Home and Community-Based Services Waiver

MONITORING PROTOCOL

VERSION 6.0

CALIFORNIA DEPARTMENTS OF

DEVELOPMENTAL SERVICES

AND

HEALTH CARE SERVICES

HOME AND COMMUNITY-BASED SERVICES WAIVER MONITORING PROTOCOL

OVERVIEW OF THE CALIFORNIA HOME AND COMMUNITY-BASED SERVICES WAIVER

Medicaid, known as Medi-Cal in California, is a jointly funded, federal-state health insurance program for certain low income and needy people that includes long-term care benefits. Before 1981, the long-term care benefits were limited to care provided in an institutional setting such as a hospital, nursing home, or intermediate care facility for the developmentally disabled (ICF- DD[1]). In 1981, President Reagan signed into law the Medicaid Home and Community-Based Services (HCBS) Waiver program, section 1915c of the Social Security Act. The legislation provided a vehicle for states to offer services, not otherwise available through the Medi-Cal program, to serve people (including individuals with developmental disabilities) in their own homes and communities. The HCBS Waiver program recognizes that many individuals at risk of being placed in medical facilities can be cared for in their homes and communities, preserving their independence and ties to family and friends at a cost no higher than that of institutional care,

The Social Security Act lists specific services that may be provided in HCBS Waiver programs, including case management (service coordination), homemaker/home health aide services, personal care services, adult day health, habilitation, and respite care. The array of services may be expanded when requested by states and approved by the Department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS) to include such services as non-medical transportation, in-home support services, special communication services, minor home modifications, and adult day care.

California was approved for its first Waiver for the developmental disabilities service system in 1982 with a total enrollment cap of 3,360.

In 2018, California received approval for a second 1915(c) waiver for the developmental disabilities service system. The approval of this waiver, which has budgetary authority, launched the Self-Determination Program. Its initial implementation was through June 2021 with an enrollment cap of 2,500. On December 9, 2021, the Centers for Medicare & Medicaid Services approved the renewal of SDP waiver for a 5-year period with an effective date of July 1,2021. In accordance with Welfare and Institutions Code section 4685.8(a), the SDP is available statewide as of July 1, 2021 on a voluntary basis to all eligible regional center consumers.

A condition of Waiver approval is agreement to comply with required federal assurances:

1. Necessary safeguards have been taken to protect the health and welfare of persons receiving services under the HCBS Waiver;
2. Plans of care are responsive to Waiver participant needs;
3. Only qualified providers serve Waiver participants;
4. Level of care need determinations are consistent with the need for institutional care;

[1] The term ICF-DD used throughout the document includes ICF-DD, ICF-DD Habilitation, and ICF-DD Nursing facilities.

5. The state Medicaid Agency retains administrative authority over the Waiver program; and

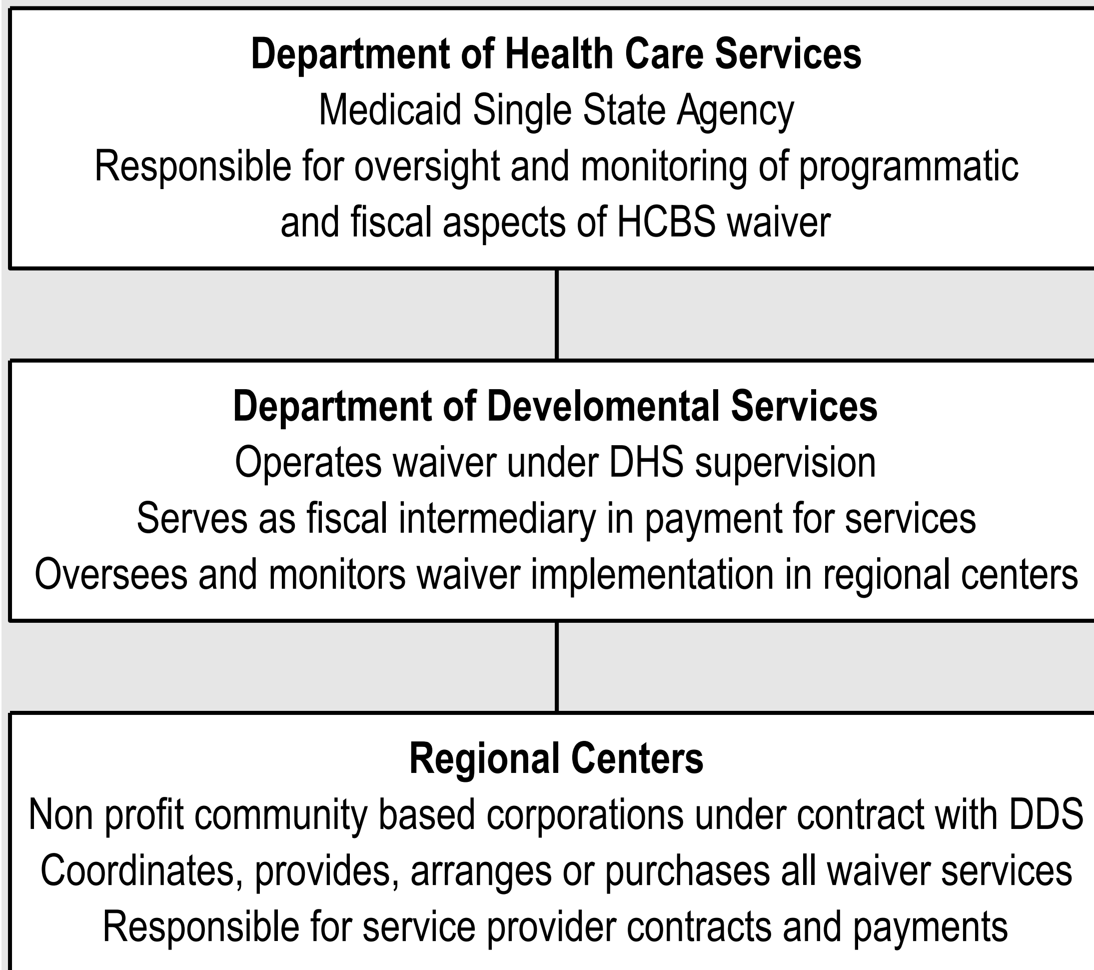
6. The state provides financial accountability for the Waiver.

In addition, the Self-Determination Program Waiver, or SDP Waiver, has two additional assurances:

1. The individual budget was determined appropriately; and

2. Prior to enrolling in the SDP Waiver, participants have attended an orientation.

ADMINISTRATION OF THE CALIFORNIA WAIVER



QUALITY ASSURANCE AND MONITORING

CMS and the states are responsible for quality assurance in HCBS Waiver programs. The CMS monitoring protocol explains the respective scopes of responsibility as, *“States have first-line responsibility for quality assurance in the Waiver programs, and that the RO reviewers’ (CMS) responsibility is to evaluate whether and to what extent the States are meeting their responsibilities. The States should be conducting front-line monitoring activities; the RO (CMS) review should be more of a “look behind” review.”*

States spell out how they will address the assurances in their approved HCBS waivers. CMS considers the state’s compliance with the assurances as the core for a Waiver review. Thus, the current CMS monitoring protocol focuses on the design and implementation of the state’s quality assurance system in each of the assurance areas.

The administrative structure for California's HCBS Waivers places responsibility for quality assurance and monitoring at all three levels. DHCS has principal responsibility for ensuring that the design and operation of the Waivers are consistent with the assurances in the approved Waivers and with Medicaid statute and regulation. DDS is responsible for overseeing the overall design and operation of the quality assurance program and for monitoring its implementation. The regional centers are responsible for implementing the Waivers through establishing Waiver eligibility, developing plans of care, providing or purchasing needed services and supports, and vendorizing and overseeing providers of services and supports.

One way that DHCS and DDS monitors compliance with the HCBS Waiver requirements is through joint biennial monitoring reviews of the regional centers. The biennial reviews are conducted in accordance with process set forth in this Protocol.

OVERVIEW OF THE HCBS WAIVER MONITORING PROCESS

Collaborative reviews of regional centers are conducted every two years. Each review has three phases: pre-review, on-site and/or desk review, and post review. Pre-review activities include notification of the regional center, sending out the regional center self-assessment tool and selecting a sample of Waiver participants. The on-site/desk review includes the review of consumer records of the regional center, residential facilities and day programs; interviews with regional center consumers receiving Waiver services, regional center service coordinators, clinical services staff, and quality assurance staff; interviews with service providers and direct support staff; program/facility reviews; and a review of special incident reports. The post review includes developing the report of the review that delineates areas that regional centers need to address and receiving and reviewing a plan of action from the regional center.

SAMPLING PROCEDURE

DD Waiver:

The sample for the two-year review cycle consists of a statewide sample of 350 Waiver participants selected at random from each of three major residence types: Own Home-Parent, Community Care Facility, and Independent Living or Supported Living. The combined sample for the three residence types is 1050 participants. The size of the sample for each regional center will vary. The size of the regional center sample matches the regional center's percentage of the statewide total Waiver participants within each residence types: Own Home Parent, Community Care Facility, and Independent or Supported Living. For example, if Regional Center A serves 40 percent of all Waiver participants in the state who reside in CCFs, while Regional C enter B serves 60 percent of all Waiver participants who reside in CCFs, the CCF portion of the sample would consist of 140 Waiver participants from Regional Center A (40% x 350) and 210 Waiver participants from Regional Center B (60% x 350). The procedure to produce a list of Waiver participants to be reviewed is shown below.

1. The review begins by calculating the actual percentage of all Waiver participants in each residence type for the regional center that is the subject of the Waiver review. This is done by calculating the regional center's percentage of the statewide total of Waiver participants in each residence type. The calculation is made using data for the quarter immediately preceding the start of the audit.

2. Multiplying the regional center's percentage for each residence type by 350 derives the number of Waiver participants to be reviewed in each residence type. For example, Regional Center X serves 10 percent of all Waiver participants in the state who reside in CCFs, 20 percent of all Waiver participants who reside in their own home, and 10% of all Waiver participants who reside in ILS or SLS settings. The regional center's sample would include 35 participants in CCFs (10% x 350), 70 participants who live at home (20% x 350), and 35 participants (10% x 350) who live in ILS or SLS settings for a total sample of 140 participants.

3. The next step is to create a list of Waiver participants for review. The list is created by randomly selecting the number of participants in each residence type. The actual number of selected consumers

of each residence type should be 20 percent larger (or contain at least 10 more consumers) than the actual number required to allow for substitutions in the event a participant is not available for the review. The additional participants should be reviewed only if participants selected earlier cannot be reviewed.

SDP Waiver:

1. The sample for the two-year cycle consists of a statewide sample of SDP Waiver participants selected at random. DDS conduct biennial monitoring reviews of service recipient records to ensure service plans meet the expectations identified above.
2. Monitoring will be completed over a two-year period with reports produced after reviewing each geographical region (regional center).
3. The statewide sample size will produce results with a 95% confidence level and no more than 5% margin of error. For example, with an estimated 5,000 recipients, the sample size would be 357.

SCOPE OF REVIEW

The regional center, CCF and day program consumer records will be reviewed for all participants in the sample. An attempt will be made to interview all participants in the sample. Participation in the interview is voluntary. All reviews will include interviews with regional center service coordinators, clinical staff and quality assurance staff. Interviews are also conducted with service providers and direct support staff. A physical inspection is conducted at CCFs and day programs. Special incident reports are reviewed for compliance with reporting and follow-up requirements.

REVIEW AND DATA COLLECTION INSTRUMENTS

Section I Regional Center Self-Assessment

The Centers for Medicare and Medicaid Services (CMS) requires all States to provide six assurances as a condition of Waiver approval. The assurances are for the health and welfare of Waiver participants, for plans of care responsive to Waiver participant needs, that only qualified providers serve Waiver participants, that the State conducts level of care need determinations consistent with need for institutionalization, that the State Medicaid Agency retains administrative authority over the Waiver program, and that the State provides financial accountability for the Waiver. Department of Health Care Services (DHCS) is the State Medicaid Agency. The Department of Developmental Services (DDS) has responsibility for the operational aspects of implementing the Waiver. All Waiver services are provided through the regional center system. As such, regional centers have a role in carrying out five of the Waiver assurances. The purpose of the regional center self-assessment is to gain assurance from the regional center that it has written policies, procedures and practices and a system to assure compliance in areas associated with the Home and Community-Based Services (HCBS) Waiver assurances. The regional center assurances are limited to areas where DDS does not routinely collect information from the regional centers. The report to the regional center on the results of the review will contain comments and recommendations for those regional center assurances where there is a need for improvement.

Section II Regional Center Consumer Record Review

The consumer record is the key document used to monitor regional center compliance with the HCBS Waiver requirements. It is a document that is reviewed by the DDS/DHCS monitoring team as well as the Federal Centers for Medicare and Medicaid Services (CMS) during compliance audits. In the DDS/DHCS review, the consumer record establishes the baseline for the consumer interview, the service coordinator interview, the service provider interview, and the direct care staff interview, the community care facility

record review, the day program record review and the Special Incident Report (SIR) review. The record review consists of criteria associated with waver eligibility certification and recertification, choice, fair hearings, health status, Individual Program Plan (IPP) development and implementation, and monitoring of services. The report to the regional center will address those areas where there were negative findings.

Section III Community Care Facility Consumer Record Review

The HCBS Waiver review follows consumers into the community to assure that: they are living in safe environments: receiving the services on their IPPs; being treated with respect and dignity; and their health is safeguarded. The review criteria for CCF consumer records cover documentation, IPP implementation, health and safety, medication safeguards, quarterly and semiannual reports, and special incident reporting. The report to the regional center will address those areas where there were negative findings.

Section IV Day Program Consumer Record Review

The HCBS Waiver review follows consumers into the community to assure that they are receiving day services in safe, productive environments that will assist in achieving the goals and objectives on their IPPs. The criteria in Section IV address the day program requirements for maintaining consumer records and preparing written reports of consumer progress toward achievement of Individual Program Plan (IPP) services for which the program is responsible. The report to the regional center will address those areas where there were negative findings.

Section V Consumer Interview and Observations

Consumers are interviewed and observed by the monitoring team at the day programs or residential homes. The purpose of the consumer interviews and observations is twofold. The interviews are conducted with consumers who are willing to participate to capture the consumer's own feelings about his or her life. The interview format is designed to elicit information about consumer satisfaction with their living arrangements and the staff who assist them in their residences; their school or day program and staff who assist them; choice; time spent with friends; food; recreation; interactions with the regional center; safety; and health. The interview format is taken from the Client Development Evaluation Report (CDER). The results of the interviews for each question will be summarized in the report to the regional center.

The observations are conducted to verify that the consumers appear to be healthy and clean. A standardized checklist is used to document the observations. Any findings related to the observations will be included in the report to the regional center.

Section VI Interviews with Regional Center Staff

VI.A. Service Coordinator Interview

The service coordinator has a critical role in the life of the consumer. Among other things he/she is responsible for assessing the needs of the consumer, facilitating the development a person-centered Individual Program Plan (IPP) linking the consumer to services and supports on the IPP, monitoring progress and service delivery, monitoring health and safety, and advocating for the consumer. The purpose of the interview is to determine how well the service coordinator knows the consumer, the extent of the assessment process for the annual IPP development and/or review, the extent of plan participation, how the plan was developed, how services are monitored, how health issues are addressed and monitored, and how safety is monitored. The interview form is divided into two major categories. The questions in the first category are related to specific consumers. The questions in the second category are related to general questions. The ratings will be summarized in the report to the regional center.

VI.B. Clinical Services Interview

Regional center clinical services staff and contractors provide support to consumers and service coordinators on matters affecting the health, safety and medical needs of consumers living in the community. An informational interview is conducted with the clinical staff to ascertain how the regional center has organized itself to provide the support. The interview questions ask what processes the regional center has in place for routine monitoring of consumers with medical issues, monitoring of medications, monitoring of behavior plans, coordination of medical and mental health, improvements in access to preventive health care resources, and the role of clinical services in special incident reporting and the Risk Management Committee. Since the interview is informational, no attempt will be made to assign a rating to each of the questions. The results of the interview, along with any findings, will be briefly described in the report to the regional center.

VI.C. Quality Assurance Staff Interview

Quality assurance (QA) is an important component in assuring the health and safety of consumers in the community and provider competence. An informational interview is conducted with QA staff to gain an understanding of how the regional center has organized itself to conduct: Title 17 monitoring of community care facilities (CCFs); two unannounced visits to CCFs; QA evaluations of CCFs, and service provider training. The interview also inquiries about verification of provider qualifications, resource development activities, and to ascertain what is done to assure quality among programs and providers where there is no regulatory authority to conduct QA monitoring. Since the interview is informational, no attempt will be made to assign a rating to each of the questions. The results of the interview, along with any findings, will be briefly described in the report to the regional center.

Section VII Interviews with Service Providers and Direct Support Staff

VII.A. Service Provider Interview

The service provider has a critical role in the life of the consumer. The service provider not only is responsible for assessing the needs of the consumer, participating in the development a person-centered Individual Program Plan (IPP), provision of services and supports on the IPP, fostering consumer progress, ensuring the health and safety of the consumer, and advocating for the consumer. The purpose of the interview is to determine how well the service provider knows the consumer, the extent of the assessment process for the annual IPP development and/or review, the extent of plan participation, how the plan was developed, how the accuracy of documentation is ensured, communication, how medications are safeguarded, how health issues are addressed and monitored, emergency preparedness, and how safety is monitored. The interview form is divided into two major categories. The questions in the first category are related to specific consumers. The questions in the second category are related to general questions. The ratings will be summarized in the report to the regional center.

VII.B. Direct Support Staff Interview

Direct support staff are the individuals who work with and assist the consumers in day programs and residential settings. Direct support staff play an important role in the implementation of the IPP. The purpose of the interview is to determine the direct support staff's familiarity with the consumer, understanding of the IPP and service delivery requirements, communication, level of preparedness to address safety issues, understanding of emergency preparedness, and knowledge about safeguarding medications. The interview form is divided into two major categories. The questions in the first category are related to specific consumers. The questions in the second category are related to general questions. The ratings will be summarized in the report to the regional center.

Section VIII Vendor Monitoring Review

Residential programs and day programs are reviewed by the monitoring team utilizing a vendor monitoring review form consisting of review criteria. The purpose of the vendor review is to ensure that the consumers are served in safe, healthy, positive environments where their rights are respected. The criteria are divided into grouped under five categories: environment and safety; health and medications; services and staff; money (applies to residential programs); and rights. Each review criterion has interpretive guidelines to clarify the expectations and to provide a framework to promote effective and efficient provisions of services and supports to enable the consumers to reach their goals. The review is conducted through an inspection of the physical environment of the program and observations. The results of the reviews will be summarized in the report to the regional center.

Section IX Special Incident Reports

Title 17, California Code of Regulations (CCR), § 54327 defines special incidents as those incidents that have occurred during the time the consumer was receiving services and supports from any vendor or long term health care facility, including: the consumer is missing and the vendor or long-term care facility has filed a missing persons report with a law enforcement agency; reasonably suspected abuse/exploitation; reasonably suspected neglect; a serious injury/accident; any unplanned or unscheduled hospitalization; and, regardless of when or where the following incidents occurred, the death of any consumer regardless of cause and/or the consumer is the victim of a crime. The purpose of this section is to verify that special incidents have been reported within the timelines, that the documentation meets the requirements of Title 17, and that the follow-up was complete. The report to the regional center will include those areas where there were negative findings.

Prior to SDP Waiver enrollment, and in accordance with WI&C Section 4685.8 (d)(3)(A), participants are required to receive an orientation which includes the principles of self-determination, the role of the independent facilitator and the financial management services provider, person-centered planning and development of an individual budget. In accordance with the approved SDP Waiver, this orientation also contains training/information on how to recognize and report instances of abuse, neglect, and exploitation.

Section X Supplementary Issues

This section contains any supplementary issues identified by the monitoring team during the review that are not specifically addressed by the standard review protocol criteria. The following are examples of issues that may be included in this section: follow-ups on specific issues relating to consumers; additional regional center follow-up on special incidents; documentation of problems relating to regional center procedures or systems that are currently in place; referrals to the DDS Audit Section.

REVIEW PROCESS AND TIME LINES

1. DDS will contact the regional center to determine a mutually agreed upon review date and confirm the date in writing, with a copy provided to DHCS.

2. DDS will generate a sample of consumers based on selection criteria (60 days prior to the review).

3. DDS will transmit the Regional Center Self-Assessment to the regional center and request the regional center to identify a staff person to serve as the contact and review coordinator (60 days prior to the review)

4. The Federal Programs Division will request data base information such as fair hearings, special incident reports, consumer complaints, etc., for any consumer in the HCBS Waiver sample for pre-audit review and analysis.

5. Thirty days prior to the date of the onsite review, DDS will mail the list of the consumers selected for review to the regional center.

6. The regional center's response to the self-assessment questions is returned to DDS 30 days prior to the review. DDS staff will review the self-assessment results and identify those areas where follow-up information and/or staff interviews are needed during the onsite review. A copy of the self-assessment responses and any information regarding complaints, fair hearing requests and special incident reports (SIRs) will be provided to DHCS. DDS staff will notify the regional center of the staff that need to be interviewed and the nature of the additional information needed. DHCS will be provided with this information.

7. The monitoring team will coordinate logistics with the regional center to arrange times for provider site visits prior to the first week of the onsite review.

8. First week of the review:

   a. The monitoring team conducts an entrance conference with the regional center to introduce the DDS/DHCS staff and explain the purpose, scope and duration of the review.

   b. The monitoring team meets with selected regional center management staff to review and discuss the self-assessment. Any clarifications and revisions are discussed and confirmed.

   c. The regional center consumer records for the selected sample are reviewed for compliance with the criteria in the monitoring protocol.

   d. The monitoring team interviews service coordinators and quality assurance staff assigned.

   e. The CCF and day program service provider records maintained by the regional center are reviewed.

   f. The monitoring team coordinates the site visits to the selected CCFs and day programs with the regional center.

9. Second week of the onsite review:

   a. CCFs and day programs are visited by the monitoring team. An entrance conference is conducted to explain the purpose and scope of the review. A standardized interview is conducted with each service provider.

   b. The monitoring team reviews the sample consumer records maintained by the service provider for compliance with the criteria in the review protocol.

   c. The monitoring team conducts standardized interviews with the consumers in the review sample.

   d. The monitoring team conducts a program site inspection at each CCF and day program visited.

   e. The monitoring team conducts an informal exit conference with the service provider and the regional center representative, if present. The team members discuss any problems and concerns that have been identified, and may request that follow-up actions be taken, if necessary.

f. Within two weeks following the onsite review, the monitoring team conducts an informal exit conference with the regional center to present preliminary information on the general review findings and identify any urgent issues that require immediate attention. The monitoring team also explains that, because of the numerous components of the review and the amount of information gathered, it is not possible to discuss detailed findings at this point in time. The details of the specific findings and recommendations will be provided to the regional center in a written report prepared jointly by DDS and DHCS within 60 to 90 days.

MONITORING REPORT

Findings and Recommendations

Within 60 to 90 days following the exit conference, DDS/DHCS will submit a written report of the HCBS Waiver review findings and recommendations to the regional center. DDS will also submit the report findings and recommendations for the Targeted Case Management (TCM) and Nursing Home Reform (NHR) reviews that were conducted by DDS staff simultaneously with the HCBS Waiver review. The DDS transmittal letter will request the regional center to submit a written response and action plans for all of the recommendations within 30 days follow their receipt of the reports.

Regional Center Response and Action Plans

Upon receipt of the regional center's response and actions plans to the recommendations in the HCBS Waiver, TCM, and NHR reports, DDS will review the response and action plans to ensure that all report recommendations have been appropriately addressed. DDS will notify the regional center in writing that their response has been approved or request additional information to document the regional center's actions regarding the report recommendations.

MONITORING REPORT AND REGIONAL CENTER RESPONSE

	ACTIVITY	
Month 1	exit conference with regional center	Within two weeks following the completion of the monitoring review.
	HCBS Waiver draft report completed by DDS and DHCS	Within two weeks following receipt of the draft HCBS Waiver sections from the monitoring team.
	SDP Waiver draft report completed by DDS	Within two weeks following receipt of the draft HCBS Waiver sections from the monitoring team.
	TCM/NHR draft reports completed by DDS	Within one month following the completion of the monitoring review.

	ACTIVITY	
	HCBS Waiver, SDP Waiver, TCM and NHR reports reviewed and approved by DDS Management.	Within two weeks following receipt of the first draft.
	Draft HCBS Waiver report reviewed by DHCS.	Within three weeks following receipt of the first draft.
	Final draft sent to the regional center.	
	Regional center response received by DDS.	
	Regional center response reviewed and approved by DDS.	
	Final Report sent to RCs and Board of Directors	

SECTION I REGIONAL CENTER SELF-ASSESSMENT

Purpose

The Centers for Medicare and Medicaid Services (CMS) requires all States to provide assurances as a condition of Waiver approval. The assurances are for the health and welfare of Waiver participants, for plans of care responsive to Waiver participant needs, that only qualified providers serve Waiver participants, that the State conducts level of care need determinations consistent with need for institutionalization, that the State Medicaid Agency retains administrative authority over the Waiver program, and that the State provides financial accountability for the Waiver. Department of Health Care Services (DHCS) is the State Medicaid Agency. DDS has responsibility for the operational aspects of implementing the Waiver. All Waiver services are provided through the regional center system. As such, regional centers have a role in carrying out the Waiver assurances.

The purpose of the regional center self-assessment is to gain assurance from the regional center that it has written policies, procedures and practices and a system to assure compliance in areas associated with the Home and Community-Based Services (HCBS) Waiver assurances. The regional center assurances are limited to areas where DDS does not routinely collect information from the regional centers. The report to the regional center on the results of the review will contain comments and recommendations for those regional center assurances where there is a need for improvement.

Self-Assessment Tool

The Self-Assessment tool is transmitted to the regional center electronically prior to the on-site monitoring review. The table shown below explains what is required for each of the fields on the tool.

Field or Question on Self-Assessment Tool	Explanation of Field or Question
Federal HCBS Requirement	The HCBS Waiver assurance that is associated with the regional center assurance stated in the next field.
Regional Center Assurance to Achieve Requirement	One of the regional center assurances
Check box if there are written policies/ procedures or practices in place to implement the assurance.	This asks regional centers if they have developed a consistent set of guidelines to implement the assurance.
If no written policies/procedures are in place, please explain why.	This asks the regional center for an explanation of why there are no written guidelines.
If yes, where would one go to look at them?	Regional centers are not asked to produce the written documents, only to indicate where they are kept.
What system or process do you use to assure compliance and consistency in application?	This asks the regional center to explain how they monitor the implementation of the guidelines.
How do you verify that he system or process is operational and produces accurate/timely results?	This asks the regional center to explain how they oversee the system or process used to monitor implementation to assure that it is working.
Other questions with respect to the assurance	Special questions that apply only to the assurance that is the subject of the set of questions.
Optional: What other quality improvement actions/initiatives has your center taken related to this assurance.	Provides an opportunity for the regional center to tell DDS and DHCS about other things they are doing related to the assurance.

Regional Center Assurances

The regional center assurances are listed below under the HCBS Waiver shown in bold print.

State conducts level of care need determinations consistent with the need for institutionalization

1.1. The regional center ensures that consumers meet ICF-DD, ICF-DDH, or ICF/DD-N facility level of care requirements as a condition of initial and annual eligibility for the HCBS Waiver Program.

1.2. 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).

1.3. The regional ensures that consumers are eligible for full scope Medi-Cal benefits before enrolling them in the HCBS Waiver

Necessary safeguards have been taken to protect the health and welfare of persons receiving Waiver Services

1.4. The regional center takes action(s) to ensure consumers' rights are protected.

1.5. The regional center takes action(s) to ensure that the consumers' health needs are addressed.

1.6. The regional center ensures that behavior plans preserve the right of the consumer to be free from harm.

1.7. The regional center maintains a Risk Management, Risk Assessment and Planning Committee.

1.8. The regional center has developed and implemented a Risk Management/Mitigation Plan.

1.9. 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

1.10. The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 community care facilities.

1.11. The regional center reviews each community care facility annually to assure services are consistent with the program design and applicable laws, and development and implementation of corrective action plans as needed.

1.12. The regional center conducts not less than two unannounced monitoring visits to each CCF annually.

1.13. Service coordinators (SCs) 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

1.14. Service coordinators have quarterly face-to-face meetings with consumers in CCFs, Family Home Agencies, and Supported Living Services to review services and progress toward achieving the IPP objectives for which the service provider is responsible

1.15. 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.

1.16. 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 Waiver participants

1.17. 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 Waiver participant needs

1.18. 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.

1.19. 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 or his/her triennial IPP.

1.20. 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.

1.21. The regional center uses feedback from consumers, families and legal representatives to improve system performance.

1.22. The regional center documents the manner by which consumers indicate choice and consent.

The state provides financial accountability for the Waiver

1.23. The regional center conducts fiscal reviews of vendors.

1.24. The regional center retains the documentation required for the HCBS Waiver for a period of five (5) years.

SECTION II REGIONAL CENTER CONSUMER RECORD REVIEW

Purpose

The regional center maintains a record for each consumer that contains relevant information. The record is established at the time the consumer is made eligible for regional center services and is maintained throughout his or her life. All of the relevant information about the consumer and is documented in the record including the basis for initial eligibility for regional center services; Individual Program Plans (IPPs) that are developed by the planning team to define and address his or her service and support needs; running ID notes to document relevant contacts with and about the consumer; purchase of services authorizations to establish a payment mechanism for the services and supports that are the responsibility of the regional center; periodic progress and monitoring reports; and initial and ongoing eligibility for the Home and Community-Based Services (HCBS) Waiver.

The consumer record is the key document used to monitor regional center compliance with the HCBS Waiver requirements. It is a document that is reviewed by the Department of Developmental Services (DDS) and Department of Health Care Services (DHCS) monitoring team as well as the Centers for Medicare and Medicaid Services (CMS) during compliance audits. In the DDS/DHCS review, the consumer record establishes the baseline for the consumer interview, the service coordinator interview, the service provider interview, and the direct care staff interview, the community care facility record review, the day program record review and the Special Incident Report (SIR) review. The report to the regional center will address those areas where there were negative findings. The overall ratings will also be presented using the Regional Center Consumer Record Rating Sheet shown in this section.

The review criteria in Section II address the requirements for documentation contained in the regional center's consumer records in the following areas: HCBS Waiver eligibility, consumer choice, notification of proposed action and fair hearing rights, level of care, Individual Program Plans (IPPs), assessment of needs, and periodic reviews and reevaluations of services. The criteria are derived from federal/state statutes and regulations, and from CMS directives and guidelines relating to the provision of HCBS Waiver services. Each criterion is followed by verification instructions for determining compliance. In some cases, there is an explanation for the criterion.

Criterion

2.0 The consumer is Medi-Cal eligible. *(SMM 4442.1)*

<u>Explanation</u>

Medi-Cal eligibility is a basic requirement for participation in the HCBS Waiver. The purpose of this criterion is to verify that consumers in the review sample meet the requirement.

<u>Verification Instructions</u>

Prior to the review, DDS verifies the consumer's Medi-Cal eligibility in the "Medicaid Waiver Eligibility Report," (MWS 770), for the period being reviewed.

2.1 Each record contains a "Medicaid Waiver Eligibility Record," (DS 3770 form), signed by a Qualified Intellectual Disabilities Professional (QIDP), which documents the date of the consumer's initial

HCBS Waiver eligibility certification and annual recertification, qualifying conditions, and short-term absences. *(SMM 4442.1), (42 CFR 483.430(a))*

Explanation

To be eligible for the HCBS Waiver a consumer must have substantial limitations in his or her present adaptive functioning that would qualify the consumer for the level of care provided in an intermediate care facility.

There is a further requirement that initial level of care determination be certified and that there is an annual recertification.

The staff person that makes the level of care determination is required to meet the Federal qualifications of a QIDP that include 1 year of experience working directly with persons with intellectual disabilities or other developmental disabilities and is either an MD, RN, or an individual who holds at least a bachelor's degree in a professional category specified in the CFR 483.430(b)(5) that includes social work and related fields.

Short-term absence is defined as an absence of no more than 120 days when the consumer was not eligible for Waiver participation due to loss of Medi-Cal or a temporary change of living arrangement to a hospital, intermediate care facility or other location that is not covered by the Waiver.

The current Waiver specifies that the DS 3770 form will be used to document the requirements. The criterion consists of four sub criteria 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.

Verification Instructions

1. Score as (+) if signed and the QIDPQIDP title is included.
2. If the form is signed and the "QIDP" title is not included, inquire as to whether the person who signed the form meets the definition of a QIDP.
   a. If the person meets the definition of a QIDP make a note on the comment section of the form and score as (+). Inform the regional center of the omission.
   b. If the person does not meet the definition of a QIDP make a note on the comment section of the form and score as (-). Inform the regional center.
3. Score as (-) if the form is not signed.

2.1.b The DS 3770 form summarizes the consumer's qualifying conditions and any special health care requirements for meeting the Title 22 level of care requirements.

Verification Instructions

1. Review the Client Development Evaluation Report (CDER) and other information in the chart for qualifying conditions.

2. Score as (+) if the DS 3770 form summarizes the qualifying conditions indicated in the CDER and other information in the chart, and, if applicable, special health care requirements used to determine the consumer's HCBS Waiver eligibility.

3. Score as (-) if the DS 3770 form does not identify the qualifying conditions indicated in the CDER and other information in the chart. Comment on what is missing.

2.1.c The DS 3770 form documents annual recertifications.

Verification Instructions

1. Score as (+) if the date of recertification is within 12-months of the last certification/recertification.

2. Score as (-) if the date of recertification is later than 12 months of the last certification/recertification. Comment on how late the recertification was done.

2.1.d The DS 3770 form documents short-term absences of 120 days or less, if applicable.

Verification Instructions

1. Review the record for any short-term absences that occurred prior to the date of the last recertification. Short-term absences that occur after the date of the last recertification are excluded from the scope of the review.

2. Score as (NA) if there were no short-term absences that occurred prior to the date of the last recertification

3. Score as (+) if applicable short-term absences are documented on the DS 3770 form.

4. Score as (-) if there are short-term absences identified in the record that are not documented on the DS 3770 form

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))*

Explanation

The Waiver requires that participants be given a choice of living arrangements. The DS 2200 form is used to document that the consumer has been informed of any feasible alternative services under the HCBS Waiver and has been given a choice of receiving those services in a CCF, in-home living arrangement, or long-term health facility.

The form is also used to document a consumer's choice to voluntarily disenroll from the HCBS Waiver.

Verification Instructions

1. Review the DS 2200 form in the consumer's record and determine if it has been dated and signed by the consumer, parent of a minor, legal guardian/conservator, or appropriate consumer representative at the time of the consumer's initial HCBS Waiver eligibility, or the date of reenrollment in the HCBS Waiver after a period of ineligibility greater than 120 days.

2. Score as (+) if:

a. The date the choice was offered (use the date that the form was signed) is concurrent with the date of the consumer's initial enrollment in the HCBS Waiver, or concurrent with the date of reenrollment after a period of ineligibility greater than 120 days; **and**

b. *For minors* **-** the parent/legal guardian/legal representative has made the choice in Section III, marked the box in Section I indicating who has made the choice, and signed and dated the form; **or**

c. *For adults* **-** the consumer has made his/her choice in Section III, signed and dated Section II.a or made his/her mark that has been witnessed and dated (planning team member may be a witness); **or**

d. *For adults who have a legal representative* **-** the legal representative has made the choice in Section III, marked box (b) in Section II, and signed and dated the form; **or**

e. *For adults who are not able to indicate their choice and do not have a legal representative* - the parent, relative, or other person involved in the consumer's IPP who represents the planning team has made the choice in Section III, marked box (c) in Section II, and signed and dated the form; **and**

f. The person who has made the choice and signed the DS 2200 form is consistent with the person who has signed the consumer's other consent forms, release of information forms, etc., contained in the consumer's record.

3. Score as (-) if any of the elements in one of the applicable situations under #2 is not documented in the DS 2200 form and comment on what is missing.

2.3 There is written notification of a proposed action and documentation that the consumer has been sent written notice of the fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied or reduced without the agreement of the consumer/authorized representative, or the consumer/authorized representative does not agree with all, or part of the components in the consumer's IPP, or the consumer's eligibility has been involuntarily terminated. *(SMM 4442.7), (42 CFR Part 431, Subpart E), WIC 4710a1*

Verification Instructions

1. Review the consumer's DS 2200 and DS 3770 forms, IPP, interdisciplinary notes, purchase of service (POS) approvals and terminations, written notification of proposed actions and fair hearing rights, fair hearing requests, and any relevant correspondence for documentation that choice of living arrangements has not been offered, or services or choice of services has been denied, or the consumer has voluntary disenrolled.

2. Score as (NA) if:

a. The consumer **has been offered** a choice of living arrangements as indicated in the DS 2200 form; **and**

b. The consumer **has not been denied** a choice of services, type of service, service provider, type of provider, or amount of services; **and**

c. The consumer/parent/legal guardian or legal representative **has not disagreed** with any of the components in the consumer's IPP, **or**

d. The consumer **has voluntarily disenrolled** from the HCBS Waiver by signing the appropriate section of the DS 2200 form. Indicate that this is the reason for the (NA) by scoring "**Voluntary Disenrollment in lieu of NOA"** as (+).

3. Score as (+) if:

a. The consumer **has not been offered** a choice of living arrangements; **or**

b. The consumer **has been denied** a choice of services, type of service, service provider, type of provider, or amount of services; **or**

c. The consumer's HCBS Waiver eligibility **has been terminated for no longer meeting Waiver level of care** and the consumer has not signed the voluntary disenrollment section of the DS 2200 form; **or**

d. The consumer/parent/legal guardian or legal representative **has disagreed** with any of the components in the consumer's IPP; **and**

e. There is documentation that the regional center has informed the consumer/parents/legal guardian, or representative in writing with a notification of the proposed action (even if the consumer does not request a fair hearing); **and**

f. There is documentation that the regional center has notified the consumer in writing of his/her fair hearing rights.

4. Score as (-) when any of the situations described in a. - d. under #3 have occurred and e. and f. are not documented

2.4 The consumer 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(c))*

Explanation

The CDER is designated in the Waiver as the source of information for level of care determinations. The HCBS Waiver requires that eligibility be reviewed annually.

Verification Instructions

1. Review the consumer's most recent CDER and annual review documentation.

2. Score as (+) if:

a. A new CDER with updated information has been completed within the past 12-months; **or**

b. The "HCBS Waiver Standardized Annual Review Form" or other documentation indicates that the CDER has been reviewed within the past 12-months, and no changes were necessary.

3. Score as (-) if either a. or b. under #2 is not documented.

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-DDH, ICF/DD-N facility are

documented in the consumer's CDER and/or assessments. *(SMM 4442.5), (42 CFR 441.302(c))*, *(Title 22, CCR, § 51343)*

Explanation

To be eligible for the HCBS Waiver a consumer has to meet the level of care requirements for care provided in intermediate care facilities. California's definition of conditions that satisfy the level of care determination for intermediate care facilities is described in Appendix A of the March 2002 program advisory.

Verification Instructions

1. Review the CDER and/or other evaluations to ensure that at least two qualifying conditions and/or special health care requirements of sufficient severity to quality for the level of care provided in an intermediate care facility are identified.

2. Score as (+) if the CDER and/or other evaluations identify at least two qualifying conditions and/or special health care requirements of sufficient severity to qualify for the level of care provided in an intermediate care facility.

3. Score as (-) if the CDER or other evaluations contain less than two sufficient qualifying conditions. Comment on any work.

2.5.b The consumer's qualifying conditions documented in the CDER or other evaluations are consistent with information contained in the consumer's record.

Verification Instructions

1. Score as (+) if the qualifying conditions or special health care requirements documented in the CDER are consistent with information in the record.

2. Score as (-) if the qualifying conditions or special health care requirements are not consistent with information in the record. Provide specific comments and request a revaluation of the consumer's level of care.

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 (C)(3)*

Explanation

The IPP is the consumer's most important document. It is the plan that is used to translate the person's needs, wants and preferences into measurable objectives that are met through specified services and supports. The IPP is a product of a planning team that includes at a minimum the consumer and a regional center representative. The IPP establishes the authority for regional centers to arrange and fund needed services and supports when there is no other source of funding The system recognizes that the IPP is not a static document and therefore it is necessary for the regional centers to review the document periodically and make necessary changes. For Waiver participants, the review must occur at least annually.

Verification Instructions

1. Score as (+) if the IPP has been reviewed within the past 12-months **and**

    a. A new IPP document has been completed, **or**

    b. The "HCBS Waiver Standardized Annual Review Form" documents why no changes are necessary to the existing IPP, **or**

    c. An addendum to the existing IPP has been completed in response to changes in the consumer's needs, preferences, or health status.

2. Score as (-) if the IPP has not been reviewed within the past 12-months.

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 that the consumer's health status and CDER have been reviewed. *(HCBS Waiver Requirement)*

Explanation:

The HCBS Waiver Standardized Annual Review Form is required only when a new or revised IPP was not developed as a part of the annual review.

Verification Instructions

1. Score as (NA) if a new or revised IPP was developed as a part of the annual review.

2. Score as (+) The HCBS Waiver Standardized Annual Review Form was completed at the time of the consumer's IPP annual review when there was not a new or revised IPP. Comment on any missing information, if the form has not been filled out completely or appropriately.

3. Score as (-) if:

    a. There is not a new or revised IPP and the form was not completed: **or**

    b. The form is lacking any of the required planning team signatures.

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. *(WIC § 4646(g))*

Explanation

Signatures denote agreement with the plan.

Verification Instructions

1. Review the consumer's current IPP and determine if the regional center representative and the consumer or, where appropriate, his/her parents, legal guardian, or conservator has signed and dated the IPP.

2. If the consumer or, where appropriate, his or her parents, legal guardian, or conservator, does not agree with all components of the plan, they **may** indicate that disagreement on the plan.

Disagreement with specific plan components does not prohibit the implementation of services and supports agreed to by the consumer, parents, legal guardian, or conservator. If the consumer or, where appropriate, his or her parents, legal guardian, or conservator, does not agree with the plan in whole or in part, he or she shall be sent written notice of the fair hearing rights (see criterion 2.3).

3. Score as (+) if the regional center representative, and the consumer or, where appropriate, his/her parents, legal guardian, or conservator, has signed the IPP prior to its implementation.

4. Score as (-) if the regional center representative, and the consumer or, where appropriate, his/her parents, legal guardian, or conservator, has not signed the IPP prior to its implementation.

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 and/or documentation of planning team agreement

Explanation

An IPP addendum is required whenever it is determined that a consumer needs a new service or support or when there are changes in the level of an existing service. The planning team makes the determination about changes or additions. The addendum becomes a part of the IPP. Signatures of the planning team and/or documentation of agreement are required.

Verification Instructions

See verification instructions under 2.7.a above.

2.7.c The IPP is prepared jointly with the planning team. *(WIC §4646(d))*

Verification Instructions

1. Review the consumer's current IPP and determine if the regional center representative and the consumer or, where appropriate, his/her parents, legal guardian, or conservator has signed and dated the IPP.

2. Review the list of participants in the development of the IPP to determine if the planning consisted of the regional center representative, consumer, and, where appropriate, his/her parents, legal guardian, or conservator.

3. Score as (+) if the IPP is signed by the regional center representative and the consumer or, where appropriate, his/her parents, legal guardian, or conservator and there is documentation of the planning team participants.

4. Score as (-) if the IPP is not signed by the regional center representative and/or the consumer or, where appropriate, his/her parents, legal guardian, or conservator nor is there any documentation as to the planning team participants.

2.8 The IPP includes a statement of goals based on the needs, preferences, and life choices of the consumer. *(WIC § 4646.5(a)(2))*

Verification Instructions

1. Score as (+) if the IPP contains goals that address the consumer's needs, preferences and life choices which are consistent with relevant information found in the consumer's record.

2. Score as (-) if #1 is not documented in the IPP.

2.9 The IPP addresses the consumer's goals and needs. *(WIC § 4646.5(a)(2))*

Explanation

See explanation under Criterion 2.6a

Criterion 2.9 consists of seven sub criteria that are reviewed and rated independently as follows:

2.9.a The IPP addresses the qualifying conditions identified in the CDER and "Medicaid Waiver Eligibility Record," (DS 3770).

Verification Instructions

1. Review the consumer's identified qualifying conditions in the CDER and DS 3770. Assess and determine whether or not the IPP contains objectives addresses the qualifying conditions and/or if there is documentation indicating that any of the conditions are not a current priority for the planning team.

2. Score as (+) if the IPP contains objectives that addresses the consumer's qualifying conditions identified in the CDER and DS 3770.

3. Score as (-) if the IPP does not contain objectives to address any or all of the consumer's qualifying conditions. Comment on what is missing.

2.9.b The IPP addresses the special health care requirements, health status and needs as appropriate.

Verification Instructions

1. Review the DS 3770 for any special health care requirements identified as qualifying conditions. Review the CDER and/or other information in the record for health status and major health needs. For the purposes of this criteria health status and needs may include current major health conditions that require ongoing treatment, monitoring or medication.

2. Score as (NA) if the consumer does not have any identified special health care requirements or current major health conditions.

3. Score as (+) if the consumer has any identified special health care requirements and/or current major health conditions and the IPP contains objectives for the providers and/or regional center to address and/or follow up with them.

4. Score as (-) if the consumer has any identified special health care requirements and/or current major health conditions and the IPP does not contain objectives to address them.

5. Comment on which health requirements and/or heath conditions are not addressed.

2.9.c The IPP addresses the services for which the CCF provider is responsible for implementing.

Verification Instructions

1. Score as (NA) if the consumer does not live in a CCF.

2. Score as (+) if the IPP contains objectives that meet the consumer's service needs for which the CCF provider is responsible

3. Score as (-) if the IPP does not contain specific objectives for the CCF provider.

4. Comment on which of the needs are not addressed.

2.9.d The IPP addresses the services for which the day program provider is responsible for implementing.

Verification Instructions

1. Score as (NA) if the consumer does not receive day program services.

2. Score as (+) if the IPP contains objectives that meet the consumer's service needs for which the day program provider is responsible.

3. Score as (-) if the IPP does not contain specific objectives for the day program provider or, if applicable; the IPP does not identify areas for the ISP to address.

4. Comment on which of the needs are not addressed.

2.9.e The IPP addresses the services for which the supported living services agency or independent living provider is responsible for implementing.

Verification Instructions

1. Score as (NA) if the consumer does not receive supported living services or independent living services.

2. Score as (+) if the IPP contains objectives that meet the consumer's service needs for which the supported living or independent living agency is responsible

3. Score as (-) if the IPP does not contain specific objectives for the supported living agency or independent living agency.

4. Comment on which of the needs are not addressed.

2.9.f The IPP addresses the consumer's goals, preferences, and life choices.

Verification Instructions

1. Review the goals statements in the consumer's IPP and Life Quality Assessment, if applicable.

2. Score as (+) if the IPP contains objectives that address the consumer's identified goals, preferences and life choices.

3. Score as (-) if the IPP does not contain objectives addressing all of the consumer's goals, preferences and life choices.

4. Comment on which of the goals, preferences and life choices are not addressed.

2.9.g The IPP includes a family plan component if the consumer is a minor. *(WIC § 4685 (c)(2))*

Explanation

The family plan component describes those services and supports necessary to successfully maintain the child at home.

Verification Instructions

1. Score as (NA) if the consumer is 18 or older.

2. Score as (+) if the consumer is under 18, lives with his or her family and the IPP includes a family plan component.

3. Score as (-) if the consumer is a minor and the IPP does not include a family plan component.

2.10.a The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. *(WIC § 4646.5(a)(4))*

Explanation:

The IPP establishes the authority for regional centers to arrange and fund needed services and supports when there is no other source of funding

Verification Instructions

1. Review the MWS 706 and 707 reports for billed and unbilled services reported to DDS. Review the current POS authorizations in the consumer's record.

2. Score as (+) if the IPP identifies the type and amount of all services and supports being purchased by the regional center.

3. Score as (-) if the IPP does not identify the type and amount of all services and supports purchased by the regional center.

4. Comment on which services are not identified in the IPP.

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. *(WIC § 4646.5(a)(4))*

Verification Instructions

1. Review the record for documentation of services or supports that are obtained from generic agencies or other non-regional center sources such as the Department of Rehabilitation, Medi-Cal, school, etc.

2. Score as (+) if the IPP identifies the type and amount of services and supports being obtained from generic agencies or other resources as documented in the record.

3. Score as (-) if the IPP does not identify the type and amount of services and supports obtained from generic agencies or other resources that are documented in the record.

4. Comment on which services are not identified in the IPP that are documented in the record.

2.10c The IPP specifies the approximate scheduled start date for new services and supports. *(WIC § 4646.5(a)(4))*

Verification Instructions

1. Score as (+) if the IPP or addenda specify an approximate scheduled start date for new services and supports.
2. Score as (-) if the IPP or addenda do not specify a scheduled start date for new services and supports.
3. Score as (N/A) if the IPP or addenda do not contain objectives for new services and supports.

2.11 The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to, vendors, contracted providers, generic service agencies, and natural supports. *(WIC § 4646.5(a)(4))*

2.11a (SDP only) Is a copy of the spending plan attached to the participant's IPP (§4685.8(c)(7)).

Verification Instructions

1. Score as (+) if the IPP or client record contains spending plan.
2. Score as (-) if the IPP or client record does not contain spending plan.

2.11b (SDP only)The spending plan total amount does not exceed the amount of the certified individual budget (§4685.8(c)(7)).

Verification Instructions

1. Score as (+) if the spending plan does not exceed amount of certified budget.
2. Score as (-) if the spending plan exceeds amount of certified budget.

2.11c (SDP only) For individual budgets that were increased or decreased does the IPP document the specific reason for the adjustment 4685.8(m)(1)(A)(ii)(I)).

Verification Instructions

1. Score as (+) if the IPP or addenda specify justification for change in circumstance, change of resource or natural supports.
2. Score as (-) if the IPP or addenda do not specify justification for change in circumstance, change of resource or natural supports
3. Score as (N/A) if the individual budget was not changed.

2.11d (SDP only) Did the regional center or IPP team approve transfers in excess of 10 percent of the original amount allocated to any budget category (Living Arrangement (SC 310-330); Employment & Community (SC 331-335); and Health and Safety (SC 356-399)) (§4685.8(n)).

Verification Instructions

1. Score as (+) if the IPP or addenda documents IPP team approval.
2. Score as (-) if IPP or addenda does not document IPP team approval.
3. Score as (N/A) if no individual budget transfers in excess of 10%.

2.12 Periodic reviews and reevaluations 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. *(WIC § 4646.5 (a)(6))*

Explanation

The purpose of this criterion is to assure that services are monitored on a periodic basis. There are three components to the monitoring: 1) assurance that services that were authorized have been delivered; 2) assurance that there has been consumer progress toward IPP objectives; and 3) indications of consumer/family satisfaction with the IPP and its implementation.

Verification Instructions

1. Review the IPP, annual review summary or fourth quarter progress report and other relevant documents (i.e., POS authorizations). Indications of consumer/family satisfaction include signatures on IPPs and/or Standardized Annual Review Form.
2. Score as (+) if the IPP/ annual review summary or fourth quarter progress report documents progress toward IPP objectives and services, and satisfaction of the consumer/family, at least annually.
3. Score as (-) if progress reporting toward IPP objectives and services, and consumer/family satisfaction, is not documented at least annually.

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

Verification Instructions

1. Score as (NA) if the consumer does not live in a Service Level 2, 3, or 4 community care facility (CCF), family home agency (FHA), or supported living services (SLS) or independent living setting.
2. Score as (+) if the consumer lives in a Service Level 2, 3, or 4 CCF, FHA, or SLS or ILS setting, and all four quarterly face-to-face meetings with the consumer and the regional center service

coordinator are documented. At least two of the meetings must take place at the CCF or FHA, for consumers living in these settings.

3. Score as (-) if the consumer lives in a Service Level 2, 3, or 4 CCF, FHA, or SLS or ILS setting and fewer than all four quarterly face-to-face meetings are documented. Comment on which of the quarters are not documented.

2.13.b Quarterly reports of progress toward achieving IPP objectives are completed for consumers living in community out-of-home settings, i.e., service Level 2, 3, or 4 community care facilities, family home agencies, or supported living and independent living settings. *(Title 17, CCR, § 56047), (Title 17, CCR, § 56095), (Title 17,CCR, § 58680) (Contract requirement)*

Verification Instructions

1. Score as (NA) if the consumer does not live in a Service Level 2, 3, or 4 CCF, FHA, SLS or independent living setting outside of family home

2. Score as (+) if the consumer lives in a Service Level 2, 3, or 4 CCF, FHA, SLS or independent living setting and there are quarterly reports documenting progress toward achieving the IPP objectives for which the facility is responsible.

3. Score as (-) if the consumer lives in a Service Level 2, 3, or 4 CCF, FHA, SLS or independent living setting and less than four quarterly reports of progress were completed. In the comment section, note the quarterly reports and the total number of expected reports. For example, if there were three quarterly reports in the record for a period in which there should have been a total of four quarterly reports the comment would be ¾. (Or "In the comment section write 1, 2, 3, 4 and circle the quarters where there was a report.)

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. *(WIC § 4418.3)*

Verification Instructions

1. Score as (NA) if the consumer has not moved from a developmental center during the review period.
2. Score as (+) if the Title 19 notes, or other documentation, indicates that the consumer has been seen in the first 90 days, after moving from a developmental center to a community living arrangement. In the comment section note the actual number of visits and the total number of expected visits (3).
3. Score as (-) if there is no documentation indicating that the consumer has been seen within the 90 day period.

***Refer to *Section II Regional Center Consumer Record Review* for complete scoring criteria**

SECTION III COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

Purpose

The Home and Community-Based Services (HCBS) Waiver review follows consumers into the community to assure that: they are living in safe environments: receiving the services on their Individual Program Plans (IPPs); being treated with respect and dignity; and that their health is safeguarded. The information from the review of regional center consumer records is used as a baseline for the community care facility (CCF) record review. The report to the regional center will address those areas where there were negative findings. The overall ratings will also be presented using the Community Care Facility Consumer Record Rating Sheet.

The review criteria in Section III address the CCF requirements for maintaining consumer records and preparing written reports of consumer progress toward achievement of IPP services for which the facility is responsible. The criteria are derived from Titles 17 and 22, California Code of Regulations, and from the HCBS Waiver. Each criterion is followed by verification instructions for determining compliance.

Criterion

3.1 An individual consumer record is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. *(Title 17, CCR, § 56017(b)), (Title 17, CCR, § 56059(b)), (Title 22, CCR, § 80069)*

Explanation

CCFs are required to maintain a record for each consumer. The focus of the review is to assure that the consumer is in a setting that can meet his or her ambulatory, health, safety and behavioral needs; is equipped with basic information to identify the consumer to others in the event of an emergency; and current emergency notification information (i.e., family, physician, etc).

Verification Instructions

1. Score as (+) if the CCF maintains an individual consumer record.

2. Score as (-) if the facility does not maintain an individual consumer record and notify the regional center immediately.

3.1.a The consumer record contains a statement of ambulatory or non-ambulatory status.

Verification Instructions

1. Score as (+) if the record contains a statement of ambulatory status.

2. Score as (-) if the record does not contain a statement of ambulatory status.

3.1.b The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.

Verification Instructions

1. Score as (NA) if the consumer does not have a history of aggressive or dangerous behavior.

2. Score as (+) if the consumer has a history of aggressive/dangerous behavior and information is contained in the record.

3. Score as (-) if the consumer has a history of aggressive/dangerous behavior and information is not contained in the record.

3.1.c The consumer record contains current health information that accurately describes and addresses the consumer's medical, dental and other health conditions that require ongoing treatment, monitoring and/or medication.

Verification instructions

1. Score as (+) if the record contains current health information that accurately describes and addresses the consumer's medical, dental and other health conditions that includes annual visit dates, physician orders, medications, allergies and other relevant information.

2. Score as (-) if the record does not contain information that accurately describes and addresses the consumer's medical, dental and other health conditions or the information is not current (within the last year).

3. Comment on what is missing.

3.1.d The consumer record contains current emergency information including the names and phone numbers for medical and dental providers, pharmacies, family members, conservators, legal representatives, etc.

Verification Instructions

1. Score as (+) if the record contains a current emergency information.

2. Score as (-) if the record does not contain emergency information

3. Comment on what information is missing.

3.1.e The consumer record contains recent photograph and a physical description of the consumer.

Verification Instructions

1. Score as (+) if the record contains a recent photograph and a complete physical description of the consumer that includes height, weight, eye and hair color, eyeglasses, prominent marks, etc.

2. Score as (-) if the record is missing a recent photograph and/or physical description.

3. Comment if the photograph is not recent and/or if the physical description does not include specific information regarding all of the consumer's physical and distinguishing characteristics.

3.1.f The consumer record identifies and addresses the special safety and behavior needs of the consumer.

Explanation

Some consumers have behaviors or health conditions that create a need for enhanced safety measures in the residence. The behaviors or health conditions should be identified in the regional center record and in the CCF record. Some examples are: AWOL behaviors, tendencies to choke on food, lack of awareness about street crossing, etc.

Verification Instructions

1. Review the functional capabilities description, IPP and other information in the CCF record and ongoing notes to identify special safety and behavior needs.

2. Score as (NA) if the consumer does not have special safety and/or behavior needs.

3. Score as (+) if the consumer has special safety and/or behavior needs that are identified and addressed in the record.

4. Score as (-) if the consumer has identified safety and/or behavior needs that are not addressed in the record.

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

Explanation

The admission agreement is reviewed to verify that the consumer chose to live in the facility and retains the right to change his or her living arrangement.

Verification Instructions

1. Score as (+) if there is an admission agreement that is signed by the facility administrator, the regional center and the consumer or the consumer's authorized representative, and includes statements certifying that:

    a. No objection has been made to the admission of the consumer;

    b. The consumer or authorized representative has been informed of the consumer's rights defined in Title 17, CCR, § 56002(a)(8); and

    c. The consumer has a continuing right, which will be honored by all facility staff, to choose where he/she will live.

2. Score as (-) if there is no admission agreement, the agreement is not signed by all parties, or one or more of the statements a. - c. under #1 is not included in the agreement.

3. Comment on what is missing.

3.3 The facility has a copy of the consumer's current IPP. *(Title 17, CCR, § 56022(c))*

Verification Instructions

1. Compare the date of the facility's most recent copy of the consumer's IPP and any addendums, if applicable, with the date of the most recent IPP and addendums that were found in the consumer's

regional center record. Review the date and signatures for the IPP planning team meeting that developed, reviewed, or revised the IPP.

2. Score as (+) if the facility has a copy of the consumer's current IPP and any addendums.

3. Score as (-) if the facility does not have a copy of the consumer's most recent IPP or addendums.

4. Comment if the regional center takes more than 30 days after the planning team meeting to provide the facility with a copy of the consumer's IPP. Indicate the date of the planning team meeting and the date the facility received a copy of the IPP. Also, indicate if the facility received a copy of the IPP, but it is not in the record and the facility cannot locate the IPP.

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

Verification Instructions

1. Score as (NA) if the consumer does not live in a Service Level 2 or 3 facility.

2. Score as (+) if the consumer lives in a Service Level 2 or 3 facility and the provider prepares and maintains written semiannual reports of the consumer's progress.

3. Score as (-) if the reports have not been completed semiannually and comment on which report periods are missing.

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.

Verification Instructions

1. Score as (NA) if the consumer does not live in a Service Level 2 or 3 facility.

2. Score as (+) if the consumer's semiannual reports address the specific IPP objectives for which the provider is responsible and comment on the consumer's progress.

3. Score as (-) if the semiannual reports do not address specific IPP objectives. Comment on the missing objectives. Also comment if the IPP does not contain provider specific objectives.

3.5.a Service Level 4 facilities prepare and maintain written quarterly reports of the consumer's progress that are completed within 30 days of the end of the quarter. *(Title 17, CCR, § 56026(c))*

Verification Instructions

1. Score as (NA) if the consumer does not live in a Service Level 4 facility.

2. Score as (+) if the consumer lives in a Service Level 4 facility and the provider prepares and maintains quarterly reports of the consumer's progress.

3. Score as (-) if the reports have not been completed quarterly and comment on which quarters are missing.

3.5.b Quarterly reports address and confirm the consumer's progress toward achieving each of IPP objectives for which the facility is responsible.

Verification Instructions

1. Score as (NA) if the consumer does not live in a Service Level 4 facility.

2. Score as (+) if the consumer's quarterly reports address and document the following:

   a. The consumer's progress toward achievement of the specific IPP/behavior plan objectives for which the facility is responsible; **and**

   b. Identification of barriers to consumer progress and actions taken in response to these barriers; **and**

   c. The date of completion of the report and signature of the person completing the report.

3. Comment on which of the objectives are not addressed.

3.5.c Quarterly reports include a summary of data collection for target behaviors.

Verification Instructions

1. Score as (NA) if there are no IPP/behavior plan target behaviors.

2. Score as (+) if a data collection system is maintained and the quarterly report summarizes the data for the target behaviors.

3. Score as (-) if there is no data being collected and summarized for the target behaviors. Comment if the original or previous quarter's base lines cannot be determined.

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

Verification Instructions

1. Score as (+) if there are ongoing, up-to-date written consumer notes that document the following applicable activities and situations:

   a. Community and leisure activities;

   b. Overnight visits away from the facility;

   c. Illness;

   e. SIRs, as defined in Title 17, CCR, § 56002(a)(46);

   f. Medical and dental visits; and

   g. The date and signature of the staff person making the entry.

2. Score as (-) if ongoing notes are not being maintained. Comment if the notes are not up-to-date, or if any of the applicable activities or situations under #1 a. - f. are not being documented.

3.6.b The ongoing written notes and/or other information in the facility consumer record verifies that identified behavior needs are being addressed.

Verification Instructions

1. Score as (NA) if the consumer does not have identified behavior needs.

2. Score as (+) if there are ongoing, up-to-date written consumer notes or other information in the consumer record that demonstrate that behavior needs are being addressed.

3. Score as (-) if ongoing notes are not being maintained or if there is no other information in the consumer record that demonstrate that behavior needs are being addressed.

4. Comment about what is missing from the documentation.

3.7a Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. *(Title 17, CCR, § 54327)*

Verification Instructions

1. Review the special incident reports (SIRs) that meet the Title 17 definition of reportable incidents completed by the CCF during the past 12 months. Interview the service provider and review available documentation determine when the facility reported the incident to the regional center. If possible, verbally verify the information with the regional center.

2. Score as (NA) if there were not SIRs that met the Title 17 definitions for reportable incidents during the past 12 months.

3. Score as (+) if the CCF reported the incident to the regional center within 24 hours after learning of the occurrence of the special incident. Comment on how this was determined, e.g., date in the SIR, consumer notes, or service provider's statement. Identify the type of incident on the rating sheet.

4. Score as (-) if not reported within 24 hours. Comment on how this was determined, and if reported late or not reported. Identify the type of incident on the rating sheet.

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. *(Title 17, CCR, § 54327)*

Verification Instructions

1. Score as (NA) if there were no SIRs that met the Title17 definitions for reportable incidents during the past 12 months.

2. Score as (+) if the CCF submitted a written SIR to the regional center within 48 hours after the occurrence of the special incident. The CCF may submit to the regional center a copy of the report submitted to Community Care Licensing (CCL) if the report contains all of the information specified in Title 17, CCR, § 54327(b) (1) through (10).

3. Verbally verify with the service coordinator and/or with documentation from the regional center that a SIR was submitted.

4. Score as (-) if a written report was not submitted within 48 hours. Comment on whether the report was late, never submitted, or never received by the regional center.

3.7c Follow-up activities were undertaken by the facility to prevent, reduce or mitigate future danger to the consumer.

Verification Instructions

1. Review the follow-up activities noted in the consumer record to determine if actions were taken to prevent, reduce or mitigate future danger to the consumer.

2. Score as (+) if the CCF follow-up was complete and resulted in a reduction or mitigation of the danger.

3. Score as (-) if there was no follow-up or the follow-up activities were not sufficient to mitigate or reduce future danger.

4. Comment on why the follow-up was insufficient.

SECTION IV DAY PROGRAM CONSUMER RECORD REVIEW

Purpose

The Home and Community-Based Services (HCBS) Waiver review follows consumers into the community to assure that: they are receiving the services on their Individual Program Plan (IPPs); being treated with respect and dignity; and that their health is safeguarded. The information from the review of regional center consumer records is used as a baseline for the day program record review. The report to the regional center will address those areas where there were negative findings. The overall ratings will also be presented using the Day Program Consumer Record Rating Sheet shown in this section.

The review criteria in Section IV address the day program requirements for maintaining consumer records and preparing written reports of consumer progress toward achievement of IPP services for which the program is responsible. The criteria are derived from Titles 17 and 22, California Code of Regulations, and from the HCBS Waiver. Each criterion is followed by verification instructions for determining compliance.

Criterion

4.1. A consumer file is maintained by the day program for each consumer that includes the documents and information specified in Title 17. *(Title 17, CCR § 56730)*

Explanation

Day programs are required to maintain a record for each consumer. The focus of the review is to assure that the consumer is in a setting that can meet his or her health, safety and behavioral needs; is equipped with basic information to identify the consumer to others in the event of an emergency; current emergency notification information (i.e., family, physician, etc); and progress toward the IPP objectives.

Verification Instructions

1. Score as (+) if the day program maintains an individual consumer file for the consumer(s).
2. Score as (-) if the day program does not maintain an individual consumer record and notify the regional center immediately.

4.1.a The consumer record contains current emergency and personal identification information including the consumer's address and telephone number; the names and telephone numbers of the residential care provider, relatives, and/or guardian or conservator; physician's name(s) and telephone number(s); pharmacy name, address and telephone number; and health plan, if appropriate.

Verification Instructions

1. Score as (+) if the record contains current emergency and personal identification information
2. Score as (-) if the record does not contain complete information or if the information is not current (within the last year).
3. Comment on what is missing.

4.1.b. The consumer record contains current health information that includes medical, dental and other health or safety needs of the consumer including current medications, known allergies, medical disabilities, infectious, contagious, or communicable conditions, special nutritional needs, and immunization records.

Verification Instructions

1. Score as (+) if the record contains current health information

2. Score as (-) if the record does not contain complete information or if the information is not current (within the last year).

3. Comment on what is missing

4.1.c The consumer record contains psychological, social, or medical evaluations provided by the regional center that identify the consumer's ability and functioning level.

Verification Instructions

1. Score as (+) if the record contains one or more of the evaluations.

2. Score as (-) if the record does not contain any evaluations.

3. Comment on any of the types of evaluations that are missing, but present in the regional center consumer record.

4.1.d. The consumer record contains authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative.

Verification Instructions

1. Score as (+) if the record contains a signed authorization for emergency medical treatment.

2. Score as (-) if the record does not contain a signed authorization.

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.

Verification Instructions

1. Score as (+) if the record contains documentation that the consumer has been informed of his/her rights.

2. Score as (-) if the record does not contain documentation that the consumer has been informed of his/her rights.

4.1.f The consumer record includes up-to-date data collection for IPP objectives.

Verification Instructions

1. Score as (+) if the day program maintains copies of data collected that measures consumer progress toward achieving IPP objectives, e.g., narrative notes, skills and task analysis charting, behavior frequency counts, etc.

2. Score as (-) if the day program does not maintain copies of data collected or the data is not up-to-date.

3. Comment on what is missing or not up-to-date.

4.1.g The consumer record contains up-to-date case notes reflecting important events or information.

Verification Instructions

1. Score as (+) if the day program up-to-date case notes.

2. Score as (-) if the day program does not maintain case notes collected or the notes are not up-to-date. .

3. Comment on what is missing or not up-to-date and inform the regional center.

4.1.h The consumer record identifies and addresses the special safety and behavior needs of the consumer.

Explanation

Some consumers have behaviors or health conditions that create a need for enhanced safety measures in the residence. The behaviors or health conditions should be identified in the regional center record and in the day program record in the psychological, social and/or medical evaluations. Some examples are: AWOL behaviors, tendencies to choke on food, lack of awareness about street crossing, etc.

Verification Instructions

1. Review the psychological, social and medical evaluations; IPP; and other information in the day program record and ongoing notes to identify special safety and behavior needs.

2. Score as (NA) if the consumer does not have special safety and/or behavior needs.

3. Score as (+) if the consumer has special safety and/or behavior needs that are identified and addressed in the record.

4. Score as (-) if the consumer has identified safety and/or behavior needs that are not addressed in the record.

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

Verification Instructions

1. Compare the date of the day program's most recent copy of the consumer's IPP and any addendums, if applicable, with the date of the most recent IPP and addendums found in the consumer's regional center record. Review the date and signatures for the IPP planning team meeting that developed or revised the IPP.

2. Score as (+) if the day program has a copy of the consumer's most recent IPP and any addendums.

3. Score as (-) if the day program does not have a copy of the consumer's most recent IPP.

4. Comment if the regional center takes more than 30 days after the planning team meeting to provide the day program with a copy of the consumer's IPP. Indicate the date of the planning team meeting and the date the day program received a copy of the IPP. Also, indicate if the day program received a copy of the IPP, but it is not in the file and the day program cannot locate the IPP.

4.3.a The day program develops, maintains, and modifies, as necessary, documentation regarding the manner in which it will assist the consumer in achieving the IPP/ISP objectives for which the day program is responsible. *(Title 17, CCR, § 56720)(a))*

Verification Instructions

1. Score as (+) if the day program maintains documentation regarding the manner in which it will assist the consumer in achieving the IPP/ISP objectives for which the day program is responsible. This documentation includes, but is not limited to, ISPs, task analysis, skills-training curriculum, classroom lesson plans, and behavior plans.

2. Score as (-) if there is no specific program plan(s) or other documentation describing how the day program will assist the consumer in achieving the IPP/ISP objectives.

4.3.b The day program's ISP or other program documentation is consistent with the consumer's IPP objectives for which the day program is responsible.

Verification Instructions

1. Score as (+) if the day program's ISP or other program documentation is consistent with the consumer's IPP objectives for which the day program is responsible. To score as (+), the IPP must contain specific day program objectives that can be compared to the day program's ISP.

2. Score as (-) if the IPP does not identify what areas, activities, skills, interests, etc., that are contained in the day program's ISP to assist the consumer, or the IPP identifies day program objectives that are different from the ones contained in the ISP.

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

Verification Instructions

1. Score as (+) if the day program prepares and maintains written semiannual reports of the consumer's performance and progress.

2. Score as (-) if the reports have not been completed semiannually. Comment on which of the report periods are missing.

4.4.b Semiannual reports address the consumer's performance and progress toward achieving each of the IPP objectives for which the day program is responsible.

Verification Instructions

1. Score as (+) if the semiannual reports address specific IPP objectives for which the day program is responsible.

2. Score as (-) if the semiannual reports do not address specific IPP objectives. Comment on what is not being addressed.

4.5.a Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. ***(Title 17, CCR, § 54327)***

Verification Instructions

1. Review the special incident reports (SIRs) that meet the Title 17 definition of reportable incidents completed by the day program during the past 12-months. Interview the service provider and review available documentation to determine when the day program reported the incident to the regional center. If possible, corroborate with information from the regional center.

2. Score as (NA) if there were no SIRs that meet the Title 17 definitions for reportable incidents during the past 12-months.

3. Score as (+) if the day program reported the incident to the regional center within 24 hours after learning of the occurrence of the special incident. Comment on how this was determined, e.g., date in the SIR, consumer notes, or service provider's statement. Identify the type of incident in the rating sheet table.

4. Score as (-) if not reported within 24 hours. Comment on how you determined this and if reported late, or not reported. Identify the type of incident in the rating sheet table.

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. *(Title 17, CCR, § 54327)*

Verification Instructions

1. Score as (+) if the day program submitted a written SIR to the regional center within 48 hours after the occurrence of the special incident. The day program may submit to the regional center a copy of the report submitted to Community Care Licensing (CCL) if the report contains all of the information specified in Title 17, CCR, and § 54327(b) (1) through (10).

2. Corroborate with the service coordinator and/or with documentation from the regional center that a SIR was submitted.

3. Score as (-) if a written report was not submitted within 48 hours. Comment on whether the report was late, never submitted, or never received by the regional center.

4.5.c Follow-up activities were undertaken by the facility to prevent reduce or mitigate future danger to the consumer.

Verification Instructions

1. Review the follow-up activities noted in the consumer record to determine if actions were taken to prevent, reduce or mitigate future danger to the consumer.

2. Score as (+) if the day program follow-up was complete and resulted in a reduction or mitigation of the danger.

3. Score as (-) there was no follow up or the follow-up activities were not sufficient to mitigate or reduce future danger.

4. Comment on why the follow-up was not sufficient to mitigate or reduce future danger.

SECTION V CONSUMER OBSERVATIONS AND INTERVIEWS

Purpose

Consumers are interviewed and observed by the monitoring team at the day programs or residential homes. The purpose of the consumer Interviews and observations is twofold. The interviews are conducted with consumers who are willing to participate to capture the consumer's own feelings about his or her life. The interview format is designed to elicit information about consumer satisfaction with their living arrangements and the staff who assist them in their residences; their school or day program and staff who assist them; choice; time spent with friends; food; recreation; interactions with the regional center; safety; and health. The interview format is taken from the Client Developmental Evaluation Report. The results of the interviews for each question will be summarized in the report to the regional center.

The observations are conducted to verify that the consumers appear to be healthy and clean. A standardized checklist is used to document the observations. Any findings related to the observations will be included in the report to the regional center.

Interview Form

CONSUMER INTERVIEW FORM: DD Waiver

These questions capture the consumer's own feelings about his or her life. The consumer must provide the information in this section without someone else interpreting the response. If the consumer is not able or willing to provide any of this information, indicate why below.

If the consumer did not answer any of the questions in this section, indicate why by circling one of the numbers below. You should also put the appropriate symbol next to all questions in this section.

X = The consumer is not able to respond without interpretation and/or cannot understand the questions.
? = The consumer is not available to respond at this time.
R = The consumer chooses not to respond to a particular question.
N = The question does not apply to the particular consumer.

Begin by explaining that the purpose of the questionnaire is to find out how the consumer feels about his or her life. Make sure the consumer understands that he or she should describe feelings and impressions that are current (within the previous month or two), not those that may have occurred at an earlier time.

These questions should be read aloud. Fill in the name of the pertinent person, place, or agency as needed, using terms the consumer would recognize (e.g., "Do you like going to the Lauren Training Center?"). You may paraphrase the question if the consumer asks for clarification or repeat the question as needed.

Do not read the response options to the consumer. Instead, allow the consumer to respond naturally. Listen carefully to the consumer's response, requesting clarification as needed.

⇨ If a particular question is not appropriate for this consumer, do not read it. Record *Question Does Not Apply (N)* and move on to the next question.

⇨ Record *Not Sure (X)* if the consumer is unsure or does not understand the question.

⇨ Record *Consumer Chooses Not To Respond (R)* if the consumer prefers not to answer a particular question.

Insert the name of the place the consumer lives in each question below. If the consumer lives in a residence within a facility, use the name of the residence.

Questions 5.1 and 5.2 apply only to consumers who do not live at home. Question 5.3 applies only to adult consumers who do not live at home.

5.1 *Some people like where they live and others don't. When you think about how you feel most of the time…*

❑ **Do you like living at _____?**

0 = Negative Response
1 = Ambivalent or Mixed Response (e.g., maybe; it depends, sometimes)
2 = Positive Response

N = Question does not apply
X = Consumer is not sure or does not understand.
R = Consumer chooses not to answer
? = Consumer is not available to respond at this time.

5.2 *Some people like the people who help them at home and others don't. When you think about how you feel most of the time…*

❑ **Do you like the people who help you at _____?**

0 = Negative Response
1 = Ambivalent or Mixed Response (e.g., maybe; it depends, sometimes)
2 = Positive Response

N = Question does not apply
X = Consumer is not sure or does not understand.
R = Consumer chooses not to answer
? = Consumer is not available to respond at this time.

5.3 *Some people wish they could live someplace else. Others want to stay where they are. When you think about how you feel most of the time…*

❑ **Do you want to keep living at _____?**

Follow up if no: Did you tell your regional center worker about it?

0 = Negative Response
1 = Ambivalent or Mixed Response (e.g., maybe; it depends, sometimes)
2 = Positive Response

N = Question does not apply
X = Consumer is not sure or does not understand.
R = Consumer chooses not to answer
? = Consumer is not available to respond at this time.

Insert the name of the school, job, or day program the consumer attends most often in each question below. . Volunteer jobs are included. Questions 5.4, 5.5, 5.6, and 5.7 apply only to consumers who attend a school, day program, and or work-site.

5.4 *Some people like their school (or day program or job) and others don't. When you think about how you feel most of the time…*

❑ **Do you like going to _____?**

0 = Negative Response
1 = Ambivalent or Mixed Response (e.g., maybe; it depends, sometimes)
2 = Positive Response

N = Question does not apply
X = Consumer is not sure or does not understand
R = Consumer chooses not to answer
? = Consumer is not available to respond at this time.

5.5 *Some people like the people who help them at their school (or day program or job) and others don't. When you think about how you feel most of the time…*

❑ **Do you like the people who help you at _______?**

0 = Negative Response
1 = Ambivalent or Mixed Response (e.g., maybe; it depends, sometimes)
2 = Positive Response

N = Question does not apply
X = Consumer is not sure or does not understand
R = Consumer chooses not to answer
? = Consumer is not available to respond at this time

5.6 *Some people wish they could go to another school (or day program or job). Others want to stay where they are. When you think about how you feel most of the time…*

❑ **Do you want to keep going to _____?**

0 = Negative Response
1 = Ambivalent or Mixed Response (e.g., maybe; it depends, sometimes)
2 = Positive Response

N = Question does not apply
X = Consumer is not sure or does not understand
R = Consumer chooses not to answer
? = Consumer is not available to respond at this time.

Question.5.7 applies only to consumers who answer NO to questions 5.5 and 5.6, indicating that do not like the school, day program, or job.

5.7 *I'm sorry you don't like _____. Sometimes people get to go someplace else…*

❑ **If you could go someplace else most of the time, where would you like to go?**

Follow-up: Did you tell somebody at the regional center about it?

0 = Consumer indicates a preference that was communicated to the service coordinator, but follow-up did not occur.
1 = Consumer indicates a preference that was not communicated to the service coordinator,
2 = Consumer indicates a preference that was communicated to the service coordinator, and appropriate follow-up occurred.

N = Question does not apply
X = Consumer is not sure or does not understand
R = Consumer chooses not to answer
? = Consumer is not available to respond at this time.

5.8 *Some people get to choose how they spend their money, and others do not. When you think about what happens most of the time…*

❑ **Do you get to choose how you spend your money?**

0 = Negative Response
1 = Ambivalent or Mixed Response (e.g., maybe; it depends, sometimes)
2 = Positive Response

N = Question does not apply
X = Consumer is not sure or does not understand
R = Consumer chooses not to answer
? = Consumer is not available to respond at this time.

5.9 *Some people are happy with how much time they get to spend with their friends, and others are not. When you think about how you feel most of the time…*

❑ **Are you happy with how much time you get to spend with your friends?**

0 = Negative Response
1 = Ambivalent or Mixed Response
2 = Positive Response (e.g., maybe; it depends, sometimes)

N = Question does not apply
X = Consumer is not sure or does not understand
R = Consumer chooses not to answer
? = Consumer is not available to respond at this time.

5.10 *Some people get to choose what they eat at home, and others do not. When you think about how you feel most of the time…*

❑ **Are you happy with how much say you have in what you eat at home?**

0 = Negative Response
1 = Ambivalent or Mixed Response (e.g., maybe; it depends, sometimes)
2 = Positive Response

N = Question does not apply
X = Consumer is not sure or does not understand
R = Consumer chooses not to answer
? = Consumer is not available to respond at this time.

5.11 *Some people are able to have a snack when they want it, and others are not. When you think about how you feel most of the time…*

❑ **Are you able to get a snack when you want one at home?**

0 = Negative Response
1 = Ambivalent or Mixed Response (e.g., maybe; it depends, sometimes)
2 = Positive Response

N = Question does not apply
X = Consumer is not sure or does not understand
R = Consumer chooses not to answer
? = Consumer is not available to respond at this time.

5.12 *Some people get to choose what they do on the weekend, and others do not. When you think about how you feel most of the time…*

❑ **Are you happy with how much say you have in what you do on the weekend?**

0 = Negative Response
1 = Ambivalent or Mixed Response (e.g., maybe; it depends, sometimes)
2 = Positive Response

N = Question does not apply
X = Consumer is not sure or does not understand
R = Consumer chooses not to answer
? = Consumer is not available to respond at this time.

5.13 *Some people get to choose what time they go to bed, and others do not. When you think about how you feel most of the time…*

❑ **Are you happy with how much say you have in when you go to bed?**

0 = Negative Response
1 = Ambivalent or Mixed Response (e.g., maybe; it depends, sometimes)
2 = Positive Response

N = Question does not apply
X = Consumer is not sure or does not understand
R = Consumer chooses not to answer
? = Consumer is not available to respond at this time.

5.14 *Some people get to talk to someone at the regional center whenever they want to, and others do not. When you think about what happens most of the time…*

❑ **Do you get to talk to your regional center worker when you want to?**

0 = Negative Response
1 = Ambivalent or Mixed Response (e.g., maybe; it depends, sometimes)
2 = Positive Response

N = Question does not apply
X = Consumer is not sure or does not understand
R = Consumer chooses not to answer
? = Consumer is not available to respond at this time.

5.15 *Some people like the help they get from people at the regional center, and others do not. When you think about how you feel most of the time…*

❑ **Are you happy with the help you get from the regional center?**

0 = Negative Response
1 = Ambivalent or Mixed Response (e.g., maybe; it depends, sometimes)
2 = Positive Response

N = Question does not apply
X = Consumer is not sure or does not understand
R = Consumer chooses not to answer
? = Consumer is not available to respond at this time.

5.16 *Some people feel safe in their neighborhood and some people don't feel safe. When you think how you feel most of the time*

❑ **Do you feel safe in your neighborhood most of the time?**

0 = Negative response
1 = Ambivalent or Mixed Response (e.g., maybe; it depends, sometimes)
2 = Positive response

N = Question does not apply
X = Consumer is not sure or does not understand
R = Consumer chooses not to answer

5.17 *We all feel sick sometimes. Some people feel like that a lot of the time. Others feel good most of the time.*

❑ **Do you feel sick or good most of the time?**

0 = Sick
1 = Ambivalent or Mixed Response (e.g., maybe; it depends, sometimes)
2 = Good

N = Question does not apply
X = Consumer is not sure or does not understand
R = Consumer chooses not to answer
? = Consumer is not available to respond at this time.

5.18 *Some people get the help they need when they feel sick, and others do not. When you think about what happens most of the time…*

❑ **Who do you tell when you feel sick**

Follow up question: Do they help you?

0 = Negative Response
1 = Ambivalent or Mixed Response (e.g., maybe; it depends, sometimes)
2 = Positive Response

N = Question does not apply
X = Consumer is not sure or does not understand
R = Consumer chooses not to answer
? = Consumer is not available to respond at this time.

5.19 *We all have times when we need something or want to do something different. Sometimes we speak up and sometimes we keep quiet about it.*

❑ **Do you tell people what you want most of the time?**

0 = Negative Response
1 = Ambivalent or Mixed Response (e.g., maybe; it depends, sometimes)
2 = Positive Response

N = Question does not apply
X = Consumer is not sure or does not understand
R = Consumer chooses not to answer
? = Consumer is not available to respond at this time.

Interviewer Comments:

Visual Observation Form

V. Visual Observation of the Consumer

The purpose of the visual observation of the consumer is to verify that the consumer appears to be healthy, has good hygiene with regard to skin, nails, teeth and clothing; and is dressed and groomed in a manner that will not set him or her apart from others in the community. The observer should take care to treat the consumer under observation with dignity and respect. The observation must be done in a discrete manner that will not embarrass the consumer or expect him or her to undergo any physical examination or other mandatory request. It is important to remember that the consumer has the right to make choices with respect to his or her style of clothing and appearance. When in doubt about the appropriateness of the clothing or other aspects of his or her appearance, the interviewer should inquire discretely from the consumer about his or her role in choosing the clothing, hair style, etc..

Consumer #	Consumer Name:	Regional Center:
Facility/Program	Interviewer	Date:

- ☐ Hair: Neat, trimmed, clean
- ☐ Glasses: Proper fit and in good repair
- ☐ Skin: Appears clean and without significant problem to casual observer
- ☐ Face and hands: Appear clean and well kept
- ☐ Teeth or dentures: Appear clean and without significant problem.
- ☐ Clothing: Clean, in good repair, properly sized, and appropriate to the season.
- ☐ Shoes: Clean, properly fitted and in good repair.
- ☐ Accessories: Clean and in good repair
- ☐ Overall appearance: Reflects personal choice and individual style.

Comments:

SECTION VI INTERVIEWS WITH REGIONAL CENTER STAFF

VI.A. SERVICE COORDINATOR INTERVIEW

Purpose

The service coordinator has a critical role in the life of the consumer. Among other things he/she is responsible for assessing the needs of the consumer, facilitating the development a person-centered Individual Program Plan (IPP), linking the consumer to services and supports on the IPP, monitoring progress and service delivery, monitoring health and safety, and advocating for the consumer. The purpose of the interview is to determine how well the service coordinator knows the consumer, the extent of the assessment process for the annual IPP development and/or review, the extent of plan participation, how the plan was developed, how services are monitored, how health issues are addressed and monitored, and how safety is monitored. The interview form is divided into two major categories. The questions in the first category are related to specific consumers. The questions in the second category are related to general questions. The ratings will be summarized in the report to the regional center.

Interview Form

Regional Center:	Interviewer(s)
Service Coordinator:	Date:

Instructions: The interview is divided into two major categories: I. questions that apply to a particular consumer and II general questions. There are areas of interest under each of the categories with a series of questions to test the knowledge of the staff person. The series of questions are related and are offered as a guide to the topics that should be covered. At time it will not be necessary to ask each individual question. The focus should be on listening carefully to the response given and making an assessment as to whether the topic has been fully explained. The interviewer is free to ask follow-up questions if there is a need for further clarification or to skip questions that have been answered as a part of a previous response. Each area of interest is to be rated by the interviewer based upon the answers to the series of questions. There are four ratings to each group of questions. The rating matrix defines the criteria for the responses. After you interview the person please check the appropriate rating for each question.

6.A.1 Questions in the context of Consumer #____

6.A.1.a Questions to determine how well the SC knows the consumer

1. Can you tell me about ___________? [Strengths, needs, preferences, etc?]
2. How do you communicate with him/her?
3. How does he/she indicate his/her needs, wants and preferences?
5. How does he/she indicate agreement?

☐ Very familiar	☐ Familiar	☐ Somewhat familiar	☐ Not at all

6.A.1.b Questions to determine the extent of the assessment process for the annual plan development/review

1. Describe how you gathered information on consumer #___ preferences and personal goals, needs and abilities, health status and other available supports for the annual review

Discussion	Yes	Review of Records/Reports	Yes
Consumer		Previous IPP goals and objectives	
Family/legal representative		ID notes	
Circle of support members		Provider service plans	
Service providers		Provider reports	
Other regional center staff		Quarterly monitoring reports	
Other		SIRs	
		CDER	
		Other	

2. What questions do you ask when you contact people for information?

3. What do you look for in reports/records?

4. How do you organize and use the information that you gather? Do you use a particular form?

☐ Exceeds expectations	☐ Meets expectations	☐ Somewhat meets expectations	☐ Below expectations

6.A.1.c Questions to determine extent of plan participation

1. Who did you invite to participate in the annual plan development/review meeting?

2. Who participated in the plan development meeting?

	Invite	Participate		Invite	Participate
Consumer			Residential provider		
Family member			Level 4 Facility consultant		
Legal representative			Day program provider		
Advocate			Regional center clinical staff		
Friend			Other		

3. What determines when the meeting will be scheduled?

4. What happens when there are people who would like to attend but are unavailable at the scheduled time?

☐ Exceeds expectations	☐ Meets expectations	☐ Somewhat meets expectations	☐ Below expectations

6.A.1.d Questions to determine how the plan was developed

1. Discuss how and why the individual goals and specific objectives were selected.

2. How did the consumer participate?

3. What support did you provide the consumer to assist him or her to participate as a decision maker?

4. How did the consumer choose particular services and providers?

5. How did he/she indicate understanding of the IPP goals and objectives?

6. Does the consumer have access to all needed services?

7. Was there general agreement on the final plan? If not how was the matter resolved?

☐ Exceeds expectations	☐ Meets expectations	☐ Somewhat meets expectations	☐ Below expectations

6.A.2 General Questions [some questions ask for information on a specific consumer]

6.A.2.a Questions to determine how services are monitored

1. What means do you use to monitor services and supports? How often do you see consumers?

2. How do you assess the effectiveness of services being provided?

3. How do you determine whether there has been progress in meeting the consumer's goals and objectives?

4. How do you evaluate whether the person is receiving the appropriate mix of services?

5. How do you use the information gained in the monitoring?

6. How do you assess the consumer/family satisfaction with services?

☐ Exceeds expectations	☐ Meets expectations	☐ Somewhat meets expectations	☐ Below expectations

6.A.2.b Questions to determine how health issues are addressed and monitored

1. What are the current medical needs of consumer #___ [including health, mental health and dental] and how are they addressed?

2. What criteria do you use to determine when a consumer needs a clinical team referral?

3. What training have you received regarding medications and side effects?

4. How often is the health status of a consumer reviewed? What is done with the information?

☐ Exceeds expectations	☐ Meets expectations	☐ Somewhat meets expectations	☐ Below expectations

6.A.2.c Questions to determine how safety is monitored

1. What kind of assessments do you do to determine whether the consumer is in a safe environment?

2. What actions do you take if you feel that the consumer's environment is becoming less safe? How often in the past year have you had experience with this?

3. How do you monitor the effectiveness of behavior plans and reports?

4. Has the consumer ___ had any reportable SIRs within the last year? If so what were they?

5. What is the regional center's process for follow-up actions and documentation after the SIR incident has been resolved?

6. Do you get SIR information from the Risk Management/Mitigation system? How frequently? If so what do you do with it?

☐ Exceeds expectations	☐ Meets expectations	☐ Somewhat meets expectations	☐ Below expectations

SUPPLEMENTARY SERVICE COORDINATOR INTERVIEW QUESTIONS

Do you have any specific concerns regarding the health and welfare of the consumers being visited by the monitoring team? Is there anything the monitoring team should be aware of when observing and/or interviewing any of the consumer[s], i.e., individual preferences, communication challenges, behavior challenges, etc.?

Notes Regarding Consumer ________SC_____________CCF/DP________

VI.A. SERVICE COORDINATOR INTERVIEW RATING MATRIX

The scale below describes the rating criteria for each of the sections of the service coordinator interview.

Part I Questions in Context of a Consumer

	VERY FAMILIAR	FAMILIAR	SOMEWHAT FAMILIAR	NOT AT ALL
6.A.1.a. Familiarity with the consumer	Knows the person as a human being and gave comprehensive responses	Knows the person well and gave acceptable responses to all questions	Has some knowledge about the person but could not respond to all of the questions	Has little or no knowledge about the person
	EXCEEDS EXPECTATIONS	**MEETS EXPECTATIONS**	**SOMEWHAT MEETS EXPECTATIONS**	**BELOW EXPECTATIONS**
6.A.1.b. Performing an assessment of consumer needs, preferences and desires.	Information was gathered from a wide range of sources; the inquiries were in depth and consumer focused; and the information was well organized and used as a part of the plan development discussion.	Information was gathered from the critical sources, questions were consumer-focused and the information was organized and used to develop the plan.	Information gathering was limited.	Little or no information gathering beyond the review of documents in the consumer record.
6.A.1.c. Gaining participation in plan development	Efforts were made to include a wide range of individuals and to schedule the meeting at a time to maximize participation; and gave comprehensive responses.	Efforts were made to include the critical individuals and to schedule the meeting at a time convenient for most of the individuals; and gave acceptable responses.	Efforts were made to include some, but not all of the critical individuals, but not all responses were clear.	Only minimal effort was made to gain participation.
6.A..1.d. Developing a person centered plan	Consumer focused and driven goals and objectives; consumer was supported to participate fully; there was consensus on the plan and all issues were resolved satisfactorily; and gave comprehensive responses.	Goals and objectives reflect the needs and preferences of the consumer; consumer was supported to participate; there was consensus on the plan and all issues were resolved.; and gave acceptable responses	Goals and objectives reflect at least some of the needs and preferences of the consumer. Not all of the responses were clear as to how the plan was developed.	Responses indicate a lack of understanding of plan development.

Part II General Questions

	EXCEEDS EXPECTATIONS	MEETS EXPECTATIONS	SOMEWHAT MEETS EXPECTATIONS	BELOW EXPECTATIONS
6.A.2.a. Service monitoring	Thorough understanding of how to monitor services and use the information. Meets or exceeds required frequency of face-to-face contact. Answers were comprehensive.	Understands how to monitor services and use information. Meets required frequency of face-to-face contact. Responses to all questions were acceptable.	Monitors services and meets the frequency of face-to-face contact. Not all of the responses were clear.	Does not fully understand monitoring and/or failed to meet frequency of face-to-face contact.

	EXCEEDS EXPECTATIONS	MEETS EXPECTATIONS	SOMEWHAT MEETS EXPECTATIONS	BELOW EXPECTATIONS
6.A.2.b. Health monitoring	Thorough understanding of the medical needs of consumer and has a well-developed understanding of the how to monitor the health of consumers. Answers to all questions were comprehensive.	Understands medical needs of consumer and has an understanding of how to monitor the health of consumers. Answers to all questions were acceptable.	Some understanding of the medical needs of consumer and how to monitor the health of consumers. Not all responses were clear.	Responses indicate a lack of understanding of health monitoring.
6.A.2.c. Safety monitoring	Thorough understanding of safety monitoring and SIRs. Answers to all questions were comprehensive.	Understands safety monitoring and SIRs. Answers to all questions were acceptable.	Some understanding of the safety monitoring and SIRS. Some responses were not clear.	Responses indicate a lack of understanding about safety monitoring and/or SIRs.

VI.B. CLINICAL SERVICES STAFF INTERVIEW

Purpose

Regional center clinical services staff and contractors provide support to consumers and service coordinators on matters affecting the health, safety and medical needs of consumers living in the community. An informational interview is conducted with the clinical staff to ascertain how the regional center has organized itself to provide the support. The interview questions ask what processes the regional center has in place for routine monitoring of consumers with medical issues, monitoring of medications, monitoring of behavior plans, coordination of medical and mental health, improvements in access to preventive health care resources, and the role of clinical services in special incident reporting and the Risk Management Committee. Since the interview is informational, no attempt will be made to assign a rating to each of the questions. The results of the interview, along with any findings, will be briefly described in the report to the regional center.

Interview Form

Instructions: The clinical services interview is an informational interview. The purpose of the interview is to gain an understanding of how the regional center has organized itself to provide clinical support to consumers and service coordinators on matters affecting the health, safety and medical needs of consumers living in the community. Since the interview is informational, no attempt is made to assign a rating to each of the questions. The results of the interview, along with any findings, will be briefly described in the final report to the regional center.

Regional Center:	Interviewer(s):
Clinical Staff Interviewed:	Date:

6.B.1. How does the clinical staff monitor consumers with medical issues? If so, what criteria are used to determine which medical issues should be monitored and the frequency of monitoring?

6.B.2. How and when does the clinical staff monitor medications? If so, what criteria are used to determine the medications to be monitored?

6.B.3. How and when does the clinical staff review and monitor behavior plans?

6.B.4. What role does clinical services play in ensuring coordination of medical and mental health care for individual consumers?

6.B.5. Under what circumstances does clinical services initiate action with respect to a medical or behavior issues?

6.B.6. What clinical supports does the regional center have in place to assist service coordinators to carry out their responsibilities?

6.B.7. How has the regional center improved access to preventive health care resources?

6.B.8. Do you have any role in the regional center Risk Management Committee? If so will you please describe what you do?

6.B.9. What role do you have in special incidents?

6.B.10. What issues/problems, if any, is the regional center experiencing regarding Medi-Cal providers in your catchment area? Are there any gaps in specialty provider groups?

6.B.11. Is the regional staff aware of any provider concerns/issues with billing Medi-Cal services?

VI.C. QUALITY ASSURANCE STAFF INTERVIEW

Purpose

Quality assurance (QA) is an important component in assuring the health and safety of consumers in the community and provider competence. An informational interview is conducted with QA staff to gain an understanding of how the regional center has organized itself to conduct: Title 17 monitoring of community care facilities (CCFs); two unannounced visits to CCFs; QA evaluations of CCFs, and service provider training. The interview also inquires about verification of provider qualifications, resource development activities, and to ascertain what is done to assure quality among programs and providers where there is no regulatory authority to conduct QA monitoring. Since the interview is informational, no attempt will be made to assign a rating to each of the questions. The results of the interview, along with any findings, will be briefly described in the report to the regional center.

Interview Form

Instructions: The quality assurance (QA) interview is an informational interview. The purpose of the interview is to gain an understanding of how the regional center has organized itself to conduct Title 17 and QA monitoring of community care facilities, service provider training, unannounced visits, resource development activities, verification of provider qualifications, and QA among programs and providers where there is no regulatory authority to conduct QA monitoring. Since the interview is informational, no attempt is made to assign a rating to each of the questions. The results of the interview, along with any findings, will be briefly described in the final report to the regional center.

Regional Center: Interviewer(s):

QA Staff Interviewed: Date:

6.C.1. Who participates in the Title 17 reviews?

☐	QA staff	☐	Other regional center staff
☐	Service coordinators	☐	Other (specify)

6.C.2. What information do you review or gather prior to conducting the Title 17 review?

☐	Vendor file	☐	Residents' behavior plans	☐	SIR trend data
☐	Residents' IPPs	☐	SIRs	☐	CAPs
☐	Contact CCL	☐	Program design	☐	Talk to service coordinators
☐	QA review reports	☐	Other (specify)	☐	Other (specify)

6.C.3. Are Title 17 reviews generally scheduled at times when consumers are at home?

6.C.4. What kinds of consultation or technical assistance do you provide during reviews?

6.C.5. Describe the regional center's process for issuing sanctions for CCFs.

6.C.6. How do you follow-up and verify that the issues related the sanctions have been resolved?

6.C.7. Does regional center staff receive training in identifying substantial inadequacies and immediate dangers?

6.C.8. Who is responsible for conducting the two unannounced visits to CCFs?

6.C.9. What is done with the information from the unannounced visits and Title 17 reviews?

6.C.10. Who participates as evaluation team members in the QA reviews of CCFs?

☐	QA staff	☐	Facility liaison	☐	Other regional center staff
☐	Service coordinators	☐	Consumer	☐	Family member
☐	Board member	☐	Providers	☐	Other (specify)

6.C.11. What kind of training do team members receive?

6.C.12. What information do you review prior to the QA review?

☐	Vendor file	☐	Residents' behavior plans	☐	SIR trend data
☐	Residents' IPPs	☐	SIRs	☐	CAPs
☐	Contact CCL	☐	Program design	☐	Talk to service coordinators
☐	Title 17 reports	☐	Prior QA evaluations	☐	Talk to family members
☐	Staff schedule)	☐	Other (specify)	☐	Other (specify)

6.C.13. What roles are assigned to the various team members?

6.C.14. Are reviews generally scheduled at times when consumers are at home?

6.C.15. What kinds of consultation or technical assistance do you routinely provide during reviews?

6.C.16. What actions have you taken as a result of the QA reviews?

6.C.17. What follow-up actions have you taken?

6.C.18. Are CAPs written and given to the provider at the conclusion of the review?

6.C.19. What, if anything, do you do to assure quality among programs and providers where there is no regulatory authority to monitor?

6.C.20. How do you verify the qualifications of providers?

6.C.21. What kind of training do you give to providers?

6.C.22. How do you assure quality in resource development?

6.C.23. What role does QA staff play in investigating and following-up on SIRs?

6.C.24. Do QA staff participate as a member of the Risk Management Committee?

6.C.25. What SIRs data do you routinely use?

6.C.26. Do you have a role in distributing SIRS information or analyses?

SECTION VII INTERVIEWS WITH SERVICE PROVIDERS AND DIRECT SUPPORT STAFF

VII.A SERVICE PROVIDER INTERVIEW

Purpose

The service provider has a critical role in the life of the consumer. The service provider not only is responsible for assessing the needs of the consumer, participating in the development a person-centered Individual Program Plan (IPP), provision of services and supports on the IPP, fostering consumer progress, ensuring the health and safety of the consumer, and advocating for the consumer. The purpose of the interview is to determine how well the service provider knows the consumer, the extent of the assessment process for the annual IPP development and/or review, the extent of plan participation, how the plan was developed, how the accuracy of documentation is ensured, communication, how medications are safeguarded, how health issues are addressed and monitored, emergency preparedness, and how safety is monitored. The interview form is divided into two major categories. The questions in the first category are related to specific consumers. The questions in the second category are related to general questions. The ratings will be summarized in the report to the regional center.

Interview Form

Regional Center: Interviewer(s)

Service Provider: Program type and #: CCF _____Day ____ SLS/ILS____

Name and Title of Person Interviewed Date

Instructions: The interview is divided into two major categories: I. questions that apply to a particular consumer and II general questions. There are areas of interest under each of the categories with a series of questions to test the knowledge of the staff person. The series of questions are related and are offered as a guide to the topics that should be covered. At time it will not be necessary to ask each individual question. The focus should be on listening carefully to the response given and making an assessment as to whether the topic has been fully explained. The interviewer is free to ask follow-up questions if there is a need for further clarification or to skip questions that have been answered as a part of a previous response. Each area of interest is to be rated by the interviewer based upon the answers to the series of questions. There are four ratings to each group of questions. The rating matrix defines the criteria for the responses. After you interview the person please check the appropriate rating for each question.

7.A.1 Questions in the context of Consumer #____

7.A.1.a Questions to determine how well the service provider knows the consumer

1. Can you tell me about ___________? [Strengths, needs, preferences, etc.?]
2. How do you communicate with him/her?
3. How does he/she indicate his/her needs, wants and preferences?
4. How does he/she indicate agreement?

☐ Very familiar	☐ Familiar	☐ Somewhat familiar	☐ Not at all

7A.1.b Questions to determine the extent of the assessment preparation for the annual plan development/review

1. Describe how you gathered information on consumer #___ to prepare for the annual review. [Preferences and personal goals, needs and abilities, health status and other available supports.

Discussion	Yes	Review of Records/Reports	Yes
Consumer		Previous IPP goals and objectives	
Family/legal representative		Consumer file	
Circle of support members		Your service plan	
Direct support staff		Your reports	
Consultants		Consultant reports	
Service coordinator		SIRs	
Other service provider		Other	
Other			

2. What questions do you ask when you contact people for information?

3. What do you look for in reports/records?

4. How do you organize and use the information that you gather? Do you use a particular form?

5. What actions do you take if you determine a consumer's needs or preferences have changed between annual reviews?

☐ Exceeds expectations	☐ Meets expectations	☐ Somewhat meets	☐ Below expectations

7.A.1.c Questions to determine the development of person centered plan

1. How do you participate in the consumer's IPP meetings? Do you always attend?

2. Discuss how and why the individual goals and specific objectives were selected for your program/facility.

3. What support did you provide the consumer to assist him/her to participate as a decision maker?

4. What role did the consumer play in directing the goals and objectives related to your program?

5. Does the consumer have access to all needed services?

6. Was there general agreement on the final plan? If not how was the matter resolved?

☐ Exceeds expectations	☐ Meets expectations	☐ Somewhat meets	☐ Below expectations

7.A.1.d Questions to determine how consumer progress is fostered

1. Does your program/facility develop ISPs? If so, how is the ISP developed for consumer #___? If so how do the ISP objectives correlate with IPP objectives?

2. If not, what method do you use to assure that the IPP objectives that are your responsibility are carried out?

3. Describe the data collection system in place for consumer #____IPP objectives. What type of data is collected? How frequently is it compiled?

4. What are the barriers that have been identified for consumer#___ in achieving his/her IPP objectives and how has the program addressed these issues?

5. How does the program/facility support the consumer#___ strengths?

6. How do you assess consumer#___ satisfaction with your services?

☐ Exceeds expectations	☐ Meets expectations	☐ Somewhat meets	☐ Below expectations

General Questions [some questions ask for information on a specific consumer]

7.A.2.a Questions to determine how health issues are addressed and monitored

1. What are the current medical needs of consumer #___ [including health, mental health and dental] and how are they addressed?

2. What criteria do you use to determine when you need regional center assistance in addressing health issues?

3. Who is responsible for review and oversight of the health status of consumers you serve?

4. As a program/facility what is your system for knowing that the overall health needs are being taken care of? What is your system for training staff to know?

☐ Exceeds expectations	☐ Meets expectations	☐ Somewhat meets	☐ Below expectations

7.A.2.b Questions to determine safeguarding medications

1. What medications does consumer#___ take? Any observed side effects?

2. Does the prescribing physician/psychiatrist clearly state the reason for the prescription? Where is this documented? How is this communicated to staff?

3. What system do you have in place to ensure that medications are stored and administered appropriately? How do you verify that the system is working?

4. What training have you received regarding medications and side effects? When? By whom?

5. How does direct support staff get trained on medications and side effects?

☐ Exceeds expectations	☐ Meets expectations	☐ Somewhat meets	☐ Below expectations

7.A.2.c Questions to determine systems in place to assure accuracy of progress documentation

1. What system do you have in place to ensure that there is accurate, timely, complete and consistent documentation for each consumer? How do you verify that the system is producing the desired result?
2. Level 4 only: How often does the consultant review and make any necessary revisions to the behavior plan?
3. Who is responsible for the day-to-day documentation of progress and events?
4. How do you train staff in documentation?
5. What data does your program collect and use to assess consumer satisfaction?

☐ Exceeds expectations	☐ Meets expectations	☐ Somewhat meets	☐ Below expectations

7.A.2.d Questions to determine providers understanding of importance of communication

1. Do you communicate with the regional center? When and about what?
2. Do you communicate with other service providers who serve the same consumers that you do? When and about what??
3. How do you ensure that relevant information about consumers is passed on when there are shift changes?

☐ Exceeds expectations	☐ Meets expectations	☐ Somewhat meets	☐ Below expectations

4. How do you ensure that the staff communicates appropriately with the consumers?

7.A.2.e Questions to determine emergency preparedness

1. Describe your procedures in the event of natural disasters and public emergencies.
2. How often do you review and practice the emergency procedures?
3. What would you do for example if there were an electrical problem that forced evacuation of the facility/program site for 24 hours or more?
4. What would you do if there were a heavy rainstorm that closed the roads and consumers could not get home/leave their day program?
5. What is your contingency plan for times when staff doesn’t show up for work without telling you?
6. What is your contingency plan for scheduled time off by staff?

☐ Exceeds expectations	☐ Meets expectations	☐ Somewhat meets	☐ Below expectations

7.A.2.f Questions to determine how safety is monitored

1. As a program/facility, what is your system for knowing that the overall and individual safety needs of the consumers you serve are being addressed? What is your system for training staff to know?

2. Describe the conditions under which you would report a special incident to the regional center.

3. Has the consumer # ___ had any reportable SIRs within the last year? If so what were they and what did you do? [If the consumer has not required a SIR in the last year please describe another consumer.]

4. What is your process for follow-up actions and documentation after the SIR incident has been resolved?

5. How do you train staff to respond to incidents that require a SIR?

☐ Exceeds expectations	☐ Meets expectations	☐ Somewhat meets	☐ Below expectations

SUPPLEMENTARY SERVICE PROVIDER INTERVIEW QUESTIONS

Do you have any specific concerns regarding the health and welfare of the consumers being visited by the monitoring team? Is there anything the monitoring team should be aware of when observing and/or interviewing any of the consumer[s], i.e., individual preferences, communication challenges, behavior challenges, etc.?

SERVICE PROVIDER INTERVIEW RATING MATRIX

The scale below describes the rating criteria for each of the sections of the service provider interview.

7.A.1 QUESTIONS IN THE CONTEXT OF A CONSUMER

	Very Familiar	FAMILIAR	SOMEWHAT FAMILIAR	NOT AT ALL
7.A.1.a. Familiarity with the consumer	Knows the person as a human being and gave comprehensive responses	Knows the person well and gave acceptable responses to all questions	Has some knowledge about the person but could not respond to all of the questions	Has little or no knowledge about the person
	EXCEEDS EXPECTATIONS	MEETS EXPECTATIONS	SOMEWHAT MEETS EXPECTATIONS	BELOW EXPECTATIONS
7.A.1.b Performing an assessment of consumer needs, preferences and desires.	Information was gathered from a wide range of sources; the inquiries were in depth and consumer focused; and the information was well organized and used as a part of the plan development discussion.	Information was gathered from the critical sources, questions were consumer focused and the information was organized and used to develop the plan.	Information gathering was limited and was used as a part of the plan development.	Little or no information gathering beyond the review of documents in the consumer record.
7.A.1.c. Developing a person centered plan	Provider participated fully, consumer was supported to participate fully, IPP is consumer focused and directed; and gave comprehensive responses.	Provider participated, goals and objectives reflect the needs and preferences of the consumer; consumer was supported to participate; and gave acceptable responses to the questions	Goals and objectives reflect at least some of the needs and preferences of the consumer, but not all of the responses were clear as to how the plan was developed.	Responses indicate a lack of understanding of plan development.
7.A.1.d Fostering consumer progress	Thorough understanding of how to develop and monitor ISP and use the information to maximize consumer progress and gave comprehensive responses.	Understands how to develop and monitor ISP and use information to foster consumer progress; and gave acceptable responses..	Some understanding of development of and monitoring ISB but not all of the responses were clear.	Does not understand monitoring..

7.2 General Questions

	Exceeds expectations	Meets expectations	Somewhat meets expectations	Below Expectations
7.A.2.a. Understanding health issues and monitoring	Thorough understanding of the medical needs of consumer, and systems are in place to monitor health of consumers. Comprehensive answers to all questions .	Understands medical needs of consumer and has an understanding of how to monitor the health of consumers. Acceptable answers to all questions.	Some understanding of the medical needs of consumer and how to monitor the health of consumers. Some responses were not clear.	Has little or no understanding of medical needs and health monitoring.
	Exceeds expectations	Meets expectations	Somewhat meets expectations	Below Expectations
7.A.2.b. Process to safeguard medications	Thorough understanding of the need and comprehensive process in place to store and administer medications. Comprehensive answers to all questions	Has an acceptable understanding of the need and process in place to store and administer medications. Answers to all questions were acceptable.	Some understanding of the need and/or all or part of a process in place but not all responses were clear.	His little understanding of the need to safeguard medications and/or an incomplete process in place.
7.A..2.c. Determining accuracy of progress documentation	Comprehensive system in place to collect and verify the accuracy of progress documentation. Comprehensive answers to all questions	Has an acceptable system in place to collect and verify accuracy of progress documentation. Answers to all questions were acceptable	Has some components of system in place to collect and verify accuracy of progress documentation, but not all answers were clear.	No system in place to collect and/or verify the accuracy of progress documentation.
7.A.2.d Understanding of the communication process in service delivery and care	Comprehensive understanding of what to communicate, how often communication should occur and the importance of communication to continuity of service delivery and care.	Has an acceptable understanding of what to communicate, how often communication should occur, and the importance of communication to continuity of service delivery and care.	Has some understanding of the communication process but did not give clear answers to all of the questions.	Has little or no understanding
7.A..2.e. Understanding of emergency procedures	Thorough understanding of emergency procedures and responded comprehensively to all questions	Has an acceptable understanding of emergency procedures and gave acceptable responses to the questions.	Has some understanding of emergency procedures but did not give clear answers to all of the questions.	Has little or no understanding of emergency procedures.
7.A.2.g Understanding of safety monitoring	Thorough understanding of safety monitoring and SIRs and responded comprehensively to all questions.	Has an acceptable understanding of safety monitoring and SIRs and gave acceptable responses to the questions.	Has some understanding of the safety monitoring and SIRS but did not give clear answers to all questions.	Responses indicate a lack of understanding about safety monitoring and/or SIRs.

VII.B. DIRECT SUPPORT STAFF INTERVIEW

Purpose

Direct support staff are the individuals who work with and assist the consumers in day programs and residential settings. Direct support staff play an important role in the implementation of the Individual Program Plan (IPP). The purpose of the interview is to determine the direct support staff's familiarity with the consumer, understanding of the IPP and service delivery requirements, communication, level of preparedness to address safety issues, understanding of emergency preparedness, and knowledge about safeguarding medications. The interview form is divided into two major categories. The questions in the first category are related to specific consumers. The questions in the second category are related to general questions. The ratings will be summarized in the report to the regional center.

Interview Form

Regional Center: Interviewer(s)

Direct Support Staff: Facility/Program Date:

Instructions: The interview is divided into two major categories: I. questions that apply to a particular consumer and II general questions. There are areas of interest under each of the categories with a series of questions to test the knowledge of the staff person. The series of questions are related and are offered as a guide to the topics that should be covered. At times it will not be necessary to ask each individual question. The focus should be on listening carefully to the response given and making an assessment as to whether the topic has been fully explained. The interviewer is free to ask follow-up questions if there is a need for further clarification or to skip questions that have been answered as a part of a previous response. Each area of interest is to be rated by the interviewer based upon the answers to the series of questions. There are four ratings to each group of questions. The rating matrix defines the criteria for the responses. After you interview the person please check the appropriate rating for each question.

7.B.1 Questions in the context of Consumer #____

7.B.1.a. Questions to determine how well the direct support staff knows the consumer:

1. Can you tell me about _________? [Strengths, needs, preferences, etc.]
2. How do you communicate with him/her?
3. Does he/she have any health issues? What are they? Are there any special things that you do for the individual in relation to these health issues?
4. Is he/she at increased risk for injury or illness for any reason, for example, has difficulty swallowing or doesn't transfer independently? If so, what has been done to reduce or mitigate the risk?
5. What does he/he like to do in his/her leisure time?
6. Does _____ have any favorite foods? What are they?

☐ Very familiar	☐ Familiar	☐ Somewhat familiar	☐ Not at all

7.B.1.b. Questions to determine how familiar the direct support staff are with the IPP and service delivery.

1. Where is the individual's IPP located? Would you please show me?
2. What does that IPP require you and other staff in the home to do for the individual?
3. How do you know, or learn about, his/her likes and dislikes?
4. Name some of his/her likes and dislikes.
5. Describe choices that the person has made or has the opportunity to make in his/her daily life.
6. How do you make sure that the services you provide meet his/her needs and preferences?
7. How do you know when the needs or preferences of the consumer change?
8. What do you do when you observe such a change?
9. What kinds of input are you asked to give when it is time to develop or amend the person's IPP?

☐ Very familiar	☐ Familiar	☐ Somewhat familiar	☐ Not at all

7.B.1.c. Questions to determine the direct support staff's level of understanding about the importance of communication.

1. How often do you communicate with other staff that also deals with this individual?
2. What kinds of things do you pass on when there is a change in direct support staff [i.e. reassignment, shift rotation]
3. Do you communicate with other programs the person attends? When and about what?
4. Do you communicate with family or conservators? When and about what?

☐ Exceeds expectations	☐ Meets expectations	☐ Somewhat meets	☐ Below expectations

7.B.2 General questions

7.B.2.a. Questions to determine the direct support staff's level of preparedness to address safety issues.

1. What would you do if one of the consumers arrived at the facility or program with bruises on his/her arms and face?
2. Who would you call?
3. How would you follow-up?
4. What do you do to keep it from happening again?

☐ Exceeds expectations	☐ Meets expectations	☐ Somewhat meets	☐ Below expectations

7.B.2.b. Questions to determine the direct support staff's level of understanding about emergency preparedness.

1. What would you do if there were a fire?
2. What would you do if there were a storm that closed the roads so that the consumers could not get home?
3. What would you do if there were an earthquake?

☐ Exceeds expectations	☐ Meets expectations	☐ Somewhat meets	☐ Below expectations

7.B.2.c. Questions to determine the direct support staff's knowledge regarding safeguarding and assisting with self-administration of medications.

1. Do you help the individual to take his/her medications?
2. What are the medications? Do you know about any possible side effects?
3. Are there any special precautions that you take with any of the medications, for example, taken only with food?
4. Describe what assistance you provide. What do you do to assist the individual to take his/her medications? What are the steps that you take?
5. How do you make sure that the person gets the right medication at the right time?
6. What would you do if a mistake was made and the person got the wrong medicine?

☐ Exceeds expectations	☐ Meets expectations	☐ Somewhat meets	☐ Below expectations

DIRECT SUPPORT STAFF RATING MATRIX

The scale below describes the rating criteria for each of the sections of the direct support staff interview.

7.B.1 QUESTIONS IN THE CONTEXT OF A CONSUMER

	VERY FAMILIAR	FAMILIAR	SOMEWHAT FAMILIAR	NOT AT ALL
7.B.1.a. Familiarity with the consumer	Knows the person as a human being and gave comprehensive responses	Knows the person well and gave acceptable responses to all questions	Has some knowledge about the person but could not respond to all of the questions	Has little or no knowledge about the person
7.B.1.b. Familiarity with the consumer's IPP, need or preferences, and services	Has complete understanding of the IPP and service delivery and gave comprehensive responses	Understands the IPP and service delivery and gave acceptable responses to the questions	Has some understanding but did not give clear answers to all of the questions	Has little or no understanding of the IPP and/or service delivery
	EXCEEDS EXPECTATIONS	**MEETS EXPECTATIONS**	**SOMEWHAT MEETS**	**BELOW EXPECTATIONS**
7.B.1.d. Understanding of communication process in service delivery and care	Has a comprehensive understanding of what to communicate, how often communication should occur and the importance of communication to continuity of service delivery and care.	Has an acceptable understanding of what to communicate, how often communication should occur, and importance of communication to continuity of service delivery and care.	Has some understanding of the communication process but did not give clear answers to all of the questions.	Has little or no understanding of the communication process..

7.B.2 GENERAL QUESTIONS

	EXCEEDS EXPECTATIONS	MEETS EXPECTATIONS	SOMEWHAT MEETS	BELOW EXPECTATIONS
7.B.2.a. Understanding of safety issues and precautions.	Has a thorough understanding of safety issues and procedures and responded comprehensively to all questions	Has an acceptable understanding of safety issues and procedures and gave acceptable responses to the questions.	Has some understanding of safety issues and procedures but did not give clear answers to all of the questions.	Has little or no understanding of safety issues and procedures.
7.B.2.b. Understanding of emergency procedures	Has a thorough understanding of emergency procedures and responded comprehensively to all questions	Has an acceptable understanding of emergency procedures and gave acceptable responses to the questions.	Has some understanding of emergency procedures but did not give clear answers to all of the questions.	Has little or no understanding of emergency procedures.

7.B.2.c.. Safeguarding and assisting with self-administration of medications	Has a complete understanding of safeguarding and assisting with self-administration medications and gave comprehensive responses	Understands safeguarding and assisting with self-administration medications and gave acceptable responses to the questions	Has some understanding of safeguarding and assisting with self-administration medications but did not give clear answers to all of the questions	Has little or no understanding of safeguarding and assisting with self-administration medications.

SECTION VIII VENDOR MONITORING REVIEW FORM

Purpose

Residential programs and day programs are reviewed by the monitoring team utilizing a vendor monitoring review form consisting of review criteria. The purpose of the program review is to ensure that the consumers are served in safe, healthy, positive environments where their rights are respected. The criteria are divided into grouped under five categories: environment and safety; health and medications; services and staff; money (applies to residential programs); and rights. Each review criteria has interpretive guidelines to clarify the expectations and to provide a framework to promote effective and efficient provisions of services and supports to enable the consumers to reach their goals. The review is conducted through an inspection of the physical environment of the program and observations. The results of the reviews will be summarized in the report to the regional center.

The vendor monitoring review form is shown on the next page.

Vendor Monitoring Review Form

Instructions: The vendor monitoring review is conducted through an inspection of the physical environment of the program, observation of staff interactions with consumers, observations of consumers, and inspection of personal and incidental fund records to determine whether there is a process in place to protect the resources of the consumer. The interpretive guidelines provide a framework to promote effective and efficient provisions of services and supports.

	Interpretive Guidelines	Yes	No	N/A	Comments
8.1. Environment and Safety					
8.1.a. Cleanliness of home or vendor site	Is home/facility clean? Look for dirt, insects, rodents, pests, trash. Are food preparation and storage sites clean? *Unclean is defined as anything that may represent a health or safety threat for the people living or spending time there.				
8.1.b. Odors	Are there any unusual odors present [urine, feces, spoiled food, natural gas]?				
8.1.c. Maintenance of home / vendor site	Is the home/vendor site in good repair? No broken windows, doors, walls, plumbing, electrical, etc. All appliances are in working order, all steps and railings are in good condition, all furniture is clean and in good repair. There are no safety hazards.				
8.1.d. Adaptations	Is the home/vendor site adapted for the consumers? Can they get in and out in case of an emergency?				
8.1.e. Soap and towels or paper towels	Are these items present in the bathrooms and kitchen? Are people and staff using them?				

	Interpretive Guidelines	Yes	No	N/A	Comments
8.1.f. Precautions to prevent the spread of infectious disease	Does the staff use gloves when engaging in activities where there is a chance that they could come into contact with or spread infection? Do they wash their hands when they remove the gloves? Do they wipe down surfaces with disinfectant after changing diapers? Do they appropriately dispose of diapers, cleaning materials and other potentially contaminated articles?				
8.1.g. Appropriate storage	Are there pesticides or other toxic substances stored in the kitchen and food areas? Are soaps, detergents, and cleaning compounds stored separately from food supplies? Is perishable food/beverages stored in the refrigerator/freezer?				
8.2. Health and Medications					
8.2.a. First aid supplies	Are first aid supplies accessible to all staff? Ask staff where the first aid supplies are kept. Is there a manual? Ask staff to explain how to treat a bleeding cut.				
8.2.b. Medication storage	Is medication stored centrally in a safe locked location? Is the medication stored in the original container with the label intact and unaltered? Who has access to the medication? Is there a designated staff person for each shift?				
8.2.c. Medication records [non PRN]	How are the medication records maintained? Are records maintained of all medications [non PRN] taken by the consumer?				
8.2.d. Medication records PRN	A record [date, time, dosage and consumer's response] is kept in the consumer record for each PRN dose.				

	Interpretive Guidelines	Yes	No	N/A	Comments
8.2.e. Medication disposal	Are there expired or discontinued medications? What is the procedure to dispose of such medications? Are records kept on medication disposal?				
8.2.f. Special dietary needs	Do any of the residents/participants have special dietary needs? Is staff aware of the needs? Ask about grocery shopping and have the staff person show the contents of refrigerator or pantry where the food is stored.				
8.2.g. Adaptive equipment	Is the equipment clean, in good repair and is it being used as prescribed? Do the consumer and staff know how to use the equipment?				
8.3. Services and Staff					
8.3.a. Staff interactions	Observe! Are staff interactions respectful, attentive and positive? Are staff teaching and mentoring people?				
8.3.b. Contingency plan	What is the contingency plan for times when staff does not report for work?				
8.3.c. Staff requirements	Are there first aid certificates on file? If there is a pool, do staff who supervise residents have a valid water safety certificate?				
8.4. Money (Applies to residential programs)					
8.4.a. Spending money	Where is the money kept? What records are kept? What is the cash disbursement procedure?				

	Interpretive Guidelines	Yes	No	N/A	Comments
8.4.b. P&I accounts	Have there been any purchases? Are there receipts? For large items, does the person have the item?				
8.4.c. Appropriate expenditures	Expenditures are not used for basic services to be provided by the facility or Medi-Cal				
8.5. Rights					
8.5.a. Control	Observe: Do people appear to ask staff for permission frequently? Do people choose who visits in their home? Is staff taking care of personal business while at work [errands, children at work, phone calls, etc.]?				
8.5.b. Privacy	Can people talk privately? Do people have privacy for daily activities that are typically private [dressing, bathroom, etc]? Do people, other than roommates, knock and ask permission to enter bedrooms?				
8.5.c. Rights	Is the statement of rights posted? Ask staff how they explain the list to the consumers.				
8.5.d. Rules	Ask if there are any rules other than those that are posted? If so, ask who made up the rules.				

	Interpretive Guidelines	Yes	No	N/A	Comments
8.5.e Restrictions	Are there any restrictions? Are the places in the home that are off limits (other than bedrooms)? Is the refrigerator off limits or restricted? Are there alarms on the doors in the house?				

SECTION IX SPECIAL INCIDENT REPORTS

Purpose

Title 17, California Code of Regulations (CCR), § 54327 defines special incidents as those incidents that have occurred during the time the consumer was receiving services and supports from any vendor or long term health care facility, including: the consumer is missing and the vendor or long-term care facility has fined a missing persons report with a law enforcement agency; reasonably suspected abuse/exploitation; reasonably suspected neglect; a serious injury/accident; any unplanned or unscheduled hospitalization; and, regardless of when or where the following incidents occurred, the death of any consumer regardless of cause and/or the consumer is the victim of a crime. Title 17 requires all vendors to report special incidents be reported to the regional center in not more than 24 hours after learning of the occurrence to be followed with a written report to the regional center within 48 hours after the occurrence, unless the initial report contained all of the required information. The regional centers are required to report these special incidents to Department of Developmental Services (DDS) electronically. Reporting of follow-up of special incidents is an important safeguard for consumers living in the community. The purpose of this section is to verify that special incidents have reported within the timelines, that the documentation meets the requirements of Title 17, and that the follow-up was complete. The report to the regional center will include those areas where there were negative findings.

Criterion

9.0 A special incident is completed for all consumer deaths and reported to DDS. *(Title 17, CCR § 54327.1)* Note: This is completed prior to the on-site review.

Sample

1. All HCBS Waiver status "code 7", (closed/deceased) consumers in the Client Master File (CMF~~)~~ for the 12-month review period.
2. SIRs of HCBS Waiver consumer deaths submitted by the regional center during the 12-month review period.

Verification Instructions

1. Compare the SIRs deaths reported to DDS for the 12-month review period with the list of status "code 7" Waiver consumers in the CMS ~~or CADDIS.~~
2. Score as (NA) if there were no HCBS Waiver status "code 7", closed/deceased, consumers in the CMF or CADDIS for the 12-month review period.
3. Score as (+) if the Waiver consumer has a status "code 7" in the CMF ~~or CADDIS,~~ and a SIR of the consumer's death was submitted to DDS.
3. Score as (-) if a SIR was not submitted and the Waiver consumer has a status "code 7" in the CMF ~~or CADDIS.~~ Comment on the number of unreported deaths.

9.1 The regional center reports special incidents to DDS. *(Title 17, CCR, § 54327.1)*

Sample

1. The sample of HCBS Waiver consumer records selected for the regional center HCBS Waiver review.

2. A list of SIRs submitted to DDS pursuant to Title 17 requirements during the 12-month review period for the sample of HCBS Waiver consumer records selected for the regional center HCBS Waiver review.

Verification Instructions

1. Compare SIRS in the sample of HCBS Waiver consumer records selected for the regional center HCBS Waiver review with the list of SIRs reported to DDS.

2. Score as (NA) if there were no SIRS in the record or on the DDS list of reported SIRS for the consumer.

3. Score as (+) if the SIRs in the consumer records match the DDS list.

4. Score as (-) if the consumer records contain SIRs that do not match the DDS list.

5. Comment on unreported SIRs. Obtain photocopies of unreported SIRs and documentation of any follow-up activities or reports.

9.2.a The vendors report special incidents to the regional center within the timeframe specified in Title 17. *(Title 17, CCR, § 54327)*

Explanation

The vendor shall submit a written report of the special incident to the regional center within 48 hours after the occurrence of the special incident.

Sample

Ten (10) HCBS Waiver consumers who had special incidents pursuant to Title 17 reported to DDS within the 12-month review period.

Verification Instructions

1. Compare the date of the incident with the date the incident was reported to the regional center.

2. Score each special incident as (+) if the incident was reported to the regional center within the specified timeframe.

3. Score each special incident as (-) if the incident was not reported to the regional center within the specified timeframe. Place the date of the incident of the report and the date of the report to the regional center in the comment section.

9.2.b The regional center reports special incidents to DDS within the timeframe specified in Title 17. *(Title 17, CCR, § 54327.1)*

Explanation

Regional centers are required to submit an initial report to DDS of any special incident defined in Title 17 within two working days following receipt of the report, or where a report has not been submitted to the regional center, within two working days of learning of the occurrence.

Sample

Ten (10) HCBS Waiver consumers who had special incidents pursuant to Title 17 reported to DDS within the 12-month review period.

Verification Instructions

1. Compare the date of the incident with the date the incident was reported to DDS.
2. Score each special incident as (+) if the incident was reported to DDS within the specified timeframe.
3. Score each special incident as (-) if the incident was not reported to DDS within the specified timeframe. Place the date of the receipt of the report and the date of the report to DDS in the comment section.

9.3 The regional center documents follow-up activity. *(Title 17, CCR, § 54327.1)*

Explanation

Regional centers are required to document follow-up activities taken in response to the special incident. The purpose of the follow-up activity is to assure that special preventative actions are taken to mitigate or reduce future risk including delineation of outcomes and actions taken in response to the incident.

Sample

Ten (10) HCBS Waiver consumers who had special incidents pursuant to Title 17 reported to DDS within the 12-month review period.

Verification Instructions

1. Review all documentation related to each of the special incidents in the sample for timeliness, appropriate to the situation and resulting in an outcome that ensures that consumers are protected from adverse consequences, potential risk factors are explored, and risks are either minimized or eliminated.
2. Score as (+) if the subsequent activities have been documented and are timely, appropriate to the situation and result in an outcome that ensures that consumers are protected from adverse consequences, , potential risk factors are explored, and risks are either minimized or eliminated.
3. Score as (-) if the subsequent activities were not documented or were not timely. Comment on why the activities were not timely.
4. Score as (-) if the subsequent activities were not documented or were not appropriate to the situation. Comment on why the activities were not appropriate to the situation.

SECTION X SUPPLEMENTARY ISSUES

Purpose

This section contains any supplementary issues identified by the monitoring team during the review that are not specifically addressed by the standard review protocol criteria. The following are examples of issues that may be included in this section: follow-ups on specific issues relating to consumers; additional regional center follow-up on special incidents; documentation of problems relating to regional center procedures or systems that are currently in place; referrals to the DDS Audit Section.