

**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 29-February 9, 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 January 29-February 9 2024, at Frank D. Lanterman Regional Center (FDLRC). The monitoring team members were Jenny Mundo (Team Leader), Natasha Clay, Nadia Flores, and Fam Chao from DDS, and Crystal La 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 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 25 records for individuals served on the 1915c HCBS Waiver. In addition, the following supplemental sample records were reviewed: 1) ten individuals who had special incidents reported to DDS during the review period of October 1, 2022, through September 30, 2023, and 2) one individual who was enrolled in the HCBS Waiver during the review period was reviewed for documentation that FDLRC determined the level of care prior to receipt of HCBS Waiver services.

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

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 Record Review of Individuals Served

Twenty-five 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. Three criteria were rated as not applicable for this review. Criterion 2.6.a was 80 percent in compliance because 5 of the 25 applicable records did not contain documentation of all required IPPs reviewed annually. Criterion 2.10.a was 80 percent in compliance because 5 of the 25 applicable records did not contain documentation of all required IPPs include type and amount of all services. Criterion 2.13.a was 43 percent in compliance because 8 of the 14 applicable records did not contain documentation of all required quarterly face-to-face visits. Criterion 2.13.b was 36 percent in compliance because 9 of the 14 applicable records did not contain documentation of all required quarterly reports of progress. The sample records were 94 percent in overall compliance for this review.

FDLRC's records were 99 percent and 97 percent in overall compliance for the collaborative reviews conducted in 2022 and in 2020, respectively.

New Enrollees: One sample record of an individual newly enrolled on the HCBS Waiver 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 Record Review for Individuals Served

Five records for individuals served were reviewed at five CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100 percent in overall compliance for 16 criteria for this review.

FDLRC's records were 100 percent and 99 percent in overall compliance for the collaborative reviews conducted in 2022 and in 2020, respectively.

Section IV – Day Program Record Review for Individuals Served

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

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 review conducted in 2020.

Section V –Observations and Interviews of Individuals Served

Fourteen 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

Five 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 registered nurse consultant 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 quality assurance community services specialist 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 CCF and three 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

Three CCF and three 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 three CCFs and three 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 25 individuals served who are on the HCBS Waiver and 10 supplemental sample records of individuals served for special incidents during the review period. FDLRC reported all of the special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported all applicable incidents to FDLRC within the required timeframes, and FDLRC subsequently transmitted 8 of the 10 special incidents to DDS within the required timeframes. FDLRC's follow-up activities for the 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 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 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. Twenty-five HCBS Waiver records of individuals served were selected for the review sample.

Living Arrangement	# of Individuals Served
Community Care Facility (CCF)	9
With Family	11
Independent or Supported Living Services	5

2. The review period covered activity from October 1, 2022 through September 30, 2023.

III. Results of Review

The 25 sample records of individuals served 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.

- ✓ The supplemental record was in 100 percent compliance for determining the level of care prior to receiving HCBS Waiver services.
- ✓ The sample records were in 100 percent compliance for 20 criteria. There are no recommendations for these criteria.
- ✓ Three criteria were not applicable for this review.
- ✓ Findings for seven criteria are detailed below.

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

IV. Findings and Recommendations

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

Finding

Twenty-four of the twenty-five (96 percent) sample records of individuals served contained a signed and dated DS 2200 form. However, individual #19 was enrolled in October 1992, the DS 2200 form was not signed and dated until February 7, 2024. Accordingly, no recommendation is required.

- 2.6.a The IPP is reviewed (at least annually) by the planning team and modified, as necessary, in response to the individual's changing needs, wants or health status. [42 CFR 441.301(c)(3)]

Findings

Twenty of the twenty-five (80 percent) sample records of individuals served contained documentation that the individual's IPP had been reviewed annually by the planning team. However, there was no documentation that the IPPs for five individuals were reviewed annually as indicated below:

1. Individual #1: The IPP was dated January 31, 2022. There was no documentation that the IPP was reviewed within the year. An annual review was completed on April 26, 2023. Accordingly, no recommendation is required;
2. Individual #3: The IPP was dated January 21, 2022. There was no documentation that the IPP was reviewed during the monitoring review period;
3. Individual #9: The IPP was dated August 31, 2021. There was no documentation that the IPP was reviewed during the monitoring review period;
4. Individual #11: The IPP was dated October 26, 2020. There was no documentation that the IPP was reviewed during the monitoring review period; and
5. Individual #18: The IPP was dated February 13, 2019. There was no documentation that the IPP was reviewed within the year. A new IPP was completed on April 21, 2023. Accordingly, no recommendation is required.

2.6.a Recommendation	Regional Center Plan/Response
FDLRC should ensure that the IPP for individuals #3, #9, and #11 is reviewed at least annually by the planning team.	Service Coordinators (SCs) received training on the Medicaid Waiver requirements in completing IPPs and on Annual Reviews reports within the mandated timelines on April 11 th , 2024, and on April 18 th , 2024. Regional Managers will review the tracking system with each SC individually by the 10 th of the month to ensure meeting was held for the previous month and make the necessary arrangements, if an IPP or Annual Review meeting was not held within 30 days, to maintain compliance.

- 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, legal guardian, or conservator. *[W&I Code §4646(g)]*

Findings

Twenty-two of the twenty-five (88 percent) sample records of individuals served contained IPPs that were signed by FDLRC and the individuals served, or their legal representatives. However, the following individuals' IPPs were not signed by the appropriate individual:

1. Individual #8: The IPP dated June 16, 2023 was not signed by the legal representative. The IPP was signed on December 18, 2023 by the legal representative. Accordingly, no recommendation is required;
2. Individual #16: The IPP dated February 23, 2023 was not signed by the individual served and an authorized representative of the regional center. The IPP was signed on December 13, 2023 by the individual served and an authorized representative of the regional center. Accordingly, no recommendation is required; and
3. Individual #23: The IPP dated September 12, 2023 was not signed by the individual legal representative. The IPP was signed on December 15, 2023 by the individual legal representative. Accordingly, no recommendation is required.

- 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

Twenty of the twenty-five (80 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, IPPs for five individuals did not include FDLRC funded services as indicated below:

1. Individual #5: Skilled Nursing and Dental. An addendum was completed April 11, 2024, addressing the purchased services. Accordingly, no recommendation is required;
 2. Individual #7: Dental. An addendum was completed April 11, 2024, addressing the purchased service. Accordingly, no recommendation is required;
 3. Individual #9: Dental. An addendum was completed April 11, 2024, addressing the purchased service. Accordingly, no recommendation is required;
 4. Individual #15: Dental. An addendum was completed April 11, 2024, addressing the purchased services. Accordingly, no recommendation is required; and,
 5. Individual #17: Dental. An addendum was completed April 11, 2024, addressing the purchased service. Accordingly, no recommendation is required.
- 2.12 Periodic reviews and reevaluations of progress for individuals served are completed (at least annually) to ascertain that planned services have been provided, that progress has been achieved within the time specified, and the individual served, and his/her family are satisfied with the IPP and its implementation. *[W&I Code §4646.5(a)(8)]*

Finding

Twenty-four of the twenty-five (96 percent) sample records of individuals served contained documentation of periodic review and reevaluation of progress at least annually. However, the record for individual #9 did not contain documentation that the individual's progress had been reviewed within the year.

2.12 Recommendation	Regional Center Plan/Response
FDLRC should ensure that a review and reevaluation of progress regarding planned services, timeframes and	Service Coordinators (SCs) received training on the Medicaid Waiver requirements in completing IPPs and on Annual Reviews reports within the

satisfaction for individual #9 is completed and documented at least annually.	mandated timelines on April 11 th , 2024, and on April 18 th , 2024. Regional Managers will review the tracking system with each SC individually by the 10 th of the month to ensure meeting was held for the previous month and make the necessary arrangements, if an IPP or Annual Review meeting was not held within 30 days, to maintain compliance.
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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

Six of the fourteen (43 percent) applicable sample records of individuals served contained quarterly face-to-face meetings completed and documented. However, the records for eight individuals did not meet the requirement as indicated below:

1. The records for individuals #2, #3, #4, #10, and #14 contained documentation of three of the required meetings.
2. The records for individual #11 contained documentation of two of the required meetings.
3. The records for individual #6 contained documentation of one of the required meetings.
4. The record for individual #9 did not contain documentation of any of the required meetings.

2.13.a Recommendations	Regional Center Plan/Response
FDLRC should ensure that all future face-to-face meetings are completed and documented each quarter for individuals #2, #3, #4, #6, #9, #10, #11, and #14.	Service Coordinators (SCs) received training on the Medicaid Waiver requirements in completing IPPs and on Quarterly Review reports within the mandated timelines on April 11 th , 2024, and on April 18 th , 2024.
In addition, FDLRC should evaluate what actions may be necessary to ensure that quarterly face-to face meetings are	Regional Managers will review the tracking system with each SC individually by the 10 th of the month to ensure meeting was held for the

completed and documented for all applicable individuals.	previous month and make the necessary arrangements, if an IPP or Annual Review meeting was not held within 30 days, to maintain compliance.
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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

Five of the fourteen (36 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 nine individuals did not meet the requirement as indicated below:

1. The records for individuals #2, #3, #4, #5, #10, and #14 contained documentation of three of the required quarterly reports of progress.
2. The record for individual #6, and #11 contained documentation of one of the required quarterly reports of progress.
3. The record for individual #9 did not contain documentation of any of the required quarterly reports of progress.

2.13.b Recommendations	Regional Center Plan/Response
FDLRC should ensure that future quarterly reports of progress are completed for individuals #2, #3, #4, #5, #6, #9, #10, #11, and #14.	Service Coordinators (SCs) received training on the Medicaid Waiver requirements in completing IPPs and on Quarterly Review reports within the mandated timelines on April 11 th , 2024, and on April 18 th , 2024.
In addition, FDLRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable individuals.	Regional Managers will review the tracking system with each SC individually by the 10 th of the month to ensure meeting was held for the previous month and make the necessary arrangements, if an IPP or Annual Review meeting was not held within 30 days, to maintain compliance.

Summary for Regional Center Record Review of Individuals Served Sample Size = 25 Supplemental Records (see Section II, Part III)						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The individual is Medi-Cal eligible. (SMM 4442.1)	25			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.	25			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.	25			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	25			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.			25	NA	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		96	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)]			25	NA	None

Summary for Regional Center Record Review of Individuals Served Sample Size = 25 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)	25			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)	25			100	None
2.5.b	The individual's qualifying conditions documented in the CDER are consistent with information contained in the individual's record.	25			100	None
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)]	20	5		80	See Narrative
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. (HCBS Waiver requirement)	19		6	100	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)]	22	3		88	See Narrative
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.	19		6	100	None
2.7.c	The IPP is prepared jointly with the planning team. [WIC §4646(d)]	25			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)]	25			100	None

Summary for Regional Center Record Review of Individuals Served Sample Size = 25 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).	25			100	None
2.9.b	The IPP addresses special health care requirements.	5		20	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.	8		17	100	None
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	5		20	100	None
2.9.f	The IPP addresses the individual's goals, preferences and life choices.	25			100	None
2.9.g	The IPP includes a family plan component if the individual served is a minor. [WIC §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. [WIC §4646.5(a)(5)]	20	5		80	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)]	25			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [WIC §4646.5(a)(5)]	17		8	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)]	25			100	None

Summary for Regional Center Record Review of Individuals Served Sample Size = 25 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)]	24	1		96	See Narrative
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)	6	8	11	43	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)	5	9	11	36	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)			25	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

Five records for individuals served were reviewed at five CCFs visited by the monitoring team. The facilities' records were reviewed to determine compliance with 19 criteria.

III. Results of Review

- ✓ The records were 100 percent in compliance for 16 criteria.
- ✓ Three criteria were rated as not applicable for this review.
- ✓ 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 = 5						
	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>	5			100	None
3.1.a	The individuals record contains a statement of ambulatory or non-ambulatory status.	5			100	None
3.1.b	The individuals record contains known information related to any history of aggressive or dangerous behavior toward self or others.	4		1	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.	5			100	None
3.1.d	The individuals record contains current emergency information: family, physician, pharmacy, etc.	5			100	None
3.1.e	The individuals record contains a recent photograph and a physical description of the individual.	5			100	None
3.1.i	Special safety and behavior needs are addressed.	4		1	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>	5			100	None
3.3	The facility has a copy of the individual's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	5			100	None

Community Care Facility Record Review Summary Sample Size = 5						
	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>	1		4	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.	1		4	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of progress. <i>[Title 17, CCR, §56026(c)]</i>	4		1	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.	4		1	100	None
3.5.c	Quarterly reports include a summary of data collected. <i>[Title 17, CCR, §56013(d)(4)], (Title 17, CCR, §56026)</i>	4		1	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>	5			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	4		1	100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>			5	NA	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>			5	NA	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>			5	NA	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

Three records for individuals served were reviewed at three 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 15 criteria.
- ✓ A summary of the results of the review is shown in the table at the end of this section.
- ✓ Findings for two criteria are detailed below.

IV. Findings and Recommendations

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

Finding

Two of the three (66 percent) sample records of individuals served contained written semiannual reports of progress. However, the record for individual #8 at DP #3 contained one of the required progress reports.

4.4.a Recommendation	Regional Center Plan/Response
FDLRC should ensure that day program provider #3 prepare written semiannual reports of progress for individual #8.	The FDLRC Quality Assurance Specialist will train day program #3 to monitor progress by ensuring up to date data is collected in order to generate semiannual reports. Technical Assistance Training will take place by the end of 2024.

- 4.4.b The semiannual reports address performance and progress toward achieving each of the IPP objectives for which the day program is responsible. *[Title 17, CCR, §56720(c)]*

Finding

Two of the three (66 percent) sample records of individuals served contained semiannual reports that addressed progress. However, the record for individual #8 at DP #3 contained one of the required progress reports.

4.4.b Recommendation	Regional Center Plan/Response
FDLRC should ensure that day program provider #3 maintain semiannual reports that address progress toward achieving IPP objectives for individual #8.	The FDLRC Quality Assurance Specialist will train day program #3 on the requirements for Title 17, CCR 56730. Day Program #3 will develop a plan to ensure ISPs are developed and implemented based on the IPP and that progress is tracked via data collection. Training will take place by the last quarter of 2024.

Day Program Record Review Summary Sample Size = 3						
	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>)	3			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.	3			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.	3			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.	3			100	None
4.1.d	The individuals record contains an authorization for emergency medical treatment signed by the individual served and/or the authorized representative.	3			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.	3			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.	3			100	None
4.1.g	The individuals record contains up-to-date case notes reflecting important events or information not documented elsewhere.	3			100	None

Day Program Record Review Summary Sample Size = 3						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.h	The individuals record contains documentation that special safety and behavior needs are being addressed.	2		1	100	None
4.2	The day program has a copy of the individual's current IPP. <i>[Title 17, CCR §56720(b)]</i>	3			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>	3			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.	3			100	None
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	2	1		66	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.	2	1		66	See Narrative
4.5.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	1		2	100	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	1		2	100	None
4.5.c	There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. <i>(Title 17, CCR, §54327)</i>	1		2	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

Fourteen of the 25 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.

- ✓ Three individuals agreed to be interviewed by the monitoring teams.
- ✓ Nine individuals did not communicate verbally or declined an interview but were observed.
- ✓ Two interviews were conducted with parents of minors.
- ✓ Eleven individuals were unavailable for or declined interviews.

III. Results of Observations and Interviews

All 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.

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 five FDLRC 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 FDLRC 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 registered nurse consultant of Clinical Services at FDLRC.

III. Results of Interview

1. The clinical team at FDLRC consists of the Director of Clinical Services, registered nurses, psychiatric nurses, physicians, psychologists, a psychiatrist, a pharmacist, a registered dental hygienist (RDH), and a speech and occupational therapist.
2. The clinical team will participate in the planning team meeting for the individual served when needed and is available to assess individuals served with medical concerns. FDLRC's physicians collaborate with local health care providers when indicated to ensure that individuals' health care needs are met. Individuals served 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 individual's served condition. Individuals served who have moved from a developmental center are followed by a nurse for up to two years after discharge. Nurses may also visit hospitalized individuals to evaluate status, consult with staff and assist with discharge planning. The clinical team will follow individuals with complex medical needs.

3. The clinical team provides support for individuals with behavior challenges, participates in the monitoring of medications, particularly psychotropic medications. Behavior plans are reviewed and monitored by the psychologists, psychiatrist, and psychiatric nurse.
4. The clinical team provides ongoing support to service coordinators. The team is available to assist service coordinators for consultations regarding individual's served behavioral or mental health needs.
5. FDLRC has improved access to healthcare resources through the following programs:
 - ✓ FDLRC's registered dental hygienist provides dental screenings and makes referrals to community dentists;
 - ✓ Collaboration with UCLA School of Medicine and Dentistry;
 - ✓ Partnership with Children's Hospital of Los Angeles;
 - ✓ Preventative healthcare protocols; and
 - ✓ Develop contracts with affiliated hospitals and nursing homes to establish collaborative relationships.
6. The Director of Clinical Services is a member of the Risk Management, Assessment and Planning Committee. All medical related special incidents are reviewed by the Director of Clinical Services and a registered nurse. The regional center also utilizes Mission Analytics Group, Inc., the State's risk management contractor, to analyze special incidents for trends. The clinical team uses this information to make recommendations for appropriate follow-up and training as needed.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

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

II. Scope of Interview

The monitoring team interviewed a quality assurance/community services specialist who is part of the team responsible for conducting FDLRC QA activities.

III. Results of Interview

Quality assurance specialists are responsible for conducting the two unannounced visits at each CCF. QA community service 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.

When substantial inadequacies are identified, corrective action plans (CAP) are developed by the QA specialist. The QA community services specialist also takes the lead in conducting the follow-up review for the CAPs, with assistance from the service coordinators as needed. The Training and Development Department provides formal training.

FDLRC's QA manager participates on the Risk Management Assessment and Planning Committee. The committee meets periodically to discuss any trends related to special incident reports (SIR). In addition to vendor-specific training provided in response to findings from annual monitoring, the QA/community services 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.

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 six service providers at three community care facilities and three 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 six direct service staff at three community care facilities and three 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 three CCFs and three 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

- 8.3.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

Five of the six facilities had first aid certificates on record for staff providing direct care and supervision. However, at CCF #1 one direct care staff did not have first aid certificate available for review.

8.3.c Recommendation	Regional Center Plan/Response
FDLRC should ensure that the provider at CCF #1 have current first aid certificates available for all direct care staff.	The FDLRC Quality Assurance Specialist will train CCF#1 on the requirements for Title 17, CCR 56730. CCF#1 will develop a plan to ensure

	all their direct staff have current first aid certificates available. Training will take place by the last quarter of 2024. The first aid certificate is now current at CCF#1 for the direct care staff.
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- 8.4.a Individuals served or an authorized representative will sign for cash given directly to them, either with a signature or mark. If the individual served is unable to sign or make a mark, the provider should document why. Cash kept on the facility premises will be locked in a secure location. *[Title 22, CCR, §80026(h)(A)(B)(j)]*

Findings

Five of the six facilities' records had individuals served or authorized representatives' signatures or marks for cash disbursements. However, at CCF #1 individual or authorized representative did not sign for personal and incidental disbursement. Subsequent to the monitoring review, the signature was completed. Accordingly, no recommendation is required.

- 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

Five of the six facilities had a statement of consumer rights prominently posted. However, at CCF #1 the facility did not have a statement of rights posted. Subsequent to the monitoring review, the statement of rights was posted. 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 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 25 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. FDLRC reported all deaths during the review period to DDS.
2. FDLRC reported all special incidents in the sample of 25 records selected for the HCBS Waiver review to DDS.
3. FDLRC's vendors reported all (100 percent) incidents in the supplemental sample within the required timeframes.
4. FDLRC reported 8 of the 10 (80 percent) incidents in the supplemental sample to DDS within the required timeframes.
5. FDLRC's follow-up activities on incidents in the supplemental sample were appropriate for the severity of the situations for the 10 incidents.

IV. Findings and Recommendations

SIR #8: The incident was reported to FDLRC on August 4, 2023. However, FDLRC did not report the incident to DDS until August 8, 2023.

Recommendation	Regional Center Plan/Response
FDLRC should ensure that all incidents are reported to DDS within the required timeframes.	Assistant Director will provide training in the protocols and timelines to the Client & Family Services Regional Managers within the last quarter of 2024.

SIR #10: The incident was reported to FDLRC on February 1, 2023. However, FDLRC did not report the incident to DDS until February 6, 2023.

Recommendation	Regional Center Plan/Response
FDLRC should ensure that all special incidents are reported to DDS within the required timeframe.	Assistant Director will provide training in the protocols and timelines to the Client & Families Services Regional Managers within the last quarter of 2024.

SAMPLE OF INDIVIDUALS SERVED AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review of Individuals Served

#	UCI	CCF	DP
1	XXXXXXXX	1	
2	XXXXXXXX	4	
3	XXXXXXXX		1
4	XXXXXXXX		2
5	XXXXXXXX	2	
6	XXXXXXXX		
7	XXXXXXXX	3	
8	XXXXXXXX		3
9	XXXXXXXX	5	
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		
25	XXXXXXXX		

Supplemental New Enrollees Sample

#	UCI
NE-1	XXXXXXXX

HCBS Waiver Review Service Providers

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

Day Program #	Vendor
1	XXXXXX
2	XXXXXX
3	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