

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

Conducted by:

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

May 15-26, 2023

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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 May 15-26, 2023 at North Bay Regional Center (NBRC). The monitoring team members were Kelly Sandoval (Team Leader), Jenny Mundo, Bonnie Simmons, Nadia Flores, and Ashley Guletz from DDS, and Deeanna Tran, Crystal La, and Arnee Amarillo 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 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 36 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers whose HCBS Waiver eligibility had been previously terminated, 2) ten consumers who had special incidents reported to DDS during the review period of February 1, 2022, through January 31, 2023, and 3) thirteen consumers who were enrolled in the HCBS Waiver during the review period.

The monitoring team completed visits to four community care facilities (CCF) and four day programs. The team reviewed 4 CCF and 5 day program consumer records and interviewed and/or observed 14 selected sample consumers.

Overall Conclusion

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

Thirty-six sample consumer records 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.

NBRC's records were 97 percent and 98 percent in overall compliance for the collaborative reviews conducted in 2021 and in 2019, respectively.

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

Terminations: Three supplemental records were reviewed solely for documentation that NBRC had either provided the consumer with written notification prior to termination of the consumer's HCBS Waiver eligibility, or the consumer had voluntarily disenrolled from the HCBS Waiver. NBRC's records were 100 percent in overall compliance for this review.

Section III – Community Care Facility Consumer Record Review

Four consumer records were reviewed at four CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 88 percent in overall compliance for 19 criteria on this review.

NBRC's records were 100 percent in overall compliance for the collaborative reviews conducted in 2021 and 2019.

Section IV – Day Program Consumer Record Review

Five consumer records were reviewed at four day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations.

NBRC's records were 98 percent in overall compliance for the collaborative reviews conducted in 2019. 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

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

Section VI A – Service Coordinator Interviews

Eight 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 Senior Physician and Director of Intake and Clinical Services were interviewed using a standard interview instrument. They 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

The Quality Assurance Supervisor was interviewed using a standard interview instrument. She responded to questions regarding how NBRC 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

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

Section VII B – Direct Service Staff Interviews

Two CCF and four day program 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 four CCFs and three day programs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. The reviewed CCFs and day programs were in good repair with no immediate health or safety concerns observed.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 36 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. NBRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported all incidents to NBRC within the required timeframes, and NBRC subsequently transmitted all 10 special incidents to DDS within the required timeframes. NBRC'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 NBRC 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

NBRC 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 NBRC 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.	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. 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). The regional center ensures that consumers are eligible for full scope Medi-Cal benefits before enrolling them in the HCBS Waiver.
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services.	The regional center takes action(s) to ensure consumers' rights are protected. The regional center takes action(s) to ensure that the consumers' health needs are addressed. The regional center ensures that behavior plans preserve the right of the consumer to be free from harm. The regional center maintains a Risk Management, Risk Assessment and Planning Committee. The regional center has developed and implemented a Risk Management/Mitigation Plan. 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. The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 community care facilities. 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. The regional center conducts not less than two unannounced monitoring visits to each CCF annually. 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. 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. 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.

Regional Center Self-Assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services (cont.)	Service coordinators provide enhanced case management to consumers who move from a DC by meeting with them face-to-face every 30 days for the first 90 days they reside in the community.
Only qualified providers serve HCBS Waiver participants.	The regional center ensures that all HCBS Waiver service providers have signed the "HCBS Provider Agreement Form" and meet the required qualifications at the time services are provided.
Plans of care are responsive to HCBS Waiver participant needs.	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. 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. 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. The regional center uses feedback from consumers, families and legal representatives to improve system performance. The regional center documents the manner by which consumers indicate choice and consent.

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. 36 HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	10
With Family	7
Independent or Supported Living Setting	19

2. The review period covered activity from February 1, 2022–January 31, 2023.

III. Results of Review

The 36 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Three supplemental records were reviewed solely for documentation that NBRC had either provided the consumer with written notification prior to termination of the consumer's HCBS Waiver eligibility, or the consumer had voluntarily disenrolled from the HCBS Waiver. Additionally, 13 supplemental records were reviewed for documentation that NBRC determined the level of care prior to receipt of HCBS Waiver services.

- ✓ The sample records were in 100 percent compliance for 22 criteria. There are no recommendations for these criteria. Two criteria were not applicable for this review.
- ✓ Findings for seven criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

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

Findings

Thirty-three of the thirty-six (92 percent) sample consumer records contained a signed and dated DS 2200 form. However, there were identified issues regarding the DS 2200 form for the following consumers:

1. Consumer #6: The DS 2200 was not signed and dated until April 23, 2023. Accordingly, no recommendation is required.
 2. Consumer #25: The DS 2200 form was not signed and dated until April 26, 2023. Accordingly, no recommendation is required.
 3. Consumer #35: The DS 2200 form was not signed and dated until May 11, 2023. Accordingly, no recommendation is required.
- 2.5.b The consumer's qualifying conditions documented in the Client Development Evaluation Report (CDER) are consistent with information contained in the consumer's record. *[SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343]*

Finding

Thirty-two of the thirty-three (97 percent) sample consumer records documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in the record for Consumer #15 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 qualifying condition of 'safety awareness' was identified on the DS 3770, but there was no supporting information in the consumer's records (IPP, progress reports, vendor reports, etc.) that described the impact of the identified condition or need for services and supports. An addendum was completed April 20, 2023 adding safety awareness to the IPP. 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 consumer or, where appropriate, his/her parents, legal guardian, or conservator. *[W&I Code §4646(g)]*

Finding

Thirty-five of the thirty-six (97 percent) sample consumer records contained IPPs that were signed by NBRC and the consumers or conservators. However, the IPP

for consumer #11 was not signed by the consumer. An addendum was completed April 12, 2023, adding information about consumer's ability to sign and authorization for her mom to sign her documents. Accordingly, no recommendation is required.

- 2.9.e The IPP addresses the services which the supported living services (SLS) agency or independent living services (ILS) provider is responsible for implementing.

Finding

Nineteen of the twenty (95 percent) applicable sample consumer records contained IPPs that addressed the consumer's SLS or ILS services. However, the IPP for consumer #15 did not address the services which the ILS provider is responsible for implementing. An addendum was completed on April 20, 2023, addressing the services which the ILS provider is responsible for implementing. 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)(4)]

Findings

Thirty-two of the thirty-six (89 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by NBRC. However, IPPs for four consumers did not include NBRC funded services as indicated below:

1. Consumer #7: Behavior Analyst. An addendum was completed on May 24, 2023, adding the type and amount of behavior analyst services purchased by NBRC. Accordingly, no recommendation is required.
2. Consumer #8: Transportation. An addendum was completed on May 22, 2023, adding the type and amount of transportation services purchased by NBRC. Accordingly, no recommendation is required.
3. Consumer #17: Specialized Therapeutic Services, Community Activities Support Service, and Psychiatrist. An addendum was completed on May 22, 2023, adding the type and amount of specialized therapeutic services, community activities support service, and psychiatrist services purchased by NBRC. Accordingly, no recommendation is required.
4. Consumer #31: Behavior Analyst. An addendum was completed May 24, 2023, adding the type and amount of behavior analyst services purchased by NBRC. Accordingly, no recommendation is required.

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

Findings

Twenty-five of the twenty-nine (86 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for consumers #2, #9, #15, and #24 contained documentation for three of the required meetings.

2.13.a Recommendation	Regional Center Plan/Response
NBRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #2, #9, #15, #24.	For missed quarterlies for #2, #9, #15, and #24- All cases belonged to new SCs. SC overwhelm was cited as reason for missing quarterlies. Solution: This is an oversight and training issue. 1) Case management supervisors will ensure that quarterlies are completed within 90 days. They will ensure that the TCMs document any exceptions. Both supervisors remarked that one SC did not stay at NBRC and the other caught up and missed quarterlies are no longer a performance issue. 2) Case management supervisors will ensure closer supervision of new SCs, especially around quarterly dates and strive to keep communication open so they can assist SCs with requirements. 3) The Fed Rev team will update the training to include quarterly deadlines. The Fed Rev team has already discussed this finding with the case-management team.

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

Findings

Twenty-five of the twenty-nine (86 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for consumers #2, #9, #15, and #24 contained documentation for three of quarterly reports of progress.

2.13.b Recommendation	Regional Center Plan/Response
NBRC should ensure that future quarterly reports of progress are completed for consumers #2, #9, #15, #24.	For missed quarterlies for #2, #9, #15, and #24- All cases belonged to new SCs. SC overwhelm was cited as reason for missing quarterlies. Solution: This is an oversight and training issue. 1) Case management supervisors will ensure that quarterlies are completed within 90 days. They will ensure that the TCMs document any exceptions. Both supervisors remarked that one SC did not stay at NBRC and the other caught up and does not miss quarterlies. 2) Case management supervisors will ensure closer supervision of new SCs, especially around quarterly dates and strive to keep communication open so they can assist SCs with requirements. 3) The Fed Rev team will update the training to include quarterly deadlines. The Fed Rev team has already discussed this finding with the case-management team.

Regional Center Consumer Record Review Summary Sample Size = 36 + 3 Supplemental Records (see Section II, Part III)						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	36		3	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.	36		3		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.	36		3		None
2.1.c	The DS 3770 form documents annual recertifications.	36		3		None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.			39		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)]	33	3	3	92	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)]	3		36	100	None

Regional Center Consumer Record Review Summary Sample Size = 36 + 3 Supplemental Records (see Section II, Part III)						
	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5), (42 CFR 441.302)	36		3	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. (SMM 4442.5), [42 CFR 441.302(c)], (Title 22, CCR, §51343)	33		6	100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	32	1	6	97	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. [42 CFR 441.301(b)(1)(I)]	36		3	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. (HCBS Waiver requirement)	4		35	100	None
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. [WIC §4646(g)]	35	1	3	97	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.	20		19	100	None
2.7.c	The IPP is prepared jointly with the planning team. [WIC §4646(d)]	36		3	100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. [WIC §4646.5(a)]	36		3	100	None

Regional Center Consumer Record Review Summary Sample Size = 36 + 3 Supplemental Records (see Section II, Part III)						
	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).	36		3	100	None
2.9.b	The IPP addresses special health care requirements.	2		37	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	9		30	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	18		21	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.	19	1	19	95	See Narrative
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	36		3	100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. [WIC §4685(c)(2)]	3		36	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)]	32	4	3	89	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)]	36		3	100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [WIC §4646.5(a)(5)]	20		19	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)]	36		3	100	None

Regional Center Consumer Record Review Summary Sample Size = 36 + 3 Supplemental Records (see Section II, Part III)						
	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>	36		3	100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	25	4	10	86	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>)	25	4	10	86	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>)			39		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

Four consumer records were reviewed at four CCFs visited by the monitoring team. The facilities' consumer records were reviewed to determine compliance with 19 criteria.

III. Results of Review

The consumer records were 88 percent in compliance for 19 criteria.

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

IV. Finding and Recommendation

- 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. (Title 17, CCR, §50619(c)(1))

Finding

Three of the four (75 percent) sample consumer records contained a written admission agreement signed by the consumer. However, the record for consumer #2 at CCF #4 did not contain a signed admission agreement.

3.2 Recommendation	Regional Center Plan/Response
NBRC should ensure that the record for consumer #2 at CCF #4 contains a copy of the signed admission agreement.	This is a responsiveness issue in which both the Regional Center and the CCF share some of the fault. After inquiry into this finding, QA found that the admin agreement was on the shared drive from 2021 and it was potentially available to the CCF. The admin sent emails requesting a copy but did not want to get anyone in trouble by sending emails “up the chain”. He was worried about a rift in the QA/ CCF relationship. QA has counseled the vendors to request by email 2x and then cc the supervisor and keep a contact log. Following the finding, our QA supervisor counseled him on the necessity of the documents per T22 and T7 documents and he will reach out as necessary. Solution: We are also discussing ways to ensure that all vendors are added as recipients of completed IPPs with case management and clerical staff.

3.3 The facility has a copy of the consumer’s current IPP. *[Title 17, CCR, §56022(c)]*

Finding

Two of the four (50 percent) sample consumer records contained a copy of the consumer’s current IPP. The record for consumer #10 at CCF #1 and consumer #2 at CCF #4 did not have a copy of the current IPP.

3.3 Recommendation	Regional Center Plan/Response
NBRC should ensure that the record for consumer #10 at CCF #1 and consumer #2 at CCF #4 contains a copy of the current IPP.	This is a responsiveness issue in which both the Regional Center and the CCF share some of the fault. For #10: After inquiry, QA found that the 2021 IPP was on file, so it was unclear in fact, that the IPP wasn’t available. There was no 2022 IPP on file. For the 2022 IPP, it was not noted to send to the CCF. Our QA supervisor noted that this

	administrator is very proactive in getting necessary documents. For #2: The 2022 IPP did not have a note to be shared with the CCF. To remedy this issue: In the past, QA has counseled the vendors to request documents by email 2x and then cc the supervisor and keep a contact log. We are also discussing ways to ensure that all vendors are added as recipients of completed IPPs with case management and clerical staff.
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- 3.4.a Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. (Title 17, CCR, §56026(b))

Finding

The one (0 percent) applicable consumer record did not contain a written semiannual report of consumer progress. The record for consumer #9 at CCF #3 did not have any reports of progress.

3.4.a Recommendation	Regional Center Plan/Response
NBRC should ensure that the record for consumer #9 at CCF #3 contains semiannual reports of consumer progress.	QA reviews 25% of the client records once a year per T17 regulations. QA did not review #9's records as they had picked another chart randomly. The date of the audit visit was also changed on the RSP and she had a concussion the day before. In short, she wasn't as prepared as she usually is. Solution: QA will require CCFs with findings to consult with external consultants to ensure all records are kept up to date. The consultant services are free.

- 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.

Finding

The one (0 percent) applicable consumer record did not contain semiannual reports that address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible. The record for consumer #9 at CCF #3 did not contain any semiannual reports that address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.

3.4.b Recommendation	Regional Center Plan/Response
NBRC should ensure that the record for consumer #9 at CCF #3 contains semiannual reports that confirm the consumer's progress toward achieving the IPP objective's that the facility is responsible for implementing.	QA reviews 25% of the client records once a year per T17 regulations. QA did not review #9's records as they had picked another chart randomly. The date of the audit visit was also changed on the RSP and she had a concussion the day before. In short, she wasn't as prepared as she usually is. Solution: QA will require CCFs with findings to consult with external consultants to ensure all records are kept up to date. The consultant services are free.

- 3.6.a The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. (Title 17, CCR §56026(a))

Finding

Three of the four (75 percent) sample consumer records contained ongoing, written consumer notes, as required by Title 17. However, the record for consumer #9 at CCF #3 did not contain any ongoing, written notes as required.

3.6.a Recommendation	Regional Center Plan/Response
NBRC should ensure the record for consumer #9 at CCF #3, contains up-to-date case notes reflecting important events or information not documented elsewhere.	QA reviews 25% of the client records once a year per T17 regulations. QA did not review #9's records as they had picked another chart randomly. The date of the audit visit was also changed on the RSP and she had a concussion

	the day before. In short, she wasn't as prepared as she usually is. Solution: QA will require CCFs with findings to consult with external consultants to ensure all records are kept up to date. The consultant services are free.
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3.6.b The ongoing notes/information verify that behavior needs are being addressed.

Finding

Three of the four (75 percent) applicable consumer records contain ongoing notes that verify that behavior needs are being addressed. However, the record for consumer #9 at CCF #3 did not contain any ongoing notes that verify the consumer's behavioral needs are being addressed.

3.6.b Recommendation	Regional Center Plan/Response
NBRC should ensure that the record for consumer #9 at CCF #3 contains ongoing notes that verify the consumer's behavioral needs are being addressed.	QA reviews 25% of the client records once a year per T17 regulations. QA did not review #9's records as they had picked another chart randomly. The date of the audit visit was also changed on the RSP and she had a concussion the day before. In short, she wasn't as prepared as she usually is. Solution: QA will require CCFs with findings to consult with external consultants to ensure all records are kept up to date. The consultant services are free.

Community Care Facility Record Review Summary Sample Size: Consumers = 4						
	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>	4			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	4			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	3		1	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.	4			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	4			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	4			100	None
3.1.i	Special safety and behavior needs are addressed.	3		1	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>	3	1		75	See Narrative
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	2	2		50	See Narrative

Community Care Facility Record Review Summary Sample Size: Consumers = 4						
	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>		1	3	75	See Narrative
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.		1	3	0	See Narrative
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. <i>[Title 17, CCR, §56026(c)]</i>	3		1	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.	3		1	100	None
3.5.c	Quarterly reports include a summary of data collected. <i>[Title 17, CCR, §56013(d)(4)], (Title 17, CCR, §56026)</i>	3		1	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>	3	1		75	See Narrative
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	3	1		75	See Narrative
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>	2		2	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>	2		2	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>	2		2	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

Five consumer records were reviewed at four day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria.

III. Results of Review

The consumer records were 100 percent in compliance for 9 criteria.

- ✓ A summary of the results of the review is shown in the table at the end of this section.
- ✓ Findings for eight criteria are detailed below.

IV. Findings and Recommendations

- 4.1.c The consumer record contains any medical, psychological, and social evaluations identifying the consumer's abilities and functioning level, provided by the regional center.

Finding

Four of the five (80 percent) sample consumer records contained medical, psychological, or social evaluations identifying the consumer's abilities and functioning level. However, the record for consumer #23 at DP #3 did not contain any medical, psychological, or social evaluations identifying the consumer's abilities and functioning level provided by the regional center.

4.1.c Recommendation	Regional Center Plan/Response
NBRC should ensure that the record for consumer #23 at DP #3, contains medical, psychological, or social evaluations identifying the	The document that would provide this evaluation would be the IPP. This day program is generally on top of getting

consumer's abilities and functioning level.	required documentation. QA has made a note to get them the current IPP. Solution: We are also discussing ways to ensure that all vendors are added as recipients of completed IPPs with case management and clerical staff.
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- 4.1.d The consumer record contains an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative. (*Title 17, CCR, §56730*)

Finding

Four of the five (80 percent) sample consumer records contained signed authorizations for emergency medical treatment. However, the record for consumer #23 at DP #3, did not contain an authorization for emergency medical treatment that was signed by the consumer or conservator.

4.1.d Recommendation	Regional Center Plan/Response
NBRC should ensure that the record for consumer #23 at DP #3, contains an authorization for emergency medical treatment that is signed by the consumer or conservator.	The day program is not required to be monitored by Quality Assurance. QA monitors NBRC's day services, SLS, and FHA homes, out of best practice. QA will refer this day program to a consultant for best practices regarding required medical documentation. Solution: QA will require Day Programs with findings to consult with external consultants to ensure all records are kept up to date. The consultant services are free.

- 4.1.e The consumer record contains documentation that the consumer has been informed of his/her personal rights.

Finding

Four of the five (80 percent) sample consumer records contained documentation that the consumer and/or their authorized representative had been informed of their personal rights. However, the record for consumer #23 at DP #3, did not contain documentation that the consumer and/or their authorized representative were informed of the consumer's personal rights.

4.1.e Recommendation	Regional Center Plan/Response
NBRC should ensure the record for consumer #23 at DP #3, contains documentation that the consumer and/or their authorized representative have been informed of their personal rights.	QA will refer this vendor to take a client's rights training. vendors ensure that clients rights are reviewed once a year with the client. Solution: QA will require day programs with findings to consult with external consultants to ensure all records are kept up to date. The consultant services are free.

- 4.1.f Data is collected that measures consumer progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing.

Finding

Four of the five (80 percent) sample consumer records contained documentation that data is collected that that measures consumer progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing. However, the record for consumer #25 at DP #4, did not contain documentation that data is collected that measures consumer progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing.

4.1.f Recommendation	Regional Center Plan/Response
NBRC should ensure the record for consumer #25 at DP #4, contains documentation that data is collected that that measures consumer progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing.	The vendor did not collect the data as required. Our QA supervisor set up this system. She will refer this program to a consultant to ensure data collection is completed regularly. Solution: QA will require day programs with findings to consult with external consultants to ensure all records are kept up to date. The consultant services are free.

- 4.1.g The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.

Finding

Four of the five (80 percent) sample consumer records contained up-to-date case notes reflecting important events or information not documented elsewhere. However, the record for consumer #25 at DP #4 did not contain case notes.

4.1.g Recommendation	Regional Center Plan/Response
NBRC should ensure the record for consumer #25 at DP #4, contains up-to-date case notes reflecting important events or information not documented elsewhere.	The vendor did not keep case notes as required. Our QA supervisor set up this system. She will refer this program to a consultant to ensure data collection is completed regularly. Solution: QA will require day programs with findings to consult with external consultants to ensure all records are kept up to date. The consultant services are free.

- 4.2 The day program has a copy of the consumer's current IPP.
[Title 17, CCR, §56720)(b)]

Findings

Three of the five (60 percent) sample consumer records contained a copy of the consumer's current IPP. However, the records for consumer #23 at DP #3 and consumer #25 at DP #4 did not contain a copy of their current IPP.

4.2 Recommendation	Regional Center Plan/Response
NBRC should ensure that the records for consumer #23 at DP #3, and consumer #25 at DP #4 contain a current copy of the consumer's IPP.	This is a responsiveness issue in which both the Regional Center and the CCF share some of the fault. For #23 This may be due to SC turnover. This client has had 3 SCs since 2018. It may also be due to day-program staff oversight. It was noted on the 2022 IPP to send copies of the IPP to the Day Program. QA has noted to send this program current IPPS for 2022 and 2023 for their records.

	For #25: For this client there wasn't a copy of the current IPP. QA informed us this Day Program keeps a log of requests for documentation. QA to send this day program copy of the 2022 IPPs. To remedy this issue: In the past, QA has counseled the vendors to request documents by email 2x and then cc the supervisor and keep a contact log. We are also discussing ways to ensure that all vendors are added as recipients of completed IPPs with case management and clerical staff.
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- 4.4.a The day program prepares and maintains written semiannual reports of the consumer's performance and progress. *[Title 17, CCR, §56720(c)]*

Finding

Four of the five (80 percent) sample consumer records contained written semiannual reports of consumer progress. However, the record for consumer #23 at DP #3 did not contain any required progress reports.

4.4.a Recommendation	Regional Center Plan/Response
NBRC should ensure that day program providers DP #3 prepare written semiannual reports of consumer progress.	The vendor did not prepare written semi-annual reports as required. Our QA supervisor set up this system. She will refer this program to a consultant to ensure data collection is completed regularly. Solution: QA will require day programs with findings to consult with external consultants to ensure all records are kept up to date. The consultant services are free.

- 4.4.b Semiannual reports address the consumer's performance and progress relating to the services for which the day program is responsible for implementing.

Finding

Four of the five (80 percent) sample consumer records contained semiannual reports that address the consumer's performance and progress relating to the services for which the day program is responsible for implementing. However, the record for consumer #23 at DP #3 did not contain any reports that address the consumer's performance and progress.

4.4.a Recommendation	Regional Center Plan/Response
NBRC should ensure that day program providers DP #3 prepare written semiannual reports of consumer progress that relate to the services for which the day program is responsible for implementing.	The vendor did not prepare written semi-annual reports as required. Our QA supervisor set up this system. She will refer this program to a consultant to ensure data collection is completed regularly. Solution: QA will require day programs with findings to consult with external consultants to ensure all records are kept up to date. The consultant services are free.

Day Program Record Review Summary Sample Size = 5						
	Criteria	+	-	N/A	% Met	Follow-up
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. (Title 17, CCR, §56730)	5			100	None
4.1.a	The consumer record contains current emergency and personal identification information including the consumer'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.	5			100	None
4.1.b	The consumer record contains current health information that includes current medications, known allergies; medical disabilities; infectious, contagious, or communicable conditions; special nutritional needs; and immunization records.	5			100	None
4.1.c	The consumer record contains any medical, psychological, and social evaluations identifying the consumer's abilities and functioning level, provided by the regional center.	4	1		80	See Narrative
4.1.d	The consumer record contains an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative.	4	1		80	See Narrative
4.1.e	The consumer record contains documentation that the consumer and/or the authorized consumer representative has been informed of his/her personal rights.	4	1		80	See Narrative
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP which the day program provider is responsible for implementing.	4	1		80	See Narrative

Day Program Record Review Summary Sample Size = 5						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	4	1		80	See Narrative
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	5			100	None
4.2	The day program has a copy of the consumer's current IPP. <i>[Title 17, CCR §56720(b)]</i>	3	2		60	See Narrative
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>	5			100	None
4.3.b	The day program's individual service plan or other program documentation is consistent with the services addressed in the consumer's IPP.	5			100	None
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	4	1		80	See Narrative
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services for which the day program is responsible for implementing.	4	1		80	See Narrative
4.5.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	2		3	100	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	2		3	100	None
4.5.c	There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. <i>(Title 17, CCR, §54327)</i>	2		3	100	None

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, and work activities, health, choice, and regional center services.

II. Scope of Observations and Interviews

Fourteen of the thirty-six consumers, 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.

- ✓ 12 consumers agreed to be interviewed by the monitoring teams.
- ✓ 2 consumers did not communicate verbally or declined an interview but were observed.
- ✓ 22 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, choice, and regional center services. The appearance of all of the consumers 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 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 eight NBRC 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 NBRC 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. The 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 monitoring team interviewed the Senior Physician and the Director of Intake and Clinical Services, at North Bay Regional Center (NBRC).
2. 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; and role in Risk Management Assessment and Planning Committee and Special Incident Reports (SIR).

III. Results of Interview

1. The NBRC clinical team consists of two physicians, three psychologists, four Board Certified Behavior Analyst (BCBA), a vendored dental coordinator, and six registered nurses.
2. The clinical team functions as a resource support group for the service coordinators and is available by referral to assess consumers with medical concerns. The nursing team is responsible for reviews of the care plans, performing nursing home visits for nursing assessments, and provides follow-up as needed. Their oversight extends to 11 Adult Residential Facility for Persons with Special Health Care Needs by nurses, while the BCBAs oversee 10 Enhanced Behavioral Support Homes (EBSH) and 2 community crisis homes. In addition, they are available to collaborate with community health care providers to assist in the coordination of care and treatment plans. NBRC clinicians work with staff and vendors to address immediate health concerns requiring medical intervention. They also hold Weekly "Drop-in sessions" for at risk clients which consist of a list of clients with frequent hospitalizations/ER visits, chronic medical conditions or medically fragile clients with multiple comorbidities or any medical concerns are held with NBRC physicians and nurses. The ACRL is

updated by the Quality Assurance (QA) team and reviewed by the NBRC clinical team. The NBRC nurses attends hospital discharge planning and high level of care meetings. The dental coordinator is available by referral to assist consumers with dental concerns. Members of the clinical team are also involved in new employee orientation training. Staff and vendor training includes topics such as medical red flags, flu, pneumonia, and fall prevention. Medical consultations for high risk medically fragile clients are conducted with NBRC physicians and nurses. NBRC physician provides consent and participates in hospital bioethics meetings/interdisciplinary team meetings.

3. A member of the clinical team is available to conduct medication reviews upon request from service coordinators. NBRC nurses review medication logs for the homes they oversee. In the event of a medication error, a SIR is filed and reported to the QA team and an action plan with follow-up is created for correction. QA will reach out to the medical team for support if needed. Moreover, NBRC physicians play a role in reviewing medications during medical and clinical consultations and connects with community providers to reduce polypharmacy.
4. The clinical staff is available to provide consultation for consumers' behavioral and mental health needs. This includes weekly clinical consultations for clients with complex behavioral/medical needs are held upon request. This consultation involves the participation of service coordinator, support staff/families, behavioral vendor if any, school staff if any, who meets with the NBRC psychologists, physicians and BCBA's. The NBRC clinicians participate in reviewing consumers' behavioral plans to ensure their efficacy and effectiveness. Additionally, the BCBA and clinical psychologist collaborate with behavioral vendors and providers to discuss challenging cases, and they make monthly visit to EBSH. Furthermore, there is a Behavior Modification Review Committee in place and meetings are conducted as necessary. The committee consists of the Director of Intake and Clinical Services, psychologist, physician, BCBA, Service Coordinator, Case Management Supervisor, Associate Director, Quality Assurance Supervisor, and the Office of the Clients Right.
5. The Nursing Review Committee, consisting of the Director of Intake and Clinical Services and two Registered Nurses, participate in bi-monthly reviews with Service Coordinators and Case Management Supervisors to ensure that clients with medical needs are receiving appropriate services.
6. The clinical team has improved access to health care resources by providing staff access to outside conferences, trainings, and presentations to providers on health topics. NBRC has also improved access through the following programs:

- ✓ Consultation with Public Health;
 - ✓ Dental Coordinator assisting consumers to access dental services;
 - ✓ Collaborative Autism Diagnostic Clinic in collaboration with local schools;
 - ✓ Participation in the California Autism Professional Training and Information Network (CAPTAIN);
 - ✓ Outreach with local or medical groups and hospitals regarding NBRC; services and resources; monthly meeting with Santa Rosa Community Health Center team;
 - ✓ Community Health Fairs;
 - ✓ Collaboration with Special Education Local Planning Area (SELPA);
 - ✓ Legal team;
 - ✓ Collaboration with partnership (local medical managed care health plan); and
 - ✓ One of the physicians is a part of the State Interagency Coordinating Council (ICC) on early intervention.
7. The NBRC physicians and nurses participate in the Risk Management and Mortality Committee. The team is responsible for reviewing medically related SIR upon request. All death-related SIRs are reviewed by both the physician and nurse. Mortality review process has been revamped. The regional center utilizes Mission Analytics Group Inc., the State's risk management contractor, to analyze special incidents for trends and make recommendations for appropriate follow-up and training as needed. Additionally, weekly meetings led by the clinical director are held with the NBRC physicians and nurses to ensure ongoing communication and coordination.

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 the Quality Assurance Supervisor who is part of the team responsible for conducting NBRC's QA activities.

III. Results of Interview

1. Service coordinators are assigned as liaisons to residential facilities and are responsible for conducting two announced and two unannounced visits at each CCF. QA specialists are responsible for conducting the annual Title 17 monitoring reviews of the residential facilities. Each review utilizes standardized report forms and checklists based on Title 17 regulations. The visits are monitored for reporting purposes, identifying trends, to determine if vendors are in need of technical assistance for any health and safety issues identified. Technical assistance is provided by both service coordinators and QA as necessary.
2. The QA team is responsible for monitoring and identifying substantial inadequacies, issuing corrective action plans (CAP) and conducting follow-up reviews. The QA specialist takes the lead in conducting the follow-up review for the CAPs, with assistance from the facility liaisons as needed. Any immediate health and safety issues identified may require return visits for the corrective action plan, which may include a review of the physical plant, interviews, an internal plan by the interdisciplinary team, quality assurance and the collection of additional documentation and records.
3. NBRC's QA supervisor participates on the Risk Management Assessment and Planning Committee. The committee meets bi-monthly to discuss any trends related to special incident reports. The QA team reviews data for the purpose of planning for placement changes, predicting outcomes, and discussing the level-of-care needs weekly. There is a committee present for medical consults, mental health needs, supports and resources for training the staff. NBRC offers several vendor-specific trainings throughout the year, such as, a pre-vender workshop,

new provider orientation, special incident reporting, risk assessment training, medical red flags, respiratory risks, client rights, diversity and equity, documentation, person centered planning, final rule, employment, disaster and emergency, social sexual development, and medication the QA team provides in house training for case management and resource development.

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 eight service providers at four community care facilities and four day programs where services are provided to the consumers 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 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 six direct service staff at two community care facilities and four day programs where services are provided to the consumer 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 consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

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

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

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

II. Scope of Review

1. The monitoring teams reviewed a total of four CCFs and three day programs.
2. The teams used a monitoring review checklist consisting of 24 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

III. Results of Review

All of the CCFs and the day programs were found to be in good condition with no immediate health and safety concerns. Specific findings and recommendations are detailed below.

IV. Findings and Recommendations

- 8.3.c Staff responsible for providing direct care and supervision will receive training in first aid from qualified agencies. Adults who supervise consumers 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)]*

CCF #3 did not have a current first aid certificate for the owner/operator. CCF #4 did not have current first aid certificates for three of their direct care staff.

8.3.c Recommendation	Regional Center Plan/Response
NBRC should ensure that the providers at CCF #3 and CCF #4 have current first aid certificates for all direct care staff.	NBRC QA has confirmed that the individuals at CCF #3 and CCF #4 have current first aid certificates. The vendor will also be asked to attend the next medical red flags training. This training ensures vendors meet all requirements for medical documentation.

8.5.c The facility posts the Statement of Rights provided through the regional center by the department. [Title 17, CCR, §50520(b)(1)] [Title 17, CCR, 50510(a)(b)] [W&I 4648(a)(10)(E)]

CCF #3 and DP #4 did not have the required Title 17 statement of rights posted.

8.5.c Recommendation	Regional Center Plan/Response
NBRC should ensure that CCF #3 and DP #4 post the Title 17 statement of rights.	The CCFs and DPs are required to post one poster with clients' rights per T17 regulations. The poster requested by DDS was a user-friendly copy. There was a non-user friend poster on the wall. Clients' rights are reviewed once a year. QA will review the applicable training for the vendors and request that the vendors have a clients' rights statement at 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 NBRC 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 36 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. NBRC reported all deaths during the review period to DDS.
2. NBRC reported all special incidents in the sample of 36 records selected for the HCBS Waiver review to DDS.
3. NBRC's vendors reported all (100 percent) applicable incidents in the supplemental sample within the required timeframes.
4. NBRC reported all (100 percent) incidents in the supplemental sample to DDS within the required timeframes.
5. NBRC's follow-up activities on consumer incidents in the supplemental sample were appropriate for the severity of the situations for the 10 incidents.

IV. Findings and Recommendations

None

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

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

Supplemental Sample Terminated Waiver Consumers

#	UCI
T-1	xxxxxxx
T-2	xxxxxxx
T-3	xxxxxxx

Supplemental New Enrollees Sample

#	UCI
NE-1	xxxxxxx
NE-2	xxxxxxx
NE-3	xxxxxxx
NE-4	xxxxxxx
NE-5	xxxxxxx
NE-6	xxxxxxx
NE-7	xxxxxxx
NE-8	xxxxxxx
NE-9	xxxxxxx
NE-10	xxxxxxx
NE-11	xxxxxxx
NE-12	xxxxxxx
NE-13	xxxxxxx

HCBS Waiver Review Service Providers

CCF #	Vendor
1	xxxxxxx
2	xxxxxxx
3	xxxxxxx
4	xxxxxxx

Day Program #	Vendor
1	xxxxxxx
2	xxxxxxx
3	xxxxxxx
4	xxxxxxx

SIR Review Consumers

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