

**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 18–27, 2019**

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## EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the Home and Community-Based Services (HCBS) Waiver from March 18–27, 2019, at Valley Mountain Regional Center (VMRC). The monitoring team members were Kathy Benson (Team Leader), Bonnie Simmons, Corbett Bray, and Linda Rhoades from DDS, 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 (IPP). Specific criteria have been developed for the review sections listed below that are derived from federal/state statutes and regulations and from the Centers for Medicare & Medicaid Services' directives and guidelines relating to the provision of HCBS Waiver services.

### Scope of Review

The monitoring team reviewed a sample of 44 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers whose HCBS Waiver eligibility had been previously terminated; and 2) ten consumers who had special incidents reported to DDS during the review period of January 1 through December 31, 2018.

The monitoring team completed visits to six community care facilities (CCF) and 13 day programs. The team reviewed six CCF and 17 day program consumer records and interviewed and/or observed 39 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-four 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 99 percent in overall compliance for this review.

VMRC's records were 98 percent in overall compliance for the collaborative reviews conducted in 2017 and in 2015.

### Section III – Community Care Facility Consumer Record Review

Six consumer records were reviewed at six CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. Criterion 3.4.b was rated 33 percent in compliance because two of the three applicable sample records did not contain semiannual reports of progress addressing and confirming progress on specific IPP objectives for which the facility is responsible. Criterion 3.5.b was rated 67 percent in compliance because one of the four applicable sample records did not contain quarterly reports of progress addressing and confirming progress on specific IPP objectives for which the facility is responsible. The sample records were 96 percent in overall compliance for 19 criteria on this review.

VMRC's records were 97 percent and 98 percent in overall compliance for the collaborative reviews conducted in 2017 and in 2015, respectively.

### Section IV – Day Program Consumer Record Review

Seventeen consumer records were reviewed at 13 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 99 percent in overall compliance for this review.

VMRC's records were 98 percent and 94 percent in overall compliance for the collaborative reviews conducted in 2017 and in 2015, respectively.

### Section V – Consumer Observations and Interviews

Thirty-nine 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. All of the interviewed consumers/parents indicated that they were satisfied with their services, health and choices.

### 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 Clinical Director was interviewed using a standard interview instrument. She responded to questions regarding the monitoring of consumers with medical issues, medications, 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 Assessment and Behavior Management Review Committees.

### Section VI C – Quality Assurance Interview

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

Nine service providers at six CCFs and three day programs 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, medication administration, 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

Six 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 six CCFs and three day programs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. 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 44 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. VMRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported nine of the ten incidents to VMRC within the required timeframes, and VMRC subsequently transmitted nine of the ten special incidents to DDS within the required timeframes. VMRC's follow-up activities for the 10 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 VMRC's 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>	
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 oversees 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> <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>



<b>Regional Center Self-Assessment HCBS Waiver Assurances</b>	
HCBS Waiver Assurances	Regional Center Assurances
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver services (cont.)	Service coordinators provide enhanced case management to consumers who move from a DC by meeting with them face-to-face every 30 days for the first 90 days they reside in the community.
Only qualified providers serve HCBS Waiver participants.	The regional center ensures that all HCBS Waiver service providers have signed the "HCBS Provider Agreement Form" and meet the required qualifications at the time services are provided.
Plans of care are responsive to HCBS Waiver participant needs.	<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 and fair hearing rights, level of care, individual program plans (IPP) and periodic reviews and reevaluations of services. The information obtained about the consumer's needs and services is tracked as a part of the onsite program reviews.

#### II. Scope of Review

1. Forty-four HCBS Waiver consumer records were selected for the review sample.

<b>Living Arrangement</b>	<b># of Consumers</b>
Community Care Facility (CCF)	17
With Family	13
Independent or Supported Living Setting	14

2. The review period covered activity from January 1 through December 31, 2018.

#### III. Results of Review

The 44 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. 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.

- ✓ The sample records were in 100 percent compliance for 21 criteria. There are no recommendations for these criteria. One criterion was rated as not applicable for this review
- ✓ Findings for nine criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

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

Finding

Forty-three of the forty-four (98 percent) sample consumer records contained a completed DS 2200 form. However, the record for consumer #32 did not contain a DS 2200 form. Subsequent to the monitoring review, a new DS 2200 was completed for consumer #32. Accordingly, no recommendation is required.

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/DD-H, or ICF/DD-N facility are documented in the consumer’s Client Development Evaluation Report (CDER) and other assessments. (SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343)

Finding

Forty-three of the forty-four (98 percent) sample consumer records had documented qualifying conditions. However, the record for consumer #26 only listed one qualifying condition.

2.5.a Recommendation	Regional Center Plan/Response
<p>VMRC should reevaluate the HCBS Waiver eligibility for consumer #26 to ensure that the consumer meets the level-of-care requirements. If the consumer does not have at least two distinct qualifying conditions that meet the level-of-care requirements, the consumer’s HCBS Waiver eligibility should be terminated.</p>	<p>VMRC was unaware that Substance Abuse and Habitual Lying are no longer qualifying conditions and requested at the time of the audit for documentation that this information had been communicated in written format to RCs. Per email from DDS on 3/27/19 that these are no longer “stand alone” qualifying conditions, these conditions have been removed from the consumer’s recertification. This consumer has additional qualifying conditions which allows continued participation in the Medicaid Waiver program.</p>

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

Findings

Forty-two of the forty-four (96 percent) 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.

1. Consumer #14: Apnea monitored.
2. Consumer #25: Seizures.

2.5.b Recommendations	Regional Center Plan/Response
<p>VMRC should determine if the items listed above are appropriately identified as qualifying conditions for consumers #14 and #25. The consumer’s DS 3770 form should be corrected to ensure that any items that do not represent substantial limitations in the consumer’s ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying condition . If VMRC determines that the issue is correctly identified as a qualifying condition, documentation (updated IPPs, progress reports, etc.) that supports the original determination should be submitted with the response to this report. If the consumer does not have at least two distinct qualifying conditions that meet the level-of-care requirements, the consumer’s HCBS Waiver eligibility should be terminated.</p>	<ol style="list-style-type: none"> <li>1. Consumer #14 VMRC has removed apnea monitor from the list of qualifying conditions.</li> <li>2. DS 3770 for consumer #25 has been corrected to remove seizures as a qualifying condition.</li> </ol>

- 2.6.b The HCBS Waiver Standardized Annual Review Form (SARF) is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary and that the consumer’s health status and CDER have been reviewed. *(HCBS Waiver Requirement)*

Finding

One applicable sample consumer record required a completed SARF. However, the record for consumer #24 did not have a completed SARF. Subsequent to the monitoring review, a new SARF was completed for consumer #24. Accordingly, no recommendation is required.

- 2.9.a The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770). *[W&I Code §4646.5(a)(2)]*

Finding

Forty-three of the forty-four (98 percent) sample consumer records contained IPPs that addressed the consumers’ qualifying conditions. However, the IPP for consumer #24 did not address supports for the consumer’s need for “bathing” as a qualifying condition as indicated in VMRC’s annual review summary dated November 2018.

2.9.a Recommendation	Regional Center Plan/Response
VMRC should ensure that the IPP for consumer #24 addresses the services and supports in place for the condition listed above.	Upon further investigation, in addition to the supports received at day program (as noted on ARS), family is calling to provide reminders to complete bathing and hygiene tasks and is coming over weekly to ensure tasks have been completed. Documentation will be updated to reflect the current level of supports being provided.

- 2.10.a The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. *[W&I Code §4646.5(a)(4)]*

Finding

Forty-three of the forty-four (98 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by VMRC. However, the IPP for consumer #19 did not indicate VMRC funded the day program.

2.10.a Recommendation	Regional Center Plan/Response
VMRC should ensure that the IPP for consumer #19 includes a schedule of the type and amount of all services and supports purchased by VMRC.	2019 IPP for consumer #19 indicates VMRC funding day program.

- 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. *[W&I Code §4646.5(a)(4)]*

Findings

Forty-two of the forty-four (96 percent) sample consumer records contained IPPs that identified the provider or providers responsible for implementing services. However, two IPPs did not indicate the provider of the VMRC-funded services indicated below:

1. Consumer #3: “Transportation”; and,
2. Consumer #21: “Respite.” Subsequent to the monitoring review, an addendum was completed indicating the provider implementing the above service. Accordingly, no recommendation is required.

2.11 Recommendation	Regional Center Plan/Response
VMRC should ensure the IPP for consumer #3 identifies the provider for the service listed above.	IPP for consumer #3 has been updated to identify the transportation provider.

- 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

Thirty of the thirty-one (97 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the record for consumer #38 contained documentation of only three of the required meetings.

2.13.a Recommendation	Regional Center Plan/Response
VMRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumer #38.	Program Manager, Senior Service Coordinator and Service Coordinator have been reminded of our regulatory requirements of conducting face-to-face meetings on a quarterly 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

Twenty-nine of the thirty-one (94 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for two consumers did not meet the requirement as indicated below:

1. The record for consumer #36 contained documentation of only one of the required quarterly reports of progress.
2. The record for consumer #38 contained documentation of only three of the required quarterly reports of progress.

2.13.b Recommendations	Regional Center Plan/Response
VMRC should ensure that future quarterly reports of progress are completed for consumers #36 and #38.	Program Manager, Senior Service Coordinator and Service Coordinator have been reminded of our regulatory requirements of documenting face-to-face meetings on a quarterly basis.

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 44 + 3 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)	44			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Mental Retardation Professional (QMRP), which documents the date of the consumer's initial HCBS Waiver eligibility certification, annual 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 (2.1.a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Mental Retardation Professional and the title "QMRP" appears after the person's signature.	44			100	None
2.1.b	The DS 3770 form identifies the consumer's qualifying conditions and any applicable special health care requirements for meeting the Title 22 level-of-care requirements.	44			100	None
2.1.c	The DS 3770 form documents annual recertifications.	43		1	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	3		41	100	None
2.2	Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). [SMM 4442.7; 42 CFR 441.302(d)]	43	1		98	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; W&I Code §4646(g)]	3		44	100	None



<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 44 + 3 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. <i>(SMM 4442.5; 42 CFR 441.302)</i>	44			100	None
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level-of-care requirements for care provided in an ICF/DD, ICF/DD-H, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. <i>(SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343)</i>	43	1		98	See Narrative
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	42	2		96	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. <i>[42 CFR 441.301(b)(1)(I)]</i>	44			100	None
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. <i>(HCBS Waiver requirement)</i>		1	43		See Narrative
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. <i>[W&amp;I Code §4646(g)]</i>	44			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.	9		35	100	None
2.7.c	The IPP is prepared jointly with the planning team. <i>[W&amp;I Code §4646(d)]</i>	44			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. <i>[W&amp;I Code §4646.5(a)]</i>	44			100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 44 + 3 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.9	The IPP addresses the consumer's goals and needs. [W&I Code §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).	43	1		98	See Narrative
2.9.b	The IPP addresses special health care requirements.	20		24	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	17		27	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	24		20	100	None
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	14		30	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	44			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. [W&I Code §4685(c)(2)]	6		38	100	None
2.10.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. [W&I Code §4646.5(a)(4)]	43	1		98	See Narrative
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. [W&I Code §4646.5(a)(4)]	44			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [W&I Code §4646.5(a)(4)]	9		35	100	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. [W&I Code §4646.5(a)(4)]	42	2		96	See Narrative

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 44 + 3 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.12	Periodic reviews and reevaluations of consumer progress are completed (at least annually) 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>[W&amp;I Code §4646.5(a)(6)]</i>	44			100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	30	1	13	97	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; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	29	2	13	94	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>(W&amp;I Code §4418.3)</i>			44	NA	None

## SECTION III

### COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

#### I. Purpose

The review addresses the requirements for community care facilities (CCF) 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

Six consumer records were reviewed at six 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 96 percent in compliance for 19 criteria.

- ✓ The sample records were 100 percent in compliance for 17 criteria. There are no recommendations for these criteria.
- ✓ Findings for two criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

#### IV. Findings and Recommendations

- 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. *[Title 17, CCR, §56026(b)]*

##### Findings

One of the three (33 percent) applicable sample consumer records contained semiannual reports that confirm progress toward achieving each of the IPP objectives. The semiannual reports for consumer #7 at CCF #2 did not address the consumer's progress with depression and in completing personal care activities, as identified in the IPP. The semiannual reports for consumer #14 at CCF #5 did not address the consumer's progress in completing activities of daily living and displaying appropriate behavior, as identified in the IPP.

3.4.b Recommendation	Regional Center Plan/Response
VMRC should ensure that CCF providers #2 and #5 prepare and maintain written semiannual reports that address progress related to the consumers' IPP objectives.	VMRC's Quality Assurance Department will ensure that the Community Service Liaison will provide the CCFs with technical assistance regarding their requirement to prepare and maintain written semi-annual reports and address progress related to the IPP objectives.

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. *[Title 17, CCR, §56026(c)]*

Finding

Two of the three (67 percent) applicable sample consumer records contained quarterly reports that confirm progress toward achieving each of the IPP objectives. The quarterly reports for consumer #12 at CCF #3 did not address the consumer's progress in completing personal care activities and displaying appropriate behavior, as identified in the IPP.

3.5.b Recommendation	Regional Center Plan/Response
VMRC should ensure that CCF provider #3 prepares and maintains written quarterly reports that address progress related to the consumer's IPP objectives.	VMRC's Quality Assurance Department will ensure that the Community Service Liaison will provide the CCFs with technical assistance regarding their requirement to prepare and maintain written quarterly reports and address progress related to the IPP objectives.

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 6; CCFs = 6</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. <i>(Title 17, CCR, §56017(b); Title 17, CCR §56059(b); Title 22, CCR, §80069)</i>	6			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	6			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	4		2	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.	6			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	6			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	6			100	None
3.1.i	Special safety and behavior needs are addressed.	4		2	100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17 and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. <i>[Title 17, CCR, §56019(c)(1)]</i>	6			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	6			100	None

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 6; CCFs = 6</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. <i>[Title 17, CCR, §56026(b)]</i>	3		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	2	3	33	See Narrative
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. <i>[Title 17, CCR, §56026(c)]</i>	3		3	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	1	3	67	See Narrative
3.5.c	Quarterly reports include a summary of data collected. <i>(Title 17, CCR, §56013(d)(4), Title 17, CCR, §56026)</i>	3		3	100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. <i>[Title 17, CCR, §56026(a)]</i>	6			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	4		2	100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	2		4	100	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	2		4	100	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. <i>(Title 17, CCR, §54327)</i>	2		4	100	None

## SECTION IV

### DAY PROGRAM CONSUMER RECORD REVIEW

#### I. Purpose

The review criteria address the requirements for day programs to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the individual program plan (IPP) that the day program provider is responsible for implementing. The criteria are derived from Title 17, California Code of Regulations.

#### II. Scope of Review

Seventeen consumer records were reviewed at 13 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 percent in compliance for 16 criteria.

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

#### IV. Finding and Recommendation

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

##### Finding

Fourteen of the sixteen (88 percent) applicable sample consumer records contained written semiannual reports of consumer progress. However, the records for consumer #5 at day program #6 and consumer #15 at day program #1 contained only one of the required progress reports.



4.4.a Recommendation	Regional Center Plan/Response
VMRC should ensure that day program providers #1 and #6 prepare written semiannual reports of consumer progress.	VMRC's Quality Assurance Department will ensure that the Community Service Liaison will provide the day programs with technical assistance regarding their requirement to prepare and maintain written semi-annual reports and address progress related to the IPP objectives.

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 17; Day Programs = 13</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. (Title 17, CCR, §56730)	17			100*	None
4.1.a	The consumer record contains current emergency and personal identification information including the consumer's address, telephone number; names and telephone numbers of residential care provider, relatives, and/or guardian or conservator; physician name(s) and telephone number(s); pharmacy name, address and telephone number; and health plan, if appropriate.	17			100	None
4.1.b	The consumer record contains current health information that includes current medications, known allergies; medical disabilities; infectious, contagious, or communicable conditions; special nutritional needs; and immunization records.	17			100	None
4.1.c	The consumer record contains any medical, psychological, and social evaluations identifying the consumer's abilities and functioning level, provided by the regional center.	17			100	None
4.1.d	The consumer record contains an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative.	17			100	None
4.1.e	The consumer record contains documentation that the consumer and/or the authorized consumer representative has been informed of his/her personal rights.	17			100	None
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP which the day program provider is responsible for implementing.	17			100	None

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 17; Day Programs = 13</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	17			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	13		4	100	None
4.2	The day program has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56720(b)]</i>	17			100	None
4.3.a	The day program provider develops, maintains, and modifies as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. <i>[Title 17, CCR, §56720(a)]</i>	17			100	None
4.3.b	The day program's individual service plan or other program documentation is consistent with the services addressed in the consumer's IPP.	17			100	None
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	14	2	1	88	See Narrative
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services which the day program is responsible for implementing.	16		1	100	None
4.5.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	2		15	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>	2		15	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>	2		15	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, work activities, health, choices, and regional center services.

#### II. Scope of Observations and Interviews

Thirty-nine of the forty-four consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities (CCF), or in independent living settings.

- ✓ Twenty-three consumers agreed to be interviewed by the monitoring teams.
- ✓ Eleven consumers did not communicate verbally or declined an interview, but were observed.
- ✓ Five interviews were conducted with parents of minors.
- ✓ Five consumers 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 registered nurse and online resources for medication.

4. The service coordinators monitor the consumers' services, health and safety during periodic visits. They are aware of the consumers' health issues. The service coordinators are 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 supplemental information on how the regional center is organized to provide clinical support to consumers and service coordinators. This interview aids in determining what measures the regional center is utilizing to ensure the ongoing health and safety of all Home and Community-Based Services Waiver consumers.

#### II. Scope of Interview

1. The questions in the interview cover the following topics: routine monitoring of consumers with medical issues, medications and behavior plans; coordination of medical and mental health care for consumers; circumstances under which actions are initiated for medical or behavior issues; clinical supports to assist service coordinators; improved access to preventive health care resources; role on the Risk Management Assessment and Planning Committee and Special Incident reports (SIR).
2. The monitoring team interviewed the Clinical Director at Valley Mountain Regional Center (VMRC).

#### II. Results of Interview

1. VMRC's clinical services team includes: physicians, registered nurses, psychologists, intake staff, behavioral services and 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. Nurses are also available to provide training on health-related topics to service coordinators. Members of the clinical team are available to assist with consents for medical treatment.
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. The pharmacist also provides medication training to service coordinators.

4. 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. Members of the clinical team collaborate with San Joaquin and Stanislaus County Mental Health agencies to facilitate services. The Behavior Management Review Committee reviews any request for any type of restrictive plan or device.
5. The pharmacist provides training to staff and vendors on an ongoing basis. Topics have included: medications, seizures, diabetes, pain management, nutrition, autism, cerebral palsy and brain injuries.
6. VMRC has improved access to health care resources through the following programs and services:
  - ✓ Behavioral training classes to parents and care providers;
  - ✓ Home evaluations for environmental modifications;
  - ✓ Gait Clinic;
  - ✓ Occupational Therapy Clinic;
  - ✓ Communication Clinic;
  - ✓ Nurses consulting with local managed care plans to assist in the development of services for consumers; and,
  - ✓ Managed care liaisons.
7. A physician participates in the Risk Assessment and Behavior Management Review Committees. A physician or nurse reviews SIRs related to unusual medical occurrences and all deaths. Medication errors are reviewed by the pharmacist. The regional center utilizes Mission Analytics Group, Inc., the State's risk management contractor, to analyze SIRs for trends. The committee uses this information to make recommendations for follow-up and training as needed.



## SECTION VI C

### QUALITY ASSURANCE INTERVIEW

#### I. Purpose

The interview with quality assurance (QA) staff ascertains how the regional center has organized itself to conduct Title 17 monitoring of community care facilities (CCF), 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 senior community services liaison who is part of the team responsible for conducting Valley Mountain Regional Center's (VMRC) QA activities.

#### 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 (SIR) and open corrective action plans (CAP). 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. VMRC offers continuing education classes through their website for a fee. Once a participant completes one of the website classes, the final is forwarded to VMRC for approval. If a participant fails, they can take the class again.
3. The liaisons follow up on SIRs and collaborate with Community Care Licensing and/or law enforcement as needed. If a SIR requires an investigative follow-up, such as a threat to consumer's health or safety or a breach in the consumer's standard of care, the QA team will conduct the follow-up. The QA team issues all CAPs. If a CAP is issued, the QA team will conduct the follow-up and will provide any necessary training onsite. VMRC uses a database to track monitoring visits, SIRs, and CAPs.

8. 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 as part of their CAP.
9. VMRC's Risk Assessment Committee meets quarterly. One member of the QA team always attends the meeting.

## 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 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; and how they monitor safety and safeguard medications.

#### II. Scope of Interviews

1. The monitoring team interviewed nine service providers at six community care facilities and three day programs where services are provided to the consumers who 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 consumer.
2. The service providers indicated that they conducted assessments of the consumer, participated in their IPP development, provided the program-specific services addressed in the IPPs and attempted to foster the progress of their consumer.
3. The service providers monitored the consumer's health issues and safeguarded medications.
4. The service providers communicated with people involved in the consumer's life and monitored progress.
5. The service providers were prepared for emergencies, monitored the safety of the consumer, 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 know the consumers and their understanding of the individual program plan (IPP) and service delivery requirements, how they communicate, their level of preparedness to address safety issues, their understanding of emergency preparedness, and their knowledge about safeguarding medications.

#### II. Scope of Interviews

1. The monitoring team interviewed nine direct service staff at six community care facilities and three day programs where services are provided to the consumer who was 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 consumer.
2. The direct service staff were knowledgeable about their roles and responsibilities for providing the services addressed in the consumer's IPP.
3. The direct service staff demonstrated that they understood the importance of communication with all individuals concerned with the consumer.
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 (CCF) 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 Home and Community-Based Services Waiver definition of a homelike setting.

#### II. Scope of Review

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

#### III. Finding and Recommendation

##### 8.2.d Pro Re Nata (PRN) Medication Records

##### Finding

At CCF #2, it was noted that staff was not documenting consumer's response to a PRN medication.

8.2.d Recommendation	Regional Center Plan/Response
VMRC should ensure CCF #2 properly documents all required PRN medication information.	VMRC's Quality Assurance Department will ensure that the Community Service Liaison will provide the CCF with technical assistance regarding their requirement for documenting consumer's response to PRN medication.

## 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 VMRC was reviewed by comparing deaths entered into the Client Master File for the review period with special incident reports (SIR) of deaths received by the Department of Developmental Services (DDS).
2. The records of the 44 consumers selected for the Home and Community-Based Services (HCBS) Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of 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, 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 44 records selected for the HCBS Waiver review to DDS.
3. VMRC's vendors reported nine of the ten (90 percent) applicable incidents in the supplemental sample within the required timeframes.
4. VMRC reported nine of the ten (90 percent) 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 10 incidents.

#### IV. Finding and Recommendation

#SIR 2: The incident occurred on July 5, 2018. However, the vendor did not submit a written report to VMRC until July 11, 2018.

#SIR 2: The incident was reported to VMRC on July 11, 2018. However, VMRC did not report the incident to DDS until July 19, 2018.

Recommendation	Regional Center Plan/Response
VMRC should ensure that the vendor for consumer #SIR 2 submits special incidents within the required timeframe.	VMRC's Quality Assurance Department will ensure that the Community Service Liaison will provide the CCF with technical assistance regarding their regulatory timeline requirement for submitting SIRs.
VMRC should ensure that all special incidents are reported to DDS within the required timeframe.	The assigned service coordinator has been reminded of our SIR reporting timeline.

## SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

### HCBS Waiver Review Consumers

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



#	UCI	CCF	DP
38	XXXXXX		4
39	XXXXXX		
40	XXXXXX		
41	XXXXXX		
42	XXXXXX		
43	XXXXXX		
44	XXXXXX		

### Supplemental Sample Terminated Waiver Consumers

#	UCI
T-1	XXXXXX
T-2	XXXXXX
T-3	XXXXXX

### HCBS Waiver Review Service Providers

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

Day Program #	Vendor
1	XXXXXX
2	XXXXXX
3	XXXXXX
4	XXXXXX
5	XXXXXX
6	XXXXXX
7	XXXXXX
8	XXXXXX
9	XXXXXX
10	XXXXXX
11	XXXXXX
12	XXXXXX
13	XXXXXX
14	XXXXXX

### SIR Review Consumers

#	UCI	Vendor
SIR 1	XXXXXX	XXXXXX
SIR 2	XXXXXX	XXXXXX
SIR 3	XXXXXX	XXXXXX
SIR 4	XXXXXX	XXXXXX
SIR 5	XXXXXX	XXXXXX
SIR 6	XXXXXX	XXXXXX
SIR 7	XXXXXX	XXXXXX
SIR 8	XXXXXX	XXXXXX
SIR 9	XXXXXX	XXXXXX
SIR 10	XXXXXX	XXXXXX