

**Golden Gate Regional Center
Home and Community-Based Services
1915(i) State Plan Amendment
Monitoring Review Report**

Conducted by:

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

September 12-23, 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) 1915(i) State Plan Amendment (SPA) program from September 12-23, 2022, at Golden Gate Regional Center (GGRC). The monitoring team members were Nadia Flores (Team Leader), Nora Muir, Bonnie Simmons, and Fam Chao 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 the services needed for eligible individuals with developmental disabilities in California. All HCBS 1915(i) SPA services are provided through this system. It is the responsibility of DDS to ensure, with the oversight of DHCS, that the HCBS 1915(i) SPA is implemented by regional centers in accordance with Medicaid statute and regulations.

Overview of the HCBS 1915(i) SPA 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 plan (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 1915(i) SPA services.

Scope of Review

The monitoring team conducted a record review of a sample of eight HCBS 1915(i) SPA consumers. In addition, a supplemental sample of consumer records were reviewed for five consumers who had special incidents reported to DDS during the review period of June 1, 2021 through May 31, 2022.

Overall Conclusion

GGRC is in substantial compliance with the federal requirements for the HCBS 1915(i) SPA program. Specific recommendations that require follow-up actions by GGRC are included in the report findings. DDS is requesting documentation of follow-up actions taken by GGRC in response to each of the specific recommendations within 30 days following receipt of this report.

Major Findings

Section I – Regional Center Consumer Record Review

Eight sample consumer records were reviewed for 24 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS 1915(i) SPA requirements. Criterion 1.9.a was 67 percent in compliance because 2 of the 6 applicable records did not contain documentation of all required quarterly face-to-face visits. Criteria 1.9.b was 67 percent in compliance because 2 of the 6 applicable records did not contain documentation of all required quarterly reports of progress. Seven criteria were rated as not applicable for this review.

The sample records were 94 percent in overall compliance for this review. GGRC's records were 100 percent in overall compliance for the collaborative reviews conducted in 2020 and in 2018, respectively.

Section II – Special Incident Reporting

The monitoring team reviewed the records of the 8 1915(i) SPA consumers and five supplemental sample consumers for special incidents during the review period. GGRC reported all special incidents timely for the sample selected for the HCBS 1915(i) SPA review. For the supplemental sample, the service providers reported all five incidents to GGRC within the required timeframes, and GGRC subsequently transmitted all five special incidents to DDS within the required timeframes. GGRC's follow-up activities on consumer incidents were timely and appropriate for the severity of the situations for four of the five incidents.

SECTION I

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) 1915(i) State Plan Amendment (SPA) services. The criteria address requirements for eligibility, consumer choice, notification of proposed action and fair hearing rights, individual program plans and periodic reviews and reevaluations of services. The information obtained about the consumers' needs and services is tracked as a part of the onsite program reviews.

II. Scope of Review

1. Eight HCBS 1915(i) SPA consumer records were selected for the review sample.
2. The review period covered activity from June 1, 2021 to May 31, 2022.

III. Results of Review

The sample consumer records were reviewed for 24 documentation requirements derived from federal and state statutes and regulations and HCBS 1915(i) SPA requirements. Seven criteria were not applicable for this review.

- ✓ The sample records were in 100 percent compliance for 13 applicable criteria. There are no recommendations for these criteria.
- ✓ Findings for 4 criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

- 1.3 The IPP is reviewed (at least annually) by the planning team and modified, as necessary, in response to the consumer's changing needs, wants or health status. *[42 CFR 441.301(b)(1)(I)]*

Finding

Seven of the eight (88 percent) consumer records contained documentation that the IPPs were reviewed at least annually by the planning team and modified, as necessary. However, there was no documentation that the IPP for consumer #7 had been reviewed during the monitoring review period.

1.3 Recommendation	Regional Center Plan/Response
GGRC should ensure that the IPP for consumer #7 is reviewed at least annually.	Documentation for this case is now up to date. Some cases were not reviewed in a timely manner due to Pandemic and staffing shortages.

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

Finding

Seven of the eight (88 percent) sample consumer records contained IPPs that were signed by GGRC and the consumers or their legal representatives. However, the IPP for consumer #1 was not signed by the consumer.

1.4.a Recommendation	Regional Center Plan/Response
GGRC should ensure that consumer #1 signs the IPP, or if the consumer does not sign, GGRC should ensure that the record addresses the reason why the consumer did not or could not sign.	An IPP was held 11/11/21 and a consent was signed 9/15/22.

- 1.9.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 CCFs, 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

Four of the six (67 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for two consumers did not meet the requirement as indicated below:

1. The record for consumer #2 contained documentation of three of the required meetings.
2. The record for consumer #7 contained documentation of one of the required meetings.

1.9.a Recommendations	Regional Center Plan/Response
GGRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #2 and #7.	The requirement to hold face-to-face meetings and to document the meetings will be reviewed with staff at the unit meetings and on an ongoing basis. It is the expectation of GGRC that staff hold these meetings and document them. This is also part of GGRC's "boot camp" for new hires. Documentation requirements are also part of GGRC's "boot camp" that new hires attend. This is an intensive 2-week training for all new case management hires. This has greatly benefited new staff in understanding documentation requirements.
In addition, GGRC should evaluate what actions may be necessary to ensure that all future face-to-face meetings are completed and documented each quarter for all applicable consumers.	The requirement to hold face-to-face meetings and to document the meetings will be reviewed with staff at the unit meetings and on an ongoing basis. It is the expectation of GGRC that staff hold these meetings and document them. This is also part of GGRC's "boot camp" for new hires. Documentation requirements are also part of GGRC's "boot camp" that new hires attend. This is an intensive 2-week training for all new case management hires. This has greatly benefited new staff in understanding documentation requirements.

- 1.9.b Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, 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

Four of the six (67 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for consumer two consumers did not meet the requirement as indicated below:

1. The record for consumers #2 contained documentation of three of the required quarterly reports of progress.
2. The record for consumers #7 contained documentation of one of the required quarterly reports of progress.

1.9.b Recommendations	Regional Center Plan/Response
GGRC should ensure that future quarterly reports of progress are completed for consumers #2 and #7.	The requirement to hold Quarterly meetings and to document the meetings will be reviewed with staff at the unit meetings and on an ongoing basis. It is the expectation of GGRC that staff hold these meetings and document them. Quarterly meetings and documentation is part of GGRC's "boot camp" for new hires. Documentation requirements are also part of GGRC's "boot camp" that new hires attend. This is an intensive 2-week training for all new case management hires. This has greatly benefited new staff in understanding documentation requirements.
In addition, GGRC should evaluate what actions may be necessary to ensure that all future face-to-face meetings are completed and documented each quarter for all applicable consumers.	The requirement to hold Quarterly meetings and to document the meetings will be reviewed with staff at the unit meetings and on an ongoing basis. It is the expectation of GGRC that staff hold these meetings and document them. Quarterly meetings and documentation is part of GGRC's "boot camp" for new hires. Documentation requirements are also

	part of GGRC's "boot camp" that new hires attend. This is an intensive 2-week training for all new case management hires. This has greatly benefited new staff in understanding documentation requirements.
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Regional Center Consumer Record Review Summary Sample Size = 8 Records						
	Criteria	+	-	N/A	% Met	Follow-up
1.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	8			100	None
1.1	Each record contains a “1915(i) State Plan Amendment Eligibility Record” (DS 6027 form), signed by qualified personnel, which documents the date of the consumer’s initial 1915(i) SPA eligibility certification and annual reevaluation, eligibility criteria, and short-term absences. [SMM 4442.1; 42 CFR 483.430(a)]	Criterion 1.1 consists of four sub-criteria (1.1.a-d) that are reviewed and rated independently.				
1.1.a	The DS 6027 is signed and dated by qualified regional center personnel.			8	NA	None
1.1.b	The DS 6027 form indicates that the consumer meets the eligibility criteria for the 1915(i) SPA.			8	NA	None
1.1.c	The DS 6027 form documents annual reevaluations.			8	NA	None
1.1.d	The DS 6027 documents short-term absences of 120 days or less, if applicable.			8	NA	None
1.2	There is written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever services or choice of services are denied or reduced without the agreement of the consumer/authorized representative, or the consumer/authorized representative does not agree with all, or part, of the components in the consumer’s IPP. [42 CFR Part 431, Subpart E; WIC §4710(a)(1)]			8	NA	None
1.3	IPP is reviewed (<i>at least annually</i>) by the planning team and modified, as necessary, in response to the consumer’s changing needs, wants or health status. [42 CFR 441.301(b)(1)(I)]	7	1		88	See Narrative

Regional Center Consumer Record Review Summary Sample Size = 8 Records						
	Criteria	+	-	N/A	% Met	Follow-up
1.4.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator. <i>[WIC §4646(g)]</i>	7	1		88	See Narrative
1.4.b	IPP addendums are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	6		2	100	None
1.4.c	The IPP is prepared jointly with the planning team. <i>[WIC §4646(d)]</i>	8			100	None
1.5	The IPP includes a statement of goals based on the needs, preferences, and life choices of the consumer. <i>[WIC §4646.5(a)(2)]</i>	8			100	None
1.6	The IPP addresses the consumer's goals and needs. <i>[WIC §4646.5(a)(2)]</i>	Criterion 1.6 consists of six sub-criteria (1.6.a-f) that are reviewed independently.				
1.6.a	The IPP addresses the special health care requirements, health status and needs as appropriate.	1		7	100	None
1.6.b	The IPP addresses the services which the CCF provider is responsible for implementing.			8	NA	None
1.6.c	The IPP addresses the services which the day program provider is responsible for implementing.	7		1	100	None
1.6.d	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	6		2	100	None
1.6.e	The IPP addresses the consumer's goals, preferences, and life choices.	8			100	None
1.6.f	The IPP includes a family plan component if the consumer is a minor. <i>[WIC §4685(c)(2)]</i>			8	NA	None
1.7.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. <i>[WIC §4646.5(a)(5)]</i>	8			100	None

Regional Center Consumer Record Review Summary
Sample Size = 8 Records

	Criteria	+	-	N/A	% Met	Follow-up
1.7.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)]	8			100	None
1.7.c	The IPP specifies the approximate scheduled start date for new services and supports. [WIC §4646.5(a)(5)]	6		2	100	None
1.8	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)(4)]	8			100	None
1.9	Periodic reviews and reevaluations are completed (<i>at least annually</i>) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and that the consumer and his/her family are satisfied with the IPP and its implementation. [WIC §4646.5(a)(8)]	8			100	None
1.9.a	Quarterly face-to-face meetings with the consumer are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, 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>)	4	2	2	67	See Narrative
1.9.b	Quarterly reports of progress toward achieving IPP objectives are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, 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>)	4	2	2	67	See Narrative

SECTION II

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. The records of the five consumers selected for the HCBS 1915(i) State Plan Amendment (SPA) sample were reviewed to determine that all required special incidents were reported to Department of Developmental Services (DDS) during the review period.
2. A supplemental sample of five 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. GGRC reported all special incidents in the sample of 8 records selected for the HCBS 1915(i) SPA review to DDS.
2. GGRC's vendors reported all five (100 percent) special incidents in the supplemental sample within the required timeframes.
3. GGRC reported all five (100 percent) incidents to DDS within the required timeframes.
4. GGRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for four of the five (80 percent) incidents.

IV. Findings and Recommendations

SIR #4: The incident occurred on April 26, 2022. However, GGRC did not provide follow-up on medical attention or support provided to the consumer.

Recommendation	Regional Center Plan/Response
GGRC should ensure that appropriate follow-up is completed for SIR #4.	Follow up on this incident was obtained and SIR was closed.

SAMPLE CONSUMERS

HCBS 1915(i) State Plan Amendment Review Consumers

#	UCI	#	UCI
1	XXXXXXXX	5	XXXXXXXX
2	XXXXXXXX	6	XXXXXXXX
3	XXXXXXXX	7	XXXXXXXX
4	XXXXXXXX	8	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