

**Regional Center of the East Bay  
Home and Community-Based Services Waiver  
Monitoring Review Report**

**Conducted by:**

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

**January 25–February 5, 2021**

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## EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the Home and Community-Based Services (HCBS) Waiver from January 25, 2021 through February 5, 2021 at Regional Center of the East Bay (RCEB). The monitoring team members were Kelly Sandoval (Team Leader), Bonnie Simmons, Nora Muir, Natasha Clay, Hope Beale, Nadia Flores and Fam Chao from DDS, and JoAnn Wright and Janie Hironaka from DHCS.

### Purpose of the Review

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

### Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

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

### Scope of Review

The monitoring team reviewed a sample of 75 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) One consumer who moved from a developmental center, 3) Ten consumers who had special incidents reported to DDS during the review period of October 19, 2019, through September 30, 2020, and 4) Four consumers who were enrolled in the HCBS Waiver during the review period.

The monitoring team completed visits to ten community care facilities (CCF). The team reviewed twenty-seven CCF consumer records and interviewed and/or observed fifty selected sample consumers.

## Overall Conclusion

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

Seventy-five sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. The sample records were 98 percent in overall compliance for this review.

RCEB's records were 97 percent in overall compliance for the collaborative reviews conducted in 2019 and in 2017, respectively.

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

### Section III – Community Care Facility Consumer Record Review

Twenty-eight consumer records were reviewed at 27 CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 95 percent in overall compliance for 19 criteria on this review.

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

### Section IV – Day Program Consumer Record Review

The closure of day programs due to COVID-19 prevented the review of Section IV Day Program records and remote site visits for the 2021 review. Consequently, Section IV is not included in this report.

RCEB's records were 97 percent and 100 percent in overall compliance for the collaborative reviews conducted in 2019 and in 2017, respectively.

## Section V – Consumer Observations and Interviews

Fifty sample consumers, or in the case of minors, their parents, were interviewed and/or observed at their CCFs, 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

Fifteen 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

Director of Clinical Services was interviewed using a standard interview instrument. She responded to questions regarding the monitoring of consumers with medical issues, medications, behavior plans, the coordination of medical and mental health care for consumers, clinical supports to assist service coordinators, and the clinical team's role in the Risk Management and Mitigation Committee and special incident reporting.

## Section VI C – Quality Assurance Interview

A quality assurance specialist was interviewed using a standard interview instrument. She responded to questions regarding how RCEB 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

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

## Section VII B – Direct Service Staff Interviews

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

## Section VIII – Vendor Standards Review

The monitoring team reviewed ten CCFs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. The reviewed vendors 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 75 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. RCEB reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported all 10 applicable incidents to RCEB within the required timeframes, and RCEB subsequently transmitted 8 of 10 special incidents to DDS within the required timeframes. RCEB'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 RCEB'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

RCEB 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 RCEB 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.

<b>Regional Center Self-Assessment HCBS Waiver Assurances</b>	
<b>HCBS Waiver Assurances</b>	<b>Regional Center Assurances</b>
State conducts level-of-care need determinations consistent with the need for institutionalization.	<p>The regional center ensures that consumers meet ICF/DD, ICF/DD-H, or ICF/DD-N facility level-of-care requirements as a condition of initial and annual eligibility for the HCBS Waiver Program.</p> <p>Regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meet the federal definition of a Qualified Intellectual Disabilities Professional (QIDP).</p> <p>The regional center ensures that consumers are eligible for full-scope Medi-Cal benefits before enrolling them in the HCBS Waiver.</p>
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver services.	<p>The regional center takes action(s) to ensure consumers' rights are protected.</p> <p>The regional center takes action(s) to ensure that the consumers' health needs are addressed.</p> <p>The regional center ensures that behavior plans preserve the right of the consumer to be free from harm.</p> <p>The regional center maintains a Risk Management, Risk Assessment and Planning Committee.</p> <p>The regional center has developed and implemented a Risk Management/Mitigation Plan.</p> <p>Regional centers and local Community Care Licensing offices coordinate and collaborate in addressing issues involving licensing requirements and monitoring of CCFs pursuant to the MOU between DDS and Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 community care facilities.</p> <p>The regional center reviews each community care facility annually to assure services are consistent with the program design and applicable laws and oversees development and implementation of corrective action plans as needed.</p> <p>The regional center conducts not less than two unannounced monitoring visits to each CCF annually.</p> <p>Service coordinators perform and document periodic reviews (at least annually) to ascertain progress toward achieving IPP objectives and the consumer's and the family's satisfaction with the IPP and its implementation.</p> <p>Service coordinators have quarterly face-to-face meetings with consumers in CCFs, family home agencies, supported living services, and independent living services to review services and progress toward achieving the IPP objectives for which the service provider is responsible.</p> <p>The regional center ensures that needed services and supports are in place when a consumer moves from a developmental center (DC) to a community living arrangement.</p>

<b>Regional Center Self-Assessment HCBS Waiver Assurances</b>	
<b>HCBS Waiver Assurances</b>	<b>Regional Center Assurances</b>
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.	<p>The regional center ensures that all HCBS Waiver consumers are offered a choice between receiving services and living arrangements in an institutional or community setting.</p> <p>Regional centers ensure that planning for IPPs includes a comprehensive assessment and information-gathering process which addresses the total needs of HCBS Waiver consumers and is completed at least every three years at the time of his/her triennial IPP.</p> <p>The IPPs of HCBS Waiver consumers are reviewed at least annually by the planning team and modified, as necessary, in response to the consumers' changing needs, wants and health status.</p> <p>The regional center uses feedback from consumers, families and legal representatives to improve system performance.</p> <p>The regional center documents the manner by which consumers indicate choice and consent.</p>

## SECTION II

### REGIONAL CENTER CONSUMER RECORD REVIEW

#### I. Purpose

The review is based upon documentation criteria derived from federal/state statutes and regulations and from the Centers for Medicare & Medicaid Services' directives and guidelines relating to the provision of Home and Community-Based Services (HCBS) Waiver services. The criteria address requirements for eligibility, consumer choice, notification of proposed action and fair hearing rights, level of care, individual program plans (IPP) and periodic reviews and reevaluations of services. The information obtained about the consumer's needs and services is tracked as a part of the onsite program reviews.

#### II. Scope of Review

1. Seventy-five HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	31
With Family	16
Independent or Supported Living Setting	28

2. The review period covered activity from October 1, 2019 – September 30, 2020.

#### III. Results of Review

The 75 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 RCEB 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. One supplemental record was reviewed solely for documentation indicating that the consumer received face-to-face reviews every 30 days for the first 90 days after moving from a developmental center. Four supplemental records were reviewed for documentation that RCEB determined the level of care prior to receipt of HCBS Waiver services.

- ✓ The sample records were 100 percent in compliance for 23 criteria. There are no recommendations for these criteria.
- ✓ Findings for eight criteria are detailed below.

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

#### IV. Findings and Recommendations

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

##### Finding

Seventy-two of the seventy-three (99 percent) sample consumer records contained a signed and dated DS 2200 form. However, the record for consumer #25 did not contain a DS 2200 form.

2.2 Recommendation	Regional Center Plan/Response
RCEB should ensure that the DS 2200 form for consumer #25 is signed and dated by the consumer.	Regional Center obtained signature on DS2200 for consumer #25.

- 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]*

##### Findings

Sixty-seven of the seventy-three (92 percent) sample consumer records documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in six consumer 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 consumer's records (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports:

1. Consumer #18: "bathing";
2. Consumer #21: "bathing" and "hygiene";
3. Consumer #22: "bladder control";
4. Consumer #49: "cholesterol";
5. Consumer #50: "walking", "bathing" and "hygiene"; and,

6. Consumer #54: “safety awareness.”

2.5.b Recommendation	Regional Center Plan/Response
RCEB should determine if the items listed above are appropriately identified as qualifying conditions. The consumer’s DS 3770 form should be corrected to ensure that any items that do not represent substantial limitations in the consumers’ ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying conditions. If RCEB 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.	Regional Center of East Bay has obtained IPP Addendum that captures the qualifying conditions in the DS 3770 for the following Consumers: Consumer #18, Consumer #21, Consumer #22, Consumer #49, Consumer #50, and Consumer #54.

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

Finding

Seventy-four of the seventy-five (99 percent) sample consumer records contained documentation that the consumer’s IPP had been reviewed annually by the planning team. For consumer #67, the previous annual was dated August 20, 2019. However, the following IPP was not completed until November 2020. Accordingly, no recommendation is required.

- 2.6.b The HCBS Waiver Standardized Annual Review Form (SARF) is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary and that the consumer’s health status and CDER have been reviewed. *(HCBS Waiver Requirement)*

## Findings

Fifty-three of the fifty-four (98 percent) applicable consumer records contained a completed SARF. However, the record for #9 did not contain a completed SARF. The annual review was dated July 27, 2020.

2.6.b Recommendation	Regional Center Plan/Response
RCEB should ensure that a SARF is completed and signed for consumer #9 during the annual IPP review process.	RCEB incorporates SARF and document requirement training in quarterly New Case Management Hire Orientations.

- 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

Sixty-three of the seventy-three (86 percent) sample consumer records contained IPPs that addressed the consumers' qualifying conditions. However, the IPPs for ten consumers did not address supports for qualifying conditions identified in the record as indicated below:

1. Consumer #9: "Bathing";
2. Consumer #14: "Toileting";
3. Consumer #30: "Safety awareness";
4. Consumer #33: "Blood pressure" and "anxiety";
5. Consumer #38: "Thyroid condition";
6. Consumer #41: "Hygiene", "bathing" and "safety awareness";
7. Consumer #44: "Thyroid condition";
8. Consumer #53: "Safety awareness";
9. Consumer #56: "Blood pressure" and "cholesterol"; and,
10. Consumer #59: "Safety awareness."

2.9.a Recommendation	Regional Center Plan/Response
RCEB should ensure that the IPP for consumers #9, #14, #30, #33, #38, #41, #44, #53, #56, and #59 addresses the services and supports in place for the condition listed above.	Regional Center of East Bay has obtained IPP Addendum that services and supports for eligible conditions of: Consumer #9, Consumer #14, Consumer #30, Consumer #33, Consumer #38, Consumer #41, Consumer #44, Consumer #53, Consumer #56, and Consumer #59.

2.10.a The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. [W&I Code §4646.5(a)(4)]

### Findings

Sixty-five of the seventy-five (87 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by RCEB. However, IPPs for ten consumers did not indicate RCEB funded services as indicated below:

1. Consumer #6: "In-home day program";
2. Consumer #7: "In-home day program";
3. Consumer #9: "Public transportation";
4. Consumer #14: "In-home day program";
5. Consumer #17: "In-home day program";
6. Consumer #19: "In-home day program";
7. Consumer #21: "In-home day program" and "Supplemental residential program support";
8. Consumer #24: ""In-home day program";
9. Consumer #25: ""In-home day program"; and,
10. Consumer #27: ""In-home day program."

2.10.a Recommendation	Regional Center Plan/Response
RCEB should ensure that the IPPs for consumers #6, #7, #9, #14, #17, #19, #21, #24, #25 and #27 include a schedule of the type and amount of all services and supports purchased by RCEB.	Regional Center of East Bay has obtained IPP Addendum listing frequency, schedule, and type of services funded by RCEB for the following consumers: Consumer #6, Consumer #7, Consumer #9, Consumer #14, Consumer #17, Consumer #19, Consumer #21, Consumer #24, Consumer #25, and Consumer #27.

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

Fifty-three of the fifty-nine (90 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for six consumers did not meet the requirement as indicated below:

1. The records for consumers #19, #21, #25, #27 and #53 contained documentation of only three of the required meetings.
2. The record for consumer #41 contained documentation of only two of the required meetings.

2.13.a Recommendation	Regional Center Plan/Response
RCEB should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #19, #21, #25, #27, #41, and #53.	Regional Center of East Bay has organized a workgroup comprised of Trainers and Case Management Supervisors responsible for curating trainings of new tracking systems to ensure adherence to face-to-face requirements for Case Managers.

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

Fifty-three of the fifty-nine (90 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for six consumers did not meet the requirement as indicated below:

1. The records for consumers #19, #21, #25, #27, and #53 contained documentation of only three of the required quarterly reports of progress.
2. The record for consumer #41 contained documentation of only two of the required quarterly reports of progress.

2.13.b Recommendation	Regional Center Plan/Response
RCEB should ensure that future quarterly reports of progress are completed for consumers #19, #21, #25, #27, #41 and #53.	Regional Center of East Bay has organized a workgroup which has curated trainings for implementation of tracking systems. Further, RCEB has deployed a new unit of case managers focused on adhering to contact requirements for contacts at risk of lapsing.

Regional Center Consumer Record Review Summary Sample Size = 79						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	75		4	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.	73		6	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.	73		6	100	None
2.1.c	The DS 3770 form documents annual re-certifications.	73		6	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	1		78	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)]	72	1	6	99	See Narrative
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. [SMM 4442.7; 42 CFR Part 431, Subpart E; W&I Code §4710(a)(1)]	5		74	100	None
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)	75		4	100	None

Regional Center Consumer Record Review Summary Sample Size = 79						
	Criteria	+	-	N/A	% Met	Follow-up
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)	73		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.	67	6	6	92	See Narrative
2.6.a	IPP is reviewed (at least annually) by the planning team and modified as necessary in response to the consumer's changing needs, wants or health status. [42 CFR 441.301(b)(1)(I)]	74	1	4	99	See Narrative
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. (HCBS Waiver requirement)	53	1	25	98	See Narrative
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. [W&I Code §4646(g)]	75		4	100	None
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	46		33	100	None
2.7.c	The IPP is prepared jointly with the planning team. [W&I Code §4646(d)]	75		4	100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. [W&I Code §4646.5(a)]	75		4	100	None
2.9	The IPP addresses the consumer's goals and needs. [W&I Code §4646.5(a)(2)]	Criterion 2.9 consists of seven sub-criteria (2.9.a-g) that are reviewed independently.				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	63	10	6	86	See Narrative

Regional Center Consumer Record Review Summary Sample Size = 79						
	Criteria	+	-	N/A	% Met	Follow-up
2.9.b	The IPP addresses special health care requirements.	16		63	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	31		48	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	51		28	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.	29		50	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	75		4	100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. [W&I Code §4685(c)(2)]	9		70	100	None
2.10.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. [W&I Code §4646.5(a)(4)]	65	10	4	87	See Narrative
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. [W&I Code §4646.5(a)(5)]	75		4	100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [W&I Code §4646.5(a)(5)]	44		35	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. [W&I Code §4646.5(a)(5)]	75		4	100	None

Regional Center Consumer Record Review Summary Sample Size = 79						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic reviews and reevaluations of consumer progress are completed (at least annually) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. <i>[W&amp;I Code §4646.5(a)(8)]</i>	75		4	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; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	53	6	20	90	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; Title 17, CCR, §56095; Title 17, CCR, §58680; contract requirement)</i>	53	6	20	90	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>(W&amp;I Code §4418.3)</i>	1		78	100	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

28 consumer records were reviewed at 27 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 95 percent in compliance for nineteen criteria.

- ✓ The sample records were 100 percent in compliance for six applicable criteria. There are no recommendations for these criteria.
- ✓ Findings for thirteen 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

- 3.1 An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. (*Title 17, CCR, §56017(b); Title 17, CCR §56059(b); Title 22, CCR, §80069*)

##### Finding

Twenty-seven of the twenty-eight (96 percent) sample consumer records contained a file maintained by the CCF. However, a file for consumer #3 at CCF #13 was not provided for review. During the monitoring review, RCEB contacted CCF #13 and issued a corrective action plan detailing the specific requirements of Title 17 and Title 22 regulations for maintaining a consumer file. Accordingly, no recommendation is required.

- 3.1.e The consumer record contains a recent photograph and a physical description of the consumer.

### Finding

Twenty-six of twenty-seven (96 percent) sample consumer records contained a recent photograph and a physical description of the consumer. The record for consumer #19 at CCF #23 did not contain a recent photograph and a physical description of the consumer.

3.1.e Recommendation	Regional Center Plan/Response
RCEB should ensure that the record for CCF #23 contains a recent photograph and physical description of consumer #19.	Regional Center of the East Bay has contacted this vendor and advised on documentation requirements, ensuring a current photo and description is included in records.

- 3.2 A written admission agreement is completed for the consumer that is signed by the consumer or his/her authorized representative, the regional center, and the facility administrator that includes the certifying statements specified in Title 17. [Title 17, CCR, §56019(c)(1)]

### Finding

Twenty-six of the twenty-seven (96 percent) sample consumer records contained a completed and signed admission agreement. However, the record for consumer #19 at CCF #23 did not have an admission agreement that was signed by the consumer and/or their authorized representative.

3.2 Recommendation	Regional Center Plan/Response
RCEB should ensure that CCF #23 has an admission agreement signed by consumer #19 and/or their authorized representative.	Regional Center of East Bay has contacted this vendor and advised on importance of documentation requirements and ensured admission agreements are included in consumer records documents.

- 3.5.a Service Level 4 facilities prepare and maintain written quarterly reports of the consumer's progress that are completed within 30 days of the end of the quarter. [Title 17, CCR, §56026(c)]

### Finding

Twenty of the twenty-one (95 percent) applicable sample consumer records contained quarterly reports of the consumer's progress. However, the record for consumer #19 at CCF #23 contained only one of the required quarterly reports of consumer's progress.

3.5.a Recommendation	Regional Center Plan/Response
RCEB should ensure that CCF provider #23 completes the required quarterly reports of progress for consumer #19.	Regional Center of the East Bay has notified vendor of documentation requirements and will utilize deployed 6J Case Management unit for the adherence to quarterly contacts.

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

#### Finding

Twenty-five of the twenty-seven (92 percent) consumer records contained ongoing consumer notes documenting community activities, overnight visits, illnesses, incidents, and medical appointments. The records for consumer #19 at CCF #23 and consumer #26 at CCF #27 did not contain ongoing notes that address the above activities.

3.6.a Recommendation	Regional Center Plan/Response
RCEB should assess what action it should take to ensure that the providers at CCF #23 and #27 consistently maintain ongoing written consumer notes that document community activities, overnight visits, illnesses, incidents, and medical appointments.	RCEB quality assurance unit will continue vendor training and information ensuring documentation requirements have been met.

- 3.6.b The ongoing notes/information verify that behavior needs are being addressed.

#### Finding

Twenty-one of the twenty-two (95 percent) applicable sample consumer records contained notes or information that verify that behaviors are being addressed. However, the record for consumer #19 at CCF #23 did not contain information that verifies that self-injurious behaviors are being addressed.

3.6.b Recommendation	Regional Center Plan/Response
RCEB should ensure that CCF provider #23 maintains notes or information that verify that behaviors are being addressed for consumer #19.	Regional Center of the East Bay has met informed vendors of necessary documentation requirements, including supports with interfering behaviors and how they are being addressed.

Community Care Facility Record Review Summary Sample Size: 28						
	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>	27	1		96	See Narrative
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	27		1	100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	20		8	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.	27		1	100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	27		1	100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	26	1	1	96	See Narrative
3.1.i	Special safety and behavior needs are addressed.	20		8	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>	26	1	1	96	See Narrative
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	27		1	100	None

Community Care Facility Record Review Summary Sample Size: Consumers = 28; CCFs = 27						
	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>	7		21	100	None
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	7		21	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. <i>[Title 17, CCR, §56026(c)]</i>	20	1	7	95	See Narrative
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.	20		8	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>	20		8	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>	25	2	1	93	See Narrative
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	22		1	95	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>	3		25	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>	3		25	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>	3		25	100	None

## **SECTION IV**

### **DAY PROGRAM**

### **CONSUMER RECORD REVIEW**

#### **I. Purpose**

The review criteria address the requirements for day programs to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the individual program plan (IPP) that the day program provider is responsible for implementing. The criteria are derived from Title 17, California Code of Regulations.

#### **II. Scope of Review**

The closure of day programs due to COVID-19 prevented the review of Section IV Day Program records and remote site visits for the 2021 review.

## SECTION V

### CONSUMER OBSERVATIONS AND INTERVIEWS

#### I. Purpose

The consumer observations are conducted to verify that the consumers appear to be healthy and have good hygiene. Interview questions focus on the consumers' satisfaction with their living situation, day program and work activities, health, choices, and regional center services.

#### II. Scope of Observations and Interviews

Fifty of the seventy-five consumers, or in the case of minors, their parents, were interviewed and/or observed remotely via Zoom at community care facilities (CCF), or in independent living settings.

- ✓ Thirty-nine consumers agreed to be interviewed by the monitoring team.
- ✓ Six consumers did not communicate verbally or declined an interview but were observed.
- ✓ Five interviews were conducted with parents of minors.
- ✓ Twenty-five consumers were unavailable for, or declined, interviews.

#### III. Results of Observations and Interviews

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

## SECTION VI A

### SERVICE COORDINATOR INTERVIEWS

#### I. Purpose

The interviews determine how well the service coordinators know 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 15 RCEB 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 RCEB's medical director and online resources for medication.
4. The service coordinators monitor the consumers' services, health and safety during periodic visits. They are aware of the consumers' health issues. The service coordinators are knowledgeable about the special incident reporting process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed.

## **SECTION VI B**

### **CLINICAL SERVICES INTERVIEW**

#### **I. Purpose**

The clinical services interview is used to obtain supplemental information on how the regional center is organized to provide clinical support to consumers and service coordinators. This interview aids in determining what measures the regional center is utilizing to ensure the ongoing health and safety of all Home and Community-based Services Waiver consumers.

#### **II. Scope of Interview**

1. The questions in the interview cover the following topics: routine monitoring of consumers with medical issues: medications; behavior plans; coordination of medical and mental health care for consumers; circumstances under which actions are initiated for medical or behavior issues; clinical supports to assist service coordinators; improved access to preventive health care resources; role in Risk Management Committee and special incident reports (SIR).
2. The monitoring team interviewed the Clinical Director at the Regional Center of the East Bay (RCEB).

#### **III. Results of Interview**

1. RCEB's clinical services team consists of a clinical director, physicians, registered nurses, psychologists, behavior analysts, a psychiatrist, occupational therapists, a dental coordinator, and an autism coordinator.
2. The clinical team is available as a resource to service coordinators. Service coordinators use a health care checklist during the IPP and annual review process. The checklist incorporates information that will assist service coordinators to identify potential issues that might benefit from a clinical team referral. Members of the clinical team participate in weekly meetings that include consumers and families, to assist with assessment and planning. Clinical team physicians and the clinical director may be involved in the medical or surgical consent process for consumers who are unable to give informed consent, and now because of the COVID-19 pandemic, the clinical team is also participating in consenting for the COVID-19 vaccine. Members of the team collaborate with local physicians and home health agencies to assist with the coordination of care. The registered nurses are available to visit hospitalized consumers and assist in the discharge planning process. Nurses also visit adult residential facilities for persons with special health care needs. Remote visits via Zoom are scheduled to evaluate consumer health status and provide staff training as needed.

3. The clinical team is available to assist with consumers' behavior plans and mental health issues through referrals from service coordinators. The behavior analysts will review behavior plans and make recommendations as needed. Behavior analysts are also available to assist level four community care facilities when requested. The psychologists are available during intake and to perform evaluations, and the psychiatrist will advise appropriate treatment for consumers with existing or undiagnosed mental health issues. Members of the clinical team review psychotropic medications as requested. Clinical staff meets with Alameda and Contra Costa counties to improve mental health services and provide training to their staff.
4. Members of the clinical team provide training, on a variety of topics, for providers and regional center staff. Team members also participate in new employee orientation.
5. RCEB has improved access to health care for its consumers in the following ways:
  - ✓ Association with Alameda and Contra Costa Counties to increase access to health education and services for consumers;
  - ✓ Assists consumers to access medical, dental, and psychiatric providers remotely who have experience working with people with developmental disabilities;
  - ✓ RCEB dental coordinator provides remote assessments via Zoom and coordination of dental services;
  - ✓ Regional center physicians, nurses, and occupational therapists work with Medi-Cal managed care plans to facilitate care;
  - ✓ Assists consumers in obtaining medical and communication equipment;
  - ✓ Participates remotely in community health fairs and local autism conferences;
  - ✓ RCEB collaborates with the Schreiber Center to support consumers with complex behavioral, emotional, and psychiatric needs; and,
  - ✓ A Mental Health Clinic in Contra Costa County.
6. The Director of Clinical Services is a member of the Risk Management and the Mortality Committee. Team members review special incidents as requested. The Director of Clinical Services reviews all deaths and reports to the Mortality Committee for recommendations as indicated. The regional center utilizes Mission Analytics Group, Inc., the State's risk management contractor, to analyze special incidents for trends and makes recommendations for appropriate follow-up and training as needed.

## SECTION VI C

### QUALITY ASSURANCE INTERVIEW

#### I. Purpose

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

#### II. Scope of Interview

The monitoring team interviewed a quality assurance specialist who is part of the team responsible for conducting RCEB's QA activities.

#### III. Results of Interview

Annual Title 17 visits are conducted by QA specialists. During the visits the liaisons review vendor files, licensing reports, medication logs, behavior plans, individual program plans, special incident reports and open corrective action plans (CAP). QA specialists are also responsible for conducting the two unannounced visits at each CCF. Additional unannounced visits may be conducted to facilities with identified issues.

When substantial inadequacies are identified, a CAP is developed by the QA specialist. The QA specialist also takes the lead in conducting the follow-up review for the CAPs, with assistance from the facility liaisons as needed.

RCEB uses information collected from QA monitoring to provide technical assistance for providers. In addition, RCEB offers monthly training for providers, such as "record retention" and "financial abuse seminars." In addition to vendor-specific training provided in response to findings from annual monitoring, the QA team has provided training based on the analysis of Special Incident Report trends. Recent training topics have included prevention of medication errors, reporting abuse, and special incident reporting requirements and expectations.

Resource specialists are responsible for the review and approval process for new vendor applications. The resource specialists conduct orientation, verify credentials and employment history, and meet with the potential vendor to review their program design.

## 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 ten service providers at ten community care facilities where services are provided to the consumers who were visited by the monitoring team.
2. The interview questions are divided into two categories.
  - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
  - ✓ The questions in the second category are related to general areas.

#### III. Results of Interviews

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

## **SECTION VII B**

### **DIRECT SERVICE STAFF INTERVIEWS**

#### **I. Purpose**

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

#### **II. Scope of Interviews**

1. The monitoring team interviewed nine direct service staff at nine community care facilities where services are provided to the consumer who was visited by the monitoring team.
2. The interview questions are divided into two categories:
  - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
  - ✓ The questions in the second category are related to general areas.

#### **III. Results of Interviews**

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

## SECTION VIII

### VENDOR STANDARDS REVIEW

#### I. Purpose

The review ensures that the selected community care facilities (CCF) 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 ten CCFs via remote electronic communication. Remote electronic communication was used to conduct service provider, direct staff and consumer interviews, as well as site inspections.
2. The teams used a monitoring review checklist consisting of 24 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

#### III. Results of Review

All of the CCFs were found to be in good condition with no immediate health and safety concerns.

#### IV. Findings and Recommendations

None

## SECTION IX

### SPECIAL INCIDENT REPORTING

#### I. Purpose

The review verifies that special incidents have been reported within the required timeframes, that documentation meets the requirements of Title 17, California Code of Regulations, and that the follow-up was complete.

#### II. Scope of Review

1. Special incident reporting of deaths by RCEB 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 75 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. RCEB reported all deaths during the review period to DDS.
2. RCEB reported all special incidents in the sample of 75 records selected for the HCBS Waiver review to DDS.
3. RCEB's vendors reported all (100 percent) applicable incidents in the supplemental sample within the required timeframes.
4. RCEB reported 8 of the 10 (80 percent) incidents to DDS within the required timeframes.
5. RCEB's follow-up activities on consumer incidents were appropriate for the severity of the situations for the 10 incidents.

#### IV. Finding and Recommendation

#SIR 4: The incident occurred on October 15, 2019. However, RCEB did not report the incident to DDS until October 24, 2019.

#SIR 10: The incident occurred on October 8, 2019. However, RCEB did not report the incident to DDS until November 20, 2019

Recommendation	Regional Center Plan/Response
RCEB should ensure that all incidents are reported to DDS within the required timeframe.	Regional Center of East Bay has met with SIR and Quality Assurance Specialists/ Supervisor to discuss ongoing training to Case Managers, and this topic is included in agenda items at monthly Case Management Supervisor meetings. Further, RCEB has enacted an SIR email account, where vendors have been instructed to send reports, so RCEB obtains timely notification to subsequently relay to DDS. RCEB aims to have all outbound staff emails include SIR email and reporting information as part of email signatures of all Case Management staff by the end of 2023.

## SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

### HCBS Waiver Review Consumers

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

#	UCI	CCF	DP
39	XXXXXXXX		
40	XXXXXXXX		
41	XXXXXXXX		
42	XXXXXXXX		
43	XXXXXXXX		
44	XXXXXXXX		
45	XXXXXXXX		
46	XXXXXXXX		
47	XXXXXXXX		
48	XXXXXXXX		
49	XXXXXXXX		
50	XXXXXXXX		
51	XXXXXXXX		
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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		
71	XXXXXXXX		
72	XXXXXXXX		
73	XXXXXXXX		
74	XXXXXXXX		
75	XXXXXXXX		

### Supplemental Sample Terminated Waiver Consumers

#	UCI
T-1	XXXXXXX
T-2	XXXXXXX
T-3	XXXXXXX

### Supplemental Sample Developmental Center Consumers

#	UCI
DC-1	XXXXXXX

### HCBS Waiver Review Service Providers

CCF #	Vendor
1	XXXXXXX
2	XXXXXXX
3	XXXXXXX
4	XXXXXXX
5	XXXXXXX
6	XXXXXXX
7	XXXXXXX
8	XXXXXXX
9	XXXXXXX
10	XXXXXXX
11	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