

**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 9-27, 2023

TABLE OF CONTENTS

EXECUTIVE SUMMARY	page 3
SECTION I REGIONAL CENTER SELF-ASSESSMENT	page 7
SECTION II REGIONAL CENTER RECORD REVIEW OF INDIVIDUALS SERVED	page 10
SECTION III COMMUNITY CARE FACILITY RECORD REVIEW OF INDIVIDUALS SERVED.....	page 23
SECTION IV DAY PROGRAM RECORD REVIEW OF INDIVIDUALS SERVED	page 27
SECTION V OBSERVATIONS AND INTERVIEWS OF INDIVIDUALS SERVED	page 30
SECTION VI	
A. SERVICE COORDINATOR INTERVIEWS	page 31
B. CLINICAL SERVICES INTERVIEW	page 33
C. QUALITY ASSURANCE INTERVIEW	page 36
SECTION VII	
A. SERVICE PROVIDER INTERVIEWS	page 38
B. DIRECT SERVICE STAFF INTERVIEWS	page 39
SECTION VIII VENDOR STANDARDS REVIEW.....	page 40
SECTION IX SPECIAL INCIDENT REPORTING.....	page 43
SAMPLE OF INDIVIDUALS SERVED AND SERVICE PROVIDERS/VENDORS	page 45

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 9-27, 2023 at Inland Regional Center (IRC). Kelly Sandoval (Team Leader), Nora Muir, Lena Mertz, Nadia Flores, Jenny Mundo, Natasha Clay, Fam Chao, and Ashley Guletz 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 95 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 July 1, 2022 through June 30, 2023 and 2) Ninety-four individuals who were enrolled in the HCBS Waiver during the review period were reviewed for documentation that IRC determined the level of care prior to receipt of HCBS

The monitoring team completed visits to 21 community care facilities (CCF) and 11 day programs. The team reviewed 11 day program records for individuals served, 21 CCF records and interviewed and/or observed 61 of the selected sample of individuals served.

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 Record Review of Individuals Served

Ninety-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. Two criteria were rated as not applicable for this review. The sample records were 98 percent in overall compliance for this review.

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

New Enrollees: Ninety-four sample records of individuals newly enrolled on the HCBS Waiver 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 Record Review for Individuals Served

Twenty-one records for individuals served were reviewed at 21 CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 99 percent in overall compliance for 19 criteria on this review.

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

Section IV – Day Program Record Review for Individuals Served

Eleven records for individuals served were reviewed at 11 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 16 criteria on this review. Three criteria were rated as non-applicable to this 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 in overall compliance for the collaborative reviews conducted in 2019.

Section V –Observations and Interviews of Individuals Served

Sixty-one 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

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

Section VI B – Clinical Services Interview

The program administrator of clinical services 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 CSCs, 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. She 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

Twenty-one CCF and eight day program service providers were interviewed using a standard interview instrument. The service providers responded to questions regarding their knowledge of the individual served, the annual review process, and the monitoring of health issues, medication administration, progress, safety, and emergency preparedness. The staff was familiar with the individuals served and knowledgeable about their roles and

responsibilities.

Section VII B – Direct Service Staff Interviews

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

Section VIII – Vendor Standards Review

The monitoring team reviewed 21 CCFs and 7 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 95 records for individuals served who are on the HCBS Waiver and 10 supplemental sample records of individuals served for special incidents during the review period. IRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported 9 of the 10 applicable incidents to IRC within the required timeframes, and IRC subsequently transmitted all 10 special incidents to DDS within the required timeframes. IRC'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 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 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. Ninety-five HCBS Waiver records of individuals served were selected for the review sample.

Living Arrangement	# of Individuals Served
Community Care Facility (CCF)	35
With Family	42
Independent or Supported Living Services	18

2. The review period covered activity from July 1, 2022 through June 30, 2023.

III. Results of Review

The 95 sample records of individuals served were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Ninety-four supplemental records were reviewed for documentation that IRC determined the level of care prior to receipt of HCBS Waiver services.

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

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

IV. Findings and Recommendations

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

Findings

Ninety-three of the ninety-five (98 percent) sample records of individuals served contained a signed and dated DS 2200 form. However, there were identified issues regarding the DS 2200 form for the following individuals:

1. Individual #59: The individual served did not sign and date the DS 2200 upon turning 18; and,
2. Individual #74: The DS 2200 was not signed and dated until August 28, 2023. Accordingly, no recommendation is required.

2.2 Recommendation	Regional Center Plan/Response
IRC should ensure that the DS 2200 form for individual #59 is signed and dated.	<p>#59. Finding is correct. There is no signed and dated DS2200 on file. Refresher training to be provide to staff regarding reviewing DS2200 for appropriate signatures and dates.</p> <p>IRC has not received the signed and dated DS2200 for individual as an adult. CSC continues to follow up with consumer parents to review the signed agreement. Most recent contact May 7 2024 for the DS2200.</p>

- 2.5.a The 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 individual's Client Development Evaluation Report (CDER) and other assessments. *(SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343)*

Finding

Eighty-nine of the ninety-one (98 percent) sample records of individuals served had documented qualifying conditions. However, there were identified issues regarding the CDER for the following individuals:

1. Individual #24: The qualifying condition “personal care” on the DS 3770 is inconsistent with the CDER and other assessments. During the monitoring review the CDER was updated to match the IPP and the DS 3770. Accordingly, no recommendation is required; and,
 2. Individual #72: The qualifying conditions “medication with reminders” and “initiate and maintain conversation” on the DS 3770 are inconsistent with the CDER and other assessments. During the monitoring review, the DS 3770 was updated to remove the two qualifying conditions that were inconsistent with the CDER. Accordingly, no recommendation is required.
- 2.5.b The qualifying conditions documented in the Client Development Evaluation Report (CDER) are consistent with information contained in the individual’s record. [SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343]

Findings

Eighty-nine of the ninety-one (98 percent) sample records of individuals served documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in two records (detailed below) did not support the determination that all the issues identified in the CDER and the Medicaid Waiver Eligibility Record (DS 3770) could be considered qualifying conditions. The following were identified as qualifying conditions on the DS 3770, but there was no supporting information in the records of individuals serves (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports:

1. Individual #43: “taking medication with reminders”; and,
2. Individual #72: “initiating and maintaining conversation”. During the monitoring review, the DS 3770 was updated to remove this qualifying condition. Accordingly, no recommendation is required.

2.5.b Recommendation	Regional Center Plan/Response
IRC should determine if the items listed above for individual #43 is appropriately identified as a qualifying condition. The individual’s DS 3770 form should be corrected to ensure that any items that do not represent substantial limitations in the individuals’ ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying conditions. If IRC	#43 Finding is correct consumer does not take a prescribed medication only non-prescribed medication and does not need any assistance per IPP. Refresher training to be provided to staff regarding proper assessment of qualifying conditions. A new 3770 has been completed.

determines that the issues are correctly identified as qualifying conditions, documentation (updated IPPs, progress reports, etc.) that supports the original determinations should be submitted with the response to this report.	
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

- 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

Ninety-three of the ninety-five (98 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 two individuals were reviewed annually as indicated below:

1. Individual #7: The IPP was dated September 2021. There was no documentation that the IPP was reviewed within the year. A new IPP was completed on November 21, 2022. Accordingly, no recommendation is required.
2. Individual #88: The IPP was dated May 2022. There was no documentation that the IPP was reviewed within the year. A new IPP was completed on July 11, 2023. Accordingly, no recommendation is required.

- 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

Eighty-six of the Ninety-five (91 percent) sample records of individuals served contained IPPs that were signed by IRC and the individuals served, or their legal representatives. However, the following individuals' IPPs were not signed by the appropriate individual:

1. Individual #11: The IPP dated December 7, 2022 was not signed by the individual served. The individual signed the IPP on September 25, 2023. Accordingly, no recommendation is required;
2. Individual #24: The IPP dated October 18, 2022 was not signed by the individual served. The individual signed the IPP on September 26, 2023. Accordingly, no recommendation is required;

3. Individual #44: The IPP dated August 9, 2022 was not signed by the individual served. The IPP was signed on October 26, 2023 by the individual served. Accordingly, no recommendation is required;
4. Individual #45: The IPP dated May 31, 2023 was not signed by the individual served. The IPP was signed on October 5, 2023 by the individual. Accordingly, no recommendation is required;
5. Individual #54: The IPP dated February 13, 2023 was not signed by the individual served. The IPP was signed on October 4, 2023 by the individual. Accordingly, no recommendation is required;
6. Individual #57: The IPP dated September 26, 2022 was not signed by the individual served;
7. Individual #58: The IPP dated June 20, 2023 was not signed by the individual served. The IPP was signed on October 17, 2023. Accordingly, no recommendation is required;
8. Individual #63: The IPP dated February 28, 2023 was not signed by the individual served; and,
9. Individual #89: The IPP dated January 23, 2023 was not signed by the individual served. The IPP was signed on August 28, 2023. Accordingly, no recommendation is required.

2.7.a Recommendation	Regional Center Plan/Response
IRC should ensure that the IPP for individuals #57 and #63 is signed by the individual served. If the individual served does not sign, IRC should ensure that the record addresses the reason why the individual did not or could not sign.	<p>#57 Finding is correct, 09/2022 35c was not signed. A new 3770 has been completed.</p> <p>#63 Finding is correct. There was no 35c for 2/28/23 IPP. SLS was termed in 3/23 and a 35c was signed 3/30/23. Training to be provided to remind staff of the importance of obtaining signatures and documenting when individuals are not able to sign.</p>

- 2.9.a The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770). [W&I Code §4646.5(a)(2)]

Findings

Eighty-eight of the ninety-one (97percent) sample records of individuals served contained IPPs that addressed the individual's qualifying conditions. However, the IPPs for three individuals did not address supports for qualifying conditions identified in the record as indicated below:

1. Individual #31: The IPP dated July 1, 2022, does not address the qualifying condition "nail disorders;" as noted in the CCF quarterly report dated March 31, 2023. During the monitoring review a new DS 3770 was completed removing the qualifying condition. Accordingly, no recommendation is required;
2. Individual #67: The IPP dated September 27, 2022, does not address the qualifying condition "history of substance abuse;" as noted in the medical, dental and specialists' reports. During the monitoring review a new DS 3770 was completed removing the qualifying condition. Accordingly, no recommendation is required; and,
3. Individual #71: The IPP dated August 17, 2022, does not address the qualifying condition "hyper cholesterol," as noted in the supported living services individual service plan dated April 14, 2023. An addendum adding the information for the qualifying condition was completed on October 17, 2023. 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

Ninety-three of the ninety-five (98 percent) sample IPPs of individuals served included a schedule of the type and amount of all services and supports purchased by the regional center. However, IPPs for two individuals did not include IRC funded services as indicated below:

1. Individual #7: Transportation Company, Supplemental Residential Program Support, Behavior Management Program, and Residential facility. An addendum was completed October 2023 addressing the purchased services. Accordingly, no recommendation is required; and,
2. Individual #36: Transportation and Adult Development Center.

2.10.a Recommendation	Regional Center Plan/Response
IRC should ensure that the IPP for individuals #36 includes a schedule of the type and amount of all services and supports purchased by IRC.	#36 Finding is correct. There was no 2022 IPP and 35c completed by CSC. Training to be provided to ensure consumers are seen at least annually and that IPP reflects

	schedule of the type and amount of all services purchased. No IPP was completed for 2022. The type and amount of all services and supports purchased by IRC were added to all subsequent IPPs (2/23; 12/23).
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

- 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

Ninety-four of the ninety-five (99 percent) sample records of individuals served contained documentation of periodic review and reevaluation of progress at least annually. However, the record for individual #88 did not contain documentation that the individual's progress had been reviewed within the year.

2.12 Recommendation	Regional Center Plan/Response
IRC should ensure that a review and reevaluation of progress regarding planned services, timeframes and satisfaction for individual #88 is completed and documented at least annually.	#88: The IPP/CDER was not done on the time of recert, but CSC completed at the time of audit. Ongoing training to remind staff of the importance of reevaluating consumer progress.

- 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*) 3 5 31 76

Findings

Fifty of the fifty-four (93 percent) applicable sample records of individuals served contained quarterly face-to-face meetings completed and documented. However, the records for four individuals did not meet the requirement as indicated below:

1. The records for individuals #3, #5, and #31 contained documentation of three of the required meetings.

2. The record for individual #76 contained documentation of two of the required meetings.

2.13.a Recommendation	Regional Center Plan/Response
IRC should ensure that all future face-to-face meetings are completed and documented each quarter for individuals #3, #5, #31, and #76.	#3: Finding is correct. Per Title 19 records there was no Face to face (FTF) done in 9/2022. #5 Per T19 Records there was no FTF for 09/2022. #31 Per T19 Records there was not FTF for 01/2022, 04/2022, 7/2023. #76 Finding is correct. Per Title 19 records there was no FTF quarterly completed in 02/2023 & 11/2022. Ongoing training to staff regarding the requirement of face to face contact.

- 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

Forty-nine of the fifty-four (91 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 five individuals did not meet the requirement as indicated below:

1. The records for individuals #3, #5, #24 and #31 contained documentation of three of the required quarterly reports of progress.
2. The record for individuals #76 contained documentation of two of the required quarterly reports of progress.

2.13.b Recommendation	Regional Center Plan/Response
IRC should ensure that future quarterly reports of progress are completed for individuals #3, #5, #24, #31, and #76.	# 3: Finding is correct. Per Title 19 records a quarterly report was not completed for 9/2022. #24 Finding is correct. CSC did not record the meeting or the quarterly report. #5 Per T19 Records there was no record of

	the quarterly meeting for 09/2022. #31 Per T19 Records there is no record of the quarterly meeting for 01/2022, 04/2022, 7/2023. #76 Finding is correct. Per Title 19 records there was no FTF quarterly completed in 02/2023 & 11/2022. Ongoing training to staff regarding the requirement of face to face contact.
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Regional Center Consumer Record Review Summary Sample Size = 95						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	95			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.	95			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.	91		4	100	None
2.1.c	The DS 3770 form documents annual re-certifications.	95			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	1		94	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)]	93	2		98	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), [WIC §4710(a)(1)]	1		94	100	None

Regional Center Consumer Record Review Summary Sample Size = 95						
	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>	95			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>	89	2	4	98	See Narrative
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	89	2	4	98	See Narrative
2.6.a	IPP is reviewed <i>(at least annually)</i> by the planning team and modified as necessary in response to the consumer's changing needs, wants or health status. <i>[42 CFR 441.301(b)(1)(I)]</i>	93	2		98	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. <i>(HCBS Waiver requirement)</i>			95	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>[WIC §4646(g)]</i>	86	9		91	See Narrative
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.	9		86	100	None
2.7.c	The IPP is prepared jointly with the planning team. <i>[WIC §4646(d)]</i>	95			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. <i>[WIC §4646.5(a)]</i>	95			100	None

Regional Center Consumer Record Review Summary Sample Size = 95						
	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer'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).	88	3	4	97	See Narrative
2.9.b	The IPP addresses special health care requirements.	32		63	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	35		60	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	53		42	100	None
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	18		77	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	95			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. [WIC §4685(c)(2)]	18		77	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)(4)]	93	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. [WIC §4646.5(a)(5)]	95			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [WIC §4646.5(a)(5)]	9		86	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)]	95			100	None

Regional Center Consumer Record Review Summary Sample Size = 95						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic review and reevaluations of consumer progress 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 the consumer and his/her family are satisfied with the IPP and its implementation. <i>[WIC §4646.5(a)(8)]</i>	94	1		99	See Narrative
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	50	4	41	93	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	49	5	41	91	See Narrative
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. (<i>WIC §4418.3</i>)				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

Twenty-one records for individuals served were reviewed at 21 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 17 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. Finding and Recommendation

- 3.7.a Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. (*Title 17, CCR, §54327*)

Finding

Five of the six (83 percent) applicable sample records of individuals served contained documentation that special incidents were reported to the regional center within 24 hours of occurrence. However, the special incident for Individual #22 at CCF #18 occurred on September 30, 2022, but was not reported to IRC until October 3, 2022.

3.7.a Recommendation	Regional Center Plan/Response
IRC should ensure that the vendor for CCF #18 reports special incidents within the required timeframes.	QA/SIR Team will continue to provide refresher SIR training session to CCF staff to ensure that special incidents are reported

	to DDS within the required timeframes.
--	----------------------------------------

- 3.7.c Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the individual served. (*Title 17, CCR, §54327*)

Finding

Five of the six (83 percent) applicable sample records of individuals served contained documentation of follow up on special incident reports. However, the special incident for Individual #22 at CCF #18 that occurred on September 30, 2022 did not contain follow up information.

3.7.c Recommendation	Regional Center Plan/Response
IRC should ensure that appropriate follow-up is completed for SIRs submitted by vendor CCF #18.	QA/SIR Team has provided appropriate follow up for SIR submitted. SIR was closed.

Community Care Facility Record Review Summary Sample Size = 21						
	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>	21			100	None
3.1.a	The individuals record contains a statement of ambulatory or non-ambulatory status.	21			100	None
3.1.b	The individuals record contains known information related to any history of aggressive or dangerous behavior toward self or others.	11		10	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.	21			100	None
3.1.d	The individuals record contains current emergency information: family, physician, pharmacy, etc.	21			100	None
3.1.e	The individuals record contains a recent photograph and a physical description of the individual.	21			100	None
3.1.i	Special safety and behavior needs are addressed.	14		7	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>	21			100	None
3.3	The facility has a copy of the individual's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	21			100	None

Community Care Facility Record Review Summary Sample Size = 21						
	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>	7		14	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.	7		14	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of progress. <i>[Title 17, CCR, §56026(c)]</i>	14		7	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.	14		7	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>	14		7	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>	20		1	100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	20		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	1	15	83	See Narrative
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>	6		15	100	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the individual served. <i>(Title 17, CCR, §54327)</i>	5	1	15	83	See Narrative

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

Eleven records for individuals served were reviewed at 11 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 14 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

Day Program Record Review Summary Sample Size = 11						
	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>)	11			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.	11			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.	11			100	None
4.1.c	The individuals record contains any medical, psychological, and social evaluations identifying the individual's abilities and functioning level, provided by the regional center.	11			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.	10		1	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.	11			100	None
4.1.f	Data is collected that measures progress in relation to the services addressed in the IPP which the day program provider is responsible for implementing.	11			100	None
4.1.g	The individuals record contains up-to-date case notes reflecting important events or information not documented elsewhere.	11			100	None

Day Program Record Review Summary Sample Size = 11						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.h	The individuals record contains documentation that special safety and behavior needs are being addressed.	6		5	100	None
4.2	The day program has a copy of the individual's current IPP. <i>[Title 17, CCR §56720(b)]</i>	11			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>	11			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.	11			100	None
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	11			100	None
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.	11			100	None
4.5.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>			11	NA	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>			11	NA	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>			11	NA	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

Sixty-one of the 95 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.

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

III. Results of Observations and Interviews

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

IV. Finding and Recommendation

None

SECTION VI A

SERVICE COORDINATOR INTERVIEWS

I. Purpose

The interviews determine how well the consumer services coordinators (CSC) 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 20 IRC CSCs.
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 CSCs 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 CSCs 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, CSCs conduct quarterly face-to-face visits and develop written assessments of progress and satisfaction. In preparation for the quarterly visits, CSCs 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 CSCs utilize IRC medical director and online resources for medication.

4. The CSCs monitor the individuals' services, health and safety during periodic visits. They are aware of the individuals' health issues. The CSCs 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 participants and consumer services coordinators (CSC). 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 participants.

II. Scope of Interview

1. The questions in the interview cover the following topics: routine monitoring of participants with medical issues, medications and behavior plans; coordination of medical and mental health care for participants; circumstances under which actions are initiated for medical or behavior issues; clinical supports to assist CSCs; 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) program administrator of clinical services.

III. Results of Interview

1. The IRC clinical team consists of the program administrator of clinical services, a physician, nurses, psychologists, a psychiatrist, the behavior specialist team, a dietician, occupational, speech and physical therapists, a pharmacologist, a neurologist, insurance coordinators, consulting physicians, a consulting psychologist, a board-certified behavioral analyst, a psychologist 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 CSCs by providing consultation, training, referrals, and follow-up when needed. Guidelines were developed to assist CSCs to address participant health needs when developing the Individual Program Plan (IPP).

The Behavior Modification Review Committee (BMRC) reviews Individual Behavior Service Plan (IBSP) for clients in EBSH placements. These plans are reviewed every six months per WC4659.2(c). The BMRC reviews ABA behavior plans and is an independent unit which was started by the Clinical Services team and now functions independently.

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 participants' medications. The Clinical Review team will discuss weekly medication when requested or when part of another request as medication is addressed as a team process. In addition, all client's medications are reviewed as part of BMRC every six months by the psychiatrist and the pharmacologist attending the meeting. The pharmacologist is asked to do a more detailed review for all clients in EBSH placements. The pharmacologist is available for consultation and training with CSCs, families, participants, and service providers. They are 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 participants. The behavior team is now completely independent due to its large size but works closely with the clinical team to refer and review cases. When a CSC presents the case to the team for additional support, the CSC can be referred to behavior modification team responsible for all behavior plans and ABA plans and sometimes the behavior modification team itself will refer CSC to Clinical Review due to medical issues or need to review medication. There are two teams now as mentioned before (1) BMRC (2) ABA/other behavior plan review team (independent of Clinical Services). Both teams provide services related to ABA plans, other behavior plans or more specialized settings via BMRC/IBSP's. IRC also conducts a mental health clinic where CSCs can present participant-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 participants;
 - ✓ Dental in-service for participants;
 - ✓ 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 participants applying for Medi-Cal;
 - ✓ Psychologists have access to EBSCO - Psychology and Behavior Sciences Collection;
 - ✓ Clinical in-service and training for psychologist on the topic of Provisional Eligibility;
 - ✓ Yearly funded conferences for staff and clients/families;
 - ✓ Direct and indirect access to resources provided by IRC training unit and community access units;
 - ✓ 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 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. Files and any concerns that were addressed since the previous visit are reviewed prior to conducting a review to review the history with the provider and ensure that anything that has been pending was resolved. Reviews are conducted randomly during times when consumers may or may not be home. Once a year, the consumer services coordinator (CSC) does one announced visit. An additional unannounced visit is scheduled and conducted at least once 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. Additional unannounced visits are conducted throughout the year as needed to follow-up on complaints and certain Special Incidents.
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. IRC has set up an online learning system to help support providers to access information to refresh their understanding of requirements. In addition, technical assistance is provided as needed throughout the year by the CSC and QA liaison. The training department will also provide personalized training to vendors as needed.

4. IRC maintains a Resource Development and Transportation Unit (RDTU). RDTU staff is responsible for interviewing potential providers, reviewing applications and program designs, and conducting new provider orientations. The vendorization unit is responsible for vendorizing the potential vendors after an in depth verification of provider requirements has been completed.

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 29 service providers at 21 community care facilities and 8 day programs where services are provided to the individuals that were visited by the monitoring team.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to sample individuals selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The service providers were familiar with the strengths, needs and preferences of the individuals served.
2. The service providers indicated that they conducted assessments of the individual, participated in their IPP development, provided the program-specific services addressed in the IPPs and attempted to foster the progress of the individual served.
3. The service providers monitored the individual's health issues and safeguarded medications.
4. The service providers communicated with people involved in the individual's life and monitored progress.
5. The service providers were prepared for emergencies, monitored the safety of the individual served, and understood special incident reporting and follow-up processes.

SECTION VII B

DIRECT SERVICE STAFF INTERVIEWS

I. Purpose

The interviews determine how well the direct service staff know the individuals served and their understanding of the individual program plan (IPP) and service delivery requirements, how they communicate, their level of preparedness to address safety issues, their understanding of emergency preparedness, and their knowledge about safeguarding medications.

II. Scope of Interviews

1. The monitoring team interviewed 24 direct service staff at 17 community care facilities and 7 day programs where services are provided to the individual that was visited by the monitoring team.
2. The interview questions are divided into two categories:
 - ✓ The questions in the first category are related to sample individuals selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

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

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

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

II. Scope of Review

1. The monitoring teams reviewed a total of 21 CCFs and 7 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

- 8.2.c Medication Records are maintained for all prescribed, Non-Pro Re Nada (N-PRN), medications taken by the individual.

Finding

Twenty-seven of the 28 facilities maintained medication records for all prescribed, N-PRN medications taken by the individual. However, at CCF #16, it was noted that individual #29 had missed two prescribed medications on one day.

8.2.c Recommendation	Regional Center Plan/Response
IRC should ensure that CCF #16 administers all prescribed medications as ordered.	Within 30 days, liaison to CCF #16 reviewed regulatory requirements for proper administration and documentation of all consumers' prescribed medications as ordered, including proactive measures to mitigate documentation errors.

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

Twenty-two of the 28 facilities had first aid certificates on record for staff providing direct care and supervision. However, there were issues at six facilities as indicated below:

1. CCF #2: One staff with an expired first aid certificate;
2. CCF #4: One staff with an expired first aid certificate;
3. CCF #11: Nine staff with expired first aid certificates;
4. CCF #12: One staff with no first aid training completed. However, it was completed on October 18, 2023. Accordingly, no recommendation is required;
5. CCF #13: One staff with an expired first aid certificate and four staff with no first aid training completed. However, all five staff completed the training on October 20, 2023. Accordingly, no recommendation is required; and,
6. CCF #20: One staff with no first aid training completed. However, it was completed on October 20, 2023. Accordingly, no recommendation is required.

8.3.c Recommendation	Regional Center Plan/Response
IRC should ensure that the providers at CCF #2, #4, and #11 have current first aid certificates available for all direct care staff.	Within 30 days, liaisons to CCFs #2, #4, and #11 reviewed regulatory requirements with the respective CCF representatives addressing their responsibility for ensuring ongoing maintenance of current first aid for all facility staff.

8.4.a. Consumers or an authorized representative will sign for cash given directly to them, either with a signature or mark. If the consumer 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

Twenty-seven of the 28 facilities' records had individuals or authorized representative signatures or marks for cash disbursements. However, the record at CCF #11 for Individual #34 indicated that the individual or authorized representative was not signing for personal and incidental disbursements.

8.4.a Recommendation	Regional Center Plan/Response
IRC should ensure that CCF #11 has the individual or an authorized representative sign for disbursements.	Within 30 days, liaison to CCF #11 reviewed the regulatory requirements and procedural expectations for consumer cash disbursements, including appropriate documentation and signatures.

- 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

Twenty-seven of the 28 facilities had a statement of individual rights prominently posted. However, DP #1 did not have a statement of rights posted.

8.5.c Recommendation	Regional Center Plan/Response
IRC should ensure that DP #1 posts a statement of rights.	Within 30 days, liaison to DP #1 reviewed with the DP representative the regulatory requirements and expectations for ensuring that a statement of rights is posted within the facility.

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 95 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. IRC reported all deaths during the review period to DDS.
2. IRC reported all special incidents in the sample of 95 records selected for the HCBS Waiver review to DDS.
3. IRC's vendors reported 9 of the 10 (90 percent) applicable incidents in the supplemental sample within the required timeframes.
4. IRC reported all (100 percent) incidents in the supplemental sample to DDS within the required timeframes.
5. IRC's follow-up activities on incidents in the supplemental sample were appropriate for the severity of the situations for the 10 incidents.

IV. Finding and Recommendation

SIR #3: The incident occurred on November 10, 2022. However, the vendor did not submit a written report to IRC until November 14, 2022.

Recommendation	Regional Center Plan/Response
IRC should ensure that the vendor for SIR #3 reports special incidents within the required timeframes.	Within 30 days, liaison to vendor for SIR #3 reviewed with the vendor the regulatory requirements for special incident reporting timeframes.

SAMPLE OF INDIVIDUALS SERVED AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review of Individuals Served

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

#	UCI	CCF	DP
38	XXXXXXXX		
39	XXXXXXXX		
40	XXXXXXXX		5
41	XXXXXXXX		
42	XXXXXXXX		
43	XXXXXXXX		
44	XXXXXXXX		
45	XXXXXXXX		
46	XXXXXXXX		
47	XXXXXXXX		
48	XXXXXXXX		
49	XXXXXXXX		
50	XXXXXXXX		6
51	XXXXXXXX		
52	XXXXXXXX		
53	XXXXXXXX		11
54	XXXXXXXX		
55	XXXXXXXX		
56	XXXXXXXX		
57	XXXXXXXX		
58	XXXXXXXX		
59	XXXXXXXX		
60	XXXXXXXX		
61	XXXXXXXX		
62	XXXXXXXX		
63	XXXXXXXX		
64	XXXXXXXX		
65	XXXXXXXX		
66	XXXXXXXX		
67	XXXXXXXX		
68	XXXXXXXX		
69	XXXXXXXX		
70	XXXXXXXX		2
71	XXXXXXXX		
72	XXXXXXXX		
73	XXXXXXXX		
74	XXXXXXXX		
75	XXXXXXXX		
76	XXXXXXXX		
77	XXXXXXXX		
78	XXXXXXXX		

#	UCI	CCF	DP
79	XXXXXXXX		
80	XXXXXXXX		
81	XXXXXXXX		
82	XXXXXXXX		
83	XXXXXXXX		
84	XXXXXXXX		
85	XXXXXXXX		
86	XXXXXXXX		
87	XXXXXXXX		
88	XXXXXXXX		
89	XXXXXXXX		
90	XXXXXXXX		
91	XXXXXXXX		
92	XXXXXXXX		
93	XXXXXXXX		
94	XXXXXXXX		
95	XXXXXXXX		

Supplemental New Enrollees Sample

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

NE-19	XXXXXXXX
NE-20	XXXXXXXX
NE-21	XXXXXXXX
NE-22	XXXXXXXX
NE-23	XXXXXXXX
NE-24	XXXXXXXX
NE-25	XXXXXXXX
NE-26	XXXXXXXX
NE-27	XXXXXXXX
NE-28	XXXXXXXX
NE-29	XXXXXXXX
NE-30	XXXXXXXX
NE-31	XXXXXXXX
NE-32	XXXXXXXX
NE-33	XXXXXXXX
NE-34	XXXXXXXX
NE-35	XXXXXXXX
NE-36	XXXXXXXX
NE-37	XXXXXXXX
NE-38	XXXXXXXX
NE-39	XXXXXXXX
NE-40	XXXXXXXX
NE-41	XXXXXXXX
NE-42	XXXXXXXX
NE-43	XXXXXXXX
NE-44	XXXXXXXX
NE-45	XXXXXXXX
NE-46	XXXXXXXX
NE-47	XXXXXXXX
NE-48	XXXXXXXX
NE-49	XXXXXXXX
NE-50	XXXXXXXX
NE-51	XXXXXXXX
NE-52	XXXXXXXX
NE-53	XXXXXXXX
NE-54	XXXXXXXX
NE-55	XXXXXXXX
NE-56	XXXXXXXX
NE-57	XXXXXXXX

NE-58	XXXXXXXX
NE-59	XXXXXXXX
NE-60	XXXXXXXX
NE-61	XXXXXXXX
NE-62	XXXXXXXX
NE-63	XXXXXXXX
NE-64	XXXXXXXX
NE-65	XXXXXXXX
NE-66	XXXXXXXX
NE-67	XXXXXXXX
NE-68	XXXXXXXX
NE-69	XXXXXXXX
NE-70	XXXXXXXX
NE-71	XXXXXXXX
NE-72	XXXXXXXX
NE-73	XXXXXXXX
NE-74	XXXXXXXX
NE-75	XXXXXXXX
NE-76	XXXXXXXX
NE-77	XXXXXXXX
NE-78	XXXXXXXX
NE-79	XXXXXXXX
NE-80	XXXXXXXX
NE-81	XXXXXXXX
NE-82	XXXXXXXX
NE-83	XXXXXXXX
NE-84	XXXXXXXX
NE-85	XXXXXXXX
NE-86	XXXXXXXX
NE-87	XXXXXXXX
NE-88	XXXXXXXX
NE-89	XXXXXXXX
NE-90	XXXXXXXX
NE-91	XXXXXXXX
NE-92	XXXXXXXX
NE-93	XXXXXXXX
NE-94	XXXXXXXX

HCBS Waiver Review Service Providers

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

Day Program #	Vendor
1	XXXXXXXX
2	XXXXXXXX
3	XXXXXXXX
4	XXXXXXXX
5	XXXXXXXX
6	XXXXXXXX
7	XXXXXXXX
8	XXXXXXXX
9	XXXXXXXX
10	XXXXXXXX
11	XXXXXXXX

SIR Review

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