

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

**Conducted by:**

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

**September 9–13, 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 September 9–13, 2019, at Westside Regional Center (WRC). The monitoring team members were Linda Rhoades (Team Leader), Corbett Bray, and Bonnie Simmons from DDS, and Raylyn Garrett and Kevin Phomtheyv 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 34 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) two consumers who moved from a developmental center; 2) ten consumers who had special incidents reported to DDS during the review period of July 1, 2018 through June 30, 2019; and 3) two consumers who were enrolled in the HCBS Waiver during the review period.

The monitoring team completed visits to two community care facilities (CCF) and 11 day programs. The team reviewed two CCF and 14 day program consumer records and interviewed and/or observed 28 selected sample consumers.

## Overall Conclusion

WRC is in substantial compliance with the federal requirements for the HCBS Waiver program. Specific recommendations that require follow-up actions by WRC are included in the report findings. DDS is requesting documentation of follow-up actions taken by WRC 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 WRC 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-four sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Criterion 2.13.a was 77 percent in compliance because 5 of the 22 applicable records did not contain documentation of all required quarterly face-to-face visits. Criterion 2.13.b was 77 percent in compliance because 5 of the 22 applicable records rated did not contain documentation of all required quarterly reports of progress. One criterion was not applicable for this review. The sample records were 93 percent in overall compliance for this review.

WRC's records were 99 percent and 97 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. WRC's records were 100 percent in overall compliance for this review.

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

Two consumer records were reviewed at two CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100 percent in overall compliance for nine criteria on this review. Six criteria were rated as not applicable for this review. The sample records were 81 percent in overall compliance for this review.

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

#### Section IV – Day Program Consumer Record Review

Fourteen consumer records were reviewed at 11 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.

WRC's records were 96 percent and 98 percent in overall compliance for the collaborative reviews conducted in 2017 and in 2015, respectively.

#### Section V – Consumer Observations and Interviews

Twenty-eight 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

Six 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

WRC's Nurse Consultant 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 quality assurance coordinator was interviewed using a standard interview instrument. He responded to questions regarding how WRC 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 two CCFs and three day programs were interviewed using a standard interview instrument. The service providers responded to questions regarding their knowledge of the consumer, the annual review process, and the monitoring of health issues, medication administration, progress, safety and emergency preparedness. The staff was familiar with the consumers and knowledgeable about their roles and responsibilities.

### Section VII B – Direct Service Staff Interviews

Two CCF and three day program direct service staff were interviewed using a standard interview instrument. The direct service staff responded to questions regarding their knowledge of consumers, the IPP, communication, service delivery, procedures for safety, emergency preparedness, and medications. The staff were familiar with the consumers and knowledgeable about their roles and responsibilities.

### Section VIII – Vendor Standards Review

The monitoring team reviewed two CCFs and three day programs utilizing a standard checklist with 24 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 34 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. WRC reported all deaths to DDS during this period of time. WRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported all 10 incidents to WRC within the required timeframes, and WRC subsequently transmitted all 10 special incidents to DDS within the required timeframes. WRC'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 WRC'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

WRC 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 WRC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self-assessment criteria.

✓ The full response to the self-assessment is available upon request.

<b>Regional Center Self-Assessment HCBS Waiver Assurances</b>	
HCBS Waiver Assurances	Regional Center Assurances
<p>State conducts level-of-care need determinations consistent with the need for institutionalization.</p>	<p>The regional center ensures that consumers meet ICF/DD, ICF/DD-H, or ICF/DD-N facility level-of-care requirements as a condition of initial and annual eligibility for the HCBS Waiver Program.</p> <p>Regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meet the federal definition of a Qualified Mental Retardation Professional (QMRP).</p> <p>The regional center ensures that consumers are eligible for full-scope Medi-Cal benefits before enrolling them in the HCBS Waiver.</p>
<p>Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver services.</p>	<p>The regional center takes action(s) to ensure consumers' rights are protected.</p> <p>The regional center takes action(s) to ensure that the consumers' health needs are addressed.</p> <p>The regional center ensures that behavior plans preserve the right of the consumer to be free from harm.</p> <p>The regional center maintains a Risk Management, Risk Assessment and Planning Committee.</p> <p>The regional center has developed and implemented a Risk Management/Mitigation Plan.</p> <p>Regional centers and local Community Care Licensing offices coordinate and collaborate in addressing issues involving licensing requirements and monitoring of CCFs pursuant to the MOU between DDS and Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 community care facilities.</p> <p>The regional center reviews each community care facility annually to assure services are consistent with the program design and applicable laws and oversees development and implementation of corrective action plans as needed.</p> <p>The regional center conducts not less than two unannounced monitoring visits to each CCF annually.</p> <p>Service coordinators perform and document periodic reviews (at least annually) to ascertain progress toward achieving IPP objectives and the consumer's and the family's satisfaction with the IPP and its implementation.</p> <p>Service coordinators have quarterly face-to-face meetings with consumers in CCFs, family home agencies, supported living services, and independent living services to review services and progress</p>



<b>Regional Center Self-Assessment HCBS Waiver Assurances</b>	
<b>HCBS Waiver Assurances</b>	<b>Regional Center Assurances</b>
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services (cont.)	toward achieving the IPP objectives for which the service provider is responsible. The regional center ensures that needed services and supports are in place when a consumer moves from a developmental center (DC) to a community living arrangement. Service coordinators provide enhanced case management to consumers who move from a DC by meeting with them face-to-face every 30 days for the first 90 days they reside in the community.
Only qualified providers serve HCBS Waiver participants.	The regional center ensures that all HCBS Waiver service providers have signed the "HCBS Provider Agreement Form" and meet the required qualifications at the time services are provided.
Plans of care are responsive to HCBS Waiver participant needs.	The regional center ensures that all HCBS Waiver consumers are offered a choice between receiving services and living arrangements in an institutional or community setting. Regional centers ensure that planning for IPPs includes a comprehensive assessment and information-gathering process which addresses the total needs of HCBS Waiver consumers and is completed at least every three years at the time of his/her triennial IPP. The IPPs of HCBS Waiver consumers are reviewed at least annually by the planning team and modified, as necessary, in response to the consumers' changing needs, wants and health status. The regional center uses feedback from consumers, families and legal representatives to improve system performance. The regional center documents the manner by which consumers indicate choice and consent.

## SECTION II REGIONAL CENTER CONSUMER RECORD REVIEW

### I. Purpose

The review is based upon documentation criteria derived from federal/state statutes and regulations and from the Centers for Medicare & Medicaid Services' directives and guidelines relating to the provision of Home and Community-Based Services (HCBS) Waiver services. The criteria address requirements for eligibility, consumer choice, notification of proposed action and fair hearing rights, level of care, individual program plans (IPP) and periodic reviews and reevaluations of services. The information obtained about the consumer's needs and services is tracked as a part of the onsite program reviews.

### II. Scope of Review

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

<b>Living Arrangement</b>	<b># of Consumers</b>
Community Care Facility (CCF)	6
With Family	12
Independent or Supported Living Setting	16

2. The review period covered activity from July 1, 2018 through June 30, 2019.

### III. Results of Review

The 34 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Two supplemental records were reviewed solely for documentation indicating that the consumer received face-to-face reviews every 30 days for the first 90 days after moving from a developmental center. Two supplemental records were reviewed solely for documentation that WRC determined the level of care prior to receipt of HCBS Waiver services.

- ✓ The sample records were 100 percent in compliance for 21 criteria. There are no recommendations for these criteria. One criterion was not applicable for this review.
- ✓ Findings for nine criteria are detailed below.

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

IV. Findings and Recommendations

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

Findings

Thirty-one of the thirty-four (91 percent) sample consumer records contained a completed DS 2200 form. However, the records for consumers #19, #29, and #33 did not contain a dated DS 2200 form.

2.2 Recommendations	Regional Center Plan/Response
WRC should ensure that the DS 2200 forms for consumers #19, #29, and #33 are properly dated.	The records for individuals #19, #29, and #33 have been updated with a dated form DS 2200.

- 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-two of the thirty-four (94 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 consumer’s records (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports.

1. Consumer #12: Uses manual or motorized wheelchair independently but has difficulty steering.
2. Consumer #17: Requires someone nearby during waking hours to prevent injury/harm in all settings.

2.5.b Recommendations	Regional Center Plan/Response
<p>WRC should determine if the items listed above are appropriately identified as qualifying conditions for consumers #12, and #17. 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 WRC 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>The items were correctly identified on the DS 3770 and not included in the IPP for consumers #12 and #17. The new addendums to the IPP were created for consumers #12 and #17 to appropriately identify the support for those items. Addendums have been submitted and mailed out for signatures.</p>

2.6.a The IPP is reviewed (at least annually) by the planning team and modified, as necessary, in response to the consumer's changing needs, wants or health status. *[42 CFR 441.301(b)(1)(I)]*

Finding

Thirty-three of the thirty-four (97 percent) sample consumer records contained documentation that the consumer's IPP had been reviewed annually by the planning team. However, there was no documentation that the IPP for consumer #4 was reviewed. A new IPP was completed on August 14, 2019. Accordingly, there is no recommendation.

This item is now being deleted since WRC provided a signed copy of the IPP.

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

Finding

Nineteen of the twenty (95 percent) applicable sample consumer records contained IPPs that addressed the consumers’ day program services. However, the IPP for consumer #13 did not address the services which the day program provider is responsible for implementing.

2.9.d Recommendation	Regional Center Plan/Response
WRC should ensure that the IPP for consumer #13 addresses the services which the day program provider is responsible for implementing.	The IPP for individual #13 has been revised to include the services which the day program provider is responsible for implementing.

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)(5)]*

Findings

Thirty-one of the thirty-four (91 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by WRC. However, IPPs for three consumers did not indicate WRC funded services as indicated below:

1. Consumer #2: Transportation, corrected in IPP dated August 27, 2019. Accordingly, there is no recommendation required.
2. Consumer #7: Counseling Services and Individual/Family Training.
3. Consumer #15: Work Service Coalition.

2.10.a Recommendations	Regional Center Plan/Response
WRC should ensure that the IPPs for consumers #7 and #15 include a schedule of the type and amount of all services and supports purchased by WRC.	The IPPs for individuals #7 and #15 have been revised to include a schedule of the type and amount of all services and supports purchased by WRC.

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

Seventeen of the twenty-two (77 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for five consumers did not meet the requirement as indicated below:

1. The records for consumers #17, #21, #23, and #26 contained documentation of only three of the required meetings.
2. The record for consumer #15 contained documentation of only two of the required meetings.

2.13.a Recommendations	Regional Center Plan/Response
WRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #15, #17, #21, #23, and #26.	WRC held a Client Services meeting with all service coordinators and program managers to reiterate the mandate that individuals who reside outside the family home are to be seen no less than four (4) times annually.

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

Seventeen of the twenty-two (77 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for five consumers did not meet the requirement as indicated below:

1. The records for consumers #17, #21, #23, and #26 contained documentation of only three of the required quarterly reports of progress.

2. The record for consumer #15 contained documentation of only two of the required quarterly reports of progress.

2.13.b Recommendations	Regional Center Plan/Response
WRC should ensure that future quarterly reports of progress are completed for consumers #15, #17, #21, #23, and #26.	WRC held a Client Services meeting with all service coordinators and program managers to reiterate the mandate that individuals who reside outside the family home are to be seen no less than four (4) times annually, and that a report of progress be completed.

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 34 + 2 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	34			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.	34			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.	34			100	None
2.1.c	The DS 3770 form documents annual recertifications.	34			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	2		32	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)]	31	3		91	See Narrative



<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 34 + 2 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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. <i>[SMM 4442.7; 42 CFR Part 431, Subpart E; W&amp;I Code §4710(a)(1)]</i>			34	NA	None
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>	34			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>	34			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	32	2		94	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>	33	1		97	See Narrative

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 34 + 2 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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>	12		22	100	None
2.12	Periodic reviews and reevaluations of consumer progress are completed (at least annually) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. <i>[W&amp;I Code §4646.5(a)(8)]</i>	34			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>	17	5	12	77	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>	17	5	12	77	See Narrative
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. <i>(W&amp;I Code §4418.3)</i>	2		34	100	None

### SECTION III COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

#### I. Purpose

The review addresses the requirements for community care facilities (CCF) to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the individual program plan (IPP) for which the facility is responsible. The criteria are derived from Title 17, California Code of Regulations.

#### II. Scope of Review

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

#### III. Results of Review

The consumer records were 100 percent in compliance for nine criteria. Six criteria were not applicable for this review.

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

#### IV. Findings and Recommendations

- 3.2 A written admission agreement is completed for the consumer that is signed by the consumer or his/her authorized representative, the regional center, and the facility administrator that includes the certifying statements specified in Title 17. *[Title 17, CCR, §56019(c)(1)]*

##### Finding

One of the two (50 percent) sample consumer records contained a completed and signed admission agreement. However, the record for consumer #2 at CCF #1 did not have a completed and signed admission agreement.

3.2 Recommendation	Regional Center Plan/Response
WRC should ensure that CCF #1 has a completed and signed admission agreement for consumer #2 and/or their authorized representative.	<p>WRC Quality Assurance staff have provided technical assistance on maintaining updated, signed admission agreements for all facility residents. Vendor will be in compliance.</p> <p>WRC Quality Assurance staff have completed follow-up home visits to ensure the CCF maintains completed and signed admission agreements for all residents of the home.</p>

- 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

One of the two (50 percent) sample consumer records contained semiannual reports of the consumer’s progress. However, the record for consumer #2 at CCF #1 was missing written semiannual reports of the consumer’s progress.

3.4.a Recommendation	Regional Center Plan/Response
WRC should ensure that CCF provider #1 prepares and maintains written semiannual reports of progress for consumer #2.	WRC Quality Assurance staff has provided technical assistance on writing semi-annual progress reports. Vendor will be in compliance.

- 3.4.b Semiannual reports address and confirm the consumer’s progress toward achieving each of the IPP objectives for which the facility is responsible. *[Title 17, CCR, §56026(b)]*

Finding

One of the two (50 percent) sample consumer records contained semiannual reports that addressed the consumers’ progress. There were no reports in the record for consumer #2 at CCF #1 that addressed progress related to the consumer’s IPP objectives.

3.4.b Recommendation	Regional Center Plan/Response
WRC should ensure that CCF provider #1 prepare and maintain written semiannual reports that address progress related to the consumer's IPP objectives.	WRC Quality Assurance staff has provided technical assistance on writing semi-annual progress reports. Vendor will be in compliance.

3.6.a The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. *[Title 17, CCR §56026(a)]*

Finding

One of the two (50 percent) consumer records contained ongoing consumer notes documenting community activities, overnight visits, illnesses, incidents, and medical appointments. The record for consumer #2, at CCF #1 did not contain ongoing notes that address the above activities.

3.6.a Recommendation	Regional Center Plan/Response
WRC should assess what action it should take to ensure that the provider at CCF #1 consistently maintains ongoing written consumer notes that document community activities, overnight visits, illnesses, incidents, and medical appointments.	<p>WRC Quality Assurance staff have provided technical assistance on completing ongoing written consumer notes. Vendor will be in compliance.</p> <p>WRC Quality Assurance staff have completed follow-up home visits to ensure compliance with the requirement for completion of ongoing written consumer notes.</p>

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 2; CCFs = 2</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. <i>(Title 17, CCR, §56017(b); Title 17, CCR, §56059(b); Title 22, CCR, §80069)</i>	2			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	2			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.			2	NA	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.	2			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	2			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	2			100	None
3.1.i	Special safety and behavior needs are addressed.			2	NA	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>	1	1		50	See Narrative
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	2			100	None

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 2; CCFs = 2</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. <i>[Title 17, CCR, §56026(b)]</i>	1	1		50	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.	1	1		50	See Narrative
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. <i>[Title 17, CCR, §56026(c)]</i>	1		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.	1		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>	1		1	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>	1	1		50	See Narrative
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.			2	NA	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	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>			2	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>			2	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**

Fourteen consumer records were reviewed at 11 day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria. Three criteria were not applicable for this review.

### **III. Results of Review**

The consumer records were 100 percent in compliance for 10 criteria. Three criteria were rated as not applicable for this review.

✓ Findings for four 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**

- 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

Thirteen of the fourteen (93 percent) sample consumer records contained signed authorizations for emergency medical treatment. However, the record for consumer #17 at day program #8 did not contain an authorization for emergency medical treatment that was signed by the consumer or conservator.



4.1.d Recommendation	Regional Center Plan/Response
WRC should ensure the record for consumer #17 at day program #8 has an authorization for emergency medical treatment form signed by the consumer or conservator.	WRC SC supported consumer #17 and vendor to complete and sign emergency medical treatment form. WRC Quality Assurance staff provided technical assistance to day program #8 on having a completed emergency medical treatment form that is signed annually and maintaining that document on file. Day program #8 will be in compliance

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

Finding

Thirteen of the fourteen (93 percent) 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 #17 at day program #8 did not contain documentation that the consumer and/or their authorized representative were informed of the consumer's personal rights.

4.1.e Recommendation	Regional Center Plan/Response
WRC should ensure the record for consumer #17 at day program #8 contains documentation that the consumer and/or their authorized representative have been informed of their personal rights.	WRC Quality Assurance staff have provided technical assistance to day program #8 to inform consumer and/or their representative of their personal rights annually, to document and maintain the document of the reading of the personal rights with the consumer and/or representative. Consumer #17 and/or their authorized representative has been informed of their personal rights.

- 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.

Finding

Thirteen of the fourteen (93 percent) sample consumer records contained data collection for measuring the consumers' progress on services which the day program is responsible for implementing, as indicated in the consumers' IPPs. However, the record for consumer #17 at day program #8 lacked data collection to measure progress.

4.1.f Recommendation	Regional Center Plan/Response
WRC should ensure that the provider for consumer #17 at day program #8 collects data to measure progress on services as indicated in the consumer's IPP.	WRC Quality Assurance staff provided technical assistance to day program #8 on data collection requirements to measure progress on services as indicated in the consumer's IPP. Day program #8 will be in compliance.

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

Finding

Thirteen of the fourteen (93 percent) sample consumer records contained a copy of the consumer's current IPP. However, the record for consumer #5 at day program #9 did not contain a copy of their current IPP. During the review, a copy of the consumer's IPP was given to the day program. Therefore, no recommendation is required.

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 14; Day Programs = 11</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. <i>(Title 17, CCR, §56730)</i>	14			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.	14			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.	14			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.	14			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.	13	1		93	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.	13	1		93	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.	13	1		93	See Narrative

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 14; Day Programs = 11</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	14			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	8		6	100	None
4.2	The day program has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56720(b)]</i>	13	1		93	See Narrative
4.3.a	The day program provider develops, maintains, and modifies, as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. <i>[Title 17, CCR, §56720(a)]</i>	14			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.	12		2	100	None
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	13		1	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.	13		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>			14	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>			14	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>			14	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**

Twenty-eight of the thirty-four 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.

- ✓ Nineteen consumers agreed to be interviewed by the monitoring team.
- ✓ Four consumers did not communicate verbally or declined an interview, but were observed.
- ✓ Five interviews were conducted with parents of minors.
- ✓ Six 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 six Westside Regional Center (WRC) 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 WRC's pharmacist 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 monitoring team interviewed Westside Regional Center's (WRC) Nurse Consultant.
2. The questions in the interview cover the following topics: routine monitoring of consumers with medical issues, medications; behavior plans; coordination of medical and mental health care for consumers; circumstances under which actions are initiated for medical or behavior issues; clinical supports to assist service coordinators; improved access to preventive health care resources; and role in Risk Management and Mitigation Committee and special incident reports.

### **III. Results of Interview**

The WRC clinical team includes physicians, clinical psychologists, registered nurses, and occupational, speech and physical therapists. The team also includes a dental coordinator, wellness and intake specialists. In addition, WRC's clinical team utilizes consultants for pediatric, neurology, and psychiatric services.

The clinical team nurses and physicians provide support in the management of clients with health care issues. Nurses are available to assist with onsite nursing assessments and hospital discharge planning as requested. The team also provides a variety of training and education to staff, consumers, families and providers. Recent topics have included medication training and signs and symptoms of illness.

The clinical team participates in monitoring consumers' medications and are available to perform medication reviews upon request from the service coordinator and special incident reports. The WRC nurses are also available to



provide additional medication monitoring and training to residential providers. Members of the clinical team review reports from Mission Analytics Group, Inc., regarding polypharmacy and follow-up as needed.

The clinical team is involved with consumers' behavioral plans and mental health issues. The behavioral team is available to review behavior plans and makes recommendations as needed. Members of the clinical team participate in meetings and provider trainings with the Department of Mental Health.

WRC has relationships with University of California Los Angeles (UCLA) and Kaiser Hospital to perform dental procedures at these facilities. The dental coordinator is available to assist with coordination of dental services and provides education and training to providers and families.

WRC has improved access to healthcare resources through the following programs:

- ✓ Managed care liaison;
- ✓ LA Care grant for preventive dental care;
- ✓ Collaboration with local crisis support teams;
- ✓ Mobility equipment clinic;
- ✓ Collaboration with the UCLA Neuropsychiatric Institute;
- ✓ Internship with University of Southern California MSW students;
- ✓ Collaboration with Achievable (Community Health Center) that provides medical and mental health services; and,
- ✓ Trainings for UCLA medical residents.

The clinical team has an active role in risk management. Medical related special incident reports are referred to the team for review and follow-up as indicated. A clinical team physician and nurse review all deaths and participate 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 committee uses the trend analysis to provide training to regional center staff and providers; recent topics have included choking precautions and medication administration.

## **SECTION VI C QUALITY ASSURANCE INTERVIEW**

### **I. Purpose**

The informational 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, service provider training, verification of provider qualifications, resource development activities, and quality assurance among programs and providers where there is no regulatory requirement to conduct quality assurance monitoring.

### **II. Scope of Interview**

The monitoring team interviewed a Quality Assurance Specialist who is part of the team responsible for conducting Westside Regional Center's (WRC) QA activities.

### **III. Results of Interview**

1. The QA specialist provided specific information about WRC's process for conducting annual Title 17 reviews, unannounced visits and provider training. The annual Title 17 visits are completed by QA specialists. Title 17 visits include comprehensive review of the home, client record review, and other items on the checklist. A service coordinator (facility liaison) assigned to the home conducts two unannounced visits each year. When issues of substantial inadequacies are identified, a form is completed and sent to the QA team. The QA team meets bi-weekly with directors and managers. A QA specialist investigates to determine whether a Corrective Action Plan (CAP) will be issued and will conduct the follow-up with the assistance of facility liaisons to ensure providers complete the CAP requirements.
2. The risk management and assessment and planning coordinators review all special incident reports and ensure effective follow-up on an individual and systemic basis. The coordinators develop trend analysis reports for the Risk Management and Mitigation Committee. The committee reviews these reports and trends on a bi-monthly basis. These trends are then provided to all program managers and QA managers to share with case management staff. The QA team meets bi-monthly to review and discuss the reports and trends. The QA team also communicates these trends to the Department of Developmental Services.

3. The information obtained from QA activities is compiled and analyzed for trends of related issues that need to be addressed with training and/or referrals to appropriate consultants. These items are discussed at the bi-weekly QA meetings. Case management staff and QA staff meet monthly to discuss trends and develop appropriate vendor training. They also meet on a quarterly basis with Community Care Licensing. All vendors are encouraged to attend trainings. Each participant receives units and a certificate for proof of training to meet Title 17 requirements. The "Training and Events Calendar" is posted quarterly on the internet with topics, dates, and times of available trainings offered by WRC.
4. The resource development committee reviews and recommends for approval vendor applications for CCFs, independent living services, supported living services, and day programs. The QA team also monitors day programs and provides support for other vendored providers periodically.

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

### III. Results of Interviews

1. The service providers were familiar with the strengths, needs and preferences of their consumer.
2. The service providers indicated that they conducted assessments of the consumer, participated in their IPP development, provided the program-specific services addressed in the IPPs and attempted to foster the progress of their consumer.
3. The service providers monitored the consumer's health issues and safeguarded medications.
4. The service providers communicated with people involved in the consumer's life and monitored progress.

5. The service providers were prepared for emergencies, monitored the safety of the consumer, and understood special incident reporting and follow-up processes.

## **SECTION VII B DIRECT SERVICE STAFF INTERVIEWS**

### **I. Purpose**

The interviews determine how well the direct service staff know the consumers and their understanding of the individual program plan (IPP) and service delivery requirements, how they communicate, their level of preparedness to address safety issues, their understanding of emergency preparedness, and their knowledge about safeguarding medications.

### **II. Scope of Interviews**

1. The monitoring team interviewed five direct service staff at two community care facilities and three day programs where services are provided to the consumers who were visited by the monitoring team.
2. The interview questions are divided into two categories:
  - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
  - ✓ The questions in the second category are related to general areas.

### **III. Results of Interviews**

1. The 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 two CCFs and three day programs.
2. The teams used a monitoring review checklist consisting of 24 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

### **III. Results of Review**

All of the CCFs and the day programs were found to be in good condition with no immediate health and safety concerns.



## 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 WRC 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 34 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. WRC reported all deaths during the review period to DDS.
2. WRC reported all special incidents in the sample of 34 records selected for the HCBS Waiver review to DDS.
3. WRC's vendors reported all ten (100 percent) incidents in the supplemental sample within the required timeframes.
4. WRC reported all ten (100 percent) incidents to DDS within the required timeframes.
5. WRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the ten incidents.

## SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

### HCBS Waiver Review Consumers

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

### Supplemental Sample Developmental Center Consumers

#	UCI
DC 35	XXXXXX
DC 36	XXXXXX

### New Enrollees

#	UCI
NE-1	XXXXXX
NE-2	XXXXXX

### HCBS Waiver Review Service Providers

CCF #	Vendor
1	XXXXXX
2	XXXXXX

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

### 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