

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

Conducted by:

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

April 29-May 10, 2024

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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 April 29 through May 10, 2024, at Central Valley Regional Center (CVRC). The monitoring team members were Nadia Flores (Team Leader), Jenny Mundo, Dominique Johnson, Natasha Clay, Kelly Sandoval, Crystal La, Lena Mertz, Deeanna Tran, Bonnie Simmons and Nora Muir from DDS, and Amalya Caballero 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 individuals' served needs and program requirements are being met and that services are being provided in accordance with the 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 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 58 records for individuals served on the 1915c HCBS Waiver. In addition, the following supplemental sample records were reviewed: 1) Ten individuals whose HCBS Waiver eligibility had been previously terminated, 2) Ten individuals who had special incidents reported to DDS during the review period of January 1, 2023 through December 31, 2023, and 3) Twenty individuals who were enrolled in the HCBS Waiver during the review period were reviewed for documentation that CVRC determined the level of care prior to receipt of HCBS Waiver services..

The monitoring team completed visits to 14 community care facilities (CCF) and 10 day programs. The team reviewed 13 day program records for individuals served, 14 CCF records and interviewed and/or observed 32 of the selected sample of individuals served.

Overall Conclusion

CVRC is in substantial compliance with the federal requirements for the HCBS Waiver program. Specific recommendations that require follow-up actions by CVRC are included in the report findings. DDS is requesting documentation of follow-up actions taken by CVRC 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 CVRC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self-assessment criteria.

Section II – Regional Center Record Review of Individuals Served

Fifty-eight sample records for individuals served on the HCBS Waiver were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Two criteria were rated as not applicable for this review. The sample records were 99 percent in overall compliance for this review.

CVRC's records were 99 percent in overall compliance for the collaborative reviews conducted in 2022 and in 2020.

New Enrollees: Twenty sample records of individuals newly enrolled on the HCBS Waiver were reviewed for level-of-care determination prior to receipt of HCBS Waiver services. CVRC's records were 100 percent in overall compliance for this review.

Terminations: Ten supplemental records were reviewed solely for documentation that CVRC had either provided the individual served with written notification prior to termination of the individual's HCBS Waiver eligibility, or the individual served had voluntarily disenrolled from the HCBS Waiver. CVRC's records were 100 percent in overall compliance for this review.

Section III – Community Care Facility Record Review for Individuals Served

Fourteen records for individuals served were reviewed at 14 CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 98 percent in overall compliance for 19 criteria on this review.

CVRC's records were 100 percent in overall compliance for the collaborative reviews conducted in 2022 and in 2020.

Section IV – Day Program Record Review for Individuals Served

Thirteen records for individuals served were reviewed at ten day programs for seventeen documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 96 percent in overall compliance for 17 criteria on this review.

CVRC's records were 100 percent in overall compliance for the collaborative review conducted in 2022. The closure of day programs due to the COVID-19 pandemic prevented the review of Section IV Day Program records for the 2020 review.

Section V –Observations and Interviews of Individuals Served

Thirty-two individuals served, or in the case of minors, their parents, were interviewed and/or observed at their CCFs, day programs, or in independent living settings. The monitoring team observed that all of the individuals were in good health and were treated with dignity and respect. All of the interviewed individuals/parents indicated that they were satisfied with their services, health and choices.

Section VI A – Service Coordinator Interviews

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

Section VI B – Clinical Services Interview

The clinical services manager was interviewed using a standard interview instrument. She responded to questions regarding the monitoring of individuals with medical issues, medications, behavior plans, the coordination of medical and mental health care for individuals, 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 program manager of quality assurance was interviewed using a standard interview instrument. She responded to questions regarding how CVRC 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

Eleven CCF and eight day program service providers were interviewed using a standard interview instrument. The service providers responded to questions regarding their

knowledge of the individual served, the annual review process, and the monitoring of health issues, medication administration, progress, safety, and emergency preparedness. The staff was familiar with the individuals served and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interviews

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

Section VIII – Vendor Standards Review

The monitoring team reviewed 11 CCFs and 8 day programs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. The reviewed CCFs and day programs were in good repair with no immediate health or safety concerns observed.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of 58 records for individuals served who are on the HCBS Waiver and 10 supplemental sample records of individuals served for special incidents during the review period. CVRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported 9 of the 10 applicable incidents to CVRC within the required timeframes, and CVRC subsequently transmitted 8 of the 10 special incidents to DDS within the required timeframes. CVRC's follow-up activities for the 9 of 10 incidents of individuals served 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 CVRC 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

CVRC 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 CVRC 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 |
| State conducts level of care need determinations consistent with the need for institutionalization. | <p>The regional center ensures that individuals served 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. Regional center ensures that the regional center staff responsible for certifying and recertifying individual's HCBS Waiver eligibility meet the federal definition of a Qualified Intellectual Disabilities Professional (QIDP).</p> <p>The regional center ensures that individuals served are eligible for full scope Medi-Cal benefits before enrolling them in the HCBS Waiver.</p> |
| Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services. | <p>The regional center takes action(s) to ensure individuals' rights are protected.</p> <p>The regional center takes action(s) to ensure that the individuals' health needs are addressed.</p> <p>The regional center ensures that behavior plans preserve the right of the individual served 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 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 individual served and the family's satisfaction with the IPP and its implementation.</p> <p>Service coordinators have quarterly face-to-face meetings with individuals served 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 an individual 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 individuals 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 individuals on HCBS Waiver 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 individuals on HCBS Waiver and is completed at least every three years at the time of his/her triennial IPP.</p> <p>The IPPs of individuals on HCBS Waiver are reviewed at least annually by the planning team and modified, as necessary, in response to the individuals' changing needs, wants and health status.</p> <p>The regional center uses feedback from individuals served, families and legal representatives to improve system performance.</p> <p>The regional center documents the manner by which individuals indicate choice and consent.</p> |

SECTION II

REGIONAL CENTER RECORD REVIEW OF INDIVIDUALS SERVED

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, choice of individual served, 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 individual's needs and services is tracked as a part of the onsite program reviews.

II. Scope of Review

1. Fifty-eight HCBS Waiver records of individuals served were selected for the review sample.

| Living Arrangement | # of Individuals Served |
|--|-------------------------|
| Community Care Facility (CCF) | 21 |
| With Family | 18 |
| Independent or Supported Living Services | 19 |

2. The review period covered activity from January 1 through December 31, 2023.

III. Results of Review

The 58 sample records of individuals served were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Ten supplemental records were reviewed solely for documentation that CVRC had either provided the individual served with written notification prior to termination of the individual's HCBS Waiver eligibility, or the individual had voluntarily disenrolled from the HCBS Waiver. Twenty supplemental records were reviewed for documentation that CVRC determined the level of care prior to receipt of HCBS Waiver services.

- ✓ The supplemental records were in 100 percent compliance for determining the level of care prior to receiving HCBS Waiver services.
- ✓ The supplemental records were in 100 percent compliance for documentation that the individual was either provided written notification before termination or voluntarily disenrolled from the HCBS Waiver.

- ✓ The sample records were in 100 percent compliance for 24 criteria. There are no recommendations for these criteria. Two criteria were not applicable for this review.
- ✓ Findings for five criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

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

Findings

Fifty-six of the fifty-eight (97 percent) sample records of individuals served contained a signed and dated DS 2200 form. However, there were identified issues regarding the DS 2200 form for the following individuals:

1. Individual #18: The DS 2200 form was not signed and dated. A new form was signed and dated May 3, 2024. Accordingly, no recommendation is required; and,
 2. Individual #34: The individual signed the choice form December 19, 2001, but did not indicate a choice of living arrangement. A new DS 2200 indicating a choice of living arrangement was signed by the individual on May 3, 2024. Accordingly, no recommendation is required.
- 2.5.b The qualifying conditions documented in the Client Development Evaluation Report (CDER) are consistent with information contained in the individual's record. *[SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343]*

Findings

Fifty-four of the fifty-seven (95 percent) applicable sample records of individuals served documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in three records (detailed below) did not support the determination that all the issues identified in the CDER and the Medicaid Waiver Eligibility Record (DS 3770) could be considered qualifying conditions. The following were identified as qualifying conditions on the DS 3770, but there was no supporting information in the records of individuals served (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports:

1. Individual #34: “behavior management with medication”;
2. Individual #35: “disruptive behaviors and outbursts”; and,
3. Individual #38: “behavior management with medication”.

| 2.5.b Recommendation | Regional Center Plan/Response |
|--|--|
| CVRC should determine if the items listed above for individuals #34, #35, and #38 are appropriately identified as qualifying conditions. The individual’s DS 3770 form should be corrected to ensure that any items that do not represent substantial limitations in the individuals’ ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying conditions. If CVRC 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. | The 3770 was corrected and the items identified as qualifying conditions for #34, #35, and #38 were deleted. CVRC will continue to ensure all qualifying conditions are documented in the individuals record and consistent with supports and services in the IPP. |

- 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)(5)]*

Findings

Fifty-seven of the fifty-eight (98 percent) sample IPPs of individuals served included a schedule of the type and amount of all services and supports purchased by the regional center. However, IPP for individual #30 did not include the CVRC funded services of transportation.

| 2.10.a Recommendation | Regional Center Plan/Response |
|---|---|
| CVRC should ensure that the IPP for individual #30 includes a schedule of the type and amount of all services and supports purchased by CVRC. | The IPP has been amended to include a schedule of the type and amount of all services and supports purchased by CVRC. |

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

Findings

Thirty-nine of the forty (98 percent) applicable sample records of individuals served contained quarterly face-to-face meetings completed and documented. However, the record for individual #19 contained documentation of three of the required meetings.

| 2.13.a Recommendation | Regional Center Plan/Response |
|--|---|
| CVRC should ensure that all future face-to-face meetings are completed and documented each quarter for individual #19. | CVRC acknowledges the recommendation and confirms that it is standard practice for our agency to complete face-to-face meetings for all individuals we serve, including individual #19. We ensure that these face-to-face meetings are completed in a timely manner and in accordance with Title 17 regulations. Moving forward, we will continue to adhere to our established procedures to ensure that face-to-face meetings are accurately completed and documented for individual #19, as well as for all individuals we serve. |

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

Findings

Thirty-nine of the forty (98 percent) applicable sample records of individuals served contained quarterly reports of progress completed for individuals living in community out-of-home settings. However, the records for individual #19 contained documentation of three of the required quarterly reports of progress.

| 2.13.b Recommendation | Regional Center Plan/Response |
|--|---|
| CVRC should ensure that future quarterly reports of progress are completed for individual #19. | CVRC acknowledges the recommendation and confirms that it is standard practice for our agency to complete quarterly reports of progress for all individuals we serve, including individual #19. We ensure that these reports are completed in a timely manner and in accordance with Title 17 regulations. Moving forward, we will continue to adhere to our established procedures to ensure that quarterly reports are accurately completed and documented for individual #19, as well as for all individuals we serve. |

| Summary for Regional Center Record Review of Individuals Served Sample Size = 58 + 10 Supplemental Records (see Section II, Part III) | | | | | | |
|--|--|--|---|-----|-------|---------------|
| | Criteria | + | - | N/A | % Met | Follow-up |
| 2.0 | The individual is Medi-Cal eligible. (SMM 4442.1) | 58 | | 10 | 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 individual's initial HCBS Waiver eligibility certification, annual recertifications, the individual's qualifying conditions and short-term absences. (SMM 4442.1), [42 CFR 483.430(a)] | Criterion 2.1 consists of four sub-criteria (2.1.a-d) that are reviewed and rated independently. | | | | |
| 2.1.a | The DS 3770 is signed by a Qualified Intellectual Disabilities Professional and the title "QIDP" appears after the person's signature. | 58 | | 10 | 100 | None |
| 2.1.b | The DS 3770 form identifies the individual's qualifying conditions and any applicable special health care requirements for meeting the Title 22 level of care requirements. | 57 | | 11 | 100 | None |
| 2.1.c | The DS 3770 form documents annual re-certifications. | 58 | | 10 | 100 | None |
| 2.1.d | The DS 3770 documents short-term absences of 120 days or less, if applicable. | 2 | | 66 | 100 | None |
| 2.2 | Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). (SMM 4442.7), [42 CFR 441.302(d)] | 56 | 2 | 10 | 97 | See Narrative |
| 2.3 | There is a written notification of a proposed action and documentation that the individual served 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 individual served/parent/legal guardian or legal representative does not agree with all or part of the components in the individual's IPP, or the individual's HCBS Waiver eligibility has been terminated. (SMM 4442.7), (42 CFR Part 431, Subpart E), [WIC §4710(a)(1)] | 10 | | 58 | 100 | None |

| Summary for Regional Center Record Review of Individuals Served Sample Size = 58 + 10 Supplemental Records (see Section II, Part III) | | | | | | |
|--|---|----|---|-----|-------|---------------|
| | 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. (SMM 4442.5), (42 CFR 441.302) | 58 | | 10 | 100 | None |
| 2.5.a | The individual'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 individual's CDER and other assessments. (SMM 4442.5), [42 CFR 441.302(c)], (Title 22, CCR, §51343) | 57 | | 11 | 100 | None |
| 2.5.b | The individual's qualifying conditions documented in the CDER are consistent with information contained in the individual's record. | 54 | 3 | 11 | 95 | See Narrative |
| 2.6.a | IPP is reviewed (<i>at least annually</i>) by the planning team and modified as necessary in response to the individual's changing needs, wants or health status. [42 CFR 441.301(b)(1)(I)] | 58 | | 10 | 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. (HCBS Waiver requirement) | | | 68 | NA | None |
| 2.7.a | The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the individual served, or where appropriate, his/her parents or legal guardian or conservator. [WIC §4646(g)] | 58 | | 10 | 100 | None |
| 2.7.b | IPP addenda are signed by an authorized representative of the regional center and the individual served, or where appropriate, his/her parents, legal guardian, or conservator. | 21 | | 47 | 100 | None |
| 2.7.c | The IPP is prepared jointly with the planning team. [WIC §4646(d)] | 58 | | 10 | 100 | None |
| 2.8 | The IPP includes a statement of goals based on the needs, preferences and life choices of the individual. [WIC §4646.5(a)] | 58 | | 10 | 100 | None |

| Summary for Regional Center Record Review of Individuals Served Sample Size = 58 + 10 Supplemental Records (see Section II, Part III) | | | | | | |
|--|---|---|---|-----|-------|---------------|
| | Criteria | + | - | N/A | % Met | Follow-up |
| 2.9 | The IPP addresses the individual's goals and needs. [WIC §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). | 57 | | 11 | 100 | None |
| 2.9.b | The IPP addresses special health care requirements. | 26 | | 42 | 100 | None |
| 2.9.c | The IPP addresses the services which the CCF provider is responsible for implementing. | 21 | | 47 | 100 | None |
| 2.9.d | The IPP addresses the services which the day program provider is responsible for implementing. | 31 | | 37 | 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. | 18 | | 50 | 100 | None |
| 2.9.f | The IPP addresses the individual's goals, preferences and life choices. | 58 | | 10 | 100 | None |
| 2.9.g | The IPP includes a family plan component if the individual served is a minor. [WIC §4685(c)(2)] | 7 | | 61 | 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. [WIC §4646.5(a)(5)] | 57 | 1 | 10 | 98 | 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. [WIC §4646.5(a)(5)] | 58 | | 10 | 100 | None |
| 2.10.c | The IPP specifies the approximate scheduled start date for the new services. [WIC §4646.5(a)(5)] | 20 | | 48 | 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. [WIC §4646.5(a)(5)] | 58 | | 10 | 100 | None |

| Summary for Regional Center Record Review of Individuals Served Sample Size = 58 + 10 Supplemental Records (see Section II, Part III) | | | | | | |
|--|---|----|---|-----|-------|---------------|
| | Criteria | + | - | N/A | % Met | Follow-up |
| 2.12 | Periodic review and reevaluations of progress are completed (<i>at least annually</i>) to ascertain that planned services have been provided, that progress has been achieved within the time specified, and the individual and his/her family are satisfied with the IPP and its implementation. [WIC §4646.5(a)(8)] | 58 | | 10 | 100 | None |
| 2.13.a | Quarterly face-to-face meetings are completed with individuals living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities or family home agencies or receiving supported living and independent living services. (Title 17, CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement) | 39 | 1 | 28 | 98 | See Narrative |
| 2.13.b | Quarterly reports of progress are completed for individuals living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities or family home agencies or receiving supported living and independent living services. (Title 17, CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement) | 39 | 1 | 28 | 98 | See Narrative |
| 2.14 | Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the individual's move from a developmental center to a community living arrangement. (WIC §4418.3) | | | 68 | NA | None |

SECTION III

COMMUNITY CARE FACILITY RECORD REVIEW OF INDIVIDUALS SERVED

I. Purpose

The review addresses the requirements for community care facilities (CCF) to maintain records for the individuals served and prepare written reports of 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 records for individuals served were reviewed at fourteen CCFs visited by the monitoring team. The facilities' records were reviewed to determine compliance with nineteen criteria.

III. Results of Review

- ✓ The records were 100 percent in compliance for 17 criteria.
- ✓ Findings for two criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

- 3.5.b Quarterly reports include a summary of data collected. (Title 17, CCR, §56013(d)(4)), (Title 17, CCR, §56026)

Finding

Ten of the twelve (83 percent) applicable sample records of individuals served contained quarterly reports that included a summary of data collected. However, the records for individual #10, at CCF #8 and individual #4, at CCF #9 did not contain quarterly reports that included a summary of data collected.

| 3.5.b Recommendation | Regional Center Plan/Response |
|--|---|
| CVRC should assess what actions it should take to ensure that the provider at CCF #8 and #9 includes a summary of data collected in quarterly reports. | It is standard practice at CVRC to review provider reports to ensure they meet regulatory requirements, including the inclusion of relevant data summaries. |

| | |
|--|--|
| | We will continue to collaborate with the provider to reinforce the expectations for quarterly reporting and provide guidance on compiling and summarizing the required data. |
|--|--|

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

Finding

Thirteen of the fourteen (93 percent) applicable sample records of individuals served contained ongoing notes documenting community activities, overnight visits, illnesses, incidents, and medical appointments. However, the record for individual #6, at CCF #6 did not contain ongoing notes that address the above activities.

| 3.6.a Recommendation | Regional Center Plan/Response |
|---|---|
| CVRC should assess what action it should take to ensure that the provider at CCF #6 consistently maintains ongoing written individual notes that document community activities, overnight visits, illnesses, incidents, and medical appointments. | <p>It is standard practice at CVRC to review provider documentation to ensure they meet regulatory requirements, including the inclusion of relevant data summaries.</p> <p>We will continue to collaborate with the provider to reinforce the expectations for documentation and provide guidance on recording relevant documentation and notes.</p> |

| Community Care Facility Record Review Summary Sample Size = 14 | | | | | | |
|---|---|----|---|-----|-------|-----------|
| | Criteria | + | - | N/A | % Met | Follow-up |
| 3.1 | An individual file for individuals served 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 individuals record contains a statement of ambulatory or non-ambulatory status. | 14 | | | 100 | None |
| 3.1.b | The individuals record contains known information related to any history of aggressive or dangerous behavior toward self or others. | 5 | | 9 | 100 | None |
| 3.1.c | The individuals record contains current health information that includes medical, dental and other health needs of the individual including annual visit dates, physicians' orders, medications, allergies, and other relevant information. | 14 | | | 100 | None |
| 3.1.d | The individuals record contains current emergency information: family, physician, pharmacy, etc. | 14 | | | 100 | None |
| 3.1.e | The individuals record contains a recent photograph and a physical description of the individual. | 14 | | | 100 | None |
| 3.1.i | Special safety and behavior needs are addressed. | 8 | | 6 | 100 | None |
| 3.2 | The individuals record contains a written admission agreement completed for the individual served that includes the certifying statements specified in Title 17 and is signed by the individual served 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 individual's current IPP. <i>[Title 17, CCR, §56022(c)]</i> | 14 | | | 100 | None |

| Community Care Facility Record Review Summary Sample Size = 14 | | | | | | |
|---|---|----|---|-----|-------|---------------|
| | Criteria | + | - | N/A | % Met | Follow-up |
| 3.4.a | Service Level 2 and 3 facilities prepare and maintain written semiannual reports of progress for individuals served. <i>[Title 17, CCR, §56026(b)]</i> | 4 | | 10 | 100 | None |
| 3.4.b | Semiannual reports address and confirm the individual's progress toward achieving each of the IPP objectives for which the facility is responsible. | 3 | | 11 | 100 | None |
| 3.5.a | Service Level 4 facilities prepare and maintain written quarterly reports of progress. <i>[Title 17, CCR, §56026(c)]</i> | 11 | | 3 | 100 | None |
| 3.5.b | Quarterly reports address and confirm the individual's progress toward achieving each of the IPP objectives for which the facility is responsible. | 10 | 2 | 2 | 83 | See Narrative |
| 3.5.c | Quarterly reports include a summary of data collected. <i>[Title 17, CCR, §56013(d)(4)], (Title 17, CCR, §56026)</i> | 9 | | 5 | 100 | None |
| 3.6.a | The facility prepares and maintains ongoing, written notes for the individual served, as required by Title 17. <i>[Title 17, CCR §56026(a)]</i> | 13 | 1 | | 93 | See Narrative |
| 3.6.b | The ongoing notes/information verify that behavior needs are being addressed. | 9 | | 5 | 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 individual served. <i>(Title 17, CCR, §54327)</i> | 1 | | 13 | 100 | None |

SECTION IV

DAY PROGRAM RECORD REVIEW OF INDIVIDUALS SERVED

I. Purpose

The review criteria address the requirements for day programs to maintain records for individuals served and prepare written reports of 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

Thirteen records for individuals served were reviewed at ten day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria.

III. Results of Review

- ✓ The records were 100 percent in compliance for 13 criteria.
- ✓ Findings for 4 criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

- 4.1.c The individuals record contains any medical, psychological, and social evaluations identifying the individual's abilities and functioning level, provided by the regional center.

Finding

Eleven of the thirteen (85 percent) sample records for individuals served contained medical, psychological, or social evaluations identifying the individual's abilities and functioning level. However, the records for individuals #2 and #45 at DP #11 did not contain any medical, psychological, or social evaluations identifying the individual's abilities and functioning level provided by the regional center.

| 4.1.c Recommendation | Regional Center Plan/Response |
|---|---|
| CVRC should ensure that the records for individuals #2 and #45 at DP #11, contains medical, psychological, or | It is standard practice at CVRC that records are complete and include medical, psychological, or social |

| | |
|--|--|
| social evaluations identifying the individual's abilities and functioning level. | evaluations, when available. The records for individuals #2, #45 and DP#11 have been updated to include all mentioned records. |
|--|--|

- 4.1.f Data is collected that measures progress for the individual served in relation to the services addressed in the IPP for which the day program provider is responsible for implementing.

Finding

Eleven of the thirteen (85 percent) sample records for individuals served contained documentation that data is collected that that measures progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing. However, the records for individuals #2 and #45 at DP #11, did not contain documentation that data is collected that measures progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing.

| 4.1.f Recommendation | Regional Center Plan/Response |
|--|--|
| CVRC should ensure records for individuals #2 and #45 at DP #11, contains documentation that data is collected that measures progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing. | <p>It is standard practice at CVRC to review provider reports to ensure they meet regulatory requirements, including the inclusion of relevant data summaries.</p> <p>We will continue to collaborate with the provider to reinforce the expectations for quarterly reporting and provide guidance on compiling and summarizing the required data.</p> |

- 4.1.g The record contains up-to-date case notes reflecting important events or information not documented elsewhere.

Finding

Eleven of the thirteen (85 percent) sample records of individuals served contained up-to-date case notes reflecting important events or information not documented elsewhere. However, the records for individuals #2 and #45 at DP #11 did not contain case notes.

| 4.1.g Recommendation | Regional Center Plan/Response |
|--|---|
| CVRC should ensure the records for individuals #2 and #45 at DP #11, contains up-to-date case notes reflecting important events or information not documented elsewhere. | <p>It is standard practice at CVRC to review provider documentation to ensure they meet regulatory requirements, including the inclusion of relevant data summaries.</p> <p>We will continue to collaborate with the provider to reinforce the expectations for documentation and provide guidance on recording relevant documentation and notes.</p> |

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

Finding

Twelve of the thirteen (92 percent) sample records of individuals served contained written semiannual reports of progress. However, the record for individual #49 at DP #5 contained none of the required progress reports.

| 4.4.a Recommendation | Regional Center Plan/Response |
|--|---|
| CVRC should ensure that day program provider #5 prepare written semiannual reports of progress for individual #49. | <p>It is standard practice at CVRC to review provider documentation to ensure they meet regulatory requirements, including the inclusion of relevant data summaries.</p> <p>We will continue to collaborate with the provider to reinforce the expectations for documentation and provide guidance on recording relevant documentation and notes.</p> |

| Day Program Record Review Summary Sample Size = 13 | | | | | | |
|---|---|----|---|-----|-------|---------------|
| | Criteria | + | - | N/A | % Met | Follow-up |
| 4.1 | An individual file is maintained for the individual served by the day program that includes the documents and information specified in Title 17. (<i>Title 17, CCR, §56730</i>) | 13 | | | 100 | None |
| 4.1.a | The individuals record contains current emergency and personal identification information including the individual's address, telephone number; names and telephone numbers of residential care provider, relatives, and/or guardian or conservator; physician name(s) and telephone number(s); pharmacy name, address and telephone number; and health plan, if appropriate. | 13 | | | 100 | None |
| 4.1.b | The individuals record contains current health information that includes current medications, known allergies; medical disabilities; infectious, contagious, or communicable conditions; special nutritional needs; and immunization records. | 13 | | | 100 | None |
| 4.1.c | The individuals record contains any medical, psychological, and social evaluations identifying the individual's abilities and functioning level, provided by the regional center. | 11 | 2 | | 85 | See Narrative |
| 4.1.d | The individuals record contains an authorization for emergency medical treatment signed by the individual served and/or the authorized representative. | 13 | | | 100 | None |
| 4.1.e | The individuals record contains documentation that the individual served and/or the authorized representative has been informed of his/her personal rights. | 13 | | | 100 | None |
| 4.1.f | Data is collected that measures progress in relation to the services addressed in the IPP which the day program provider is responsible for implementing. | 11 | 2 | | 85 | See Narrative |

| Day Program Record Review Summary Sample Size = 13 | | | | | | |
|---|---|----|---|-----|-------|---------------|
| | Criteria | + | - | N/A | % Met | Follow-up |
| 4.1.g | The individuals record contains up-to-date case notes reflecting important events or information not documented elsewhere. | 11 | 2 | | 85 | See Narrative |
| 4.1.h | The individuals record contains documentation that special safety and behavior needs are being addressed. | 7 | | 6 | 100 | None |
| 4.2 | The day program has a copy of the individual's current IPP. <i>[Title 17, CCR §56720(b)]</i> | 13 | | | 100 | None |
| 4.3.a | The day program provider develops, maintains, and modifies as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. <i>[Title 17, CCR, §56720(a)]</i> | 13 | | | 100 | None |
| 4.3.b | The day program's individual service plan or other program documentation is consistent with the services addressed in the individual's IPP. | 13 | | | 100 | None |
| 4.4.a | The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i> | 12 | 1 | | 92 | See Narrative |
| 4.4.b | Semiannual reports address the individual's performance and progress relating to the services for which the day program is responsible for implementing. | 13 | | | 100 | None |
| 4.5.a | Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i> | 2 | | 11 | 100 | None |
| 4.5.b | A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i> | 2 | | 11 | 100 | None |
| 4.5.c | There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. <i>(Title 17, CCR, §54327)</i> | 2 | | 11 | 100 | None |

SECTION V

OBSERVATIONS AND INTERVIEWS OF INDIVIDUALS SERVED

I. Purpose

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

II. Scope of Observations and Interviews

Thirty-two of the fifty-eight individuals served 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.

- ✓ 16 individuals agreed to be interviewed by the monitoring teams.
- ✓ 13 individuals did not communicate verbally or declined an interview but were observed.
- ✓ 3 interviews were conducted with parents of minors.
- ✓ 26 individuals were unavailable for or declined interviews.

III. Results of Observations and Interviews

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

IV. Finding and Recommendation

None

SECTION VI A

SERVICE COORDINATOR INTERVIEWS

I. Purpose

The interviews determine how well the service coordinators know the individuals they serve, 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 12 CVRC service coordinators.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to the individuals 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 the individuals selected for the monitoring review. They were able to relate specific details regarding the individuals' 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 individuals' needs, preferences and satisfaction with services outlined in the IPP. For individuals in out-of-home placement settings, service coordinators conduct quarterly face-to-face visits and develop written assessments of 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 individuals' use of medication and issues related to side effects, the service coordinators utilize CVRC medical director and online resources for medication.
4. The service coordinators monitor the individuals' services, health and safety during periodic visits. They are aware of the individuals' health issues. The service coordinators were 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 individuals served and service coordinators. This interview aids in determining what measures the regional center is utilizing to ensure the ongoing health and safety of all individuals who are on the Home and Community-Based Services Waiver.

II. Scope of Interview

1. The questions in the interview cover the following topics: routine monitoring of individuals with medical issues, medications and behavior plans; coordination of medical and mental health care for individuals; 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 on the Risk Management Assessment and Planning Committee and Special Incident Reports (SIR).
2. The monitoring team interviewed the clinical services manager at CVRC.

III. Results of Interview

1. The clinical team at CVRC consists of physicians, a nurse practitioner, psychologists, psychiatrists, behaviorists, nurses, dental coordinator, physiatrist, assistive technology professional, physical therapist, and a pharmacist.
2. Service coordinators, in collaboration with the clinical team, are responsible for monitoring medical issues, medications, and reviewing consumers' health status. Members of the clinical team participate in weekly medical triage meetings with consumers, families, and providers to discuss and evaluate consumers' medical and behavioral issues. When indicated, a nurse is also available to visit a consumer's home or facility for medical assessment and consultation. The nurses review and help develop all restricted health care plans for appropriateness. The nurses and physicians also visit hospitalized consumers and assist with discharge planning as needed. The clinical team physician will attend medical appointments with the consumer and work with the primary care physician when needed. Nurses in collaboration with physicians will make recommendations as needed to the individual's health care team based on records review.

3. Individuals with medication issues are monitored by the clinical team during weekly and monthly meetings; any subsequent concerns are referred to the pharmacy consultant for follow-up. The pharmacy consultant also provides staff with updates on new medications, drug interactions, and current treatment recommendations. Additionally, the pharmacist is available to perform onsite medication training to consumers and providers. Medication monitoring is also performed when psychotropic medications are recommended.
4. Service coordinators can request a consultation from the clinical team regarding consumer behavior needs. The psychologists and behaviorists are available to review behavior plans as needed and will make in-home visits with the service coordinator when requested. Behaviorists are also involved during psychotropic medication prescriptions. A holistic approach is taken to assure behaviors are considered when making a recommendation.
5. The clinical team has developed a manual which assists service coordinators to identify consumers who may benefit from a clinical referral. Additionally, members of the clinical team offer trainings on a variety of topics to staff, providers and parents. Recent topics have included restricted health care plans, medication management, heat exposure, diabetes, behavioral issues, constipation, suicide, and respiratory issues. Topics are developed from special incidents, mortality reviews and other internal tracking data.
6. The clinical services team is responsible for monitoring consumers with mental health needs. The team works collaboratively with the intake coordinator, who is also the liaison with the County Mental Health Department. Referrals are made to the local mental health psychiatric assessment center as needed.
7. The clinical team has developed a manual which assists service coordinators to identify consumers who may benefit from a clinical referral. Additionally, members of the clinical team offer trainings on a variety of topics to staff, providers and parents. Recent topics have included restricted health care plans, medication management, heat exposure, diabetes, behavioral issues, constipation, suicide, and respiratory issues. Topics are developed from special incidents, mortality reviews and other internal tracking data.
8. CVRC has improved consumer access to preventative health care services through the following resources and/or programs:
 - ✓ Early Start Clinic for intake and eligibility of developmentally disabled minors;
 - ✓ Podiatry clinic;
 - ✓ Mental Health clinic;
 - ✓ Information related to end-of-life issues and consent for medical treatment;
 - ✓ Autism Program;

- ✓ Nurse providing trainings at local client advocate meetings;
 - ✓ Liaison onsite once a week from local managed care plan, Cal-Viva Health; and,
 - ✓ Placement committee to assist consumers in locating appropriate living situations.
9. Members of the clinical team review all health and medical-related SIRs, including deaths, and report their findings to the Risk Management Committee. The regional center utilizes Mission Analytics Group, Inc., the State's risk management contractor, to analyze special incidents for trends. Trainings by clinical staff may be provided to staff and providers based on this analysis.

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 the Program Manager of Quality Assurance who is part of the team responsible for conducting CVRC QA activities.

III. Results of Interview

Service coordinators are assigned as liaisons to residential facilities and are responsible for follow up actions after unannounced visits have been conducted by the quality assurance monitors. QA Monitors are responsible for conducting the annual Title 17 monitoring reviews of the residential facilities. Each review utilizes standardized report forms and checklists based on Title 17 regulations. The dates of the reviews are tracked in a database monitored by the QA supervisor.

CVRC developed a software that is used to capture each community care facility's service level, current census, staff ratio based on service level, completed vendor trainings and monitoring requirements. This software also has a section for follow-ups, corrective action plans (CAP), and sanctions.

When substantial inadequacies are identified, CAPs are developed by the assigned case management liaison and program manager. The case management liaison also takes the lead in conducting the follow-up review for the CAPs, with assistance from the program manager and QA team. Consultation as needed with the assistant director and legal team.

CVRC's QA supervisor is a participant on the Risk Management Assessment and Planning Committee. The committee meets quarterly to discuss any trends related to special incident reports (SIR). In addition to vendor-specific trainings provided in response to findings from annual monitoring, the QA team has provided training based on the analysis of SIR trends. Recent training topics have included prevention of medication errors, reporting abuse, and special incident reporting requirements and expectations. In addition, the QA team holds

residential monitoring trainings regarding quality assurance expectation, liaison monitoring and HCBS standards and practices.

SECTION VII A

SERVICE PROVIDER INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed 19 service providers at 11 community care facilities and 8 day programs where services are provided to the individuals that 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 individuals 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 the individuals served.
2. The service providers indicated that they conducted assessments of the individual, participated in their IPP development, provided the program-specific services addressed in the IPPs and attempted to foster the progress of the individual served.
3. The service providers monitored the individual's health issues and safeguarded medications.
4. The service providers communicated with people involved in the individual's life and monitored progress.
5. The service providers were prepared for emergencies, monitored the safety of the individual served, 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 individuals served 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 15 direct service staff at 8 community care facilities and 7 day programs where services are provided to the individual that 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 individuals 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 the individuals served.
2. The direct service staff were knowledgeable about their roles and responsibilities for providing the services addressed in the individual's IPP.
3. The direct service staff demonstrated that they understood the importance of communication with all individuals concerned with the individual served.
4. The direct service staff were prepared to address safety issues and emergencies and were familiar with special incident reporting requirements.
5. The direct service staff demonstrated an understanding about emergency preparedness.
6. The direct service staff were knowledgeable regarding safeguarding and assisting with self-administration of medications where applicable.

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

The review ensures that the selected community care facilities (CCF) and day programs are serving individuals 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 11 CCFs and 8 day programs.
2. The teams used a monitoring review checklist consisting of 24 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, individuals' rights, and the handling of individuals' money.

III. Results of Review

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

IV. Findings and Recommendations

- 8.1.e Each individual has access to their own soap, toothbrush, toothpaste, comb/brush, razor, and other personal hygiene supplies. These supplies are stored separately. *[Title 22, CCR, §85088(c)(4)(5); W&I 4503(a)]*

Findings

Ten of the eleven facilities appropriately stored individual personal hygiene items. However, at CCF #11, individuals unlabeled toothbrushes and shaving items were stored in a toothbrush holder and drawer.

| 8.1.e Recommendation | Regional Center Plan/Response |
|--|---|
| CVRC should ensure that CCF #11 stores all individual personal hygiene items properly. | CVRC will work with the provider at CCF #11 to ensure that individual personal hygiene items, such as toothbrushes and shaving items, are properly stored according to regulatory requirements. This includes ensuring items are labeled and stored |

| | |
|--|--|
| | separately, taking into account individual preferences, wants, and wishes. |
|--|--|

- 8.1.g Soaps, detergents, cleaning solutions, or similar substances will be stored in areas separate from food supplies. Disinfectants, cleaning solutions, and items that could pose a danger to individuals will be stored inaccessible to individuals, preferably locked. *[Title 22, CCR, §80076(a)(1)(14)(15)(16); Title 22, CCR, §80087(h)(1)]*

Findings

Eighteen of the nineteen facilities appropriately stored cleaning products and other hazardous items properly. However, at DP #6, knives in the kitchen were accessible to individuals served.

| 8.1.g Recommendation | Regional Center Plan/Response |
|--|--|
| CVRC should ensure that DP #6 properly store all knives and potentially dangerous objects. | CVRC will ensure that DP #6 stores all knives and potentially dangerous objects appropriately and in compliance with regulatory requirements. This includes ensuring that hazardous items are stored securely and are inaccessible to individuals served, preferably locked. |

- 8.3.c Staff responsible for providing direct care and supervision will receive training in first aid from qualified agencies. Adults who supervise individuals using a pool or other body of water that require rescuer's ability to swim, will have a valid water safety certificate. Water safety certificates are required *IF* the pool/spa is used. *[Title 22, CCR, §80065(e); Title 22, CCR, §87923(a)]*

Findings

Fifteen of the nineteen facilities had first aid certificates on record for staff providing direct care and supervision. However, there were issues at four facilities as indicated below:

1. CCF #1: Three staff did not have first aid certificates available for review.
2. CCF #13: None of the staff had water safety certificates. However, they were completed on May 17, 2024. Accordingly, no recommendation is required.

3. DP #2: Six direct care staff had an expired first aid certificate. However, they were completed on May 9, 2024. Accordingly, no recommendation is required.
4. DP#12: Six direct care staff had an expired first aid certificate. However, they were completed on May 13, 2024. Accordingly, no recommendation is required.

| 8.3.c Recommendation | Regional Center Plan/Response |
|--|--|
| CVRC should ensure that the providers at CCF #1 have current first aid certificates available for all direct care staff. | The provider at CCF #1 has completed first aid certifications for all direct care staff. No further action is required for first aid certification. It is standard practice for CVRC to inquire about and monitor first aid certificates regularly to ensure they remain current. CVRC will continue this practice to maintain compliance. |

- 8.5.c A statement of rights will be prominently posted in each community care facility and day program. The statement will be in English, Spanish or other appropriate language. [(Title 17, CCR §50520(1)), (W&I §4503), (W&I §4648(a)(10)(E))]

Findings

Sixteen of the nineteen facilities had a statement of consumer rights prominently posted. However, there were issues with three facilities as indicated below:

1. CCF #2: The facility did not have a statement of rights posted. However, the facility received and posted the statement of rights during the review. Accordingly, no recommendation is required.
2. CCF #4: The facility did not have a statement of rights posted. However, the facility received and posted the statement of rights during the review. Accordingly, no recommendation is required.
3. DP #5: The facility did not have a statement of rights posted. However, the facility received and posted the statement of rights during the review. Accordingly, no recommendation is required.

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 CVRC 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 58 individuals 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 individuals 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 individual served is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. CVRC reported all deaths during the review period to DDS.
2. CVRC reported all special incidents in the sample of 58 records selected for the HCBS Waiver review to DDS.
3. CVRC's vendors reported 9 of the 10 (90 percent) incidents in the supplemental sample within the required timeframes.
4. CVRC reported 8 of the 10 (80 percent) incidents in the supplemental sample to DDS within the required timeframes.
5. CVRC's follow-up activities on incidents in the supplemental sample were appropriate for the severity of the situations for nine of the ten (90 percent) incidents.

IV. Findings and Recommendations

SIR #3: The incident occurred on January 25, 2023. However, the vendor did not submit a written report to CVRC until May 3, 2023. Subsequently, CVRC did not report the incident to DDS until August 28, 2023. Additionally, CVRC did not provide follow-up on medical attention or support provided to the individual served.

SIR #6: The incident was reported to CVRC on August 23, 2023. However, CVRC did not report the incident to DDS until August 28, 2023.

| Recommendations | Regional Center Plan/Response |
|---|--|
| CVRC should ensure that the vendor for SIR #3 reports special incidents within the required timeframes. | It is standard practice at CVRC that providers follow regulatory timelines for the submission of Special Incident Reports (SIRs). In this case, the provider was not in compliance with the required timelines. To address this, CVRC has provided additional training to the provider to ensure that they fully understand and adhere to these timelines moving forward. CVRC will continue to monitor the provider's SIR submissions to ensure timely reporting and compliance with all regulatory requirements. |
| CVRC should ensure that all special incidents are reported to DDS within the required timeframe. | It is standard practice at CVRC that all providers follow regulatory timelines for reporting Special Incident Reports (SIRs) to DDS. In this case, CVRC recognizes that there was a delay in reporting the incident. To prevent future delays, CVRC has reinforced the importance of adhering to these timelines through additional training for providers. CVRC will continue to monitor the submission of SIRs to ensure that all incidents are reported to DDS within the required timeframes, maintaining full compliance with regulatory standards. |
| CVRC should ensure that appropriate follow-up is completed for SIR #3. | It is standard practice at CVRC that all incidents receive appropriate and timely follow-up to address any issues related |

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| | to the incident. CVRC has provided training to the provider to reinforce the importance of conducting and documenting all follow-up actions comprehensively. Moving forward, CVRC will ensure that follow-up activities are fully completed and properly documented for all incidents, including SIR #3, to mitigate risks and ensure the continued safety and wellbeing of individuals served. |
|--|---|

SAMPLE OF INDIVIDUALS SERVED AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review of Individuals Served

| # | UCI # | CCF | DP | # | UCI # | CCF | DP |
|----|--------|-----|----|----|--------|-----|----|
| 1 | XXXXXX | 5 | | 30 | XXXXXX | | |
| 2 | XXXXXX | | 11 | 31 | XXXXXX | | |
| 3 | XXXXXX | 11 | | 32 | XXXXXX | | 3 |
| 4 | XXXXXX | 9 | | 33 | XXXXXX | | |
| 5 | XXXXXX | 7 | | 34 | XXXXXX | | |
| 6 | XXXXXX | 6 | | 35 | XXXXXX | | |
| 7 | XXXXXX | 4 | | 36 | XXXXXX | | 12 |
| 8 | XXXXXX | | 6 | 37 | XXXXXX | | |
| 9 | XXXXXX | 2 | | 38 | XXXXXX | | |
| 10 | XXXXXX | 8 | | 39 | XXXXXX | | |
| 11 | XXXXXX | 10 | | 40 | XXXXXX | | |
| 12 | XXXXXX | 14 | | 41 | XXXXXX | | |
| 13 | XXXXXX | 3 | | 42 | XXXXXX | | 11 |
| 14 | XXXXXX | | 2 | 42 | XXXXXX | | |
| 15 | XXXXXX | | 4 | 44 | XXXXXX | | |
| 16 | XXXXXX | | 6 | 45 | XXXXXX | | |
| 17 | XXXXXX | 1 | | 46 | XXXXXX | | |
| 18 | XXXXXX | | 1 | 47 | XXXXXX | | 9 |
| 19 | XXXXXX | | 10 | 48 | XXXXXX | | |
| 20 | XXXXXX | 12 | | 49 | XXXXXX | | 5 |
| 21 | XXXXXX | 13 | | 50 | XXXXXX | | |
| 22 | XXXXXX | | 2 | 51 | XXXXXX | | |
| 23 | XXXXXX | | | 52 | XXXXXX | | |
| 24 | XXXXXX | | | 53 | XXXXXX | | |
| 25 | XXXXXX | | | 54 | XXXXXX | | |
| 26 | XXXXXX | | | 55 | XXXXXX | | |
| 27 | XXXXXX | | | 56 | XXXXXX | | |
| 28 | XXXXXX | | | 57 | XXXXXX | | |
| 29 | XXXXXX | | | 58 | XXXXXX | | |

Supplemental Sample of Waiver Terminations

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

Supplemental New Enrollees Sample

| # | UCI |
|-------|--------|
| NE-1 | XXXXXX |
| NE-2 | XXXXXX |
| NE-3 | XXXXXX |
| NE-4 | XXXXXX |
| NE-5 | XXXXXX |
| NE-6 | XXXXXX |
| NE-7 | XXXXXX |
| NE-8 | XXXXXX |
| NE-9 | XXXXXX |
| NE-10 | XXXXXX |
| NE-11 | XXXXXX |
| NE-12 | XXXXXX |
| NE-13 | XXXXXX |
| NE-14 | XXXXXX |
| NE-15 | XXXXXX |
| NE-16 | XXXXXX |
| NE-17 | XXXXXX |
| NE-18 | XXXXXX |
| NE-19 | XXXXXX |
| NE-20 | XXXXXX |

HCBS Waiver Review Service Providers

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

| Day Program # | Vendor |
|---------------|--------|
| 1 | XXXXXX |
| 2 | XXXXXX |
| 3 | XXXXXX |
| 4 | XXXXXX |
| 5 | XXXXXX |
| 6 | XXXXXX |
| 7 | NA |
| 8 | NA |
| 9 | XXXXXX |
| 10 | XXXXXX |
| 11 | XXXXXX |
| 12 | XXXXXX |

SIR Review

| # | 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 |