

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

Conducted by:

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

January 13-24, 2020

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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 13-24, 2020, at Tri-Counties Regional Center (TCRC). The monitoring team members were Kathy Benson (Team Leader), Linda Rhoades, Bonnie Simmons, Kelly Sandoval, and Nora Muir from DDS, and Kevin Phomthevy 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 55 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) ten consumers who had special incidents reported to DDS during the review period of November 1, 2018 through October 31, 2019, and 3) four consumers who were enrolled in the HCBS Waiver during the review period.

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

Overall Conclusion

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

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

TCRC's records were 99 percent in overall compliance for the collaborative reviews conducted in 2018 and in 2016.

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

Section III – Community Care Facility Consumer Record Review

Four consumer records were reviewed at four CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 98 percent in overall compliance for 16 criteria on this review. Three criteria were not applicable for this review.

TCRC's records were 100 percent in compliance for the collaborative reviews conducted in 2018 and in 2016.

Section IV – Day Program Consumer Record Review

Nine consumer records were reviewed at nine day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 98 percent in overall compliance for this review. Three criteria were not applicable for this review.

TCRC's records were 98 percent and 96 percent in overall compliance for the collaborative reviews conducted in 2018 and in 2016, respectively.

Section V – Consumer Observations and Interviews

Thirty-three 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

Ten 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. He 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 Committee.

Section VI C – Quality Assurance Interview

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

Eight service providers at four CCFs and four 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

Four CCF and four 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 four CCFs and four 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 55 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. TCRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported nine of the ten incidents to TCRC within the required timeframes, and TCRC subsequently transmitted nine of the ten special incidents to DDS within the required timeframes. TCRC'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 TCRC'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

TCRC 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 TCRC 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</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.)	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. Fifty-five HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	11
With Family	17
Independent or Supported Living Setting	27

2. The review period covered activity from November 1, 2018 through October 31, 2019.

III. Results of Review

The 55 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 TCRC 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. Four supplemental records were reviewed for documentation that TCRC determined the level of care prior to receipt of HCBS Waiver services.

- ✓ The sample records were 100 percent in compliance for 22 criteria. There are no recommendations for these criteria. One criterion was rated as not applicable for this review.
- ✓ Findings for eight 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

Fifty-four of the fifty-five (98 percent) sample consumer records contained a completed DS 2200 form. However, the DS 2200 form in the record for consumer #17 was not signed by the conservator. During the monitoring review, the conservator signed the DS 2200. Accordingly, no recommendation is required.

- 2.5.a The consumer's qualifying conditions and any special health care requirements used to meet the level-of-care requirements for care provided in an ICF-DD, ICF/DD-H, or ICF/DD-N facility are documented in the consumer's CDER and other assessments. (SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343)

Finding

Fifty-four of the fifty-five (98 percent) sample consumer records had documented qualifying conditions. However, the record for consumer #44 did not have qualifying conditions documented in the CDER or other assessments to meet the level-of-care requirements for the HCBS Waiver. During the monitoring review, TCRC provided a new DS 2200 that contained documentation that the consumer voluntarily disenrolled from the HCBS Waiver. Accordingly, no recommendation is required.

- 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)

Finding

Fifty-four of the fifty-five (98 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 record for consumer #46 did not support the determination that "self-injurious behavior" identified in the CDER and DS 3770 could be considered a qualifying condition. There was no supporting information in the consumer's records (IPP, progress reports, vendor reports, etc.) that described the impact of the above identified condition or need for services and supports. During the monitoring review, TCRC provided a revised DS 3770 removing the above qualification. Accordingly, no recommendation is required.

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

Finding

Forty-two of the forty-three (98 percent) applicable sample consumer records contained a completed SARF. However, the record for consumer #32 did not have a completed SARF.

2.6.b Recommendation	Regional Center Plan/Response
TCRC should ensure that the SARF for consumer #32 is completed during the annual IPP review process.	TCRC will ensure that the SARF for individual #32 is completed during the annual IPP review process. This will be done through a periodic internal review. In addition, this is trained to at new Service Coordinator orientation and discussed at individual team meetings/trainings, Services and Supports Manager meetings and reminders to the Assistant Director Team.

- 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.

Finding

Thirty-five of the thirty-six (97 percent) applicable sample consumer records contained IPP addenda signed by TCRC and the consumer or, where appropriate, his/her parents, legal guardian, or conservator. However, the addendum for consumer #17 completed on January 17, 2019, was not signed by the conservator. During the monitoring review, TCRC had the conservator sign the addendum. Accordingly, no recommendation is required.

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

Finding

Fifty-four of the fifty-five (98 percent) sample consumer records contained IPPs that addressed the consumers’ qualifying conditions. The IPP for consumer #46 did not address services and supports for the consumer’s need for “assistance

with dressing.” During the monitoring review, an addendum was completed that addressed services and supports for assistance with dressing. Accordingly, no recommendation is required.

2.13.a Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (*Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement*)

Findings

Thirty-four of the thirty-eight (90 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for consumers #11, #32, #38, and #44 contained documentation of only three of the required meetings.

2.13.a Recommendations	Regional Center Plan/Response
TCRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #11, #32, #38, and #44.	TCRC will ensure that all future face-to-face meetings are completed and documented each quarter for individuals #11, #32, #38, and #44. This will be done through monitoring of TCRC's Service Coordinator JeffNet dashboard. In addition, this is trained to at new Service Coordinator orientation and discussed at individual team meetings/trainings, Services and Supports Manager meetings. In addition, Service and Supports managers will audit to this during annual recertification.

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

Thirty-three of the thirty-eight (87 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for #11, #32, #38, #43, and #44 contained documentation of only three of the required quarterly reports of progress.

2.13.b Recommendations	Regional Center Plan/Response
TCRC should ensure that future quarterly reports of progress are completed for consumers #11, #32, #38, #43, and #44.	TCRC will ensure that future quarterly reports of progress are completed for individuals #11, #32, #38, #43, and #44. This will be done through monitoring of TCRC's Service Coordinator JeffNet dashboard. In addition, this is trained to at new Service Coordinator orientation and discussed at individual team meetings/trainings, Services and Supports Manager meetings. In addition, Service and Supports managers will audit to this during annual recertification.

Regional Center Consumer Record Review Summary						
Sample Size = 55 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	55			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.	55			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.	55			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	53		2	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	4		51	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)]	54	1		98	See Narrative
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. [SMM 4442.7; 42 CFR Part 431, Subpart E; W&I Code §4646(g)]	3		55	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 55 + 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>	55			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>	54	1		98	See Narrative
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	54	1		98	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>	55			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>	42	1	12	98	See Narrative
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. <i>[W&I Code §4646(g)]</i>	55			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.	35	1	19	97	See Narrative
2.7.c	The IPP is prepared jointly with the planning team. <i>[W&I Code §4646(d)]</i>	55			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>	55			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 55 + 3 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).	54	1		98	See Narrative
2.9.b	The IPP addresses special health care requirements.	9		46	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	11		44	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	30		25	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.	27		28	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	55			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>	11		44	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>	55			100	None
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. <i>[W&I Code §4646.5(a)(4)]</i>	55			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>	36		19	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>	55			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 55 + 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>[W&I Code §4646.5(a)(6)]</i>	55			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>	34	4	17	90	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>	33	5	17	87	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>			55	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

Four consumer records were reviewed at four CCFs visited by the monitoring team. The facilities' consumer records were reviewed to determine compliance with 19 criteria.

III. Results of Review

The consumer records were 98 percent in compliance for 16 criteria. Three criteria were not applicable for this review.

- ✓ The sample records were 100 percent in compliance for 15 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

- 3.4.a Service Level 2 and 3 facilities prepare and maintain written semiannual reports of the consumer's progress. *[Title 17, CCR, §56026(b)]*

Finding

Two of the three (67 percent) applicable consumer records contained semiannual reports of the consumers' progress. However, the record for consumer #11 at CCF #4 was missing one semiannual progress report.

3.4.a Recommendation	Regional Center Plan/Response
TCRC should ensure that CCF provider #4 prepares and maintains written semiannual reports of progress for consumer #11.	TCRC will ensure that CCF provider #4 prepares and maintains written semiannual reports of progress for individual #11. Service Coordinators will work with the provider to ensure reports are made available to them during the quarterly meetings. Request TCRC's Quality Assurance team will train to this requirement at provider orientations and trainings. In addition, they will work with a provider who may need technical assistance with these reports.

Community Care Facility Record Review Summary						
Sample Size: Consumers = 4; CCFs = 4						
	Criteria	+	-	N/A	% Met	Follow-up
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. <i>(Title 17, CCR, §56017(b); Title 17, CCR, §56059(b)); Title 22, CCR, §80069)</i>	4			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	4			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	3		1	100	None
3.1.c	The consumer record contains current health information that includes medical, dental and other health needs of the consumer including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	4			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	4			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	4			100	None
3.1.i	Special safety and behavior needs are addressed.	4			100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17 and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. <i>[Title 17, CCR, §56019(c)(1)]</i>	4			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	4			100	None

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

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

Nine consumer records were reviewed at nine day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria.

III. Results of Review

The consumer records were 100 percent in compliance for 12 criteria. Three criteria were not applicable for this review.

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

Finding

Eight of the nine (89 percent) sample consumer records contained signed authorizations for emergency medical treatment. However, the record for consumer #8 at day program #10 did not contain an authorization for emergency medical treatment signed by the consumer. During the monitoring review, the consumer signed an authorization for emergency medical treatment. Accordingly, no recommendation is required.

- 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.

Finding

Seven of the eight (88 percent) applicable sample consumer records contained documentation that the consumer and/or their authorized representative had been informed of their personal rights. However, the record for consumer #4 at day program #6 did not contain documentation that the consumer was informed of his personal rights. During the monitoring review, the consumer signed documentation that he had been informed of his personal rights. Accordingly, no recommendation is required.

Day Program Record Review Summary						
Sample Size: Consumers = 9; Day Programs = 9						
	Criteria	+	-	N/A	% Met	Follow-up
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. (Title 17, CCR, §56730)	9			100	None
4.1.a	The consumer record contains current emergency and personal identification information including the consumer's address, telephone number; names and telephone numbers of residential care provider, relatives, and/or guardian or conservator; physician name(s) and telephone number(s); pharmacy name, address and telephone number; and health plan, if appropriate.	9			100	None
4.1.b	The consumer record contains current health information that includes current medications, known allergies; medical disabilities; infectious, contagious, or communicable conditions; special nutritional needs; and immunization records.	9			100	None
4.1.c	The consumer record contains any medical, psychological, and social evaluations identifying the consumer's abilities and functioning level, provided by the regional center.	9			100	None
4.1.d	The consumer record contains an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative.	8	1		89	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.	7	1	1	88	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.	9			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 9; Day Programs = 9						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	9			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	6		3	100	None
4.2	The day program has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56720(b)]</i>	9			100	None
4.3.a	The day program provider develops, maintains, and modifies as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. <i>[Title 17, CCR, §56720(a)]</i>	9			100	None
4.3.b	The day program's individual service plan or other program documentation is consistent with the services addressed in the consumer's IPP.	9			100	None
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	9			100	None
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services which the day program is responsible for implementing.	8		1	100	None
4.5.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>			9	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>			9	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>			9	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, work activities, health, choices, and regional center services.

II. Scope of Observations and Interviews

Thirty-three of the fifty-five 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.

- ✓ Seventeen consumers agreed to be interviewed by the monitoring teams.
- ✓ Seven consumers did not communicate verbally or declined an interview, but were observed.
- ✓ Nine interviews were conducted with parents of minors.
- ✓ Twenty-two 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 10 Tri-Counties Regional Center (TCRC) 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 TCRC's clinical team 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 interview questions 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 the Risk Management Committee and special incident reports (SIR).
2. The monitoring team received information from the Director of Clinical Services at Tri-Counties Regional Center (TCRC).

III. Results of Interview

1. The TCRC clinical team consists of physicians, psychologists, a psychopharmacologist, psychiatrists, an autism coordinator, and a registered nurse, dental hygienist, board-certified behavior analyst and a licensed marriage family therapist.
2. The TCRC service coordinators are instrumental in identifying and requesting support and/or review of potential medical issues from the clinical team. These issues can be presented at weekly planning team meetings, or the service coordinator can request individual appointments. The clinical team is also available to assist service providers regarding consumer medical issues or concerns. When needed, members of the clinical team are available to collaborate with the consumers' physician.
3. Consumers' medications are reviewed during the annual review by the service coordinators. The clinical team is available for medication issues, and will assess, evaluate and make referrals as needed. In addition, the psychopharmacologist plays an active role in monitoring consumer medications. This includes medication review, onsite visits for observation and evaluation, active consultation with the prescribing physicians (including psychiatrists), and attending physician appointments when requested.

4. Behavior plans by TCRC vendors are reviewed quarterly by a psychologist. The service coordinators can contact the clinical team regarding consumers' behavioral needs. The psychologist is available to do onsite visits with families and providers regarding behavior issues when requested.
5. When service coordinators identify mental health issues, they are able to utilize the services of the team psychologist. Meetings are conducted between the regional center and county mental health to assist in coordinating psychological, psychiatric and counseling services. The regional center provides psychiatric clinics that offer evaluation and treatment for consumers with unmet psychiatric needs. The psychiatrist is also available to conduct emergency onsite assessments.
6. The clinical team provides training to staff, providers, community agencies and/or partners on a variety of topics, such as mental illness, dual diagnosis, health issues specific to persons with developmental disabilities, relaxation/meditation, diabetes, crisis intervention, first responder training, and autism. In addition, the psychopharmacologist provides medication training to residential providers, staff and family members. Clinical team members are also involved in new employee orientation training.
7. TCRC has taken a proactive role in advocating for prevention, education, resource development, and medical treatments for consumers. These efforts include, but are not limited to:
 - ✓ Clinician Referral Guidelines and Checklist – This tool assists service coordinators to screen for possible polypharmacy issues;
 - ✓ Multi-disciplinary intake evaluations;
 - ✓ Participation in health and wellness conferences;
 - ✓ The autism coordinator organizing classes for parents; and,
 - ✓ Collaborating with community physicians to assist with autism diagnosis.
8. A psychologist, a licensed marriage family therapist and a nurse participate on the Risk Management Committee, and a physician is also available as needed. Medical and mental health SIRs are reviewed as requested by service coordinators or the SIR coordinator. A clinical team physician reviews all deaths and participates on the morbidity and mortality review committee. The regional center utilizes Mission Analytics Group, Inc., the State's risk management contractor, to analyze special incidents for trends. The clinical team uses this information to make 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 Tri-Counties Regional Center's (TCRC) QA activities.

III. Results of Interview

1. TCRC conducts one comprehensive annual Title 17 monitoring review and two unannounced visits to CCFs per year. Members of the QA team are assigned residential facilities, and they invite other TCRC staff on these monitoring reviews. Each review utilizes standardized report forms and checklists based on Title 17 regulations. The scope of activities includes a review of records, medications, consumer funds, first aid certificates, and a safety walk-through. In addition, staff monitors day programs, independent living, supported living agencies and special incident reports.
2. Results of QA team reviews are tracked and reviewed by QA management, Director of the Board and the Vendor Advisory Committee. When issues of substantial inadequacies are identified, the QA staff is responsible for developing corrective action plans (CAP) and encourages service coordinators (SC) to follow up, ensuring providers complete the CAP requirements. The QA team has biweekly phone calls, one-to-one with managers and face-to-face team meetings to discuss any CAPs. The QA team maintains a database for all CAPs, which are reviewed by the QA supervisor.

3. TCRC's Community Development Director, QA supervisor, lead QA, and special incident report (SIR) coordinator participate on the Risk Management Committee. The committee meets every other month to discuss any compliance, consistency, and trends related to SIRs. TCRC's Information Systems department generates reports, and important information is relayed to staff. The QA supervisor receives all SIRs and ensures that follow-up is completed. The QA staff collaborates with the SCs to handle the follow-up activities. QA is responsible for the closing of any open or unresolved issues.
4. The resource development unit is responsible for verifying qualifications of providers. In addition, they provide training and technical assistance. QA will visit a new provider prior to the completion of the vendorization process. The QA staff also offers 12 hours of provider trainings per year.

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 eight service providers at four community care facilities and four day programs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The service providers were familiar with the strengths, needs and preferences of their 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 eight direct service staff at four community care facilities and four day programs where services are provided to the consumer who was visited by the monitoring team.
2. The interview questions are divided into two categories:
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The direct service staff were familiar with the strengths, needs and preferences of their consumer.
2. The direct service staff were knowledgeable about their roles and responsibilities for providing the services addressed in the consumer's IPP.
3. The direct service staff demonstrated that they understood the importance of communication with all individuals concerned with the consumer.
4. The direct service staff were prepared to address safety issues and emergencies and were familiar with special incident reporting requirements.
5. The direct service staff demonstrated an understanding about emergency preparedness.
6. The direct service staff were knowledgeable regarding safeguarding and assisting with self-administration of medications where applicable.

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

The review ensures that the selected community care facilities (CCF) and day programs are serving consumers in a safe, healthy and positive environment where their rights are respected. The review also ensures that CCFs are meeting the Home and Community-Based Services Waiver definition of a homelike setting.

II. Scope of Review

1. The monitoring teams reviewed a total of four CCFs and four 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. Finding and Recommendation

8.3c First Aid

Day program #10 had ten direct care staff who did not have a current first aid certificate. After the monitoring review, day program #10 provided a copy of their current first aid certificate for the ten direct care staff. 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 TCRC 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 55 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. TCRC reported all deaths during the review period to DDS.
2. TCRC reported all special incidents in the sample of 55 records selected for the HCBS Waiver review to DDS.
3. TCRC's vendors reported nine of the ten (90 percent) applicable incidents in the supplemental sample within the required timeframes.
4. TCRC reported nine of the ten (90 percent) incidents to DDS within the required timeframes.
5. TCRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the 10 incidents.

III. Findings and Recommendations

SIR #3: The incident occurred on June 21, 2019. However, the vendor did not submit a written report to TCRC until June 25, 2019.

SIR #9: The incident was reported to TCRC on July 16, 2019. However, TCRC did not report the incident to DDS until August 27, 2019.

Recommendations	Regional Center Plan/Response
<p>TCRC should ensure that the vendor for consumer SIR #3 submits special incidents within the required timeframe.</p>	<p>TCRC's SIR coordinator, in conjunction with the Quality Assurance team, will provide ongoing SIR training that includes timeline requirements and technical assistance to providers on an annual and as needed basis.</p>
<p>TCRC should ensure that all special incidents are reported to DDS within the required timeframe.</p>	<p>The TCRC SIR Coordinator, along with Federal Programs Manager, will continue to provide individual and team training with all Services and Support staff around the SIR process and required reporting timelines. When TCRC's SIR Coordinator becomes aware of an incident that is outside of the reporting timeline, she will review the date the SC was made aware of the event versus when the SIR Coordinator was notified. The SIR Coordinator will contact the Service Coordinator and their manager to go over the reporting protocols and timeline requirements. The SIR Coordinator will also provide ongoing follow-up and training with Services and Support staff as needed. TCRC will ensure that all special incidents are reported to DDS within the required timeframe</p>

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

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

#	UCI	CCF	DP
38	XXXXXX		7
39	XXXXXX		
40	XXXXXX		
41	XXXXXX		
42	XXXXXX		
43	XXXXXX		
44	XXXXXX		
45	XXXXXX		
46	XXXXXX		
47	XXXXXX		
48	XXXXXX		
49	XXXXXX		
50	XXXXXX		
51	XXXXXX		
52	XXXXXX		
53	XXXXXX		
54	XXXXXX		
55	XXXXXX		

Supplemental Sample Terminated Waiver Consumers

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

New Enrollees

#	UCI
NE-1	XXXXXX
NE-2	XXXXXX
NE-3	XXXXXX
NE-4	XXXXXX

HCBS Waiver Review Service Providers

CCF #	Vendor
1	XXXXXX
2	XXXXXX
3	XXXXXX
4	XXXXXX

Day Program #	Vendor
1	XXXXXX
2	XXXXXX
3	XXXXXX
4	XXXXXX
5	XXXXXX
6	XXXXXX
7	XXXXXX
8	XXXXXX
9	XXXXXX
10	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