

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

Conducted by:

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

October 4–15, 2021

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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 October 4–15, 2021, at Inland Regional Center (IRC). The monitoring team members were Nora Muir (Team Leader), Bonnie Simmons, Kelly Sandoval, Natasha Clay, Nadia Flores, and Fam Chao from DDS, and Deeanna Tran and Janie Hironaka from DHCS.

Purpose of the Review

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

Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

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

Scope of Review

The monitoring team reviewed a sample of 90 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed 1) 10 consumers who had special incidents reported to DDS during the review period of July 1, 2020 through June 30, 2021, and 2) 11 consumers who were enrolled in the HCBS Waiver during the review period.

The monitoring team completed visits to 34 community care facilities (CCF). The team reviewed 34 CCF consumer records and interviewed and/or observed 51 selected sample consumers.

Overall Conclusion

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

Ninety sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. The sample records were 99 percent in overall compliance for this review.

IRC's records were 99 percent in overall compliance for the collaborative reviews conducted in 2019 and in 2017.

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

Section III – Community Care Facility Consumer Record Review

Thirty-four consumer records were reviewed at 34 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.

IRC's records were 99 percent and 100 percent in overall compliance for the collaborative reviews conducted in 2019 and in 2017, 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 for the 2021 review.

IRC's records were 98 percent and 100 percent in overall compliance for the collaborative reviews conducted in 2019 and in 2017, respectively.

Section V – Consumer Observations and Interviews

Fifty-one 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

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

Section VI B – Clinical Services Interview

The Clinical Services Manager 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 on the Risk Management and Mitigation Committee and special incident reporting.

Section VI C – Quality Assurance Interview

A consumer program liaison was interviewed using a standard interview instrument. He responded to questions regarding how IRC 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

Thirteen service providers at 13 CCFs were interviewed using a standard interview instrument. The service providers responded to questions regarding their knowledge of the consumer, the annual review process, and the monitoring of health issues, medication administration, progress, safety and emergency preparedness. The staff was familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interviews

Thirteen 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 13 CCFs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. The reviewed CCFs 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 90 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. IRC reported all special incidents for the sample selected for the HCBS Waiver review.

For the supplemental sample, the service providers reported all applicable incidents to IRC within the required timeframes, and IRC subsequently transmitted 9 of the 10 special incidents to DDS within the required timeframes. IRC'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 IRC'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

IRC 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 IRC 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>

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.)	<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> <p>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.</p>
Only qualified providers serve HCBS Waiver participants.	<p>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.</p>
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. Ninety HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	#of Consumers
Community Care Facility (CCF)	34
With Family	42
Independent or Supported Living Setting	14

2. The review period covered activity from July 1, 2020–June 30, 2021.

III. Results of Review

The 90 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Eleven supplemental records were reviewed for documentation that IRC determined the level of care prior to receipt of HCBS Waiver services.

- ✓ The sample records were 100 percent in compliance for 25 criteria. There are no recommendations for these criteria. Three criteria were not applicable for this review.
- ✓ Findings for three 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

Eighty-nine of the ninety (99 percent) sample consumer records contained a completed DS 2200 form. However, the DS 2200 form for consumer #40 was not signed correctly by the conservator. During the monitoring review, a new DS 2200 was completed and signed. Accordingly, no recommendation is required.

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

Finding

Eighty-nine of the ninety (99 percent) sample consumer records had documented qualifying conditions. However, the record of consumer #71 did not contain at least two qualifying conditions documented in the CDER or other assessments to meet the level-of-care requirements for the HCBS Waiver. The DS 3770 listed only reminders for medication as a qualifying condition. During the monitoring review, IRC recertified the consumer, adding the qualifying condition osteoarthritis of the knee to the DS 3770. 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. *[W&I Code §4646.5(a)(4)]*

Findings

Eighty-eight of the ninety (98 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by IRC. However, the IPPs for the following consumers did not indicate IRC funded services as indicated below:

1. Consumer #24: Supplemental residential program support; corrected with an addendum dated October 14, 2021. Accordingly, no recommendation is required.
2. Consumer #64: Supported living services; corrected with an addendum dated October 14, 2021. Accordingly, no recommendation is required.

Regional Center Consumer Record Review Summary Sample Size = 90						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	90			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.	90			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.	88		2	100	None
2.1.c	The DS 3770 form documents annual recertifications.	90			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	1		89	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)]	89	1		99	See Narrative
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. [SMM 4442.7; 42 CFR Part 431, Subpart E; W&I Code §4710(a)(1)]			90	NA	None

Regional Center Consumer Record Review Summary Sample Size = 90						
	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>	90			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>	87	1	2	99	See Narrative
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	88		2	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>	90			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>			90	NA	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>	90			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.	12		78	100	None
2.7.c	The IPP is prepared jointly with the planning team. <i>[W&I Code §4646(d)]</i>	90			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>	90			100	None

Regional Center Consumer Record Review Summary Sample Size = 90						
	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).	90			100	None
2.9.b	The IPP addresses special health care requirements.	23		67	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	34		56	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	46		44	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.	13		77	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	90			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. [W&I Code §4685(c)(2)]	18		72	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)]	88	2		98	See Narrative
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. [W&I Code §4646.5(a)(5)]	90			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [W&I Code §4646.5(a)(5)]	12		78	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	90			100	None

Regional Center Consumer Record Review Summary Sample Size = 90						
	Criteria	+	-	N/A	% Met	Follow-up
	and natural supports. [W&I Code §4646.5(a)(5)]					

Regional Center Consumer Record Review Summary Sample Size = 90						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic reviews and reevaluations of consumer progress are completed (at least annually) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. [W&I Code §4646.5(a)(8)]	90			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. (Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)	47		43	100	None
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)	47		43	100	None
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. (W&I Code §4418.3)			90	NA	None

SECTION III

COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

The monitoring team completed visits to 34 CCFs. The team reviewed the records for 34 consumers. The facilities' consumer records were reviewed to determine compliance with 19 criteria.

III. Results of Review

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

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

IV. Finding and Recommendation

None

Community Care Facility Record Review Summary Sample Size: Consumers = 34; CCFs = 34						
	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>	34			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	34			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	13		21	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.	34			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	34			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	34			100	None
3.1.i	Special safety and behavior needs are addressed.	25		9	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>	34			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	34			100	None

Community Care Facility Record Review Summary Sample Size: Consumers = 34; CCFs = 34						
	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>	15		19	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.	15		19	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>	19		15	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.	19		15	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>	19		15	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>	34			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	34			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>	4		30	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>	4		30	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>	4		30	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 site visits for the 2021 review.

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

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

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

III. Results of Observations and Interviews

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

IV. Finding and Recommendation

None

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 18 IRC 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 IRC'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 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 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 and behavior plans; coordination of medical and mental health care for consumers; circumstances under which actions are initiated for medical or behavior issues; clinical supports to assist service coordinators; improved access to preventive health care resources; role on the Risk Management Assessment and Planning Committee and Special Incident Reports (SIR).
2. The monitoring team interviewed Inland Regional Center's (IRC) Clinical Services Manager.

III. Results of Interview

1. The IRC clinical team consists of the Clinical Services Manager, a physician, nurses, psychologists, a psychiatrist, behavior specialist team, dietician, occupational, speech and physical therapists, pharmacologist, neurologist, insurance coordinators, consulting physicians and a dental hygienist.
2. The clinical team provides support in the management of clients with health care issues. The team meets weekly to discuss medical, medication and/or behavioral concerns. During the clinical review the team will also discuss issues or additional services that the team needs the clinical team's input on to make a decision. The clinical team members support the service coordinators by providing consultation, training, referrals, and follow-up when needed. Guidelines were developed to assist service coordinators to address consumer health needs when developing the Individual Program Plan (IPP).

- The dental hygienist locates dental providers and assists with treatment authorization requests. The hygienist also coordinates outpatient dental services through Loma Linda School of Dentistry, Redlands Dental Surgery Center and other local providers. The hygienist is available to review treatment plans, ensure utilization of insurance, and communicates the Medi-Cal rates with the dental providers.
3. The clinical team participates in the monitoring of consumers' medications. The pharmacologist is available for consultation and training with service coordinators, families, consumers, and service providers. He is also available to conduct a polypharmacy review when requested. The pharmacologist may provide medication training to providers as a result of a special incident related to a medication error.
 4. The behavior team is involved in the coordination of mental health and behavior needs. The program managers and the behavior specialist team review behavior plans and monitor services received by consumers. The behavior team is now completely independent due to its large size but works closely with the clinical team to refer and review cases. IRC conducts a mental health clinic where service coordinators can present consumer-specific mental health/behavior issues for evaluation. In addition, IRC participates with Riverside and San Bernardino Mental Health Departments to coordinate care.
 5. IRC has improved access to healthcare resources through the following programs:
 - ✓ Health education for consumers;
 - ✓ Online resource library;
 - ✓ Occupational and physical therapy clinic;
 - ✓ Psychiatric and Neurological clinic;
 - ✓ PRUCOL (Person Residing Under Color of Law) Clinic which provides assistance to undocumented consumers applying for Medi-Cal;
 - ✓ Managed care liaisons; and,
 - ✓ Assistance with communication technology.
 6. Members of the clinical team participate in the Risk Management Committee. Team members will review medical and death special incident reports as requested. The regional center 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 consumer program liaison who is part of the team responsible for conducting IRC's QA activities.

III. Results of Interview

1. QA staff are responsible for conducting Title 17 monitoring reviews for all residential facilities. Once a year, the Consumer Service Coordinator (CSC) does one announced visit. Additional unannounced visits are scheduled and conducted at least twice a year. Each review utilizes standardized report forms and checklists based on Title 17 regulations. The dates of the reviews are tracked in a database, to ensure that all have been completed, which is monitored by management. During pandemic they are announced visits.
2. Results of the Title 17 reviews and unannounced visits are forwarded to the QA manager who oversees corrective action plans (CAP) after the liaison has written them. Technical assistance is provided during these visits. When substantial inadequacies are identified, CAPs are issued. Most CAPs allow the vendor 30 days to correct the situation. The assigned CSC for the facility, or the individual who wrote the CAP, will follow up and provide further training to the vendor as necessary.
3. The two special incident report (SIR) coordinators receive all SIRs. The QA liaison is responsible for investigation and follow-up. The program manager and SIR coordinator are members of the Risk Management team which meets quarterly. Risk Management will recommend trainings be provided to staff and vendors based on SIR trend analysis.
4. IRC maintains a Resource Development Department, which handles the vendorization process. Staff is responsible for interviewing potential

providers, reviewing applications and program designs, and conducting new provider orientations.

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 13 service providers at 13 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 13 direct service staff at 13 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) 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 13 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.

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

IV. Finding and Recommendation

SIR #3: The incident occurred on November 1, 2020. However, IRC did not submit a written report to DDS until November 9, 2020.

Recommendation	Regional Center Plan/Response
IRC should ensure that all special incidents are reported to DDS within the required timeframes.	QA/SIR Team will continue to provide refresher SIR training session to IRC staff to ensure that special incidents are reported to DDS within the required timeframes.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

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

#	UCI	CCF	DP
37	XXXXXX		
38	XXXXXX		
39	XXXXXX		
40	XXXXXX		
41	XXXXXX		
42	XXXXXX		
43	XXXXXX		
44	XXXXXX		
45	XXXXXX		
46	XXXXXX		
47	XXXXXX		
48	XXXXXX		
49	XXXXXX		
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74	XXXXXX		
75	XXXXXX		
76	XXXXXX		

#	UCI	CCF	DP
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78	XXXXXX		
79	XXXXXX		
80	XXXXXX		
81	XXXXXX		
82	XXXXXX		
83	XXXXXX		
84	XXXXXX		
85	XXXXXX		
86	XXXXXX		
87	XXXXXX		
88	XXXXXX		
89	XXXXXX		
90	XXXXXX		

HCBS Waiver Review Service Providers

CCF #	Vendor
1	XXXXXX
2	XXXXXX
3	XXXXXX
4	XXXXXX
5	XXXXXX
6	XXXXXX
7	XXXXXX
8	XXXXXX
9	XXXXXX
10	XXXXXX
11	XXXXXX
12	XXXXXX
13	XXXXXX
14	XXXXXX
15	XXXXXX
16	XXXXXX
17	XXXXXX
18	XXXXXX
19	XXXXXX
20	XXXXXX
21	XXXXXX
22	XXXXXX

23	XXXXXX
24	XXXXXX
25	XXXXXX
26	XXXXXX
27	XXXXXX
28	XXXXXX
29	XXXXXX
30	XXXXXX
31	XXXXXX
32	XXXXXX
33	XXXXXX

SIR Review Consumers

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