

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

Conducted by:

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

October 7–18, 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 October 7-18, 2019, at Inland Regional Center (IRC). The monitoring team members were Nora Muir (Team Leader), Bonnie Simmons, Kathy Benson, Melissa Averitt, and Corbett Bray from DDS, and Julie Ota and Kevin Phomtheyy 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 86 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) ten consumers who had special incidents reported to DDS during the review period of July 1, 2018 through June 30, 2019, and 2) ten consumers who were enrolled in the HCBS Waiver during the review period.

The monitoring team completed visits to 16 community care facilities (CCF) and 17 day programs. The team reviewed 16 CCF and 24 day program consumer records and interviewed and/or observed 70 selected sample consumers.

Overall Conclusion

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

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

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

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

Section III – Community Care Facility Consumer Record Review

Sixteen consumer records were reviewed at 16 CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 99 percent in overall compliance for 19 criteria on this review.

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

Section IV – Day Program Consumer Record Review

Twenty-four consumer records were reviewed at 17 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.

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

Section V – Consumer Observations and Interviews

Seventy 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

Seventeen 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

A clinical services manager 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 Committee.

Section VI C – Quality Assurance Interview

A liaison assurance manager was interviewed using a standard interview instrument. He responded to questions regarding how IRC 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

Nineteen service providers at fourteen CCFs and five 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

Eleven CCF and five 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 fourteen CCFs and five 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 86 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. IRC 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 IRC within the required timeframes, and IRC subsequently transmitted all 10 special incidents to DDS within the required timeframes. IRC'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 IRC 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

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

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

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

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

SECTION II

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

1. Eighty-six HCBS Waiver consumer records were selected for the review sample.

| Living Arrangement | # of Consumers |
|---|-----------------------|
| Community Care Facility (CCF) | 33 |
| With Family | 39 |
| Independent or Supported Living Setting | 14 |

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

III. Results of Review

The 86 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Ten supplemental records were reviewed solely for documentation that IRC determined the level of care prior to receipt of HCBS Waiver services.

- ✓ The sample records were 100 percent in compliance for 23 criteria. There are no recommendations for these criteria. Three criteria were rated as not applicable for this review.
- ✓ Findings for five criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

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

Findings

Eighty-three of the eighty-six (97 percent) sample consumer records contained a completed DS 2200 form. However, the records for consumers #32, #62, and #80 did not contain a signed and dated DS 2200 form. Subsequent to the monitoring review, a new DS 2200 was completed for consumers #62 and 80. Accordingly, no recommendation is required.

| 2.2 Recommendations | Regional Center Plan/Response |
|--|--|
| IRC should ensure that the DS 2200 form for consumer #32 is properly signed and dated. | Consumer #32: Conservators died before 2018 and consumer’s brother became successor conservator in 03/2018. Letters and Orders of Conservatorship are on file and a correctly signed DS 2200, dated 10/2019, was completed by the new conservator. |

- 2.4 Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5; 42 CFR 441.302)

Finding

Eighty-five of the eighty-six (99 percent) sample consumer records contained a CDER that had been reviewed within the last 12 months. However, the record for consumer #15 did not contain documentation that the CDER had been reviewed during the year.

| 2.4 Recommendation | Regional Center Plan/Response |
|--|---|
| IRC should ensure that the CDER for consumer #15 is reviewed annually. | Consumer #15: The CDER has been updated. Refresher training on when to complete CDER annually was provided by Program Manager to case management staff. |

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

Eighty-four of the eighty-six (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 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 #17: Dresses self independently but needs reminders to complete.
2. Consumer #39: Eating.

| 2.5.b Recommendations | Regional Center Plan/Response |
|--|--|
| <p>IRC should determine if the items listed above are appropriately identified as a qualifying condition for consumers #17 and #39. 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 a qualifying condition. If IRC 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>For case #17, dressing was removed from the 7/2019 DS 3770 as there are other qualifying conditions that are more substantially supported in the IPP. For case #39, eating was deleted from the 5/2019 DS 3770. Copies of the two new DS 3770s were provided to DDS. Refresher training has been provided to QIDPs to record on DS 3770s only Medicaid Waiver qualifying deficits or conditions that are more substantially supported in the IPP.</p> |

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, legal guardian, or conservator. *[W&I Code §4646(g)]*

Findings

Eighty-two of the eighty-six (95 percent) sample consumer records contained IPPs that were signed by IRC and the consumers, conservators, or their legal representatives. However, the following consumers' IPPs were not signed by the appropriate individual:

1. IPPs for consumers #5 and #66 were not signed by their conservator. During the monitoring review, the IPPs for consumers #5 and #66 were signed by the conservator. Accordingly, no recommendation is required.
2. IPP for consumer #69 was not signed by the consumer.
3. IPP for consumer #60 was not signed by the legal representative/guardian.

| 2.7.a Recommendations | Regional Center Plan/Response |
|---|---|
| IRC should ensure the IPP for consumer #69 is signed by the consumer and the IPP for consumer #60 is signed by the legal representative/guardian. | Consumer #69: Consumer signed a new IPP summary sheet which was provided to DDS. Consumer #60: IRC is waiting on family to return the IPP summary sheet with signatures. |

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

Finding

Forty-five of the forty-six (98 percent) applicable sample consumer records contained IPPs that addressed the services the consumers' day program provider is responsible for implementing. However, the IPP dated October 20, 2018, for consumer #25 did not address the services which the day program provider is responsible for implementing.

| 2.9.d Recommendation | Regional Center Plan/Response |
|---|---|
| IRC should ensure the IPP for consumer #25 addresses the services which the day program provider is responsible for implementing. | Consumer #25: Service Coordinator completed IPP addendums identifying day program services for consumer #25. Addendums were provided to DDS. Ongoing refresher training for case management staff on when and how to complete IPP addendums are provided by Program Managers. |

| Regional Center Consumer Record Review Summary | | | | | | |
|---|---|--|----------|------------|--------------|------------------|
| Sample Size = 86 | | | | | | |
| | Criteria | + | - | N/A | % Met | Follow-up |
| 2.0 | The consumer is Medi-Cal eligible. (SMM 4442.1) | 86 | | | 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. | 86 | | | 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. | 86 | | | 100 | None |
| 2.1.c | The DS 3770 form documents annual re-certifications. | 85 | | 1 | 100 | None |
| 2.1.d | The DS 3770 documents short-term absences of 120 days or less, if applicable. | 2 | | 84 | 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)] | 83 | 3 | | 97 | 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 §4710(a)(1)] | | | 86 | NA | None |

| Regional Center Consumer Record Review Summary | | | | | | |
|---|--|----------|----------|------------|--------------|------------------|
| Sample Size = 86 | | | | | | |
| | 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> | 84 | 1 | 1 | 99 | See Narrative |
| 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> | 86 | | | 100 | None |
| 2.5.b | The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record. | 84 | 2 | | 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> | 86 | | | 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> | | | 86 | NA | None |
| 2.7.a | The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. <i>[W&I Code §4646(g)]</i> | 82 | 4 | | 95 | See Narrative |
| 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. | 13 | | 73 | 100 | None |
| 2.7.c | The IPP is prepared jointly with the planning team. <i>[W&I Code §4646(d)]</i> | 86 | | | 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> | 86 | | | 100 | None |

| Regional Center Consumer Record Review Summary | | | | | | |
|--|--|---|---|-----|-------|---------------|
| Sample Size = 86 | | | | | | |
| | Criteria | + | - | N/A | % Met | Follow-up |
| 2.9 | The IPP addresses the consumer's goals and needs. [W&I Code §4646.5(a)(2)] | Criterion 2.9 consists of seven sub-criteria (2.9.a-g) that are reviewed independently. | | | | |
| 2.9.a | The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770). | 86 | | | 100 | None |
| 2.9.b | The IPP addresses special health care requirements. | 23 | | 63 | 100 | None |
| 2.9.c | The IPP addresses the services which the CCF provider is responsible for implementing. | 33 | | 53 | 100 | None |
| 2.9.d | The IPP addresses the services which the day program provider is responsible for implementing. | 45 | 1 | 40 | 98 | See Narrative |
| 2.9.e | The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing. | 14 | | 72 | 100 | None |
| 2.9.f | The IPP addresses the consumer's goals, preferences and life choices. | 86 | | | 100 | None |
| 2.9.g | The IPP includes a family plan component if the consumer is a minor. [W&I Code §4685(c)(2)] | 17 | | 69 | 100 | None |
| 2.10.a | The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. [W&I Code §4646.5(a)(5)] | 86 | | | 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. [W&I Code §4646.5(a)(5)] | 86 | | | 100 | None |
| 2.10.c | The IPP specifies the approximate scheduled start date for the new services. [W&I Code §4646.5(a)(5)] | 13 | | 73 | 100 | None |
| 2.11 | The IPP identifies the provider or providers of service responsible for implementing services, including but not limited to vendors, contract providers, generic service agencies and natural supports. [W&I Code §4646.5(a)(4)] | 86 | | | 100 | None |

| Regional Center Consumer Record Review Summary | | | | | | |
|---|---|----------|----------|------------|--------------|------------------|
| Sample Size = 86 | | | | | | |
| | 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> | 85 | | 1 | 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> | 47 | | 39 | 100 | None |
| 2.13.b | Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i> | 47 | | 39 | 100 | None |
| 2.14 | Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. <i>(W&I Code §4418.3)</i> | | | 86 | 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

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

III. Results of Review

The consumer records were 99 percent in compliance for 19 criteria.

- ✓ The sample records were 100 percent in compliance for 16 criteria. There are no recommendations for these criteria.
- ✓ Findings for three criteria are 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

- 3.1.d The consumer record contains current emergency information: family, physician, pharmacy, etc. [Title 17, CCR, §56059(b)(1)]

Finding

Fifteen of the sixteen (94 percent) sample consumer records contained updated emergency information. The record for consumer #2 at CCF #10 did not contain current emergency information for the consumer's family, physician or pharmacy. During the monitoring review, current emergency information was provided. Accordingly, no recommendation is required.

3.1.e A recent photograph and a physical description of the consumer.

Finding

Fifteen of the sixteen (94 percent) sample consumer records contained a recent photograph and a physical description of the consumer. The record for consumer #2 at CCF #10 did not contain a recent photograph and a physical description of the consumer. During the monitoring review, the record was updated to include a photograph and description. Accordingly, no recommendation is required.

3.5.a Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. *[Title 17, CCR, §56026(c)]*

Finding

Twelve of the thirteen (92 percent) applicable sample consumer records contained quarterly reports of consumer's progress. However, the record for consumer #10 at CCF #8 was missing one of the required reports.

| 3.5.a Recommendation | Regional Center Plan/Response |
|---|---|
| IRC should ensure that CCF provider #8 completes the required quarterly reports of progress for consumer #10. | Within 30 days, liaison to stated CCF will review regulatory requirements with the CCF representative addressing the necessity for timely completion of quarterly reports in Level IV facilities. |

| Community Care Facility Record Review Summary | | | | | | |
|--|--|----------|----------|------------|--------------|------------------|
| Sample Size: Consumers = 16; CCFs = 16 | | | | | | |
| | 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> | 16 | | | 100 | None |
| 3.1.a | The consumer record contains a statement of ambulatory or nonambulatory status. | 16 | | | 100 | None |
| 3.1.b | The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others. | 12 | | 4 | 100 | None |
| 3.1.c | The consumer record contains current health information that includes medical, dental and other health needs of the consumer including annual visit dates, physicians' orders, medications, allergies, and other relevant information. | 16 | | | 100 | None |
| 3.1.d | The consumer record contains current emergency information: family, physician, pharmacy, etc. | 15 | 1 | | 94 | See Narrative |
| 3.1.e | The consumer record contains a recent photograph and a physical description of the consumer. | 15 | 1 | | 94 | See Narrative |
| 3.1.i | Special safety and behavior needs are addressed. | 13 | | 3 | 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> | 16 | | | 100 | None |
| 3.3 | The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i> | 16 | | | 100 | None |

| Community Care Facility Record Review Summary | | | | | | |
|--|---|----------|----------|------------|--------------|------------------|
| Sample Size: Consumers =16; CCFs = 16 | | | | | | |
| | 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 | | 14 | 100 | None |
| 3.4.b | Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible. | 2 | | 14 | 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> | 13 | 1 | 2 | 92 | See Narrative |
| 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. | 14 | | 2 | 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> | 14 | | 2 | 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> | 16 | | | 100 | None |
| 3.6.b | The ongoing notes/information verify that behavior needs are being addressed. | 16 | | | 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> | 3 | | 13 | 100 | None |
| 3.7.b | A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i> | 3 | | 13 | 100 | None |
| 3.7.c | Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. <i>(Title 17, CCR, §54327)</i> | 3 | | 13 | 100 | None |

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

Twenty-four consumer records were reviewed at 17 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 15 criteria.

- ✓ 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.f The consumer record contains up-to-date data collection for IPP objectives.
(Title 17, CCR, §56730)

Findings

Twenty-two of the twenty-four (92 percent) sample consumer records contained up-to-date data collection for measuring progress on the services which the day program provider is responsible for implementing, as indicated in the consumers' IPPs. However, the records for consumer #3 and consumer #19 at day program #9 did not have consistent data collection for measuring the consumers' progress for services in their IPP.

| 4.1.f Recommendations | Regional Center Plan/Response |
|---|---|
| IRC should ensure the records for consumer #3 and consumer #19 at day program #9 contain consistent and up-to-date data collection using the mechanism employed by the day program for measuring progress on the services which the day program provider is responsible for implementing. | Within 30 days, liaison to stated day program will review with the day program representative the necessity for all consumer records to contain relevant and current data collection, providing progress in measurable terms for those goals that are the responsibility of and implemented by the day program. |

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

Findings

Twenty-two of the twenty-four (92 percent) sample consumer records contained written semiannual reports of consumer progress. However, the records for consumer #3 and consumer #19 at day program #9 contained only one of the required progress reports.

| 4.4.a Recommendations | Regional Center Plan/Response |
|--|---|
| IRC should ensure that day program provider #9 prepares written semiannual reports of consumer progress. | Within 30 days, liaison to stated day program will review with day program representative the regulatory responsibilities for preparation of written semiannual reports to include: consumer progress, identification of barriers to success, and the day program’s continued ability to meet consumers’ needs. |

| Day Program Record Review Summary | | | | | | |
|---|--|----------|----------|------------|--------------|------------------|
| Sample Size: Consumers = 24; Day Programs = 17 | | | | | | |
| | 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) | 24 | | | 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. | 24 | | | 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. | 24 | | | 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. | 24 | | | 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. | 24 | | | 100 | None |
| 4.1.e | The consumer record contains documentation that the consumer and/or the authorized consumer representative has been informed of his/her personal rights. | 24 | | | 100 | None |
| 4.1.f | Data is collected that measures consumer progress in relation to the services addressed in the IPP which the day program provider is responsible for implementing. | 22 | 2 | | 92 | See Narrative |
| 4.1.g | The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere. | 24 | | | 100 | None |

| Day Program Record Review Summary | | | | | | |
|---|--|----------|----------|------------|--------------|------------------|
| Sample Size: Consumers = 24; Day Programs = 17 | | | | | | |
| | Criteria | + | - | N/A | % Met | Follow-up |
| 4.1.h | The consumer record contains documentation that special safety and behavior needs are being addressed. | 20 | | 4 | 100 | None |
| 4.2 | The day program has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56720(b)]</i> | 24 | | | 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> | 24 | | | 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. | 24 | | | 100 | None |
| 4.4.a | The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i> | 22 | 2 | | 92 | See Narrative |
| 4.4.b | Semiannual reports address the consumer's performance and progress relating to the services which the day program is responsible for implementing. | 24 | | | 100 | None |
| 4.5.a | Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i> | 2 | | 22 | 100 | None |
| 4.5.b | A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i> | 2 | | 22 | 100 | None |
| 4.5.c | There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. <i>(Title 17, CCR, §54327)</i> | 2 | | 22 | 100 | None |

SECTION V

CONSUMER OBSERVATIONS AND INTERVIEWS

I. Purpose

The consumer observations are conducted to verify that the consumers appear to be healthy and have good hygiene. Interview questions focus on the consumers' satisfaction with their living situation, day program and work activities, health, choices, and regional center services.

II. Scope of Observations and Interviews

Seventy of the eighty-six 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.

- ✓ Forty consumers agreed to be interviewed by the monitoring teams.
- ✓ Fifteen consumers did not communicate verbally or declined an interview, but were observed.
- ✓ Fifteen interviews were conducted with parents of minors.
- ✓ Sixteen 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 17 Inland Regional Center (IRC) 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 IRC's clinical team and "Web MD" as 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. The interview with Clinical Services helps in understanding 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 Inland Regional Center's (IRC) Clinical Services Manager.
2. The questions in the interview cover the following topics: routine monitoring of consumers with medical issues, medications and behavior plans; coordination of medical and mental health care for consumers; circumstances under which actions are initiated for medical or behavior issues; clinical supports to assist service coordinators; improved access to preventive health care resources and their role in Risk Management Committee and special incident reports.

III. Results of Interview

1. The IRC clinical team consists of the Clinical Services Manager, a physician, nurses, psychologists, a psychiatrist, behavior specialist team, dietician, occupational, speech and physical therapists, pharmacologist, neurologist, insurance coordinators, and a dental hygienist.
2. The clinical team provides support in the management of clients with health care issues. The team meets weekly to discuss medical, medication and/or behavioral concerns. The clinical team members support the service coordinators by providing consultation, training, referrals, and follow-up when needed. Guidelines were developed to assist service coordinators to address consumer health needs when developing the Individual Program Plan (IPP).

The dental hygienist locates dental providers and assists with treatment authorization requests. The hygienist also coordinates outpatient dental services through Loma Linda School of Dentistry, Redlands Dental Surgery Center and other local providers. The hygienist is available to do desensitization training, review treatment plans, ensure utilization of insurance, and attend dental appointments with consumers.

3. The clinical team participates in the monitoring of consumers' medications. The pharmacologist is available for consultation and training with service coordinators, families, consumers, and service providers. He is also available to conduct a polypharmacy review when requested. The pharmacologist may provide medication training to providers as a result of a special incident related to a medication error.
4. The behavior team is involved in the coordination of mental health and behavior needs. The program managers and the behavior specialist team review behavior plans and monitor services received by consumers. IRC conducts a mental health clinic where service coordinators can present consumer-specific mental health/behavior issues for evaluation. In addition, IRC participates with Riverside and San Bernardino Mental Health Departments to coordinate care. The pharmacologist attends meetings on behalf of the clinical team.
5. IRC has improved access to preventive health care resources for consumers by:
 - ✓ Health education for consumers;
 - ✓ Online resource library;
 - ✓ Occupational and physical therapy clinic;
 - ✓ Psychiatric and neurological clinic;
 - ✓ PRUCOL (Person Residing Under Color of Law) Clinic which provides assistance to undocumented consumers applying for Medi-Cal;
 - ✓ Managed care liaisons;
 - ✓ Tots and toys clinic; and,
 - ✓ Assistance with communication technology.
6. Members of the clinical team participate in the Risk Management Committee. Team members will review medical and death special incident reports as requested. 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 liaison assurance manager who is part of the team responsible for conducting Inland Regional Center's (IRC) QA activities.

III. Results of Interview

1. QA staff are responsible for conducting Title 17 monitoring reviews for all residential facilities. Additional unannounced visits are scheduled and conducted at least twice a year. Each review utilizes standardized report forms and checklists based on Title 17 regulations. The dates of the reviews are tracked in a database, to ensure that all have been completed, which is monitored by management.
2. Results of the Title 17 reviews and unannounced visits are forwarded to the QA manager who oversees corrective action plans (CAP). Technical assistance is provided during these visits. When substantial inadequacies are identified, CAPs are issued. Most CAPs allow the vendor 30 days to correct the situation. The QA team will follow up and provide further training to the vendor as necessary.
3. The special incident report (SIR) coordinator receives all SIRs. The QA liaison is responsible for investigation and follow-up. She is a member of the Risk Management team which meets quarterly. Risk Management will recommend trainings be provided to staff and vendors based on SIR trend analysis.
4. IRC maintains a Resource Development Department, which handles the vendorization process. Staff is responsible for interviewing potential providers, reviewing applications and program designs, and conducting new provider orientations.

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 19 service providers at 14 community care facilities and five 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 16 direct service staff at 11 community care facilities and five 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 HCBS Waiver definition of a homelike setting.

II. Scope of Review

1. The monitoring teams reviewed a total of fourteen CCFs and five 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.

IV. Finding and Recommendation

8.2.d Pro Re Nata (PRN) Medication Records

CCF #2 was not documenting consumer's response to a PRN medication.

| 8.2.d Recommendation | Regional Center Plan/Response |
|---|--|
| IRC should ensure that CCF #2 properly documents all required PRN medication information. | Within 60 days, training will be secured for provider regarding appropriate medication administration protocols, including the administration of PRN medications, documentation, and response to stated PRN medication administration. |

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 IRC 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 86 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. IRC reported all deaths during the review period to DDS.
2. IRC reported all special incidents in the sample of 86 records selected for the HCBS Waiver review to DDS.
3. IRC's vendors reported all ten (100 percent) incidents in the supplemental sample within the required timeframes.
4. IRC reported all ten (100 percent) incidents to DDS within the required timeframes.
5. IRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the 10 incidents.

II. Findings and Recommendations

None

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

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

| # | UCI | CCF | DP |
|----|--------|-----|----|
| 38 | XXXXXX | | |
| 39 | XXXXXX | | |
| 40 | XXXXXX | | |
| 41 | XXXXXX | | 13 |
| 42 | XXXXXX | | |
| 43 | XXXXXX | | |
| 44 | XXXXXX | | 10 |
| 45 | XXXXXX | | |
| 46 | XXXXXX | | 1 |
| 47 | XXXXXX | | |
| 48 | XXXXXX | | 6 |
| 49 | XXXXXX | | |
| 50 | XXXXXX | | |
| 51 | XXXXXX | | |
| 52 | XXXXXX | | |
| 53 | XXXXXX | | |
| 54 | XXXXXX | | 16 |
| 55 | XXXXXX | | 4 |
| 56 | XXXXXX | | 17 |
| 57 | XXXXXX | | |
| 58 | XXXXXX | | |
| 59 | XXXXXX | | 8 |
| 60 | XXXXXX | | |
| 61 | XXXXXX | | |
| 62 | XXXXXX | | |
| 63 | XXXXXX | | |
| 64 | XXXXXX | | |
| 65 | XXXXXX | | |
| 66 | XXXXXX | | |
| 67 | XXXXXX | | |
| 68 | XXXXXX | | |
| 69 | XXXXXX | | |
| 70 | XXXXXX | | |
| 71 | XXXXXX | | |
| 72 | XXXXXX | | |
| 73 | XXXXXX | | |
| 74 | XXXXXX | | |
| 75 | XXXXXX | | |
| 76 | XXXXXX | | |
| 77 | XXXXXX | | |
| 78 | XXXXXX | | |

| # | UCI | CCF | DP |
|----|--------|-----|----|
| 79 | XXXXXX | | |
| 80 | XXXXXX | | |
| 81 | XXXXXX | | |
| 82 | XXXXXX | | |
| 83 | XXXXXX | | |
| 84 | XXXXXX | | |
| 85 | XXXXXX | | |
| 86 | XXXXXX | | |

New Enrollees

| # | UCI |
|-------|--------|
| NE-1 | XXXXXX |
| NE-2 | XXXXXX |
| NE-3 | XXXXXX |
| NE-4 | XXXXXX |
| NE-5 | XXXXXX |
| NE-6 | XXXXXX |
| NE-7 | XXXXXX |
| NE-8 | XXXXXX |
| NE-9 | XXXXXX |
| NE-10 | XXXXXX |

HCBS Waiver Review Service Providers

| CCF # | Vendor |
|-------|--------|
| 1 | XXXXXX |
| 2 | XXXXXX |
| 3 | XXXXXX |
| 4 | XXXXXX |
| 5 | XXXXXX |
| 6 | XXXXXX |
| 7 | XXXXXX |
| 8 | XXXXXX |
| 9 | XXXXXX |
| 10 | XXXXXX |
| 11 | XXXXXX |
| 12 | XXXXXX |
| 13 | XXXXXX |
| 14 | XXXXXX |
| 15 | XXXXXX |
| 16 | XXXXXX |

| Day Program # | Vendor |
|----------------------|---------------|
| 1 | XXXXXX |
| 2 | XXXXXX |
| 3 | XXXXXX |
| 4 | XXXXXX |
| 5 | XXXXXX |
| 6 | XXXXXX |
| 7 | XXXXXX |
| 8 | XXXXXX |
| 9 | XXXXXX |
| 10 | XXXXXX |
| 11 | XXXXXX |
| 12 | XXXXXX |
| 13 | XXXXXX |
| 14 | XXXXXX |
| 15 | XXXXXX |
| 16 | XXXXXX |
| 17 | XXXXXX |

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 |