

**Regional Center of the East Bay
Home and Community-Based Services Waiver
Monitoring Review Report**

Conducted by:

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

January 22–February 1, 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 January 22–February 1, 2019, at Regional Center of the East Bay (RCEB). The monitoring team members were Ray Harris (Team Leader), Bonnie Simmons, Melissa Averitt, Kathy Benson, Nora Muir and Corbett Bray 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 74 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers whose HCBS Waiver eligibility had been previously terminated; 2) three consumers who moved from a developmental center, and 3) ten consumers who had special incidents reported to DDS during the review period of November 1, 2017 through October 31, 2018.

The monitoring team completed visits to 11 community care facilities (CCF) and 23 day programs. The team reviewed 12 CCF and 33 day program consumer records and interviewed and/or observed 60 selected sample consumers.

Overall Conclusion

RCEB is in substantial compliance with the federal requirements for the HCBS Waiver program. Specific recommendations that require follow-up actions by RCEB are included in the report findings. DDS is requesting documentation of follow-up actions taken by RCEB 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 RCEB 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

Seventy-four sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Criterion 2.13.a was 83 percent in compliance because 49 of the 59 applicable records contained documentation of all required quarterly face-to-face visits. Criterion 2.13.b was 81 percent in compliance because 48 of the 59 applicable records contained documentation of all required quarterly reports of progress. The sample records were 97 percent in overall compliance for this review.

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

Section III – Community Care Facility Consumer Record Review

Twelve consumer records were reviewed at 11 CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100 percent in overall compliance for all 19 criteria on this review.

RCEB's records were 99 percent in overall compliance for the collaborative reviews conducted in 2017 and in 2015, respectively.

Section IV – Day Program Consumer Record Review

Thirty-three consumer records were reviewed at 23 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 97 percent in overall compliance for this review.

RCEB's records were 100 percent and 99 percent in overall compliance for the collaborative reviews conducted in 2017 and in 2015, respectively.

Section V – Consumer Observations and Interviews

Sixty of the seventy-four 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 but one of the interviewed consumers/parents indicated that they were satisfied with their services, health and choices.

Section VI A – Service Coordinator Interviews

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

Section VI B – Clinical Services Interview

The Director of Clinical Services was interviewed using a standard interview instrument. 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 in the Risk Management and Mitigation Committee and special incident reporting.

Section VI C – Quality Assurance Interview

A quality assurance specialist was interviewed using a standard interview instrument. She responded to questions regarding how RCEB 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

Twenty one service providers at 10 CCFs and 11 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

Ten CCF and 11 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 10 CCFs and 11 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 74 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. RCEB reported all 74 special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported 9 of the 10 applicable incidents to RCEB within the required timeframes, and RCEB subsequently transmitted 6 of the 10 special incidents to DDS within the required timeframes. RCEB'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 RCEB'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

RCEB 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 RCEB 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 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>

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.)	The regional center ensures that needed services and supports are in place when a consumer moves from a developmental center (DC) to a community living arrangement. Service coordinators provide enhanced case management 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.	The regional center ensures that all HCBS Waiver consumers are offered a choice between receiving services and living arrangements in an institutional or community setting. Regional centers ensure that planning for IPPs includes a comprehensive assessment and information-gathering process which addresses the total needs of HCBS Waiver consumers and is completed at least every three years at the time of his/her triennial IPP. The IPPs of HCBS Waiver consumers are reviewed at least annually by the planning team and modified, as necessary, in response to the consumers' changing needs, wants and health status. The regional center uses feedback from consumers, families and legal representatives to improve system performance. The regional center documents the manner by which consumers indicate choice and consent.

SECTION II

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

The review is based upon documentation criteria derived from federal/state statutes and regulations and from the Centers for Medicare & Medicaid Services' directives and guidelines relating to the provision of Home and Community-Based Services (HCBS) Waiver services. The criteria address requirements for eligibility, consumer choice, notification of proposed action and fair hearing rights, level of care, individual program plans (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. 74 HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	30
With Family	16
Independent or Supported Living Setting	28

2. The review period covered activity from November 1, 2017–October 31, 2018.

III. Results of Review

The 74 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 RCEB had either provided the consumer with written notification prior to termination of the consumer's HCBS Waiver eligibility or the consumer had voluntarily disenrolled from the HCBS Waiver. Additionally, three supplemental records were reviewed solely for documentation indicating that the consumer received face-to-face reviews every 30 days for the first 90 days after moving from a developmental center.

- ✓ The sample records were 100 percent in compliance for 20 criteria. There are no recommendations for these criteria.
- ✓ Findings for 11 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)]

Findings

Sixty-nine of the seventy-four (93 percent) sample consumer records contained a completed DS 2200 form. However, the DS 2200 forms in the records for consumers #6, #22, #26, #51, and #71 were not signed and dated by the consumers. During the monitoring review, RCEB provided signed copies of the DS 2200s for each consumer. Accordingly, no recommendation is required.

2.3 There is a written Notice of Action (NOA) 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)]

Finding

Three of the four (75 percent) sample consumer records contained documentation indicating that the consumer had voluntarily disenrolled or that a NOA had been sent prior to the termination of their eligibility from the HCBS Waiver. The record for consumer #T-77 did not contain documentation as indicated above.

2.3 Recommendation	Regional Center Plan/Response
RCEB should ensure that consumer #T-77 is provided with a written NOA and fair hearing rights, or that their record contains documentation confirming their voluntary HCBS Waiver disenrollment.	A written NOA and fair hearing rights was provided to the consumer and family; however, a copy was not available in the file at the time of the review. It is now included in the file.

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

Finding

Seventy-two of the seventy-three (99%) consumer records had at least two level-of-care qualifying conditions documented. However, the record of consumer #56 did not contain at least two qualifying conditions documented in the CDER or other assessments to meet the level-of-care requirements for the HCBS Waiver. The DS 3770 listed “blood pressure” and “depression” as qualifying conditions. However, depression is not a condition that can be used as a qualifying condition.

2.5.a Recommendation	Regional Center Plan/Response
RCEB should reevaluate the HCBS Waiver eligibility of consumer #56 to ensure that the consumer meets the level-of-care requirements. If the consumer does not have qualifying conditions that meet the level-of-care requirements, the consumer’s HCBS Waiver eligibility should be terminated. If RCEB determines the consumer remains eligible for the waiver, supporting documentation, such as an updated CDER and DS 3770, should be submitted with the response to this report.	Consumer #56 has been terminated from the HCBS Waiver. Consumer does not meet level-of-care requirements.

- 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

Sixty-six of seventy-three (90 percent) sample consumer records documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in seven 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 #16: “Bathing” is listed as a qualifying condition. However, the IPP dated 1/20/16 states, “Is able to bathe and dress himself independently.”

2. Consumer #35: “Diabetes and Glaucoma” are listed as qualifying conditions. However, the IPP dated 7/21/16 states, “The client self-administers all blood sugar test and her insulin.”
3. Consumer #40: “Running/Wandering” is listed as a qualifying condition. However, there is no mention of the issue or supports in the record.
4. Consumer #50: “Walking” is listed as a qualifying condition. However, there is no mention of the issue or supports in the record.
5. Consumer #56: “Depression” is listed as a qualifying condition. However, there is no mention of the issue or supports listed in the record.
6. Consumer #63: “Hygiene and Bathing” are listed as qualifying conditions. However, there is no mention of the issue or supports in the record.
7. Consumer #66: “Hygiene” is listed as a qualifying condition. However, the IPP dated 3/16/18 states, “Brushes her teeth independently and manages her hygiene tasks.”

2.5.b Recommendations	Regional Center Plan/Response
<p>RCEB should determine if the items listed above for consumers #16, #35, #40, #50, #56, #63 and #66 are appropriately identified as qualifying conditions. The consumers’ DS 3770 forms should be corrected to ensure that any items that do not represent substantial limitations in the consumers’ ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying conditions. If RCEB 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>#16: Current DS 3770 no longer lists “bathing” as a qualifying condition.</p> <p>#35: Diabetes is still listed as a qualifying condition. IPP Addendum to reflect this has been completed.</p> <p>#40: Current DS 3770 no longer lists “running/wandering” as a qualifying condition.</p> <p>#50: Current DS 3770 no longer lists “walking” as a qualifying condition.</p> <p>#56: This client is now terminated from the waiver.</p> <p>#63: This client moved out of the state effective 1/1/20 and has been terminated from the waiver.</p> <p>#66: IPP Addendum dated 7/6/18 and 12/18/18 reflecting supports needed for hygiene has been completed.</p>

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- 2.6.a The 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)]

Findings

Seventy of the seventy-two (97 percent) sample consumer records contained documentation that the consumer's IPP had been reviewed annually by the planning team. However, there was no documentation that the IPPs for two consumers were reviewed annually, as indicated below:

1. Consumer #40: The previous annual review was dated 9/26/17. However, the following annual review was not completed until 12/11/18. Accordingly, no recommendation is required.
2. Consumer #59: The IPP was dated 7/11/17. Subsequent to the monitoring review period, an annual review was completed on 12/27/18. 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)]

Findings

Sixty-four of the seventy-three (88 percent) applicable sample consumer records contained IPPs that addressed the consumer's qualifying conditions. However, the IPPs for nine consumers did not address qualifying conditions identified in the record as indicated below:

1. Consumer #2: "Requires assistance with ...diabetes condition, and thyroid condition." During the monitoring review, RCEB provided an addendum dated November 28, 2018, addressing services and supports for each of the above-mentioned issues. Accordingly, no recommendation is required.
2. Consumer #3: "Requires assistance with schizophrenia, and a seizure disorder." During the monitoring review, RCEB provided an addendum dated December 17, 2018, addressing services and supports for issues related to schizophrenia and a seizure disorder. Accordingly, no recommendation is required.
3. Consumer #13: "Displays self-injurious behaviors," as indicated in the Annual Review dated October 17, 2017.
4. Consumer #22: "Requires assistance with blood pressure," as indicated in the Annual Health Care Checklist.
5. Consumer #41: "Requires constant supervision due to a lack of safety awareness." Subsequent to the monitoring review period, RCEB provided an addendum dated December 13, 2018, addressing services and supports for the client's safety awareness. Accordingly, no recommendation is required.
6. Consumer #51: "Requires assistance with his cholesterol condition." Subsequent to the monitoring review period, RCEB provided an addendum, unsigned by the consumer, dated January 17, 2019, addressing services and supports for his medical conditions, including cholesterol. Accordingly, no recommendation is required.
7. Consumer #54: "Safety awareness" and "socially disruptive behavior," as mentioned in the annual review dated November 14, 2017.
8. Consumer #68: "Requires assistance with blood pressure and cholesterol conditions," as mentioned in the health care checklist dated October 13, 2017. Subsequent to the monitoring review period, RCEB provided an

addendum dated January 15, 2019, addressing services and supports for the client’s blood pressure and cholesterol conditions. Accordingly, no recommendation is required.

9. Consumer #70: “Requires assistance for bathing and for emotional outbursts,” as mentioned in the annual review dated September 10, 2018.

2.9.a Recommendations	Regional Center Plan/Response
<p>RCEB should ensure that the IPPs for consumers #13, #22, #54, and #70 addresses the services and supports in place for the qualifying conditions indicated above.</p>	<p>Consumer #13 was terminated from the waiver effective 8/31/18 due to living in an ICF. Thereafter, she passed away on 2/5/19.</p> <p>Consumer #22: IPP Addendum is being completed.</p> <p>Consumer #54: Terminated from the waiver. The notations of “safety awareness” and “socially disruptive behavior” were related to a past history of prostitution and substance abuse and no longer a current occurrence per consumer report.</p> <p>Consumer #70: IPP Addendum completed clarifying the supports needed for bathing. “Emotional outbursts” are historical and do not reflect current functioning. This is also updated in the addendum.</p>

- 2.9.d The IPP addresses the services which the day program provider is responsible for implementing. [W&I Code §4646.5(a)(2)]

Finding

Forty-six of the forty-seven (98 percent) applicable sample consumer records contained IPPs that addressed the consumers’ day program services. However, the IPP for consumer #25 did not address the services which the day program provider is responsible for implementing.

2.9.d Recommendation	Regional Center Plan/Response
<p>RCEB should ensure that the IPP for consumer #25 addresses the services which the day program provider is responsible for implementing.</p>	<p>IPP Addendum completed that now addresses the services for which the day program provider is responsible.</p>

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)]

Findings

Sixty-eight of the seventy-three (93 percent) applicable sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by RCEB. However, IPPs for five consumers did not indicate RCEB funded services as indicated below:

1. Consumer #35: “Supplemental Day Program Support”;
2. Consumer #64: “Personal Assistant”;
3. Consumer #66: “Vehicle Modification and Adaption, Supplemental Day Program Support”;
4. Consumer #69: Purchase amounts for “Supported Living Service”; and,
5. Consumer #73: Purchase amounts for “Supported Living Service.”

2.10.a Recommendations	Regional Center Plan/Response
<p>RCEB should ensure that the IPPs for consumers #35, #64, #66, #69, and #73 include a schedule of the type and amount of all services and supports purchased by RCEB.</p>	<p>#35: Supplemental staffing support now addressed in an IPP Addendum.</p> <p>#64: SLS Issue discussed with DDS. IPP Addendum is being completed to address this.</p> <p>#66: IPP Addendum to support this purchase is being completed. Supplemental Program Support is now addressed in IPP Addendum.</p> <p>#69: SLS Issue discussed with DDS. IPP Addendum is being completed to address this.</p> <p>#73: SLS Issue discussed with DDS. Addendum is being completed to address this.</p>

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.
 [W&I Code §4646.5(a)(6)]

Finding

Seventy-one of the seventy-three (97%) applicable sample consumer records contained documentation of periodic review and reevaluation of consumer progress at least annually. However, the records for consumers #40 and #59 did not contain documentation that the consumer’s progress had been reviewed within the year. Specifically, there was no documentation (e.g., consumer signatures on a current IPP or standardized annual review form) to indicate the consumer’s progress or satisfaction with implementation of the IPP.

2.12 Recommendation	Regional Center Plan/Response
RCEB should ensure that a review and reevaluation of progress regarding planned services, timeframes and satisfaction for consumers #40 and #59 is completed and documented at least annually.	Noted. RCEB has an effective tickler tracking system in place to ensure that reviews and reevaluation of progress regarding planned services, timeframes and satisfaction of all consumers, and the two identified in particular, are completed on a timely basis.

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

Forty-nine of the fifty-nine (83 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for ten consumers did not meet the requirement as indicated below:

1. The records for consumers #4, #20, #49, #55, and #71 contained documentation of only three of the required meetings.
2. The records for consumers #11 and #66 contained documentation of only two of the required meetings.
3. The records for consumers #51, #56, and #59 contained documentation of only one of the required meetings.

2.13.a Recommendations	Regional Center Plan/Response
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<p>RCEB should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #4, #11, #20, #49, #51, #55, #56, #59, #66, and #71.</p>	<p>Noted. RCEB has an effective tickler tracking system in place to ensure all future face-to-face meetings are completed and documented each quarter for all consumers and specifically these identified consumers.</p>
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2.13.b Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. *(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)*

Findings

Forty-eight of the fifty-nine (81 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for eleven consumers did not meet the requirement as indicated below:

1. The records for consumers #4, #20, #49, #55, #67, and #71 contained documentation of only three of the required quarterly reports of progress.
2. The records for consumers #11 and #66 contained documentation of only two of the required quarterly reports of progress.
3. The records for consumers #51, #56, and #59 contained documentation of only one of the required quarterly reports of progress.

2.13.b Recommendations	Regional Center Plan/Response
<p>RCEB should ensure that future quarterly reports of progress are completed for consumers #4, #11, #20, #49, #51, #55, #56, #59, #66, #67, and #71.</p>	<p>RCEB has an effective tickler tracking system in place to ensure that future face-to-face meetings are completed and documented each quarter for all consumers and specifically these identified consumers.</p>

Regional Center Consumer Record Review Summary						
Sample Size = 74 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	74			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.	73		1	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.	73		1	100	None
2.1.c	The DS 3770 form documents annual re-certifications.	71		3	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	3		71	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)]	69	5		93	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	1	73	75	See Narrative

Regional Center Consumer Record Review Summary						
Sample Size = 74 + 6 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. <i>(SMM 4442.5; 42 CFR 441.302)</i>	72		2	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>	72	1	1	99	See Narrative
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	66	7	1	90	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>	70	2	2	97	See Narrative
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>	52		22	100	None
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. <i>[W&I Code §4646(g)]</i>	72		2	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.	32		42	100	None
2.7.c	The IPP is prepared jointly with the planning team. <i>[W&I Code §4646(d)]</i>	73		1	100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. <i>[W&I Code §4646.5(a)]</i>	73		1	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 74 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer's goals and needs. <i>[W&I Code §4646.5(a)(2)]</i>	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).	63	10	1	86	See Narrative
2.9.b	The IPP addresses special health care requirements.	47		27	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	30		44	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	46	1	27	98	See Narrative
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	28		46	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	73		1	100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. <i>[W&I Code §4685(c)(2)]</i>	8		66	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. <i>[W&I Code §4646.5(a)(4)]</i>	68	5	1	93	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. <i>[W&I Code §4646.5(a)(4)]</i>	73		1	100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. <i>[W&I Code §4646.5(a)(4)]</i>	38		36	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. <i>[W&I Code §4646.5(a)(4)]</i>	72		2	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 74 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
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&I Code §4646.5(a)(6)]</i>	71	2	1	97	See Narrative
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>	49	10	15	83	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>	48	11	15	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>(W&I Code §4418.3)</i>	4		73	100	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

Twelve consumer records were reviewed at 11 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 percent in compliance for all 19 criteria.

- ✓ 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 = 12; CCFs = 11						
	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); Title 17, CCR, §56059(b); Title 22, CCR, §80069)</i>	12			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	12			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	8		4	100	None
3.1.c	The consumer record contains current health information that includes medical, dental and other health needs of the consumer including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	12			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	12			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	12			100	None
3.1.i	Special safety and behavior needs are addressed.	10		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>	12			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	12			100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 12; CCFs = 11						
	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>	3		9	100	None
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	3		9	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>	9		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.	9		3	100	None
3.5.c	Quarterly reports include a summary of data collected. <i>[Title 17, CCR, §56013(d)(4); Title 17, CCR, §56026]</i>	9		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>	12			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	10		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>	1		11	100	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	1		11	100	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. <i>(Title 17, CCR, §54327)</i>	1		11	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

Thirty-three consumer records were reviewed at 23 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 12 criteria.

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

IV. Findings and Recommendations

- 4.1.d The consumer record contains an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative.
(Title 17, CCR, §56730)

Findings

Thirty-two of the thirty-three (97 percent) sample consumer records contained signed authorizations for emergency medical treatment. However, the record for consumer #20 at day program (DP) #11 did not contain an authorization for emergency medical treatment that was signed by the consumer or conservator. During the review, an emergency medical treatment authorization for consumer #20 at DP #11 was signed by the consumer. Therefore, no recommendation is required.

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

Findings

Thirty of the thirty-three (91 percent) sample consumer records contained documentation that the consumer and/or their authorized representative had been informed of their personal rights. However, the records for consumer #33 at DP #18, consumer #60 at DP #5, and consumer #71 at DP #18 did not contain documentation that the consumer and/or their authorized representative were informed of the consumer’s personal rights.

4.1.e Recommendations	Regional Center Plan/Response
RCEB should ensure the records for consumer #33 at DP #18, consumer #60 at DP #5, and consumer #71 at DP #18 contain documentation that the consumer and/or their authorized representative have been informed of their personal rights.	QA has confirmed these day programs have proof of reviewing rights with these people. Consumers #33 and #71 are no longer attending DP #18. QA has provided training and technical assistance to remind these programs of the importance of this requirement.

- 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.

Findings

Thirty of the thirty-three (91 percent) sample consumer records contained data collection for measuring the consumers’ progress on services which the day program is responsible for implementing, as indicated in the consumers’ IPPs. However, the records for consumer #33 at DP #18, consumer #60 at DP #5, and consumer #71 at DP #18 lacked data collection to measure progress.

4.1.f Recommendations	Regional Center Plan/Response
RCEB should ensure that the provider for consumer #33 at DP #18, consumer #60 at DP #5, and consumer #71 at DP #18 collect data to measure progress on services as indicated in their IPPs.	QA has confirmed these day programs are collecting data. Consumers #33 and #71 are no longer attending DP #18. QA has provided training and technical assistance to remind these programs of the importance of this requirement.

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

Findings

Twenty-eight of the thirty-three (85 percent) sample consumer records contained a copy of the consumer’s current IPP. However, the records for consumer #20 at DP #11, consumer #27 at DP #20, consumer #34 at DP #20, consumer #71 at DP #18 and consumer #72 at DP #14 did not contain a copy of their current IPP.

4.2 Recommendations	Regional Center Plan/Response
RCEB should ensure that the records for consumer #20 at DP #11, consumer #27 at DP #20, consumer #34 at DP #20, consumer #71 at DP #18 and consumer #72 at DP #14 contain a current copy of the consumer’s IPP.	QA has confirmed these day programs have copies of IPPs and know to document the request to case managers.

- 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

Twenty-eight of the thirty-one (90 percent) applicable sample consumer records contained written semiannual reports of consumer progress. However, the records for the following consumers contained only one of the required progress reports:

1. Consumer #12 at DP #22;
1. Consumer #20 at DP #11; and,
2. Consumer #60 at DP #5.

4.4.a Recommendations	Regional Center Plan/Response
RCEB should ensure that day program providers #5, #11, and #22 prepare written semiannual reports of consumer progress.	QA has confirmed these day programs are writing semi-annual reports. Because of staffing issues, the programs might not have the information to create old ones. QA has provided training and technical assistance to remind these programs of the importance and purpose of these reviews.

Day Program Record Review Summary						
Sample Size: Consumers = 33; Day Programs = 23						
	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)	33			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.	33			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.	33			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.	33			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.	32	1		97	See Narrative
4.1.e	The consumer record contains documentation that the consumer and/or the authorized consumer representative has been informed of his/her personal rights.	30	3		91	See Narrative
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.	30	3		91	See Narrative

Day Program Record Review Summary						
Sample Size: Consumers = 33; Day Programs = 23						
	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.	33			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	26		7	100	None
4.2	The day program has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56720(b)]</i>	28	5		85	See Narrative
4.3.a	The day program provider develops, maintains, and modifies, as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. <i>[Title 17, CCR, §56720(a)]</i>	33			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.	33			100	None
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	28	3	2	90	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.	31		2	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		31	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		31	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		31	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, choices, and regional center services.

II. Scope of Observations and Interviews

Sixty of the seventy-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-six consumers agreed to be interviewed by the monitoring teams.
- ✓ Twenty-eight consumers did not communicate verbally or declined an interview, but were observed.
- ✓ Six interviews were conducted with parents of minors.
- ✓ Fourteen consumers were unavailable for, or declined, interviews.

III. Results of Observations and Interviews

Seventy-three of the seventy-four consumers/parents of minors indicated satisfaction with their living situation, day program, work activities, health, choices, and regional center services. The appearance for all of the consumers that were interviewed and observed reflected personal choice and individual style.

IV. Finding and Recommendation

Consumer #51, who resides in independent living with independent living services support, stated that he has not been visited by his service coordinator in a long time.

Recommendation	Regional Center Plan/Response
RCEB should ensure that the service coordinator for consumer #51 conducts quarterly visits.	Agreed. The case manager (service coordinator) has been provided ticklers and the supervisor is holding her accountable.

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 15 RCEB 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 RCEB's medical director 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; behavior plans; coordination of medical and mental health care for consumers; circumstances under which actions are initiated for medical or behavior issues; clinical supports to assist service coordinators; improved access to preventive health care resources; role in Risk Management Committee and special incident reports (SIR).
2. The monitoring team interviewed the Director of Clinical Services at RCEB.

III. Results of Interview

1. RCEB's clinical services team consists of a clinical director, physicians, registered nurses, psychologists, behavior analysts, a psychiatrist, occupational therapists, a dental coordinator, and an autism coordinator.
2. The clinical team is available as a resource to service coordinators. Service coordinators use a health care checklist during the Individual Program Plan and annual review process. The checklist incorporates information that will assist service coordinators to identify potential issues that might benefit from a clinical team referral. Members of the clinical team participate in weekly meetings that include consumers and families, to assist with assessment and planning. Clinical team physicians and the clinical director may be involved in the medical or surgical consent process for consumers who are unable to give informed consent. Members of the team collaborate with local physicians and home health agencies to assist with coordination of care. The registered nurses are available to visit hospitalized consumers and assist in the discharge planning process. Nurses also visit adult residential facilities for persons with special health care needs. Monthly visits are scheduled to evaluate consumer health status and provide staff training as needed.

3. The clinical team is available to assist with consumers' behavior plans and mental health issues through referrals from service coordinators. The behavior analysts will review behavior plans and make recommendations as needed. Behavior analysts are also available to assist level four community care facilities when requested. The psychologists are available during intake and to perform evaluations, and the psychiatrist will advise appropriate treatment for consumers with existing or undiagnosed mental health issues. Members of the clinical team review psychotropic medications as requested. Clinical staff meet with Alameda and Contra Costa Counties to improve mental health services, and provide training to their staff.
4. Members of the clinical team provide training, on a variety of topics, for providers and regional center staff. Team members also participate in new employee orientation.
5. RCEB has improved access to health care for its consumers in the following ways:
 - ✓ Association with Alameda and Contra Costa Counties to increase access to health education and services for consumers;
 - ✓ Assisting consumers to access medical, dental, and psychiatric providers who have experience working with people with developmental disabilities;
 - ✓ RCEB dental coordinator providing in-home assessments and coordination of dental services. Access to mobile dentist and dental hygienist through vendorization;
 - ✓ Regional center physicians, nurses and occupational therapists working with Medi-Cal managed care plans to facilitate care;
 - ✓ Assisting consumers in obtaining medical and communication equipment;
 - ✓ Participating in community health fairs and local autism conference; and,
 - ✓ RCEB collaborating with the Schreiber Center to support consumers with complex behavioral, emotional and psychiatric needs.
6. The Director of Clinical Services is a member of the Risk Management and Mortality Committee. Team members review special incidents as requested. The Director of Clinical Services reviews all deaths, and reports to the Mortality Committee for recommendations as indicated. The regional center utilizes Mission Analytics Group, Inc., the State's risk management contractor, to analyze special incidents for trends and makes recommendations for appropriate 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 quality assurance specialist who is part of the team responsible for conducting RCEB's QA activities.

III. Results of Interview

Annual Title 17 visits are conducted by QA specialists. During the visits the liaisons review vendor files, licensing reports, medication logs, behavior plans, individual program plans, special incident reports and open corrective action plans (CAP). Typically, service coordinators are assigned as liaisons to residential facilities and are responsible for conducting the two unannounced visits at each CCF. QA specialists may conduct additional unannounced visits to facilities with identified issues.

When substantial inadequacies are identified, a CAP is developed by the QA specialist. The QA specialist also takes the lead in conducting the follow-up review for the CAPs, with assistance from the facility liaisons as needed.

RCEB uses information collected from QA monitoring to provide technical assistance for providers. In addition, RCEB offers monthly training for providers, such as "record retention" and "financial abuse seminars." In addition to vendor-specific training provided in response to findings from annual monitoring, the QA team has provided training based on the analysis of Special Incident Report trends. Recent training topics have included prevention of medication errors, reporting abuse, and special incident reporting requirements and expectations.

Resource specialists are responsible for the review and approval process for new vendor applications. The resource specialists conduct orientation, verify credentials and employment history, and meet with the potential vendor to review their program design.

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 21 service providers at 10 community care facilities and 11 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 21 direct service staff at 10 community care facilities and 11 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 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 10 CCFs and 11 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. Specific findings and recommendations are detailed below.

IV. Findings and Recommendations

8.2.d Pro Re Nata (PRN) Medication Records

At day program #19, staff were not routinely keeping records of PRN medications taken by the consumer.

8.2.d Recommendation	Regional Center Plan/Response
RCEB should ensure day program #19 properly documents all required PRN medication information.	QA met with day program #19 and retrained them on using MARs. At the time of the training, #19 was not supporting anyone who was bringing meds from home.

8.3.c First Aid

Day programs #3 and #20 had one direct care staff that did not have a current first aid certificate.

8.3.c Recommendation	Regional Center Plan/Response
RCEB should ensure that the providers at day program #3 and day program #20 have first aid certificates for all staff.	These day programs sent copies of the missing first aid certificates to QA.

8.5.c Statement of Rights

Day program #1 did not have a statement of rights posted.

8.5.c Recommendation	Regional Center Plan/Response
RCEB should ensure that day program #1 posts a statement of rights.	QA visited day program #1 and confirmed poster was posted.

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 RCEB 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 74 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. RCEB reported all deaths during the review period to DDS.
2. RCEB reported all special incidents in the sample of 74 records selected for the HCBS Waiver review to DDS.
3. RCEB's vendors reported 9 of the 10 (90 percent) applicable incidents in the supplemental sample within the required timeframes.
4. RCEB reported 6 of the 10 (60 percent) incidents to DDS within the required timeframes.
5. RCEB's follow-up activities on consumer incidents were appropriate for the severity of the situations for the 10 incidents.

IV. Finding and Recommendation

Consumer #SIR 90: The incident occurred on December 22, 2017. However, the vendor did not submit a written report to RCEB until December 27, 2017.

Consumer #SIR 85: The incident was reported to RCEB on December 21, 2017. However, RCEB did not report the incident to DDS until January 2, 2018.

Consumer #SIR 86: The incident was reported to RCEB on January 10, 2018. However, RCEB did not report the incident to DDS until February 8, 2018.

Consumer #SIR 87: The incident was reported to RCEB on November 9, 2017. However, RCEB did not report the incident to DDS until November 14, 2017.

Consumer #SIR 88: The incident was reported to RCEB on November 24, 2017. However, RCEB did not report the incident to DDS until December 5, 2017.

Recommendation	Regional Center Plan/Response
RCEB should ensure that the vendor for consumer #SIR 90 reports special incidents within the required timeframe.	QA communicated/retrained provider on reporting timelines and asked them to be specifically mindful around holidays.
RCEB should ensure that all special incidents are reported to DDS within the required timeframe.	SIR Coordinator has retrained all case management teams on reporting guidelines. They meet with the teams annually and as requested to offer refreshers on reporting guidelines. SIR Coordinator also has regularly scheduled drop-in sessions to help case managers with questions. Missed timelines are also communicated to the supervisors and Risk Management.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

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

#	UCI	CCF	DP
38	XXXXXX		
39	XXXXXX		
40	XXXXXX		
41	XXXXXX		
42	XXXXXX		
43	XXXXXX		
44	XXXXXX		
45	XXXXXX		
46	XXXXXX		
47	XXXXXX		
48	XXXXXX		6
49	XXXXXX		
50	XXXXXX		12
51	XXXXXX		
52	XXXXXX		9
53	XXXXXX		
54	XXXXXX		
55	XXXXXX		17
56	XXXXXX		
57	XXXXXX		
58	XXXXXX		13
59	XXXXXX		21
60	XXXXXX		5
61	XXXXXX		
62	XXXXXX		16
63	XXXXXX		
64	XXXXXX		
65	XXXXXX		20
66	XXXXXX		9
67	XXXXXX		
68	XXXXXX		
69	XXXXXX		1
70	XXXXXX		
71	XXXXXX		18
72	XXXXXX		14
73	XXXXXX		1
74	XXXXXX		

Supplemental Sample Terminated Waiver Consumers

#	UCI
T-75	XXXXXX
T-76	XXXXXX
T-77	XXXXXX

Supplemental Sample Developmental Center Consumers

#	UCI
DC-78	XXXXXX
DC-79	XXXXXX
DC-80	XXXXXX

HCBS Waiver Review Service Providers

CCF #	Vendor
1	XXXXXX
2	XXXXXX
3	XXXXXX
4	XXXXXX
5	XXXXXX
6	XXXXXX
7	XXXXXX
8	XXXXXX
9	XXXXXX
10	XXXXXX
11	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
15	XXXXXX
16	XXXXXX
17	XXXXXX
18	XXXXXX
19	XXXXXX
20	XXXXXX
21	XXXXXX
22	XXXXXX
23	XXXXXX

SIR Review Consumers

#	UCI	Vendor
SIR 81	XXXXXX	XXXXXX
SIR 82	XXXXXX	XXXXXX
SIR 83	XXXXXX	XXXXXX
SIR 84	XXXXXX	XXXXXX
SIR 85	XXXXXX	XXXXXX
SIR 86	XXXXXX	XXXXXX
SIR 87	XXXXXX	XXXXXX
SIR 88	XXXXXX	XXXXXX
SIR 89	XXXXXX	XXXXXX
SIR 90	XXXXXX	XXXXXX