

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

**Conducted by:**

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

**June 15–July 3, 2020**

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## EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the Home and Community-Based Services (HCBS) Waiver from June 15 through July 3, 2020, at Far Northern Regional Center (FNRC). The monitoring team members were Kelly Sandoval (Team Leader), Bonnie Simmons, Linda Rhoades, Corbett Bray, Nora Muir, Natasha Clay, and Hope Beale from DDS, and Kevin Phomthevy, JoAnn Wright, and Janie Hironaka 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 32 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) 3 consumers whose HCBS Waiver eligibility had been previously terminated; and 2) 10 consumers who had special incidents reported to DDS during the review period of April 1, 2019 through March 31, 2020; and 3) 3 consumers who were enrolled in the HCBS Waiver during the review period.

The monitoring team completed visits to four community care facilities (CCF). The team reviewed seven CCF and six day program consumer records and interviewed and/or observed 28 selected sample consumers.

## Overall Conclusion

FNRC is in substantial compliance with the federal requirements for the HCBS Waiver program. Specific recommendations that require follow-up actions by FNRC are included in the report findings. DDS is requesting documentation of follow-up actions taken by FNRC 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 FNRC 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-two sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Criterion 2.10.a was 81 percent in compliance because 6 of the 32 applicable records did not contain the type and amount of all services purchased by the regional center in the IPP. The sample records were 98 percent in overall compliance for this review.

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

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

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

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

FNRC's records were 100 percent and 99 percent in overall compliance for the collaborative reviews conducted in 2018 and in 2016, respectively.

### Section IV – Day Program Consumer Record Review

Six consumer records were reviewed at five day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100 percent in overall compliance for this review.

FNRC's records were 99 percent and 96 percent in overall compliance for the collaborative reviews conducted in 2018 and in 2016, 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, 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 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

The Director of Clinical Services was interviewed using a standard interview instrument. She responded to questions regarding the monitoring of consumers with medical issues, medications, behavior plans, the coordination of medical and mental health care for consumers, clinical supports to assist service coordinators, and the clinical team's role in the Risk Management and Mitigation Committee and special incident reporting.

### Section VI C – Quality Assurance Interview

The Resource Development/Quality Assurance Specialist was interviewed using a standard interview instrument. He responded to questions regarding how FNRC 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

Four service providers at four CCFs were interviewed using a standard interview instrument. The service providers responded to questions regarding their knowledge of the consumer, the annual review process, and the monitoring of health issues, medication administration, progress, safety and emergency preparedness. The staff were familiar with the consumers and knowledgeable about their roles and responsibilities.

## Section VII B – Direct Service Staff Interviews

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

## Section VIII – Vendor Standards Review

The monitoring team reviewed four CCFs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. The reviewed vendors were in good repair with no immediate health or safety concerns observed.

## Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 32 HCBS Waiver consumers and ten supplemental sample consumers for special incidents during the review period. FNRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported all ten of the applicable incidents to FNRC within the required timeframes, and FNRC subsequently transmitted all ten special incidents to DDS within the required timeframes. Seven of the ten consumer incidents have appropriate follow-up activities 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 FNRC 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

FNRC 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 FNRC 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>	
<b>HCBS Waiver Assurances</b>	<b>Regional Center Assurances</b>
State conducts level-of-care need determinations consistent with the need for institutionalization.	<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 Intellectual Disabilities Professional (QIDP).</p> <p>The regional center ensures that consumers are eligible for full-scope Medi-Cal benefits before enrolling them in the HCBS Waiver.</p>
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver services.	<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>



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

## SECTION II

### REGIONAL CENTER CONSUMER RECORD REVIEW

#### I. Purpose

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

#### II. Scope of Review

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

<b>Living Arrangement</b>	<b># of Consumers</b>
Community Care Facility (CCF)	11
With Family	5
Independent or Supported Living Setting	16

2. The review period covered activity from April 1, 2019–March 31, 2020.

#### III. Results of Review

The 32 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Three supplemental records were reviewed solely for documentation that FNRC had either provided the consumer with written notification prior to termination of the consumer's HCBS Waiver eligibility or the consumer had voluntarily disenrolled from the HCBS Waiver. Two supplemental records were reviewed for documentation that FNRC determined the level of care prior to receipt of HCBS Waiver services.

The sample records were 100 percent in compliance for 24 criteria. There are no recommendations for these criteria. Two criteria were rated non-applicable for this review.

- ✓ Findings for five criteria are detailed below.

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

#### IV. Findings and Recommendations

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

##### Finding

Thirty-one of the thirty-two (97 percent) sample consumer records contained a completed DS 2200 form. However, the record for consumer #14 did not contain a DS 2200 form signed and dated by the consumer at the time of initial enrollment. A form was signed and dated on June 5, 2020. Accordingly, no recommendation is required.

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

##### Findings

Thirty of the thirty-two (94 percent) sample consumer records contained documentation that the consumer's IPP had been reviewed annually by the planning team. However, there was no documentation that the IPPs for two consumers were reviewed annually as indicated below:

1. Consumer #3: The IPP was dated August 15, 2018. However, there was no annual review completed until October 22, 2019. Accordingly, no recommendation is required.

2. Consumer #8: The IPP was dated November 15, 2018. However, there was no annual review completed until January 8, 2020. Accordingly, no recommendation is required.

- 2.7.b IPP addenda are signed by an authorized representative of the regional center and the consumer or, where appropriate, his/her parents, legal guardian, or conservator.

##### Finding

Sixteen of the seventeen (94 percent) applicable sample consumer records contained IPP addenda signed by FNRC and the consumer or, where appropriate, his/her parents, legal guardian, or conservator. However, the addendum for consumer #7 completed on May 27, 2020, was not signed by the consumer.

2.7.b Recommendation	Regional Center Plan/Response
<p>FNRC should ensure that the IPP addendum for consumer #7 is signed by the consumer.</p>	<p><b><u>Correction:</u></b></p> <ul style="list-style-type: none"> <li>· 5/27/2020 addendum IPP approval form for consumer #7 has been signed by the appropriate parties and has been scanned into the electronic FNRC file.</li> </ul> <p><b><u>Action Taken:</u></b></p> <ul style="list-style-type: none"> <li>· Trainings have been provided to all of case management 11/4/2020 &amp; 12/8/2021 regarding the policies, the protocol, and the purpose of consumer signing and granting permission for any generic and RC funded services to be included in the IPP and any addenda.</li> </ul> <p><b><u>New and Continued Practices:</u></b></p> <ul style="list-style-type: none"> <li>· Revision of internal form which lists the corrections needed and/or errors noted during the Team’s annual review of the consumer’s case for MW recertification.</li> <li>· Instituted 1/2021.</li> <li>· Any errors are to be corrected by the SC and signed off as completed by their supervisor within 30 days. The revised form has been set up to make any corrective actions needed (such as a missing IPP approval form) obvious and set apart from errors that should be modified in future case management tasks.</li> <li>· The form is now embedded within the body of an email so that the recipient sees the actions needed immediately.</li> </ul> <p><b><u>Future Actions Planned:</u></b></p> <ul style="list-style-type: none"> <li>· Comprehensive mandatory training within 6 weeks to all case management on policies, protocol and the purpose of ensuring the IPP/addendum approval form is signed by the consumer.</li> </ul>

	<ul style="list-style-type: none"> <li>· Focused small group trainings in the next 12 weeks in a setting that is geared more toward creating dialogue and encourages questions from the Service Coordinators and their supervisors.</li> </ul>
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2.10.a The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. [W&I Code §4646.5(a)(4)]

Findings

Twenty-six of the thirty-two (81 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by FNRC. However, IPPs for six consumers did not indicate FNRC funded services as indicated below:

1. Consumer #1: Transportation; corrected with an IPP dated January 22, 2020. Accordingly, no recommendation is required;
2. Consumer #7: Transportation; corrected with an addendum dated May 27, 2020. Accordingly, no recommendation is required;
3. Consumer #13: Transportation company;
4. Consumer #16: Supported employment and transportation additional; corrected with an IPP dated November 12, 2019. Accordingly, no recommendation is required;
5. Consumer #26: Supported living and supported living administrative; corrected with an addendum dated January 21, 2020. Accordingly, no recommendation is required; and,
6. Consumer #27: SLS administrative; corrected with an addendum dated June 4, 2020. Accordingly, no recommendation is required.

2.10.a Recommendation	Regional Center Plan/Response
FNRC should ensure that the IPP for consumer #13 includes a schedule of the type and amount of all services and supports purchased by FNRC.	<p><b><u>Correction:</u></b></p> <ul style="list-style-type: none"> <li>· The addendum to add an outcome funding statement to the IPP for the omitted transportation services for consumer #13 has been completed, approved and distributed to the appropriate parties.</li> </ul> <p><b><u>Actions Taken:</u></b></p>

	<ul style="list-style-type: none"><li>· Trainings have been provided to all of case management 11/4/2020 &amp; 12/8/2021 regarding the importance of ensuring that all service authorizations are captured within an IPP outcome funding statement.</li></ul> <p><b><u>New and Continued Practices:</u></b></p> <ul style="list-style-type: none"><li>· Developed a list of all authorizations funded by FNRC for each consumer during the 12 months prior to their birth month.</li><li>· The authorization list is sent to each SC during the first week of each MW consumer's birth month.</li><li>· On 12/9/2020, case management was trained on how to use the authorization list when preparing for a consumer's annual review and when writing the consumer's IPP outcome funding statement.</li></ul> <p><b><u>Future Actions Planned:</u></b></p> <ul style="list-style-type: none"><li>· Comprehensive mandatory training within 6 weeks to all case management on policies, protocol, and the purpose of ensuring that all FNRC purchase of service authorizations are captured correctly within the consumer's IPP outcome funding statement.</li><li>· Focused small group trainings in the next 12 weeks in a setting that is geared more toward creating dialogue and encourages questions from the Service Coordinators and their supervisors.</li></ul>
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2.13.b Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (*Title 17, CCR, §56047, §56095, §58680; Contract requirement*)

Finding

Twenty-six of the twenty-seven (96 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the record for consumer #23 contained documentation of only three of the required quarterly reports of progress.

2.13.b Recommendation	Regional Center Plan/Response
<p>FNRC should ensure that future quarterly reports of progress are completed for consumer #23.</p>	<p><b><u>Correction:</u></b></p> <ul style="list-style-type: none"> <li>· The SC for client #23 has been trained and directed to adhere to the timeline policy and FNRC’s expectations for meeting with and completing quarterly reports of progress for all clients living in community out-of-home settings.</li> </ul> <p><b><u>Actions Taken:</u></b></p> <ul style="list-style-type: none"> <li>· Trainings have been provided to all of case management 11/4/2020 &amp; 12/8/2021 regarding the purpose and the importance of holding and documenting quarterly meetings with all consumers who live in out-of-home settings.</li> </ul> <p><b><u>New and Continued Practices:</u></b></p> <ul style="list-style-type: none"> <li>· Developed tracking mechanism to capture missed quarterly review meetings and reports.</li> <li>· Instituted 07/2021.</li> <li>· Information for each missed mandated quarterly review meeting and/or report is provided to the Service Coordinator and their supervisor after the Team’s review of the consumer’s case for MW recertification.</li> <li>· Compilation of tracked information submitted to all case management supervisors, the FNRC Associate Directors of Case Management and to FNRC’s Executive Director on a quarterly basis.</li> <li>· The information will be used by management to determine if and when individual training is warranted.</li> </ul>

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 32 + 3 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)	32			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Intellectual Disabilities Professional (QIDP), 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 Intellectual Disabilities Professional and the title “QIDP” appears after the person’s signature.	32			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.	32			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	32			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	4		28	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	1		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 §4646(g)]	3		32	100	None



<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 32 + 3 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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>	32			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>	32			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			100	None
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>	30	2		94	See Narrative
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. <i>(HCBS Waiver requirement)</i>			32	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&amp;I Code §4646(g)]</i>	32			100	None
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	16	1	15	94	See Narrative
2.7.c	The IPP is prepared jointly with the planning team. <i>[W&amp;I Code §4646(d)]</i>	32			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. <i>[W&amp;I Code §4646.5(a)]</i>	32			100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 32 + 3 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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).	32			100	None
2.9.b	The IPP addresses special health care requirements.	6		26	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	12		20	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	25		7	100	None
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	16		16	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	32			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. [W&I Code §4685(c)(2)]	2		30	100	None
2.10.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. [W&I Code §4646.5(a)(4)]	26	6		81	See Narrative
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. [W&I Code §4646.5(a)(4)]	32			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [W&I Code §4646.5(a)(4)]	17		15	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)]	32			100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 32 + 3 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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)(6)]</i>	31		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>	27		5	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>	26	1	5	96	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>			32	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

Seven consumer records were reviewed at seven 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 19 criteria.

- ✓ The sample records were 100 percent in compliance for 19 applicable criteria. There are no recommendations for these criteria.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 7; CCFs = 7</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>	7			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	7			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	4		3	100	None
3.1.c	The consumer record contains current health information that includes medical, dental and other health needs of the consumer including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	7			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	7			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	7			100	None
3.1.i	Special safety and behavior needs are addressed.	6		1	100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17 and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. <i>[Title 17, CCR, §56019(c)(1)]</i>	7			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	7			100	See Narrative

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 7; CCFs = 7</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>	2		5	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		5	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>	5		2	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.	5		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>	4		3	100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. <i>[Title 17, CCR, §56026(a)]</i>	7			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	6		1	100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	1		6	100	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	1		6	100	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. <i>(Title 17, CCR, §54327)</i>	1		6	100	None

## **SECTION IV**

### **DAY PROGRAM CONSUMER RECORD REVIEW**

#### **I. Purpose**

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

#### **II. Scope of Review**

Six consumer records were reviewed for five day programs. The records were reviewed to determine compliance with 17 criteria.

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

The consumer records were 100 percent in compliance for 17 criteria.

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

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 6; Day Programs = 5</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. (Title 17, CCR, §56730)	6			100	None
4.1.a	The consumer record contains current emergency and personal identification information including the consumer's address, telephone number; names and telephone numbers of residential care provider, relatives, and/or guardian or conservator; physician name(s) and telephone number(s); pharmacy name, address and telephone number; and health plan, if appropriate.	6			100	None
4.1.b	The consumer record contains current health information that includes current medications, known allergies; medical disabilities; infectious, contagious, or communicable conditions; special nutritional needs; and immunization records.	6			100	None
4.1.c	The consumer record contains any medical, psychological, and social evaluations identifying the consumer's abilities and functioning level, provided by the regional center.	6			100	None
4.1.d	The consumer record contains an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative.	4		2	100	None
4.1.e	The consumer record contains documentation that the consumer and/or the authorized consumer representative has been informed of his/her personal rights.	6			100	None
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP which the day program provider is responsible for implementing.	6			100	None
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	6			100	None



<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 6; Day Programs = 5</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	3		3	100	None
4.2	The day program has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56720(b)]</i>	6			100	None
4.3.a	The day program provider develops, maintains, and modifies as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. <i>[Title 17, CCR, §56720(a)]</i>	6			100	None
4.3.b	The day program's individual service plan or other program documentation is consistent with the services addressed in the consumer's IPP.	6			100	None
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	5		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.	5		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>	1		5	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>	1		5	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>	1		5	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

Twenty-eight of the thirty-two consumers, or in the case of minors, their parents, were interviewed and/or observed at their community care facilities (CCF), or in independent living settings.

- ✓ Nineteen consumers agreed to be interviewed by the monitoring teams.
- ✓ Seven consumers did not communicate verbally or declined an interview, but were observed.
- ✓ Two interviews were conducted with parents of minors.
- ✓ Four 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 Far Northern Regional Center (FNRC) 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 FNRC's medical director and online resources for medication.

4. The service coordinators monitor the consumers' services, health and safety during periodic visits. They are aware of the consumers' health issues. The service coordinators are knowledgeable about the special incident reporting process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed.

## SECTION VI B

### CLINICAL SERVICES INTERVIEW

#### I. Purpose

The clinical services interview is used to obtain supplemental information on how the regional center is organized to provide clinical support to consumers and service coordinators. This interview aids in determining what measures the regional center is utilizing to ensure the ongoing health and safety of all Home and Community-Based Services Waiver consumers.

#### II. Scope of Interview

1. The questions in the interview cover the following topics: routine monitoring of consumers with medical issues, medications and behavior plans; coordination of medical and mental health care for consumers; circumstances under which actions are initiated for medical or behavior issues; clinical supports to assist service coordinators; improved access to preventive health care resources; role in the Risk Management Assessment and Planning Committee and Special Incident Reports (SIR).
2. The monitoring team interviewed the Director of Clinical Services at Far Northern Regional Center (FNRC).

#### III. Results of Interview

The clinical division at FNRC is comprised of a medical director, Board Certified Behavior Analyst, registered nurses, and a psychologist.

The clinical division functions as a resource for the service coordinators and is available to assess consumers with medical and medication concerns. Regional center nurses and service coordinators actively participate in consumer's health care through case reviews, placement and eligibility committees, and community multi-disciplinary teams. The nurses also perform assessments, review specialized health care plans and visit hospitalized consumers and assist in discharge planning. FNRC nurses are available to review consumers' medications and provide medication management training as requested. The regional center physician and psychologist are involved with other specialists in conducting evaluations to determine regional center diagnosis.

FNRC provides training to service coordinators; recent topics have included SIRs, interviewing skills, maladaptive sexual behavior education, personality disorders, trisomy 21, and assistive technology. Vendor training has included medications, SIRs, review of COVID-19 guidelines and other health-related topics.

The regional center psychologist and case management staff participate with local mental health agencies for consumer case review. FNRC also utilizes North Valley Services, a residential stabilization home for consumers in transition with mental health issues and/or severe behaviors. In addition, FNRC utilizes Remi Vista, a residential stabilization home for children with mental health concerns. FNRC collaborates with Turning Point, which provides psychiatric services for individuals who are dually diagnosed. Monitoring of consumers' mental health/psychiatric medications is done by telepsychiatry clinics and through contracts with local providers. Behavior plans are reviewed by the psychologist.

The regional center has improved access to preventative health care resources. Some examples include:

- ✓ Assistance for consumers without medical insurance;
- ✓ Contracts for telepsychiatry services;
- ✓ Contracts for home health nursing evaluations;
- ✓ Vendors for autism, psychiatry, behavior, nutrition, optometry, and dental services;
- ✓ Vendors for occupational, physical, and speech therapy services;
- ✓ Abuse prevention programs and risk awareness campaign offered by We Care A Lot Foundation;
- ✓ Family Health Clinics;
- ✓ Federally qualified health center;
- ✓ Indian Rural Health Clinics (dental, psychiatric);
- ✓ Community Crisis Home; and,
- ✓ Surge Home (COVID-19 clients).

Members of the regional center clinical team are involved in FNRC's Risk Management Assessment and Planning Committee. The committee reviews & analyzes medical and mental health SIRs to assess needed action and to reduce future risk. The regional center utilizes Mission Analytics Group, Inc., the State's risk management contractor, to analyze special incidents for trends. The medical director and a registered nurse participate on the mortality review committee and review all death-related SIRs.

## 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 Resource Development/Quality Assurance Specialist who is part of the team responsible for conducting Far Northern Regional Center's (FNRC) QA activities.

#### III. Results of Interview

1. The annual Title 17 visits are conducted by service coordinators (SC) who function as facility liaisons to the CCFs. They also conduct a minimum of two unannounced visits annually. When substantial inadequacies are identified, they report these inadequacies to the risk management specialist (RMS) who then reviews the information and writes the corrective action plan (CAP). A CAP is issued by the RMS who then directs the SC in the required follow-up activities. In addition, the RMS will issue a sanction when appropriate. All CAPs and sanctions are reviewed ongoing by the RMS and shared with the community services team, and FNRC staff.
2. The SC and RMS receive all Special Incident Reports (SIR). The RMS reviews all SIRs for accuracy and completes all follow-up for the DDS reportable incidents by contacting both the SC and the vendor to obtain the necessary follow-up information needed to close the SIR. The RMS reviews all SIRs and analyzes data to identify trends. The RMS participates on the Risk Management Assessment and Planning Committee which reviews trends and data to identify where further assistance and training may be required.
3. FNRC conducts unannounced visits with specific day programs who have been identified in SIR trends as needing further quality assurance assistance. Supported Living Service (SLS) programs are each assigned a liaison from case management. The liaison meets with each SLS vendor monthly to review all quality assurance trends that have been identified. FNRC has implemented the use of the Therap system which allows both FNRC and their

vendor to centralize their quality assurance data into the system and create a general event report (GER). The GER can be reviewed and reconciled by both parties in the Therap system. FNRC contracts with a pharmacy to conduct bi-annual in-person medication trainings for all vendors. In addition, FNRC nurses conduct two vendor medication trainings a year. FNRC nurses are also available to conduct other trainings to support quality assurance standards as needed. These trainings are open to all vendors and are a requirement for vendors under a CAP.



## 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 four service providers at four community care facilities.
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 four direct service staff at four community care facilities.
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 four CCFs.
2. The teams used a monitoring review checklist consisting of 24 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

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

All 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 Far Northern Regional Center (FNRC) 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 32 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. FNRC reported all deaths during the review period to DDS.
2. FNRC reported all special incidents in the sample of 32 records selected for the HCBS Waiver review to DDS.
3. FNRC's vendors reported all ten (100 percent) applicable incidents in the supplemental sample within the required timeframes.
4. FNRC reported all ten (100 percent) incidents to DDS within the required timeframes.
5. FNRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for seven of the ten (70 percent) incidents.

IV. Findings and Recommendations

Consumer #SIR 2: The incident occurred on October 17, 2019. However, FNRC did not provide follow-up on the adult protective services report.

Consumer #SIR 3: The incident occurred on January 30, 2020. However, FNRC did not provide follow-up on the adult protective services report and action taken in regard to accused staff.

Consumer #SIR 10: The incident occurred on April 12, 2019. However, FNRC did not provide follow-up on medical attention or support provided to the consumer.

Recommendation	Regional Center Plan/Response
<p>FNRC should ensure that appropriate follow-up is completed for #SIR 2, #SIR 3 and #SIR 10.</p>	<p><b><u>Correction &amp; Action Taken:</u></b></p> <ul style="list-style-type: none"> <li>· Each of the 3 SIRs have been updated with follow-up information and all have been transmitted to DDS.</li> </ul> <p><b><u>New and Continued Practices:</u></b></p> <ul style="list-style-type: none"> <li>· Medicaid Waiver Specialists have been given access to the Therap system in order to allow the Medicaid Waiver Team to gain more information regarding incidents occurring within the MW review period for DDS reportable and non-reportable incident reporting.</li> <li>· If pertinent follow-up information is omitted from the SIR, MW Team will notify case management and the Risk Assessment Specialist.</li> </ul> <p><b><u>Future Actions Planned:</u></b></p> <ul style="list-style-type: none"> <li>· The Risk Assessment Specialist is working toward a more cohesive teaming relationship with FNRC Service Coordinators and vendors, the hospital discharge personnel, the CCL contacts - and with all of the investigative agencies that are located within the catchment area that FNRC serves.</li> <li>· Build open communication with protective agencies and law enforcement to gather available follow-up information.</li> <li>· Collaborate more closely with SC's and vendors to gather follow-up information in a timely manner.</li> </ul>

	<ul style="list-style-type: none"><li>· Keep SIRs open until available Follow-up information is gathered.</li><li>· Revise internal SIR tracking log to add columns to indicate if other agencies are involved and add indicators when follow-up is still needed.</li><li>· Risk Assessment Specialist will ensure follow-up information submitted to GERs in Therap is added to SANDIS SIRs.</li></ul>
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## SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

### HCBS Waiver Review Consumers

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

### Supplemental Sample Terminated Waiver Consumers

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

### HCBS Waiver Review Service Providers

DP #	Vendor
1	XXXXXX
2	XXXXXX
3	XXXXXX
4	XXXXXX
5	XXXXXX

CCF #	Vendor
1	XXXXXX
2	XXXXXX
3	XXXXXX
4	XXXXXX
5	XXXXXX
6	XXXXXX
7	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