Oversight in the Community

Porterville Family Meeting
June 12, 2016
This presentation will review...

• Regulatory requirements for regional center monitoring of residential providers – including Quality Management Advisory Group (QMAG) for Developmental Center (DC) movers
• Examples of Regional Center (RC) standards & training for Quality Assurance Specialists (QAS)
• Examples of residential staff qualifications, training requirements & RC expectations
• Special Incident Reporting (SIR) requirements
• Corrective Action Plans (CAP)
• Risk Management and Mitigation
• Benefits to the individual living in a Community Placement Plan (CPP)/PDC home
• Outreach and training efforts in the community
Title 17 CA Code of Regulations

• Title 17 requires two unannounced monitoring visits each year (at a minimum)
• Purpose of these Unannounced Visits (UVs) is to:
  • Ensure the health and safety of residents
  • Review medication administration records
  • Assess staff knowledge of objectives & mandated reporting responsibilities
  • Review Personal and Incidental Funds (P&I)
  • Review personnel records
  • Ensure client rights
Purpose of UVs, cont.

• Ensure staffing plans are in compliance with program design

• Ensure services/supports are in compliance with the program design

• Ensure physical plant is in good repair

• Ensure emergency drills are being conducted

• Ensure medical/dental appointments & follow-up is provided as ordered
Quality Assurance Specialists (QAS)

• Some RCs have dedicated QAS, while other RCs utilize employees who are given specialized training on monitoring facilities.

• The typical QAS has*:
  • A B.A. or B.S. and 5+ years of experience in the field
  • Been a Service Coordinator and participated in SIR or complaint investigations, and/or was a facility liaison
  OR
  • Been a Qualified Intellectual Disabilities Professional (QIDP) or Residential Administrator

*Though QAS qualifications and experience may vary.
Examples of QAS Training – New Hires

• Review Title 17 and Title 22 regulations and Community Services department monitoring protocols and tools.
• Shadow fellow QAS on monitoring visits at all levels of homes (CCF Level 2-4i, 113’s, ARFPShNs, and ICFs)
• Actively participate in monitoring visits doing record reviews, observations, completing monitoring tools.
• When ready, take the lead on monitoring visits while being observed and rated by fellow QAS
• When competency is demonstrated, new hires are assigned their own caseload of homes to monitor
• Quality Assurance Managers periodically make unannounced visits during a QAS monitoring visit or join a trainees to ensure quality of work and provide technical assistance as needed
On-Going QAS Training

• While specific hours and activities may vary by RC, on-going training can include:
  • Participation in service provider trainings
  • Attendance of an investigation training course and periodic refresher courses
  • Participation in regular meetings with Community Care Licensing
  • Attendance of DDS and Mission Analytics trainings when offered
  • Attendance of webinars, conferences and workshops
Examples of Outside Trainings

- Mental Health First Aid (Pacific Clinics)
- Disaster response and emergency preparedness (Red Cross)
- Crisis Prevention Intervention (CPI)
- Working w/ people with mental health disorders (DMH)
- Professional Crisis Management Associates (PCMA)
- Grafton
Monitoring by Service Coordinators

• Service Coordinators (SC) meet with clients at least quarterly
• The SC is required to meet with the facility administrator two times per year per client for the annual and semi-annual IPP review, and more often as necessary.
• SCs review client notes, progress and P&I
• They meet with their clients privately, as requested
• Typically at least one visit is unannounced
Special Incident Reports (SIR)

- Providers are mandated to report:

  - **Reasonably suspected abuse:**
    - Physical
    - Sexual
    - Fiduciary
    - Emotional
    - Restraints (physical or chemical)
Special Incident Reports, cont.

- **Reasonably suspected neglect:**
  - Failure to provide medical care
  - Failure to prevent malnutrition or dehydration
  - Failure to protect from health & safety hazards
  - Failure to assist in person hygiene or the provision of food, clothing or shelter
Special Incident Reports, cont.

- **Serious injury or accident:**
  - Lacerations requiring sutures or staples
  - Puncture wounds requiring treatment beyond basic first aid fractures
  - Dislocations
  - Bites that break the skin
  - Medication reactions that require medical treatment beyond first aid
Special Incident Reports, cont.

- **Unplanned/unscheduled hospitalization due to**
  - Respiratory illness such as asthma, chronic obstructive pulmonary disease, pneumonia
  - Seizures
  - Cardiac-related such as congestive heart failure, hypertension, angina
  - Internal infections such as kidney, urinary tract, ear/nose/throat, dental, pelvic
  - Diabetes
  - Wound/skin care such as cellulitis, decubitus
  - Nutritional deficiencies such as anemia, dehydration
  - Psychiatric issues
Special Incident Reports, cont.

- Client is missing and a report has been filed with the police
- Death of client regardless of cause
- Victim of crime
  - Aggravated assault
  - Larceny
  - Burglary
  - Rape, included attempted rape
SIR/Complaint Process

• Actual process varies by Regional Center, but most:
  • Refer SIRS to Community Care Licensing or the Department of Public Health for investigation
  • Have a planning meeting to determine nature of the complaint and issues to be looked into
  • Send RC staff teams to interview clients, staff, others as appropriate. Review records (client notes, etc.)
  • Planning team reconvenes to review data and information collected
  • Decision is made regarding follow-up required if the allegation is substantiated
  • Follow-up may also be required if the allegation is inconclusive
SIR/Complaint Process, cont.

- Follow-up may include, but not limited to:
  - Increased monitoring
  - Technical assistance
  - Additional training for staff or administrators
  - Determination that staff can no longer work with regional center clients
  - Corrective Action Plan (CAP)
  - No referrals
  - Devendorization
Corrective Action Plans (CAPS)

- Are established when the provider has 2 or more substantial inadequacies within twelve months or an uncorrected CAP.

- Substantial inadequacies are:
  - Conditions that pose a threat to the health/safety of clients
  - Failure to provide fewer staffing hours than required
  - Violations of client’s rights
  - Failure to provide services outlined in the Individual Program Plan (IPP)
  - Failure to comply with terms of the admission agreement
  - Misuse of client funds
  - Failure to meet staff or administrator qualifications and training requirements
• Substantial Inadequacies, continued:
  • Failure to correct an immediate danger
  • Failure of a Level 4 to utilize instructional methods and techniques as specified in the program design
  • Failure of a Level 4 to utilize methodology for measurements of progress as specified in the program design
  • Failure to comply with Direct Support Professional (DSP) training requirements
  • Failure to report SIRs
CAPs, cont.

• Describe the reason the provider is receiving a CAP
• Detail the steps that must be taken to correct the problem and meet the terms of the CAP
• Assign deadlines for each CAP action
• Describe actions that will be taken if the provider fails to meet the terms of CAP within the time allowed

• Copies of CAPs are sent to Community Care Licensing and all RCs with clients in the home.
Risk Management & Mitigation

• Regional Centers ensure that residential providers implement Title 17 and Title 22 requirements
• Each RC has a Risk Management Committee who’s role is to:
  • Review SIR data
  • Client deaths
  • Analyze trends
  • Make recommendations for training, further review, etc.
• Risk Management Committees meet at least twice each year (T-17), but most meet more often
Risk Management & Mitigation, cont.

- Mission Analytics provides quarterly trend reports using SIR data. RCs use these reports to analyze trends and make recommendations for training, further review, etc.

- Many large providers have their own Risk Management teams to analyze their data and SIRs
Potential Benefits of Residing in a Community Placement Plan/PDC Home

• Home can be designed for the individual
• Individuals live closer to their family
• The individuals living in homes have increased privacy
• Staff and administrators receive on-going training
• For homes owned by nonprofit ownership-entity organization (NPOs) – the provider can change without residents having to move
Community Outreach and Training

• RCs and DDS work with a variety of entities in the community to facilitate consumer safety and understanding of the people we serve. Some examples of these training and outreach efforts include:
  • Law Enforcement
  • Mental Health and Crisis Services
  • Transit
  • Peace Officer Standards and Training (POST) training requirement modified to include how to investigate allegations with developmental disabled citizens
  • Disaster Preparedness
Questions?