

**Frank D. Lanterman Regional Center
Home and Community-Based Services Waiver
Monitoring Review Report**

Conducted by:

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

January 31–February 11, 2022

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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 January 31–February 11, 2022, at Frank D. Lanterman Regional Center (FDLRC). The monitoring team members were Natasha Clay (Team Leader), Kelly Sandoval, Nora Muir, Hope Beale, Nadia Flores, and Bonnie Simmons from DDS, and Janie Hironaka and Deeanna Tran 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 24 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) One consumer who moved from a developmental center 2) Ten consumers who had special incidents reported to DDS during the review period of November 1, 2020 through October 31, 2021, and 3) one consumer who was enrolled in the HCBS Waiver during the review period.

The monitoring team completed visits to three community care facilities (CCF). The team reviewed 9 CCF consumer records and interviewed and/or observed 14 selected sample consumers.

Overall Conclusion

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

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

FDLRC's records were 97 percent and 95 percent in overall compliance for the collaborative reviews conducted in 2020 and in 2018, respectively.

New Enrollees: One sample consumer was reviewed for level-of-care determination prior to receipt of HCBS Waiver services. FDLRC's record was 100 percent in overall compliance for this review.

Section III – Community Care Facility Consumer Record Review

Nine consumer records were reviewed at nine 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.

FDLRC's records were 99 percent and 100 percent in overall compliance for the collaborative reviews conducted in 2020 and in 2018, respectively.

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 site visits for the 2022 review.

FDLRC's records were 98 percent in overall compliance for the collaborative reviews conducted in 2020 and in 2018, respectively.

Section V – Consumer Observations and Interviews

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

Section VI A – Service Coordinator Interviews

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

Section VI B – Clinical Services Interview

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

Section VI C – Quality Assurance Interview

A quality assurance manager was interviewed using a standard interview instrument. She responded to questions regarding how FDLRC 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

Three service providers 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

Three 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 three 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 24 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. FDLRC reported 23 of the 24 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 FDLRC within the required timeframes, and FDLRC subsequently transmitted all 10 special incidents to DDS within the required timeframes. FDLRC'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 FDLRC'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

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

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

SECTION II

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

1. Twenty-four HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	9
With Family	11
Independent or Supported Living Setting	4

2. The review period covered activity from November 1, 2020–October 31, 2021.

III. Results of Review

The 24 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. One supplemental record was reviewed for documentation that FDLRC determined the level of care prior to receipt of HCBS Waiver services. Additionally, one supplemental record was reviewed solely for documentation indicating that the consumer received face-to-face reviews every 30 days for the first 90 days after moving from a developmental center.

- ✓ The sample records were 100 percent in compliance for 26 criteria. There are no recommendations for these criteria. One criterion was not applicable for this review.
- ✓ Findings for four 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

2.9.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)]

Findings

Twenty-two of the twenty-four (92 percent) sample consumer records contained IPPs that addressed the consumers' qualifying conditions. However, the IPPs for two consumers did not address supports for qualifying conditions identified in the record as listed below.

1. Consumer #7: Seizures. IPP dated May 22, 2020, does not address the condition of "Epilepsy" for the above-mentioned condition, but it is addressed in the Annual Progress Report dated May 18, 2021.
2. Consumer #12: Blindness. Subsequent to the monitoring review, FDLRC provided an addendum dated January 1, 2021, addressing services and supports for the above-mentioned issue. Accordingly, no recommendation is required.

2.9.a Recommendation	Regional Center Plan/Response
FDLRC should ensure that the IPP for consumer #7 addresses the services and supports in place for the condition listed above.	IPP Amendment was generated for consumer #7 to include the supports and services in place to address the Medicaid waiver qualifying deficits and was submitted to the auditors.

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-two of the twenty-four (92 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by FDLRC. However, IPPs for two consumers did not indicate FDLRC funded services as indicated below:

1. Consumer #2: "Specialized Therapeutic Services"; and,
2. Consumer #11: "Specialized Therapeutic Services."

2.10.a Recommendation	Regional Center Plan/Response
FDLRC should ensure that the IPPs for consumers #2 and #11 include a schedule of the type and amount of all services and supports purchased by FDLRC.	IPP Amendments were generated for consumers #2 and #11 to include the supports and services purchased by the regional center.

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. (*Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement*)

Findings

Twelve of the thirteen (92 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the record for consumer #7 did not meet the requirement and contained documentation of only three of the required meetings.

2.13.a Recommendation	Regional Center Plan/Response
FDLRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumer #7.	Service Coordinators (SC) will receive training on the Medicaid Waiver requirements in completing quarterly reports within the mandated timelines. Regional managers will review the tracking system with each SC individually by the 10 th of the month to ensure meeting were held for the previous month and make the necessary arrangements, if a quarterly meeting was not held within 30 days, to maintain compliance.

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

Findings

Eleven of the thirteen (85 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for consumers #7 and #11 did not meet the

requirement and contained documentation of only three of the required quarterly reports of progress.

2.13.b Recommendation	Regional Center Plan/Response
FDLRC should ensure that future quarterly reports of progress are completed for consumers #7 and #11.	SCs will receive training on the Medicaid Waiver requirements in completing quarterly reports within the mandated timelines. Regional managers will review the tracking system with each SC individually by the 10 th of the month to ensure meeting were held for the previous month and make the necessary arrangements, if a quarterly meeting was not held within 30 days, to maintain compliance.

Regional Center Consumer Record Review Summary Sample Size = 25						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	24		1	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. [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.	24		1	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.	24		1	100	None
2.1.c	The DS 3770 form documents annual recertifications.	24		1	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	2		23	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)]	24		1	100	None
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. [SMM 4442.7; 42 CFR Part 431, Subpart E; W&I Code §4710(a)(1)]	4		21	100	None

Regional Center Consumer Record Review Summary Sample Size = 25						
	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>	24		1	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>	24		1	100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	24		1	100	None
2.6.a	IPP is reviewed (at least annually) by the planning team and modified as necessary in response to the consumer's changing needs, wants or health status. <i>[42 CFR 441.301(b)(1)(I)]</i>	24		1	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>	21		4	100	None
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. <i>[W&I Code §4646(g)]</i>	24		1	100	None
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	22		3	100	None
2.7.c	The IPP is prepared jointly with the planning team. <i>[W&I Code §4646(d)]</i>	24		1	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>	24		1	100	None

Regional Center Consumer Record Review Summary Sample Size = 25						
	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).	22	2	1	92	See Narrative
2.9.b	The IPP addresses special health care requirements.	3		22	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	9		16	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	12		13	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.	4		21	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	24		1	100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. [W&I Code §4685(c)(2)]	6		19	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)]	22	2	1	92	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)(5)]	24		1	100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [W&I Code §4646.5(a)(5)]	22		3	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)(5)]	24		1	100	None

Regional Center Consumer Record Review Summary Sample Size = 25						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic review 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>	24		1	100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	12	1	12	92	See Narrative
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>	11	2	12	85	See Narrative
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. <i>(W&I Code §4418.3)</i>	1		24	100	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

Nine consumer records were reviewed at nine 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 the 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. Findings and Recommendations

None

Community Care Facility Record Review Summary Sample Size: 9						
	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>	9			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	9			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	4		5	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.	9			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	9			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	9			100	None
3.1.i	Special safety and behavior needs are addressed.	6		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>	9			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	9			100	None

Community Care Facility Record Review Summary Sample Size: 9						
	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		5	100	None
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	4		5	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. <i>[Title 17, CCR, §56026(c)]</i>	5		4	100	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	5		4	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>	3		6	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>	9			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	4		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		8	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		8	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		8	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.

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

Fourteen of the twenty-four consumers, or in the case of minors, their parents, were interviewed and/or observed at community care facilities, or in independent living settings.

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

III. Results of Observations and Interviews

All 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.

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 five FDLRC 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 FDLRC's medical director and online resources for medication.

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

SECTION VI B

CLINICAL SERVICES INTERVIEW

I. Purpose

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

II. Scope of Interview

1. The questions in the interview cover the following topics: routine monitoring of consumers with medical issues; medications; 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 Nurse Consultant at FDLRC.

III. Results of Interview

1. The clinical team at FDLRC consists of physicians, registered nurses, psychiatric nurses, psychologists, a psychiatrist, a pharmacist, a registered dental hygienist, and a speech and occupational therapist.
2. The clinical team functions as a resource for the service coordinators and is available to assess consumers with medical concerns. Nurses may visit hospitalized consumers to evaluate health status, consult with staff and assist with discharge planning. Service coordinators can present cases to the interdisciplinary team during the Clinical Review Meeting for consumers with complex medical needs. Consumers with chronic unstable conditions are seen annually by a nurse. The visit includes an assessment, review of documentation, staff training and recommendations specific to the consumer's condition. Consumers who have moved from a developmental center are followed by a nurse for up to two years after discharge. Clinical team members may collaborate with the consumer's physician as necessary. Nurses will also follow up with service coordinators during the quarterly care plan meeting to confirm the most current health status of consumers.
3. The clinical team participates in the monitoring of medications, particularly psychotropic medications. For psychotropic medications, quarterly reviews are required and consumers of facilities that require less assistance are

reviewed annually or as needed. Service coordinators monitor medications during the IPP (Individual Program Plan) and annual review process and have access to the clinical team with any concerns. Staff can contact the pharmacist with medication-related concerns. Nurses are also available to review medications and may refer questionable medication regimes to a physician or psychiatrist for a secondary review. Medication training may be offered to providers based on special incident reports (SIR), compliance issues, or other concerns.

4. The clinical staff is also available to service coordinators for consultation regarding consumer's behavioral or mental health needs. After review, the clinical team may recommend additional services to support the needs of the consumer. Behavior plans are reviewed and monitored by the psychologists, psychiatrist, and the psychiatric nurse. All level 4 community care facilities (CCF) are visited by the psychiatric nurse who reviews consumer records, behavior reports and medications. In addition, the nurse participates in discharge planning for all psychiatric hospitalizations. Telepsychiatry is available to consumers, either at the regional center or at their home.
5. The clinical team is available to regional center staff, consumers, and providers regarding preventive care, accessing community resources and consumer health issues. The nurses are available to attend annual reviews or quarterly visits with the service coordinators if needed for consultation. The clinical services staff is available for staff training as needed, including new employee orientation. Recent topics have included: diabetes, medical conditions, medications, and managing the challenges of the pandemic.
6. FDLRC has improved access to preventive healthcare resources for consumers through the following programs:
 - ✓ FDLRC's registered dental hygienist providing dental screenings at the regional center, performing onsite CCF visits and making referrals to community dentists when indicated;
 - ✓ Collaboration with UCLA School of Medicine and Dentistry;
 - ✓ Dental Fairs held at regional center;
 - ✓ Partnership with Children's Hospital of Los Angeles;
 - ✓ Preventative healthcare protocols; and,
 - ✓ Developing contracts with affiliated hospitals and nursing homes to establish collaborative relationships to ensure patients' services and supports.
7. The Director of Clinical Services is involved in FDLRC's Risk Management Committee. All medical SIRs are reviewed by the Director of Clinical Services and a registered nurse. Further review by a physician and recommendations may be made as indicated. A quarterly analysis of SIRs is completed and documented in a report which is provided to the Quality Management Committee, with follow-up action as needed.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

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

II. Scope of Interview

The monitoring team interviewed a manager of quality assurance who is part of the team responsible for conducting FDLRC's 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. QA specialists 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 results of the Title 17 visits are entered into an electronic database and monitored by the QA supervisor.
2. When substantial inadequacies are identified, corrective action plans (CAP) are developed by the QA specialist. The QA specialist also takes the lead in conducting the follow-up review for the CAPs, with assistance from the facility liaisons as needed. Quality Assurance will conduct a phone call, provide written documentation and a plan of correction follow-up visit to address the results of any inadequacies. The plan of correction must be submitted within the required timeframes by the provider, and QA will follow up if any additional technical assistance is required.
3. FDLRC's QA team is instrumental in the role of trend analysis and participates on the Risk Management Assessment and Planning Committee. The committee meets regularly to discuss any trends related to special incident reports (SIR) and how to assist providers with maintaining substantial compliance. In addition to vendor-specific training 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, autism, behavior management, client rights, hydration, nutrition, oral hygiene, positioning and pressure ulcers.

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

III. Results of Interviews

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

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

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

II. Scope of Review

1. The monitoring teams reviewed a total of three CCFs via remote electronic communication. Remote electronic communication was used to conduct service provider, direct staff and consumer interviews, as well as site inspections.
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.

III. Findings and Recommendations

None

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 FDLRC 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 24 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. FDLRC reported all deaths during the review period to DDS.
2. FDLRC reported all but one special incident in the sample of 24 records selected for the HCBS Waiver review to DDS.
3. FDLRC's vendors reported 9 of the 10 (90 percent) applicable incidents in the supplemental sample within the required timeframes.
4. FDLRC reported all 10 (100 percent) incidents to DDS within the required timeframes.
5. FDLRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the 10 incidents.

IV. Finding and Recommendation

#SIR 8: The incident occurred on December 5, 2020. However, the vendor did not submit a written report to FDLRC until December 9, 2020.

Recommendation	Regional Center Plan/Response
FDLRC should ensure that the vendor for consumer #SIR 8 reports special incidents within the required timeframes.	FDLRC Quality Assurance specialist provided special incident training and will continue to review the reporting protocol regarding SIRs with the vendor to ensure the vendor reports within the mandated timelines.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

#	UCI	CCF	DP
1	XXXXXXXX	4	
2	XXXXXXXX	5	
3	XXXXXXXX	6	
4	XXXXXXXX	1	
5	XXXXXXXX	7	
6	XXXXXXXX	8	
7	XXXXXXXX	2	
8	XXXXXXXX	9	
9	XXXXXXXX	3	
10	XXXXXXXX		
11	XXXXXXXX		
12	XXXXXXXX		
13	XXXXXXXX		
14	XXXXXXXX		
15	XXXXXXXX		
16	XXXXXXXX		
17	XXXXXXXX		
18	XXXXXXXX		
19	XXXXXXXX		
20	XXXXXXXX		
21	XXXXXXXX		
22	XXXXXXXX		
23	XXXXXXXX		
24	XXXXXXXX		

Supplemental Sample Developmental Center Consumers

#	UCI
DC-1	XXXXXXXX

Supplemental New Enrollees Sample

#	UCI
NE-1	XXXXXXXX

HCBS Waiver Review Service Providers

CCF #	Vendor
1	XXXXXXXX
2	XXXXXXXX
3	XXXXXXXX
4	XXXXXXXX
5	XXXXXXXX
6	XXXXXXXX
7	XXXXXXXX
8	XXXXXXXX
9	XXXXXXXX

SIR Review Consumers

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