

**Harbor Regional Center
Home and Community-Based Services Waiver
Monitoring Review Report**

Conducted by:

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

July 15–19, 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 July 15–19, 2019, at Harbor Regional Center (HRC). The monitoring team members were Nora Muir (Team Leader), Linda Rhoades, and Corbett Bray from DDS, and Raylyn Garrett and JoAnn Wright 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 38 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) 3 consumers whose HCBS Waiver eligibility had been previously terminated, 2) 10 consumers who had special incidents reported to DDS during the review period of May 1, 2018 through April 30, 2019, and 3) 2 consumers who were enrolled in the HCBS Waiver during the review period.

The monitoring team completed visits to 10 community care facilities (CCF) and 6 day programs. The team reviewed 10 CCF and 6 day program consumer records and interviewed and/or observed 30 selected sample consumers.

Overall Conclusion

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

Section II – Regional Center Consumer Record Review

Thirty-eight sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. The sample records were 99 percent in overall compliance for this review. Three criteria were rated as not applicable for this review.

HRC's records were 99 percent and 98 percent in overall compliance for the collaborative reviews conducted in 2017 and in 2015, respectively.

New Enrollees: Two sample consumers were reviewed for level-of-care determination prior to receipt of HCBS Waiver services. HRC's records were 100 percent in overall compliance for this review.

Section III – Community Care Facility Consumer Record Review

Ten consumer records were reviewed at 10 CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 99 percent in overall compliance for this review.

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

Section IV – Day Program Consumer Record Review

Six consumer records were reviewed at six day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100 percent in overall compliance for this review. Three criteria were not applicable for this review.

HRC's records were 100 percent and 98 percent in overall compliance for the collaborative reviews conducted in 2017 and in 2015, respectively.

Section V – Consumer Observations and Interviews

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

Section VI A – Service Coordinator Interviews

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

Section VI B – Clinical Services Interview

The Director of Community 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 on the Risk Management and Mitigation Committee and special incident reporting.

Section VI C – Quality Assurance Interview

A provider relations specialist was interviewed using a standard interview instrument. He responded to questions regarding how HRC 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

Five service providers at five CCFs 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

Five CCF 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 five CCFs 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 38 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. HRC reported all 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 HRC within the required timeframes, and HRC subsequently transmitted all 10 special incidents to DDS within the required timeframes. HRC'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 HRC 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

HRC 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 HRC 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> <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>

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.)	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. Thirty-eight HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	13
With Family	13
Independent or Supported Living Setting	12

2. The review period covered activity from May 1, 2018 through April 30, 2019.

III. Results of Review

The 38 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 HRC 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. Two supplemental records were reviewed solely for documentation that HRC determined the level of care prior to receipt of HCBS Waiver services.

- ✓ The sample records were in 100 percent compliance for 23 criteria. There are no recommendations for these criteria. Three criteria were not applicable for this review.
- ✓ Findings for five 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

Thirty-seven of the thirty-eight (97 percent) sample consumer records contained a completed DS 2200 form. However, the DS 2200 form in the record for Consumer #3 was not signed by the consumer.

2.2 Recommendation	Regional Center Plan/Response
HRC should ensure that the DS 2200 for Consumer #3 is properly signed and dated.	HRC is in agreement with this finding and will ensure that the individual will sign the DS 2200 indicating agreement with MW enrollment.

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

Findings

Thirty-six of the thirty-eight (95 percent) sample consumer records had documented qualifying conditions. However, the DS 3770 for Consumers #10 and #30 listed only one qualifying condition.

2.5.a Recommendation	Regional Center Plan/Response
HRC should reevaluate the HCBS Waiver eligibility of Consumers #10 and #30 to ensure that the consumers meet the level-of-care requirements. If the consumer does not have at least two qualifying conditions that meet the level-of-care requirements, the consumer’s HCBS Waiver eligibility should be terminated. If HRC determines the consumer(s) remain eligible for the waiver, supporting documentation, such as an updated CDER and DS 3770,	<p>In regard to Client #10, HRC agrees with finding, however in review of chart, additional deficits were found that include personal hygiene and restiveness. These two deficits are outlined in IPP dated 10.10.18.</p> <p>In regard to Client #30, HRC agrees to finding, however in review of 12.13.17 IPP, additional deficits were noted, which included restiveness and verbal</p>

should be submitted with the response to this report.	aggression, which were not included on the DS 3770. In both of the instances above, HRC will include these additional deficits on DS 3770 report. All deficits are clearly described in the individuals' IPPs.
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2.5.b The consumer's qualifying conditions documented in the Client Development Evaluation Report (CDER) are consistent with information contained in the consumer's record. [SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343]

Findings

Thirty-six of the thirty-eight (95 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 two 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 consumers' records (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports.

1. Consumer #17: Dressing.
2. Consumer #34: Running/Wandering.

2.5.b Recommendation	Regional Center Plan/Response
<p>HRC should determine if the items listed above are appropriately identified as qualifying conditions for Consumers #17 and #34. 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 conditions. If HRC 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>	<p>In regard to Client #17 the dressing deficit is not supported but an additional deficit of disruptive social behavior (verbal/emotional outburst) was described in the 5/30/17 IPP and should have been included on the DS 3770 thereby keeping client eligible for the MW program.</p> <p>In regard to Client #34 HRC agrees with finding but client continues to have sufficient deficits to remain on MW program.</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)]

Finding

Thirty-seven of the thirty-eight (97 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by HRC. However, the IPP for consumer #37 did not indicate that HRC funded “individual/family training service.”

2.10.a Recommendation	Regional Center Plan/Response
<p>HRC should ensure that the IPP for consumer #37 includes a schedule of the type and amount of all services and supports purchased by HRC.</p>	<p>Agreed. IPP dated 5.11.18 should have been amended to include new purchase of service.</p>

Regional Center Consumer Record Review Summary						
Sample Size = 38 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	38			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.	38			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.	38			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	38			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	38			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)]	38			100	None
2.3	There is a written notification of proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. (SMM 4442.7), (42 CFR Part 431, Subpart E), [WIC §4710(a)(1)]			38	NA	None

Regional Center Consumer Record Review Summary						
Sample Size = 38 + 3 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>	38			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>	36	2		95	See Narrative
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	36	2		95	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>	38			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>			38	NA	None
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. <i>[W&I Code §4646(g)]</i>	38			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.	5		33	100	None
2.7.c	The IPP is prepared jointly with the planning team. <i>[W&I Code §4646(d)]</i>	38			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>	38			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 38 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
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).	38			100	None
2.9.b	The IPP addresses special health care requirements.	4		34	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	13		25	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	22		16	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.	12		26	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	38			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. [W&I Code §4685(c)(2)]	7		31	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)]	37	1		97	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)]	38			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [W&I Code §4646.5(a)(4)]	5		33	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)]	38			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 38 + 3 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>[WIC §4646.5(a)(8)]</i>	38			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>	24		14	100	None
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>	24		14	100	None
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>			38	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

Ten consumer records were reviewed at ten 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 99 percent in compliance for 19 criteria.

- ✓ The sample records were 100 percent in compliance for 18 applicable criteria. There are no recommendations for these criteria.
- ✓ Finding for one criterion is detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Finding and Recommendation

- 3.5.c The quarterly reports include a summary of data collected for target behaviors.
[Title 17, CCR, §56026(c)]

Finding

Eight of the nine (89 percent) applicable sample consumer records contained reports that summarized the data collected for targeted behaviors. However, the quarterly reports for Consumer #1 at CCF #10 contained summarized data that did not match the data collected by the facility.

3.5.c Recommendations	Regional Center Plan/Response
HRC should ensure that CCF provider #10 correctly summarizes the data collected for Consumer #1 in the quarterly reports.	HRC will meet with provider to review finding and ensure that data being collected is consistent with behaviors being addressed.

Community Care Facility Record Review Summary						
Sample Size: Consumers = 10; CCFs = 10						
	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>	10			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	10			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	7		3	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.	10			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	10			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	10			100	None
3.1.i	Special safety and behavior needs are addressed.	9		1	100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17 and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. <i>[Title 17, CCR, §56019(c)(1)]</i>	10			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	10			100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers =10; CCFs = 10						
	Criteria	+	-	N/A	% Met	Follow-up
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. <i>[Title 17, CCR, §56026(b)]</i>	1		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.	2		8	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		1	100	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	9		1	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>	8	1	1	89	See Narrative
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. <i>[Title 17, CCR, §56026(a)]</i>	10			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	9		1	100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	2		8	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		8	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		8	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

Six consumer records were reviewed at six 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 14 criteria. Three criteria were rated as not applicable for this review.

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

Day Program Record Review Summary						
Sample Size: Consumers = 6; Day Programs = 6						
	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)	6			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.	6			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.	6			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.	6			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.	6			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.	6			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.	6			100	None
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	6			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 6; Day Programs = 6						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	5		1	100	None
4.2	The day program has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56720(b)]</i>	6			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>	6			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.	6			100	None
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	6			100	None
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services which the day program is responsible for implementing.	6			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>			6	NA	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>			6	NA	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>			6	NA	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

Thirty of the thirty-eight consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities, or in independent living settings.

- ✓ Seventeen consumers agreed to be interviewed by the monitoring teams.
- ✓ Nine consumers did not communicate verbally or declined an interview, but were observed.
- ✓ Four interviews were conducted with parents of minors.
- ✓ Eight 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 seven HRC 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 HRC'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 and behavior plans; coordination of medical and mental health care for consumers; circumstances under which actions are initiated for medical or behavior issues; clinical supports to assist service coordinators; improved access to preventive health care resources; role in Risk Management and Mitigation Committee and special incident reports (SIR).
2. The monitoring team interviewed Harbor Regional Center's (HRC) Director of Community Services.

II. Results of Interview

1. The HRC clinical team includes: physicians, clinical psychologists, behaviorists, registered nurses, occupational and speech therapists, early childhood specialist, assistive technology specialist, a dental coordinator, a pharmacist and a benefit coordinator.
2. Registered nurses are available to consult with service coordinators in evaluating consumers with medical and/or medication issues on an as-needed basis. In addition, the nurses are assigned as liaisons for homes that have consumers with special health care needs, and for clients who are moving from the state developmental centers. The liaisons will conduct in-home trainings on topics such as diabetes, choking precautions and constipation. Nurses are assigned as consultants to day programs to provide preventative training such as universal precautions and health-related issues. The registered nurses are available to visit hospitalized consumers and assist in the discharge planning process.
3. The clinical team is active in monitoring consumers' medications. The pharmacist is available for consultation and training for service coordinators and providers. The pharmacist participates in a polypharmacy review when

- requested by the service coordinator. The pharmacist also reviews all medication error SIRs, and provides training as needed.
4. The clinical staff is available to service coordinators for consultation regarding consumer behaviors or mental health needs. A behaviorist is available to review behavior plans and make recommendations as needed. The clinical team also assists consumers, families and service providers who may need information, referral and support. The pharmacist participates on the mental health committee and provides consultation regarding polypharmacy and psychotropic medications. HRC has a mental health liaison that collaborates with local county mental health agencies.
 5. The clinical staff provides trainings to HRC staff. Topics include cerebral palsy, epilepsy, medications, autism, behavior management, seizures, constipation, diabetes, restricted health care plans, and hospice services. The clinical team also offers training to providers and families on a variety of health-related topics.
 6. HRC has improved access to health care resources through the following programs and services:
 - ✓ Education Outreach classes for parents;
 - ✓ Onsite Assistive Technology Lab and Assessments;
 - ✓ Support groups for parents and siblings;
 - ✓ Early Intervention Clinic;
 - ✓ University of Los Angeles resident rotation at HRC;
 - ✓ Resource Development Team;
 - ✓ Speech, physical and occupational therapy clinics; and
 - ✓ Training CDs for providers on topics such as medications, diabetes, and choking precautions.
 7. HRC's dental coordinator performs dental screenings and trainings at community care facilities and day programs. The coordinator assists consumers and families to locate dental resources. HRC has developed "Adopt A Home Dental Program" in collaboration with Cerritos College dental hygienist students.
 8. The clinical team has an active role in the Risk Management and Mitigation Committee at HRC. Members of the clinical team participate in reviewing all unplanned hospitalization SIRs and other medical and behavioral SIRs as requested. In addition, a nurse or physician reviews all deaths that occurred under the care of a vendor. 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.
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SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

The interview with quality assurance (QA) staff ascertains how the regional center has organized itself to conduct Title 17 monitoring of community care facilities (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 provider relations specialist who is part of the team responsible for conducting HRC's QA activities.

III. Results of Interview

1. The provider relations specialist provided specific information about HRC's process for conducting annual Title 17 reviews, unannounced visits and provider training. A provider relations specialist is responsible for conducting the annual Title 17 review. The two unannounced visits are conducted each year; one by the provider relations staff and one by the HRC service coordinator who is assigned as the facility liaison.
2. When issues of substantial inadequacies are identified, a form is completed and sent to the provider relations specialist. The provider relations specialist investigates to determine whether a Corrective Action Plan will be issued and will conduct the follow-up, if any.
3. Provider relations specialists also monitor the day programs and supported living and independent living programs. They conduct annual monitoring reviews and will follow up on special incident reports and family and community complaints.
4. The information obtained from QA activities is compiled and analyzed by the specialists for trends of related issues that need to be addressed with training and/or referrals to appropriate consultants. Case management staff and provider relations specialists meet monthly to discuss trends and develop appropriate vendor training. They also meet on a quarterly basis with Community Care Licensing.
5. The QA program manager participates in the resource development committee. They review and recommend approval on vendor applications for CCFs, independent living services, supported living services, and day programs.

6. The QA program manager develops trend analysis reports for the Risk Management and Mitigation Committee. The Committee reviews these reports and trends on a semi-annual basis. Information from this committee is shared with the provider relations staff for possible upcoming vendor trainings.

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 five service providers at five community care facilities (CCF) 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 five direct service staff at five community care facilities (CCF) 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 HCBS Waiver definition of a homelike setting.

II. Scope of Review

1. The monitoring teams reviewed a total of five CCFs.
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 the CCFs were found to be in good condition with no immediate health and safety concerns. Specific findings and recommendations are detailed below.

IV. Finding and Recommendation

8.5 c Statement of Rights

At CCF #2, a statement of consumer rights was not posted. During the monitoring review, the provider posted a statement of consumer rights. Accordingly, no recommendation is required.

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 HRC 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 38 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. HRC reported all deaths during the review period to DDS.
2. HRC reported all special incidents in the sample of 38 records selected for the HCBS Waiver review to DDS.
3. HRC's vendors reported 9 of the 10 (90 percent) applicable incidents in the supplemental sample within the required timeframes.
4. HRC reported all 10 (100 percent) incidents to DDS within the required timeframes.
5. HRC'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 #2: The incident occurred on July 19, 2018. However, the vendor did not submit a written report to HRC until July 23, 2018.

Recommendation	Regional Center Plan/Response
HRC should ensure that the vendor for Consumers SIR #1 and SIR #2 report special incidents within the required timeframes.	In regard to Client #2 HRC will ensure that SIRs are reported within the required timelines.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

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

#	UCI	CCF	DP
38	XXXXXX		

Supplemental Sample Terminated Waiver Consumers

#	UCI
T-39	XXXXXX
T-40	XXXXXX
T-41	XXXXXX

New Enrollees

#	UCI
NE-1	XXXXXX
NE-2	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

Day Program #	Vendor
1	XXXXXX
2	XXXXXX
3	XXXXXX
4	XXXXXX
5	XXXXXX
6	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