

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

Conducted by:

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

August 10 - 18, 2009

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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 August 10 - 18, 2009 at Westside Regional Center (WRC). The monitoring team members were Linda Rhoades (Team Leader), Kathy Benson and Mary Ann Smith 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 37 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) one consumer who moved from a developmental center; and 2) ten consumers who had special incidents reported to DDS during the review period of June 1, 2008 through May 31, 2009.

The monitoring team completed visits to four community care facilities (CCFs) and nine day programs. The team reviewed four CCF and nine day program consumer records and had face-to-face visits with 25 selected sample consumers.

Overall Conclusion

WRC is in substantial compliance with the federal requirements for the HCBS Waiver program. Specific recommendations that require follow-up actions by WRC are included in the report findings. DDS is requesting documentation of follow-up actions taken by WRC 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 WRC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self assessment criteria.

Section II – Regional Center Consumer Record Review

Thirty-seven sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Three criteria were not applicable for this review.

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

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

Four consumer records were reviewed at four CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100% in compliance for the 16 applicable criteria. Three criteria were rated as not applicable for this review.

WRC's records were 100% and 99% in overall compliance for the collaborative reviews conducted in 2007 and in 2005, respectively.

Section IV – Day Program Consumer Record Review

Nine 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 100% in compliance for 17 criteria. WRC's records were 100% and 98% in overall compliance for the collaborative reviews conducted in 2007 and in 2005, respectively.

Section V – Consumer Observations and Interviews

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

Section VI A – Service Coordinator Interviews

Seven 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

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

Section VI C – Quality Assurance Interview

A quality assurance specialist was interviewed using a standard interview instrument. He responded to informational questions regarding how WRC is organized to conduct Title 17 monitoring reviews, verification of provider qualifications, resource development activities, special incident reporting, and QA activities where there is no regulatory requirement.

Section VII A – Service Provider Interviews

Two CCF and three day program service providers were interviewed using a standard interview instrument. The service providers responded to questions in the context of the sample consumers regarding their knowledge of the consumer, the

annual review process and the monitoring of health issues, medications, progress, safety and emergency preparedness. The service providers were familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interviews

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

Section VIII – Vendor Standards Review

The monitoring team reviewed two CCFs and one day program 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 37 HCBS Waiver consumers and ten supplemental sample consumers for special incidents during the review period. WRC reported all but one special incident for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported six of the ten applicable incidents to WRC within the required timeframes, and WRC subsequently transmitted nine of the ten special incidents to DDS within the required timeframes. WRC'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 Westside Regional Center's (WRC) 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

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

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

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

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

SECTION II

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

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

Living Arrangement	# of Consumers
Community Care Facility (CCF)	7
With Family	16
Independent or Supported Living Setting	14

2. The review period covered activity from June 1, 2008 – May 31, 2009.

III. Results of Review

The 37 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Additionally, one supplemental record was reviewed solely for documentation indicating that the consumers received face-to-face reviews every thirty days after moving from a developmental center. Three criteria were not applicable for this review.

- ✓ The sample records were in 100% compliance for 22 criteria. There are no recommendations for these criteria.
- ✓ Findings for six 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

- 2.1.a The DS 3770 is signed by a Qualified Mental Retardation Professional and the title “QMRP” appears after the person’s signature.
 (SMM 4442.1), (42 CFR 483.430(a))

Finding

Thirty-six of the 37 (97%) sample consumer records contained a DS 3770 form that was signed by a QMRP. However, the DS 3770 form for consumer #XX was not signed by the QMRP. During the review, WRC obtained the signature of the QMRP. Accordingly, no recommendation is required.

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

Findings

Thirty-four of the 37 (92%) sample consumer records contained a completed DS 2200 form. However, the DS 2200 forms in the records for consumers #X, #X, and #X were not signed [REDACTED]. During the review, WRC obtained signed DS 2200 forms for consumers #X and #X. Accordingly, no recommendation is required for these two consumers.

2.2 Recommendation	Regional Center Plan/Response
WRC should ensure that the DS 2200 form is signed [REDACTED].	SC obtained DS 2200 signed [REDACTED].

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

Findings

Thirty-four of the 37 (92%) applicable consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in three consumer records (detailed below) did not support the determination that all of the issues identified in the CDER and DS 3770 could be considered qualifying conditions. Unless otherwise noted in the list below, the following were identified as qualifying conditions on the DS 3770 but there was no supporting information in the consumers’ records (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports.

1. Consumer #X: "[REDACTED]"
2. Consumer #XX: "[REDACTED]"
3. Consumer #XX: "[REDACTED]"

2.5.b Recommendation	Regional Center Plan/Response
<p>WRC 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. For consumer #XX, due to an insufficient number of qualifying conditions, the correction may require that the consumer's HCBS Waiver eligibility be terminated. If WRC 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>[REDACTED]</p>

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

Finding

Thirty-six of the 37 (97%) sample consumer records contained IPPs that were signed by WRC and the consumers or their legal representatives. The IPP for consumer #XX (an unconserved adult) had not been signed [REDACTED]. During the review, WRC obtained the signature for consumer #XX. Accordingly, no recommendation is required.

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

Seventeen of the 21 (81%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for four consumers did not meet the requirements as indicated below:

1. The record for consumer #XX contained documentation of three of the required meetings.
2. The records for consumers #X and #XX contained documentation of two of the required meetings.
3. The record for consumer #XX contained documentation of one of the required meetings.

2.13.a Recommendation	Regional Center Plan/Response
WRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #X, #XX, #XX, and #XX.	SC's for these consumers were individually counseled as to this requirement and the importance of holding these meetings. Training was also provided to all Client Services staff regarding this requirement and its importance. Ongoing training will also be provided on a regular basis.

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

Seventeen of the 21 (81%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for four consumers did not meet the requirements as indicated below:

1. The record for consumer #XX contained documentation of three of the required meetings.
2. The records for consumers #X and #XX contained documentation of two of the required meetings.
3. The record for consumer #XX contained documentation of one of the required meetings.

2.13.b Recommendation	Regional Center Plan/Response
WRC should ensure that future quarterly reports of progress are completed for consumers #X, #XX, #XX, and #XX.	SC's for these consumers were individually counseled as to this requirement and the importance of holding these meetings. Training was also provided to all Client Services staff regarding this requirement and its importance. Ongoing training will also be provided on a regular basis.

Regional Center Consumer Record Review Summary						
Sample Size = 37 + 1 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	37			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.	36	1		97	See narrative
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.	37			100	None
2.1.c	The DS 3770 form documents annual recertifications.	37			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	3		34	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))	34	3		92	See Narrative
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all, or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. (SMM 4442.7), (42 CFR Part 431, Subpart E), (WIC §4646(g))	2		35	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 37 + 1 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5), (42 CFR 441.302)	37			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)	37			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	34	3		92	See Narrative
2.6.a	IPP is reviewed (at least annually) by the planning team and modified as necessary, in response to the consumer's changing needs, wants or health status. (42 CFR 441.301(b)(1)(I))	37			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)			37	NA	None
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. (WIC §4646(g))	36	1		97	See Narrative
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.			37	NA	None
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	37			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. (WIC §4646.5(a))	37			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 37 + 1 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer's goals and needs. (WIC §4646.5(a)(2))	Criterion 2.9 consists of seven sub-criteria (2.9 a-g) that are reviewed independently				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	37			100	See Narrative
2.9.b	The IPP addresses the special health care requirements.	9		28	100	None
2.9.c	The IPP addressed the services for which the CCF provider is responsible for implementing.	7		30	100	None
2.9.d	The IPP addressed the services for which the day program provider is responsible for implementing.	20		17	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		23	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	37			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	9		28	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))	37			100	None
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))	37			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))			37	NA	None
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to vendors, contract providers, generic service agencies and natural supports. (WIC §4646.5(a)(4))	37			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 37 + 1 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic review and reevaluations of consumer progress are completed (<i>at least annually</i>) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. (<i>WIC §4646.5(a)(6)</i>)	37			100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	17	4	16	81	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	17	4	16	81	See Narrative
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. (<i>WIC §4418.3</i>)	1		37	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

Four consumer records were reviewed at four 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 16 of the 19 criteria. Three criteria were not applicable for this review.

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

Community Care Facility Record Review Summary						
Sample Size: Consumers = 4; CCFs = 4						
	Criteria	+	-	N/A	% Met	Follow-up
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. (<i>Title 17, CCR, §56017(b)</i>), (<i>Title 17, CCR §56059(b)</i>), (<i>Title 22, CCR, §80069</i>)	4			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	4			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		1	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.	4			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	4			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	4			100	None
3.1.i	Special safety and behavior needs are addressed.	3		1	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>)	4			100	None
3.3	The facility has a copy of the consumer's current IPP. (<i>Title 17, CCR, §56022(c)</i>)	4			100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 4; CCFs = 4						
	Criteria	+	-	N/A	% Met	Follow-up
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. (<i>Title 17, CCR, §56026(b)</i>)	1		3	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.	1		3	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	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.	3		1	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>)	3		1	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>)	4			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	3		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>)			4	NA	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)			4	NA	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. (<i>Title 17, CCR, §54327</i>)			4	NA	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

Nine 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 the 17 criteria.

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

Day Program Record Review Summary						
Sample Size: Consumers = 9; Day Programs = 9						
	Criteria	+	-	N/A	% Met	Follow-up
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. (Title 17, CCR, §56730)	9			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.	9			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.	9			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.	9			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.	9			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.	9			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.	9			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 9; Day Programs = 9						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	9			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	4		5	100	None
4.2	The day program has a copy of the consumer's current IPP. (<i>Title 17, CCR §56720(b)</i>)	9			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>)	9			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.	9			100	None
4.4.a	The day program prepares and maintains written semiannual reports. (<i>Title 17, CCR, §56720(c)</i>)	9			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.	9			100	None
4.5.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)	1		8	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		8	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		8	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

For this review, the total sample was 37 consumers. Seven consumers were unavailable for an interview or observation.

Twenty-five consumers were interviewed and/or observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings. Five phone interviews were conducted with parents of minors.

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

III. Results of Observations and Interviews

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

SECTION VI A

SERVICE COORDINATOR INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed seven Westside Regional Center (WRC) 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 WRC's clinical team and internet medication guides as resources. WRC offers periodic trainings on new and commonly used medications.
4. The service coordinators monitor the consumers' services, health and safety during periodic visits. They are aware of the consumers' health issues and

conduct an annual health review. 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 work closely with quality assurance staff, and 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 monitoring team interviewed Westside Regional Center's (WRC) Director of Clinical Services and the Physician Consultant.
2. The questions in the interview cover the following topics: routine monitoring of consumers with medical issues; medications; 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 Assessment and Planning Committee and special incident reports.

III. Results of Interview

The WRC clinical team includes physicians, a pediatric neurologist, clinical psychologists, a psychiatric consultant, a behavioral/autism specialist, registered nurses, an occupational therapist, a physical therapist, a speech therapist, a nutritionist, a dental coordinator and a pharmacy consultant.

WRC considers itself a strong medical advocate for their consumers. The regional center also indicated that they have established good communication and working relationships with a variety of community health care providers which has resulted in increased access to medical care for consumers.

The clinical team is active in monitoring consumers' medications. The WRC pharmacist, psychiatrist and nurses are available to provide additional medication monitoring and training to residential providers, which has resulted in a better understanding of medications, side effects and interactions.

The clinical team is involved with consumers' behavioral plans and mental health issues. The clinical staff reviews behavioral plans and makes recommendations as needed. When appropriate, on-site visits are made to observe the implementation of the behavior plans.

The clinical team nurses and physicians provide support in managing the follow-up for clients with complex health care and behavioral issues. The team also provides a variety of training and education on such issues as flu precautions, choking, appropriate use of emergency care, and disaster preparedness.

WRC has improved access to healthcare resources through the following programs:

- ✓ Relationship with Venice Family Clinic to provide primary and preventative healthcare to consumers
- ✓ Wellness grants and special projects are used to monitor consumers with health care needs such as obesity, stress reduction, dual diagnosis and mental health issues
- ✓ On-going weight and exercise program at WRC for adult and teenage consumers
- ✓ Utilizes University California Los Angeles Dental School to supplement community dental care
- ✓ Support group for abused women
- ✓ Mobility equipment clinic at WRC
- ✓ Vision and hearing screening done with Early Start assessment
- ✓ Gerontology screening clinic utilizing nurse practitioner students at University of California Los Angeles School of Nursing
- ✓ Collaboration with the Neuropsychiatric Institute at University California Los Angeles

The clinical team has an active role in risk management at the regional center. All health, medical and death related special incident reports are referred to the team, and the nurse consultants or appropriate specialist will follow-up as indicated. The clinical team physician and nurse also participate on the morbidity and mortality review committee. Issues that are identified through their role in risk management may become topics for future trainings.

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, QA evaluations of CCFs, and service provider training. The interview also inquires about verification of provider qualifications, resource development activities, and quality assurance among programs and providers where there is no regulatory requirement to conduct quality assurance monitoring.

II. Scope of Interview

The monitoring team interviewed a quality assurance specialist who is an integral part of the team responsible for conducting QA activities for adult day programs.

III. Results of Interview

1. The QA specialist provided specific information about WRC's process for conducting annual Title 17 reviews, unannounced visits and QA evaluations. Service coordinators are assigned as facility liaisons and are responsible for conducting the two unannounced visits to CCFs each year. The annual Title 17 monitoring reviews and the triennial evaluations are completed using the same protocol and procedures. These reviews are conducted by a team consisting of at least one QA specialist and a service coordinator not assigned as the facility liaison to the CCF being reviewed.

Corrective action plans (CAPs) for the CCFs are written by the QA specialist who then, depending on the issue, follows up with an unannounced visit with the provider. These CAPs are reviewed and presented bimonthly at QA staff meetings. Trainings for providers are developed based on the issues identified in these CAPs.

2. WRC recently began performing periodic QA reviews of day programs. In addition, WRC sponsors a month long training session for day program providers. Two weeks are conducted in a classroom setting and the final two weeks are conducted on each program's respective site.

3. Special incident reports (SIRs) are followed up by both service coordinators and QA specialists depending on the type of incident. WRC's Risk Management and Mitigation Coordinator monitors follow-up activities and compliance for timely reporting, and prepares monthly reports for case management staff that analyze trends in SIR data.
4. The Risk Management and Mitigation Committee, which includes QA staff, executive staff and clinical staff, typically meet every two months. The committee's activities include reviewing and evaluating the QA and SIR data to identify steps for remediation. Some examples include training for case management staff and vendors in the areas of special incident reporting requirements, mandated reporter responsibilities, non-violent crisis intervention, medication training, and consumer rights.
5. The QA specialists participate in the resource development committee and review all vendor applications and proposals for new services. Before approving vendor applications for CCFs and day programs, the QA specialists conduct a preliminary QA review using the same protocol used for annual and triennial reviews.

SECTION VII A

SERVICE PROVIDER INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed five service providers at two 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 five direct service staff at two community care facilities (CCF) 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 two CCFs and one day program.
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

The two CCFs and the one day program were found to be in good condition with no immediate health and safety concerns. However, at CCF #X the consumers' P & I records were not available for review. WRC informed the provider that they would prefer that the records be kept on site. Specific findings and recommendations are detailed below.

IV. Findings and Recommendations

8.3.c First Aid

Finding

CCF #X had one direct care staff that did not have a first aid certificate on file.

8.3.c Recommendation	Regional Center Plan/Response
WRC should ensure that the provider at CCF #X has current first aid certificates for all staff.	WRC QA staff monitor CCF's annually. WRC QA staff have reviewed the requirement with the provider and made several unannounced visits to verify that each staff has first aid certificates.

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 Westside Regional Center (WRC) 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 37 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. WRC reported all deaths during the review period to DDS.
2. WRC did not report one special incident in the sample of 37 records selected for the HCBS Waiver review to DDS.
3. WRC's vendors reported six of the ten (60%) incidents in the supplemental sample within the required timeframes.
4. WRC reported nine of the ten (90%) incidents to DDS within the required timeframes.

5. WRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the ten incidents.

IV. Findings and Recommendations

Findings

Consumer #XX: A vendor incident report dated April 16, 2009 [REDACTED]
 [REDACTED] However, the incident was not reported to DDS.

Consumer #XX: The incident occurred on June 15, 2008. However, the vendor did not submit a written report to WRC until June 18, 2008.

Consumer #XX: The incident occurred on August 31, 2008. However, the vendor did not submit a written report to WRC until September 3, 2008.

Consumer #XX: The incident was reported to WRC on December 15, 2008. However, WRC did not report the incident to DDS until December 19, 2008.

Consumer #XX: The incident occurred on August 8, 2008. However, the vendor did not submit a written report to WRC until August 12, 2008.

Consumer #XX: The incident occurred on May 22, 2009. However, the vendor did not submit a written report to WRC until May 26, 2009.

Recommendations	Regional Center Plan/Response
1. WRC should ensure that all special incidents are reported to DDS within the required timeframes.	Regarding Individual #XX a report was made to DDS and re-training was completed by SC with regard to Title 17 Reportable incidents. SIR/ Mandated reporting training was completed by 11-13-09 for all Service Coordinators. Emphasis was given to adherence to Title 17 Reporting timelines. Risk Management Coordinator (RMC) will continue to monitor timelines and address isolated situations with additional training.
2. WRC should ensure that the vendors for consumers #XX, #XX, #XX, and #XX report special incidents within the required timeframes.	Written Technical Assistance was provided by RMC to the vendors involved with these specific SIRs. Patterns of late reporting results in QA intervention and potential CAP. QAS to review SIR reporting requirements during Annual Audits with all vendors.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

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

Supplemental Sample DC Consumer

#	UCI
38	XXXXXXXX

HCBS Waiver Review Service Providers

CCF #	Vendor
1	XXXXXX
2	XXXXXX
3	XXXXXX
4	XXXXXX

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

SIR Review Consumers

#	UCI	Vendor
39	XXXXXXXX	XXXXXX
40	XXXXXXXX	XXXXXX
41	XXXXXXXX	XXXXXX
42	XXXXXXXX	XXXXXX
43	XXXXXXXX	XXXXXX
44	XXXXXXXX	XXXXXX
45	XXXXXXXX	XXXXXX
46	XXXXXXXX	XXXXXX
47	XXXXXXXX	XXXXXX
48	XXXXXXXX	XXXXXX