

**San Gabriel/Pomona Regional Center
Home and Community-Based Services Waiver
Monitoring Review Report**

Conducted by:

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

June 1–12, 2020

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EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the Home and Community-Based Services (HCBS) Waiver from June 1–12, 2020, at San Gabriel/Pomona Regional Center (SG/PRC). The monitoring team members were Nora Muir (Team Leader), Linda Rhoades, Corbett Bray, Natasha Clay, Kelly Sandoval, and Hope Beale from DDS and Janie Hironaka from DHCS.

Purpose of the Review

DDS contracts with 21 private, non-profit corporations to operate regional centers, which are responsible under state law for coordinating, providing, arranging or purchasing all services needed for eligible individuals with developmental disabilities in California. All HCBS Waiver services are provided through this system. It is the responsibility of DDS to ensure, with the oversight of DHCS, that the HCBS Waiver is implemented by regional centers in accordance with Medicaid statute and regulations.

Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

The compliance monitoring review protocol is comprised of sections/components designed to determine if the consumers' needs and program requirements are being met and that services are being provided in accordance with the consumers' individual program plans (IPP). Specific criteria have been developed for the review sections listed below that are derived from federal/state statutes and regulations and from the Centers for Medicare & Medicaid Services' directives and guidelines relating to the provision of HCBS Waiver services.

Scope of Review

The monitoring team reviewed a sample of 36 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) 3 consumers whose HCBS Waiver eligibility had been previously terminated; 2) 10 consumers who had special incidents reported to DDS during the review period of March 1, 2019 through February 29, 2020, and 3) 2 consumers who were enrolled in the HCBS Waiver during the review period.

The monitoring team completed visits to 14 community care facilities (CCF). The team reviewed 14 CCF consumer records and interviewed and/or observed 23 selected sample consumers.

Overall Conclusion

SG/PRC is in substantial compliance with the federal requirements for the HCBS Waiver program. Specific recommendations that require follow-up actions by SG/PRC are included in the report findings. DDS is requesting documentation of follow-up actions taken by SG/PRC in response to each of the specific recommendations within 30 days following receipt of this report.

Major Findings

Section I – Regional Center Self-Assessment

The self-assessment responses indicated that SG/PRC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self-assessment criteria.

Section II – Regional Center Consumer Record Review

Thirty-six sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Criterion 2.10.a was 58 percent in compliance because 15 of the 36 applicable records did not contain the type and amount of all services purchased by the regional center in the IPP. The sample records were 97 percent in overall compliance for this review.

SG/PRC's records were 98 percent and 97 percent in overall compliance for the collaborative reviews conducted in 2018 and in 2016, respectively.

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

Section III – Community Care Facility Consumer Record Review

Fourteen consumer records were reviewed at 14 CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100 percent in overall compliance for 19 criteria on this review.

SG/PRC's records were 100 percent in overall compliance for the collaborative reviews conducted in 2018 and in 2016.

Section IV – Day Program Consumer Record Review

The closure of day programs due to the COVID-19 pandemic prevented the review of Section IV Day Program records and remote visits for the 2020/2021 review.

SG/PRC's records were 99 percent and 98 percent in overall compliance for the collaborative reviews conducted in 2018 and in 2016, respectively.

Section V – Consumer Observations and Interviews

Twenty-three sample consumers, or in the case of minors, their parents, were interviewed and/or observed at their CCFs or in independent living settings. The monitoring team observed that all of the consumers were in good health and were treated with dignity and respect.

Section VI A – Service Coordinator Interviews

Seven service coordinators were interviewed using a standard interview instrument. The service coordinators responded to questions regarding their knowledge of the consumer, the IPP/annual review process, the monitoring of services, health issues, and safety. The service coordinators were very familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VI B – Clinical Services Interview

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

Section VI C – Quality Assurance Interview

A quality assurance specialist was interviewed using a standard interview instrument. He responded to questions regarding how SG/PRC is organized to conduct Title 17 monitoring reviews, verification of provider qualifications, resource development activities, special incident reporting, and QA activities where there is no regulatory requirement.

Section VII A – Service Provider Interviews

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

Section VII B – Direct Service Staff Interviews

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

Section VIII – Vendor Standards Review

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

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 36 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. SG/PRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported all 10 of the applicable incidents to SG/PRC within the required timeframes, and SG/PRC subsequently transmitted all 10 special incidents to DDS within the required timeframes. SG/PRC's follow-up activities for the 10 consumer incidents were timely and appropriate for the severity of the situation.

SECTION I

REGIONAL CENTER SELF-ASSESSMENT

I. Purpose

The regional center self-assessment addresses the California Home and Community-Based Services (HCBS) Waiver assurances criteria and is designed to provide information about the regional center's processes and practices. The responses are used to verify that the regional center has processes in place to ensure compliance with federal and state laws and regulations.

The self-assessment obtains information about SG/PRC's procedures and practices to verify that there are processes in place to ensure compliance with state and federal laws and regulations as well as the assurances contained in the HCBS Waiver application approved by the Centers for Medicare & Medicaid Services.

II. Scope of Assessment

SG/PRC is asked to respond to questions in four categories that correspond to the HCBS Waiver assurances with which the regional center is responsible for complying. The questions are shown at the end of this section.

III. Results of Assessment

The self-assessment responses indicate that SG/PRC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self-assessment criteria.

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

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

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

SECTION II

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

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

Living Arrangement	# of Consumers
Community Care Facility (CCF)	18
With Family	13
Independent or Supported Living Setting	5

2. The review period covered activity from March 1, 2019–February 29, 2020.

III. Results of Review

The 36 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Three supplemental records were reviewed solely for documentation that SG/PRC had either provided the consumer with written notification prior to termination of the consumer's HCBS Waiver eligibility, or the consumer had voluntarily disenrolled from the HCBS Waiver. Two supplemental records were reviewed for documentation that SG/PRC determined the level of care prior to receipt of HCBS Waiver services.

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

- ✓ Findings for eight criteria are detailed below.

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

IV. Findings and Recommendations

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

Findings

Thirty-four of the thirty-six (94 percent) sample consumer records contained a completed DS 2200 form. However, the DS 2200 forms in the records for consumers #13 and #19 were not signed and dated by the conservator and the consumer, respectively. During the monitoring review, SG/PRC provided signed copies of the DS 2200s for each consumer. Accordingly, no recommendation is required.

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

Finding

Thirty-five of the thirty-six (97 percent) consumer records had at least two level-of-care qualifying conditions documented. However, the record for consumer #25 did not contain at least two qualifying conditions documented in the CDER or other assessments to meet the level-of-care requirements for the HCBS Waiver. The DS 3770 listed only reminders for personal care as a qualifying condition.

2.5.a Recommendation	Regional Center Plan/Response
SG/PRC should reevaluate the HCBS Waiver eligibility of consumer #25 to ensure that the consumer meets the level-of-care requirements. If the consumer does not have qualifying conditions that meet the level-of-care requirements, the consumer’s HCBS Waiver eligibility should be terminated. If SG/PRC determines the consumer remains eligible for the waiver, supporting documentation, such as an updated CDER and DS 3770, should be submitted with the response to this report.	SG/PRC has updated the CDER and will update the DS 3770 to reflect consumer #25 meeting level-of-care requirements that qualify for HCBS Waiver eligibility.

2.5.b The consumer’s qualifying conditions documented in the Client Development Evaluation Report (CDER) are consistent with information contained in the consumer’s record. [SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343]

Finding

Thirty-five of the thirty-six (97 percent) sample consumer records documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. The record for consumer #18 identified “assistance with dressing” and “wetting/soiling” on the DS 3770. However, there was no supporting information in the consumer’s record (IPP, progress reports, vendor reports, etc.) that described the impact of the identified condition or need for services and supports.

2.5.b Recommendations	Regional Center Plan/Response
SG/PRC should determine if the items listed above are appropriately identified as qualifying conditions. The consumer’s DS 3770 form should be corrected to ensure that any items that do not represent substantial limitations in the consumers’ ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying conditions. If SG/PRC determines that the issues are correctly identified as qualifying conditions, documentation (updated IPPs, progress reports, etc.) that supports the original determinations should be submitted with the response to this report.	Consumer #18 was terminated from the HCBS Waiver on 8/5/2021 retroactive to 11/30/2020, due to consumer residing in a health care facility funded by Medi-Cal.

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

Finding

Thirteen of the fourteen (93 percent) applicable sample consumer records contained a completed SARF. However, the record for consumer #22 contained an incomplete SARF dated February 27, 2020. The consumer signed the SARF on June 12, 2020. Accordingly, no recommendation is required.

2.7.a The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator. *[W&I Code §4646(g)]*

Finding

Thirty-five of the thirty-six (97 percent) sample consumer records contained IPPs that were signed by SG/PRC and the consumers or their legal representatives. However, the IPP for consumer #29 had not been signed by the consumer. Subsequent to the monitoring review, the consumer signed the IPP. Accordingly, no recommendation is required.

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

Finding

Thirty-five of the thirty-six (97 percent) sample consumer records contained IPPs that addressed the consumers' qualifying conditions. The IPP for consumer #34 did not address services and supports for the consumer's need for "disruptive behavior" and "running/wandering" as indicated in the IEP dated January 18, 2020.

2.9.a Recommendation	Regional Center Plan/Response
SG/PRC should ensure that the IPP for consumer #34 addresses the services and supports in place for the condition listed above.	SG/PRC will provide training to Service Coordinator of consumer #34 to make sure all services and supports are identified in the IPP for the condition listed above.

2.10.a The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. *[W&I Code §4646.5(a)(4)]*

Findings

Twenty-one of the thirty-six (58 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by SG/PRC. However, the IPPs for the following consumers did not indicate SG/PRC funded services as indicated below:

1. Consumer #1: Adult residential facility; corrected with an addendum dated April 30, 2020. Accordingly, no recommendation is required;

2. Consumer #2: Adult residential facility; corrected with an addendum dated April 30, 2020. Accordingly, no recommendation is required;
3. Consumer #4: Specialized residential facility, behavior management program, and dentistry; corrected with an addendum dated June 1, 2020. Accordingly, no recommendation is required;
4. Consumer #5: Adult residential facility and personal assistant; corrected with an addendum dated June 10, 2020. Accordingly, no recommendation is required;
5. Consumer #6: Adult residential facility and personal assistant; corrected with an addendum dated June 11, 2020. Accordingly, no recommendation is required;
6. Consumer #7: Adult residential facility and interpreter; corrected with an addendum dated June 9, 2020. Accordingly, no recommendation is required;
7. Consumer #8: Adult residential facility; corrected with an addendum dated April 29, 2020. Accordingly, no recommendation is required;
8. Consumer #9: Adult residential facility; corrected with an addendum dated April 30, 2020. Accordingly, no recommendation is required;
9. Consumer #10: Adult residential facility; corrected with an addendum dated April 29, 2020. Accordingly, no recommendation is required;
10. Consumer #11: Adult residential facility; corrected with an IPP dated February 10, 2020. Accordingly, no recommendation is required;
11. Consumer #12: Specialized residential facility; corrected with an addendum dated August 21, 2019. Accordingly, no recommendation is required;
12. Consumer #22: Behavior management consultant and behavior management assistant; corrected with an addendum dated May 11, 2020. Accordingly, no recommendation is required;
13. Consumer #25: Supplemental employment and independent living services; corrected with an addendum dated May 14, 2020. Accordingly, no recommendation is required;
14. Consumer #29: Supported living evaluation; corrected with an addendum dated April 21, 2020. Accordingly, no recommendation is required; and,
15. Consumer #36: Respite; corrected with an addendum dated April 27, 2020. Accordingly, no recommendation is required

Regional Center Consumer Record Review Summary						
Sample Size = 36 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. <i>(SMM 4442.1)</i>	36			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Intellectual Disabilities Professional (QIDP), which documents the date of the consumer’s initial HCBS Waiver eligibility certification, annual recertifications, the consumer’s qualifying conditions and short-term absences. <i>[SMM 4442.1; 42 CFR 483.430(a)]</i>	Criterion 2.1 consists of four sub-criteria (2.1.a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Intellectual Disabilities Professional and the title “QIDP” appears after the person’s signature.	36			100	None
2.1.b	The DS 3770 form identifies the consumer’s qualifying conditions and any applicable special health care requirements for meeting the Title 22 level-of-care requirements.	36			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	36			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	1		35	100	None
2.2	Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). <i>[SMM 4442.7; 42 CFR 441.302(d)]</i>	34	2		94	See Narrative
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all or part of the components in the consumer’s IPP, or the consumer’s HCBS Waiver eligibility has been terminated. <i>[SMM 4442.7; 42 CFR Part 431, Subpart E; Welfare & Institutions (W&I) Code §4710(a)(1)]</i>	3		36	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 36 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. <i>(SMM 4442.5; 42 CFR 441.302)</i>	36			100	None
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level-of-care requirements for care provided in an ICF/DD, ICF/DD-H, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. <i>[SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343]</i>	35	1		97	See Narrative
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	35	1		97	See Narrative
2.6.a	IPP is reviewed (at least annually) by the planning team and modified as necessary in response to the consumer's changing needs, wants or health status. <i>[42 CFR 441.301(b)(1)(I)]</i>	36			100	None
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. <i>(HCBS Waiver requirement)</i>	13	1	22	93	See Narrative
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. <i>[W&I Code §4646(g)]</i>	35	1		97	See Narrative
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	18		18	100	None
2.7.c	The IPP is prepared jointly with the planning team. <i>[W&I Code §4646(d)]</i>	36			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. <i>[W&I Code §4646.5(a)]</i>	36			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 36 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer's goals and needs. [W&I Code §4646.5(a)(2)]	Criterion 2.9 consists of seven sub-criteria (2.9.a-g) that are reviewed independently.				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	35	1		97	See Narrative
2.9.b	The IPP addresses special health care requirements.	6		30	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	18		18	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	25		11	100	None
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	5		31	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	36			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. [W&I Code §4685(c)(2)]	7		29	100	None
2.10.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. [W&I Code §4646.5(a)(4)]	21	15		58	See Narrative
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. [W&I Code §4646.5(a)(4)]	36			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [W&I Code §4646.5(a)(4)]	16		20	100	None
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including but not limited to vendors, contract providers, generic service agencies and natural supports. [W&I Code §4646.5(a)(4)]	36			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 36 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic reviews and reevaluations of consumer progress are completed (at least annually) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. <i>[W&I Code §4646.5(a)(8)]</i>	36			100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	22		14	100	None
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	22		14	100	None
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. <i>(W&I Code §4418.3)</i>			36	NA	None

SECTION III

COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

Fourteen consumer records were reviewed at 14 CCFs visited by the monitoring team. The facilities' consumer records were reviewed to determine compliance with 19 criteria.

III. Results of Review

The consumer records were 100 percent in compliance for 19 criteria.

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

IV. Finding and Recommendations

None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 14; CCFs = 14						
	Criteria	+	-	N/A	% Met	Follow-up
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. <i>[Title 17, CCR, §56017(b); Title 17, CCR, §56059(b); Title 22, CCR, §80069]</i>	14			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	14			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	10		4	100	None
3.1.c	The consumer record contains current health information that includes medical, dental and other health needs of the consumer including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	14			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	14			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	14			100	None
3.1.i	Special safety and behavior needs are addressed.	11		3	100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17 and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. <i>[Title 17, CCR, §56019(c)(1)]</i>	14			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	14			100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 14; CCFs = 14						
	Criteria	+	-	N/A	% Met	Follow-up
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. <i>[Title 17, CCR, §56026(b)]</i>	4		10	100	None
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	4		10	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. <i>[Title 17, CCR, §56026(c)]</i>	11		3	100	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	11		3	100	None
3.5.c	Quarterly reports include a summary of data collected. <i>[Title 17, CCR, §56013(d)(4); Title 17, CCR, §56026]</i>	11		3	100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. <i>[Title 17, CCR, §56026(a)]</i>	14			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	10		4	100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	1		13	100	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	1		13	100	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. <i>(Title 17, CCR, §54327)</i>	1		13	100	None

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

The closure of day programs due to the COVID-19 pandemic prevented the review of Section IV Day Program records and remote site visits for the 2020/2021 review.

III. Results of Review

NA

IV. Findings and Recommendations

NA

SECTION V

CONSUMER OBSERVATIONS AND INTERVIEWS

I. Purpose

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

II. Scope of Observations and Interviews

Twenty-three of the thirty-six consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities (CCF), or in independent living settings.

- ✓ Eleven consumers agreed to be interviewed by the monitoring teams.
- ✓ Eight consumers did not communicate verbally or declined an interview but were observed.
- ✓ Four interviews were conducted with parents of minors.
- ✓ Thirteen consumers were unavailable for, or declined, interviews.

III. Results of Observations and Interviews

Fourteen of the fifteen consumers/parents of minors indicated satisfaction with their living situation, day program, work activities, health, choices, and regional center services. The appearance for all of the consumers who were interviewed and observed reflected personal choice and individual style.

IV. Findings and Recommendations

The parent of #34 stated he waited almost seven months for a response from the regional center.

Recommendation	Regional Center Plan/Response
SG/PRC should follow up with the parent of consumer #34 regarding his concerns.	SG/PRC followed up with parent of consumer #34 and discussed services & supports. Parent expressed no recollection of waiting seven months for SG/PRC follow-up.

SECTION VI A

SERVICE COORDINATOR INTERVIEWS

I. Purpose

The interviews determine how well the service coordinators know their consumers, the extent of their participation in the individual program plan (IPP)/annual review process, and how they monitor services, health and safety issues.

II. Scope of Interviews

1. The monitoring team interviewed seven SG/PRC service coordinators.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to the consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The service coordinators were very familiar with their respective consumers. They were able to relate specific details regarding the consumers' desires, preferences, life circumstances and service needs.
2. The service coordinators were knowledgeable about the IPP/annual review process and monitoring requirements. Service providers and family members provided input on the consumers' needs, preferences and satisfaction with services outlined in the IPP. For consumers in out-of-home placement settings, service coordinators conduct quarterly face-to-face visits and develop written assessments of consumer progress and satisfaction. In preparation for the quarterly visits, service coordinators review their previous progress reports, pertinent case notes, special incident reports, and vendor reports of progress.
3. To better understand issues related to consumers' use of medication and issues related to side effects, the service coordinators utilize SG/PRC's medical director and online resources for medication.

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

SECTION VI B

CLINICAL SERVICES INTERVIEW

I. Purpose

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

II. Scope of Interview

1. The interview questions cover the following topics: routine monitoring of consumers with medical issues, medications and behavior plans; coordination of medical and mental health care for consumers; circumstances under which actions are initiated for medical or behavior issues; clinical supports to assist service coordinators; improved access to preventive health care resources; role in Risk Management Committee and special incident reports.
2. The monitoring team interviewed the Director of Clinical Services at San Gabriel/Pomona Regional Center (SG/PRC).

III. Results of Interview

1. The clinical team at SG/PRC is comprised of the Director and Associate Director of Clinical Services, registered nurses, an occupational therapist, psychologists, a behavioral analyst, a mental health specialist and a dental coordinator. The regional center also utilizes contract positions for specialty positions such as: physicians, a neurologist, a geneticist, an occupational and physical therapist, a speech pathologist, psychologists, psychiatrists, a pharmacist, a dental hygienist, a nutritionist, and a pediatric medical review clinic.
2. The clinical team participates in monitoring consumers' health care issues. Nurses review charts annually to identify health problems or trends, and will provide recommendations to the service coordinators. The nurses are responsible for monitoring hospitalized consumers and assisting with discharge planning as needed. The nurses may also visit consumers in skilled nursing and sub-acute facilities, family homes and day programs. In addition, the nurses are available to evaluate consumers with complex medical issues and assist with developing restricted health care plans. The pharmacist and nurses are a resource to the service coordinators regarding medication concerns. Dental hygienists may provide in-home dental care for consumers

- who are unable to tolerate clinic settings. The regional center also has a desensitization clinic to familiarize consumers with dental office procedures.
3. Members of the clinical team are available to the service coordinators for assistance with behavior and mental health issues. As part of SG/PRC's clinical services, a psychiatrist, pharmacist, and a behavioral psychologist provide consultation focusing on consumers with significant mental health and/or behavioral needs. A psychologist and mental health specialist collaborate with the Department of Mental Health and local managed care plans to help reduce the incidence of psychiatric admissions.
 4. Members of the clinical team provide training on a variety of health-related topics for SG/PRC staff, vendors and community health providers. The nurses provide training to local managed care providers and hospital staff regarding the regional center system and care of persons with developmental disabilities. New employee orientation includes training on the role of the clinical team and how to access their services. A monthly calendar of training is provided to staff and providers on a variety of health-related topics. Recent topics have included nutrition, special diets, dental concerns, and disparity issues.
 5. SG/PRC has improved access to health care resources through the following programs and services:
 - ✓ Bio-Behavioral Clinic;
 - ✓ Genetics, Neurology, Psychiatric and Autism Clinics;
 - ✓ Dental Hygiene Clinic;
 - ✓ Durable Medical Equipment Clinic;
 - ✓ Early Start Clinic;
 - ✓ Health and Dental Fairs;
 - ✓ Managed Care Liaison;
 - ✓ Parent support group (Parents Place); and,
 - ✓ Collaboration with Western University College of Dental Medicine to provide pediatric dental clinics.
 6. The Director and Associate Director of Clinical Services, Nurse Manager and SG/PRC physician are members of the Risk Management Committee. A physician, nurse, and client services representative participate on the Mortality and Morbidity Review Committee and review all deaths. In addition, a nurse reviews all special incident reports that involve medical issues. A physician is available for additional consultation, as needed. The regional center also utilizes Mission Analytics Group, Inc., the State's risk management contractor, to analyze special incidents for trends. The clinical team uses this information to make recommendations for appropriate follow-up and training as needed. Recent topics have included choking precautions, medication errors, restricted health care plans, diabetes and foot care.
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SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

The interview with quality assurance (QA) staff ascertains how the regional center has organized itself to conduct Title 17 monitoring of community care facilities (CCF), two unannounced visits to CCFs, and service provider training. The interview also inquires about verification of provider qualifications, resource development activities, and QA among programs and providers where there is no regulatory requirement to conduct QA monitoring.

II. Scope of Interview

The monitoring team interviewed a quality assurance specialist who is part of the team responsible for conducting San Gabriel/Pomona Regional Center's (SG/PRC) QA activities.

III. Results of Interview

1. Service coordinators are assigned as liaisons to residential facilities and are responsible for conducting the two unannounced visits at each CCF annually. The QA specialist takes part in one of the unannounced visits. QA specialists are also responsible for conducting the annual Title 17 monitoring review of the residential facilities. Each review utilizes standardized report forms and checklists based on Title 17 regulations.
2. When substantial inadequacies are identified, corrective action plans (CAP) are developed. The QA specialist also takes the lead in conducting the follow-up review for the CAPs, with assistance from the facility liaisons, as needed. Most CAPs allow the vendor 30 days to correct the situation. Case Management provides SG/PRC's staff orientation training in identifying substantial inadequacies and immediate dangers, and their roles and responsibilities during their visits to CCFs.
3. The QA team members also monitor day programs annually. In addition, the QA team requires new residential providers to complete Residential Specialist Services Training offered twice a year. Service training is provided on a semi-annual basis. The vendors need to participate in residential orientation one time for a total of five days prior to becoming a provider. Trainings include topics such as behavior intervention, special incident reports (SIR), client rights, hydration and seizures.

4. The SIR coordinator receives all SIRs. The QA team will follow up on vendor-related SIRs. QA staff are part of the Risk Management Team, which meets monthly. This group will recommend additional trainings be provided to staff and vendors based on SIR trend analysis.

SECTION VII A

SERVICE PROVIDER INTERVIEWS

I. Purpose

The interviews determine how well the service provider knows the consumers; the extent of their assessment process for the individual program plan (IPP) development and/or review; the extent of their plan participation; how the plan was developed; how service providers ensure accurate documentation, communicate, address and monitor health issues; their preparedness for emergencies; and how they monitor safety and safeguard medications.

II. Scope of Interviews

1. The monitoring team interviewed six service providers at six community care facilities (CCF) where services are provided to the consumers who were visited by the monitoring team.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

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

SECTION VII B

DIRECT SERVICE STAFF INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed six direct service staff at six community care facilities (CCF) where services are provided to the consumer who was visited by the monitoring team.
2. The interview questions are divided into two categories:
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

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

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

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

II. Scope of Review

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

III. Results of Review

All of the CCFs were found to be in good condition with no immediate health and safety concerns. Specific findings and recommendations are detailed below.

IV. Findings and Recommendations

8.4.a Spending Money

Finding

CCF #6 did not have consumer initial each disbursement in the Personal and Incidental (P&I) ledger.

8.4.a Recommendation	Regional Center Plan/Response
SG/PRC should ensure that the provider at CCF #6 has the consumer initial every P&I disbursement.	SG/PRC provided technical assistance to CCF provider #6 regarding the need for consumers initialing every P&I disbursement.

8.1.g Appropriate Storage

Finding

CCF #13 had cleaning supplies and chemicals in an unlocked storage space.

8.4.a Recommendation	Regional Center Plan/Response
SG/PRC should ensure that the provider at CCF #13 keep all cleaning supplies and chemicals in a locked storage space and inaccessible to the consumers.	SG/PRC provided technical assistance to CCF provider #13 about keeping all cleaning supplies and chemicals in a locked storage space and inaccessible to the consumers.

SECTION IX

SPECIAL INCIDENT REPORTING

I. Purpose

The review verifies that special incidents have been reported within the required timeframes, that documentation meets the requirements of Title 17, California Code of Regulations, and that the follow-up was complete.

II. Scope of Review

1. Special incident reporting of deaths by SG/PRC was reviewed by comparing deaths entered into the Client Master File for the review period with special incident reports (SIR) of deaths received by the Department of Developmental Services (DDS).
2. The records of the 36 consumers selected for the Home and Community-Based Services (HCBS) Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of 10 consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. SG/PRC reported all deaths during the review period to DDS.
2. SG/PRC reported all special incidents in the sample of 36 records selected for the HCBS Waiver review to DDS.
3. SG/PRC's vendors reported all (100 percent) applicable incidents in the supplemental sample within the required timeframes.
4. SG/PRC reported all 10 (100 percent) incidents to DDS within the required timeframes.
5. SG/PRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the 10 incidents.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

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

Supplemental Sample Terminated Waiver Consumers

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

HCBS Waiver Review Service Providers

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

SIR Review Consumers

#	UCI	Vendor
SIR 1	XXXXXX	XXXXXX
SIR 2	XXXXXX	XXXXXX
SIR 3	XXXXXX	XXXXXX
SIR 4	XXXXXX	XXXXXX
SIR 5	XXXXXX	XXXXXX
SIR 6	XXXXXX	XXXXXX
SIR 7	XXXXXX	XXXXXX
SIR 8	XXXXXX	XXXXXX
SIR 9	XXXXXX	XXXXXX
SIR 10	XXXXXX	XXXXXX