IPP for consumer #1. Therefore, recommendation is required for this consumer.

3.3 Recommendation	Regional Center Plan/Response
VMRC should ensure that the record for consumer #38 at CCF #7 contains a copy of the current IPP.	Consumer #38 The current IPP was provided to CCF #7 by the Service Coordinator.

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 8; CCFs = 7</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. (Title 17, CCR, §56017(b)), (Title 17, CCR §56059(b)), (Title 22, CCR, §80069)	8			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	8			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	8			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.	8			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	8			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	8			100	None
3.1.i	Special safety and behavior needs are addressed.	6		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. (Title 17, CCR, §56019(c)(1))	8			100	None

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 8; CCFs = 7</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
3.3	The facility has a copy of the consumer's current IPP. ( <i>Title 17, CCR, §56022(c)</i> )	6	2		75	See Narrative
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> )	4		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.	4		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> )	4		4	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		6	100	None
3.5.c	Quarterly reports include a summary of data collected. ( <i>Title 17, CCR, §56013(d)(4)</i> ), ( <i>Title 17, CCR, §56026</i> )	4		4	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> )	8			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	7		1	100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. ( <i>Title 17, CCR, §54327</i> )	1		7	100	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. ( <i>Title 17, CCR, §54327</i> )	1		7	100	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. ( <i>Title 17, CCR, §54327</i> )	1		7	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 nine 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 10 of the 17 applicable criteria.

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

#### IV. Findings and Recommendations

##### 4.1.c Consumer record contains psychological, medical, and/or social evaluations provided by regional center. (*Title 17, CCR, § 56730)(c)*)

##### Finding

Thirteen of the 14 (93%) sample consumer records contained a copy of the psychological, medical, and/or social evaluations provided by the regional center. The record for consumer #16 at day program #6 archived all of the consumers' psychological, medical, and social evaluations that were provided by VMRC.

4.1.c Recommendation	Regional Center Plan/Response
VMRC should ensure that the record for consumer #16 at day program #6 includes psychological, medical and social evaluations.	Consumer #16 VMRC Community Services Liaison (CSL) verified that psychological, medical and social evaluations are in the record at DP #6.

- 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

Eleven of the 14 (79%) sample consumer records contained signed authorizations for emergency medical treatment. However, the records for consumers #11 and #19 at DP #2 and consumer #36 at DP #7 did not contain an authorization for emergency medical treatment that was signed by the consumer. During the review the authorizations for emergency medical treatment were signed by consumers #11 and #19 at DP #2. Therefore, no recommendation is required for DP #2.

4.1.c Recommendation	Regional Center Plan/Response
VMRC should ensure that the record for consumer #36 at DP #7 contains an authorization for emergency medical treatment that is signed by the consumer.	Consumer #36 Day program #7 reports that the record contains an authorization for emergency medical treatment that is signed by the Consumer.

- 4.1.e The consumer record contains documentation that the consumer has been informed of his/her personal rights.

Finding

Thirteen of the 14 (93%) sample consumer records contained documentation that the consumer and/or their authorized representative had been informed of their personal rights. The record for consumer #36 at DP #7 did not contain documentation that the consumer and/or their authorized representative were informed of the consumer's personal rights.

4.1.e. Recommendation	Regional Center Plan/Response
VMRC should ensure the record for consumer #36 at DP #7 contains documentation that the consumer and/or their authorized representative	Consumer #36 The Community Services Liaison received assurance that the record at Day program #7 contains documentation that the



have been informed of their personal rights.	Consumer and/or their authorized representative have been informed of personal rights and have signed by Consumer.
----------------------------------------------	--------------------------------------------------------------------------------------------------------------------

- 4.1.f The consumer records contains up-to-date data collection for IPP objectives. (Title 17, CCR, §56730)

Finding

Twelve of the 13 (92%) applicable consumer records contained data collection measuring progress toward IPP objectives for which the day program provider is responsible for implementing. However, during the period of January through April 2014, DP #6 did not collect data for consumer #16.

4.1.f Recommendation	Regional Center Plan/Response
VMRC should ensure that day program provider #6 collect data for IPP objectives for consumer #16.	The Community Services Liaison provided technical assistance to day program #6 regarding data collection for IPP objectives.

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

Findings

Twelve of the 14 (86%) sample consumer records contained a copy of the consumer’s current IPP. The record for consumer #7 at DP #5 did not contain a copy of the current IPP. A copy of the consumer’s IPP was provided by the service coordinator during the monitoring review. Therefore, no recommendation is required for DP #5. In addition, the record for consumer #11 at DP #2 did not have a copy of the current IPP.

4.2 Recommendation	Regional Center Plan/Response
VMRC should ensure that VMRC provides a copy of the IPP for consumer #11 at DP #2.	VMRC provided a copy of the IPP for consumer #11 to DP #2.

- 4.4.a The day program prepares and maintains written semiannual reports of the consumer’s performance and progress. (Title 17, CCR, § 56720(c))

Findings

Eleven of the 13 (85%) applicable consumer records contained written semiannual reports of consumer progress. However, the records for consumer

#6 at DP #9 and consumer #41 at DP #5 contained only one of the required progress reports.

4.4.a Recommendation	Regional Center Plan/Response
VMRC should ensure that day program providers #5 and #9 prepare written semiannual reports of consumer progress.	The Community Services Liaison has provided technical assistance to day program #5 and #9 regarding preparing written semiannual reports of consumer progress.

4.4.b Semiannual reports address the consumer’s performance and progress toward achieving each of the IPP objective for which the day program is responsible.

Finding

Twelve of the 13 (92%) applicable consumer records contained written semiannual reports of consumer performance and progress toward achieving each of the IPP objectives for which the day program is responsible. However, the record for consumer #41 at day program #5 did not address consumer’s progress for self-control, interpersonal awareness, and vocational training.

4.4.b Recommendation	Regional Center Plan/Response
VMRC should ensure that future written semiannual reports of progress for consumer #41 at day program #5 address progress toward all of the IPP objectives.	Community Services Liaison advised day program #5 that semiannual reports of progress for consumer #41 should address progress toward all IPP objectives.

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 14; Day Programs = 9</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. ( <i>Title 17, CCR, §56730</i> )	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.	13	1		93	See Narrative
4.1.d	The consumer record contains an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative.	11	3		79	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.	13	1		93	See Narrative
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.	12	1	1	92	See Narrative

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 14; Day Programs = 9</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.	13		1	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> )	12	2		86	See Narrative
4.3.a	The day program provider develops, maintains, and modifies as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. ( <i>Title 17, CCR, §56720(a)</i> )	14			100	None
4.3.b	The day program's ISP or other program documentation is consistent with the services addressed in the consumer's IPP.	13		1	100	None
4.4.a	The day program prepares and maintains written semiannual reports. ( <i>Title 17, CCR, §56720(c)</i> )	11	2	1	85	See Narrative
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.	12	1	1	92	See Narrative
4.5.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. ( <i>Title 17, CCR, §54327</i> )	1		13	100	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. ( <i>Title 17, CCR, §54327</i> )	1		13	100	None
4.5.c	There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. ( <i>Title 17, CCR, §54327</i> )	1		13	100	None

## SECTION V

### CONSUMER OBSERVATIONS AND INTERVIEWS

#### I. Purpose

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

#### II. Scope of Observations and Interviews

Twenty-five of the 43 consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Sixteen adult consumers agreed to be interviewed by the monitoring teams.
- ✓ Six consumers did not communicate verbally or declined an interview, but were observed.
- ✓ Three interviews were conducted with parents of minors.
- ✓ Eighteen 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 individual program plan (IPP)/annual review process, and how they monitor services, health, and safety issues.

#### II. Scope of Interviews

1. The monitoring team interviewed eight 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 medical director and on-line resources for medication.

4. The service coordinators monitor the consumers' services, health and safety during periodic visits. They were aware of the consumers' health issues. The service coordinators were knowledgeable about the special incident reporting process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed.

## SECTION VI B

### CLINICAL SERVICES INTERVIEW

#### I. Purpose

The clinical services interview is used to obtain 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 the Risk Management Committee and special incident reports (SIRs).
2. The monitoring team interviewed the Director of Clinical Services at Valley Mountain Regional Center (VMRC).

#### II. Results of Interview

1. VMRC's clinical services team includes: physicians, registered nurses, psychologists, intake staff, behavioral services, clinical project coordinators, referral specialists, autism coordinators and pharmacy services contracted through University of the Pacific.
2. The clinical staff is available for consultation with service coordinators regarding consumer health concerns. A clinical team nurse is available to visit hospitalized consumers. The nurse will also participate in discharge planning and palliative care meetings as requested.
3. Clinical team members are available to assist with monitoring consumers' medications. Polypharmacy and other concerns identified by the service coordinator will be referred to the pharmacist for consultation.
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, offering assessments and follow-up for consumers with behavioral or mental health concerns.
5. The clinical team provides training for staff, vendors, consumers and families on an ongoing basis. Topics have included: medication safety, diabetes, cardiac and respiratory care, and psychotropic medications.
  6. VMRC has improved access to health care resources through the following programs and services:
    - ✓ Training to address behaviors for parents and care providers
    - ✓ Home evaluations for environmental modifications
    - ✓ Gait Clinic
    - ✓ Occupational Therapy Clinic
    - ✓ Communication Clinic
    - ✓ Nurses consult with local managed care plans to assist in the development of services for consumers
  7. A physician participates on the Risk Assessment and Behavior Management Review Committee. The physician reviews SIRs related to emergency room visits and deaths, medication errors and other medically related SIRs are reviewed either by a pharmacist or a nurse, and SIR trends are analyzed by the State's risk management contractor, Mission Analytics Group, Inc. The information from the analysis is used to make recommendations for follow-up and training as needed.
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## SECTION VI C

### QUALITY ASSURANCE INTERVIEW

#### I. Purpose

The 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 QA among programs and providers where there is no regulatory requirement to conduct QA monitoring.

#### II. Scope of Interview

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

#### III. Results of Interview

1. The annual Title 17 visits are conducted by community services liaisons and other staff as necessary. During the visit, the liaisons review vendor files, licensing reports, medication logs, behavior plans, individual program plans, special incident reports and open corrective action plans (CAPs). QA staff and service coordinators each conduct one of the unannounced visits. For programs where there are no regulatory requirements to monitor, QA staff review the vendor's self-assessments and conduct onsite monitoring visits, annually.
2. VMRC uses information collected from QA monitoring to provide technical assistance for providers and topics for monthly classes. Topics include: medication and side effects, behavior management, special incident reporting, staff training requirements, and consumer's rights.
3. The liaisons follow-up on SIRs and collaborate with Community Care Licensing and/or law enforcement as needed. They provide technical assistance to vendors for issues related to special incidents. VMRC uses a database to track monitoring visits, SIRs, and CAPs.
4. The liaisons are responsible for analyzing data from SIRs and QA monitoring. When issues are identified, recommendations to correct the issues are provided to the vendor.

## SECTION VII A

### SERVICE PROVIDER INTERVIEWS

#### I. Purpose

The interviews determine how well the service provider know the consumers, the extent of their assessment process for the annual individual program plan (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 seven community care facilities (CCFs) and two 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 conduct 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 individual program plan (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 seven community care facilities (CCFs) and two 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 the 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' IPP.
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 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 about safeguarding and assisting with the administration of medications where applicable.

## **SECTION VIII**

### **VENDOR STANDARDS REVIEW**

#### **I. Purpose**

The review ensures that the selected community care facilities (CCFs) and day programs are serving consumers in a safe, healthy and positive environment where their rights are respected. The review also ensures that CCFs are meeting the HCBS Waiver definition of a homelike setting.

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

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

#### **III. Results of Review**

All of the CCFs and the day programs were found to be in good condition with no immediate health and safety concerns.

## 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 43 consumers selected for the Home and Community-Based Services (HCBS) Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of 10 consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

#### III. Results of Review

1. VMRC reported all deaths during the review period to DDS.
2. VMRC reported all special incidents in the sample of 43 records selected for the HCBS Waiver review to DDS.
3. VMRC's vendors reported six of the ten (60%) incidents in the supplemental sample 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 the ten incidents.

#### IV. Findings and Recommendations

##### Findings

Consumer #S-3: The incident occurred on August 16, 2014. However, the vendor did not submit a written report to VMRC until August 19, 2014.

Consumer #S-4: The incident occurred on February 14, 2014. However, the vendor did not submit a written report to VMRC until February 18, 2014.

Consumer #S-5: The incident occurred on August 6, 2014. The vendor reported the incident to VMRC on August 7, 2014. However, VMRC did not report the incident to DDS until August 12, 2014.

Consumer #S-8: The incident occurred on December 25, 2014. However, the vendor did not submit a written report to VMRC until December 29, 2014.

Consumer #S-10: The incident occurred on September 22, 2014. However, the vendor did not submit a written report to VMRC until September 25, 2014.

Recommendations	Regional Center Plan/Response
<ol style="list-style-type: none"> <li>1. VMRC should ensure all special incidents are reported to DDS within the required timeframes.</li> <li>2. VMRC should ensure that the vendors for consumers #S-3, #S-4, #S-8, and #S-10 report special incidents within the required timeframes.</li> <li>3. VMRC should determine what action is necessary to improve vendor and regional center compliance with SIR reporting timelines.</li> </ol>	<p>VMRC provided technical assistance for vendors for #S-3, #S-4, #S-5, #S-8 and #S-10 regarding SIR reporting timelines. Every time a vendor does not meet SIR reporting timelines a Community Services Alert is generated and the Community Services Liaison (CSL) provides the vendor with individual training and technical assistance regarding their SIR reporting requirements and timelines. In addition, VMRC periodically provides SIR training for vendors. The dates of the trainings are posted on VMRC's website when they are scheduled. The most recent SIR training for vendors was offered on 9/24/15.</p>

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

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



#	UCI	CCF	DP
37	XXXXXXXX		
38	XXXXXXXX	7	
39	XXXXXXXX		2
40	XXXXXXXX		
41	XXXXXXXX		5
42	XXXXXXXX	4	
43	XXXXXXXX		

**Supplemental Sample DC Consumers**

#	UCI
DC-1	XXXXXXXX
DC-2	XXXXXXXX

**Supplemental Sample Terminated Consumers**

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

**HCBS Waiver Review Service Providers**

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

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

### SIR Review Consumers

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