

**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 23-February 10, 2023

TABLE OF CONTENTS

EXECUTIVE SUMMARY	page 3
SECTION I REGIONAL CENTER SELF-ASSESSMENT	page 7
SECTION II REGIONAL CENTER CONSUMER RECORD REVIEW	page 10
SECTION III COMMUNITY CARE FACILITY RECORD REVIEW	page 28
SECTION IV DAY PROGRAM CONSUMER RECORD REVIEW	page 33
SECTION V CONSUMER OBSERVATIONS AND INTERVIEWS	page 37
SECTION VI	
A. SERVICE COORDINATOR INTERVIEWS	page 38
B. CLINICAL SERVICES INTERVIEW	page 39
C. QUALITY ASSURANCE INTERVIEW	page 42
SECTION VII	
A. SERVICE PROVIDER INTERVIEWS	page 43
B. DIRECT SERVICE STAFF INTERVIEWS	page 44
SECTION VIII VENDOR STANDARDS REVIEW.....	page 45
SECTION IX SPECIAL INCIDENT REPORTING.....	page 52
SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS	page 54

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 23 - February 10, 2023 at Regional Center of the East Bay (RCEB). The monitoring team members were Nora Muir (Team Leader), Bonnie Simmons, Kelly Sandoval, Jenny Mundo, Natasha Clay, Hope Beale, and Fam Chao from DDS, and Arnee Amarillo, Deeanna Tran, and Janie Hironaka from DHCS.

Purpose of the Review

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

Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

The compliance monitoring review protocol is comprised of sections/components designed to determine if the consumers' needs and program requirements are being met and that services are being provided in accordance with the consumers' individual program plans (IPP). Specific criteria have been developed for the review sections listed below that are derived from federal/state statutes and regulations and from 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 72 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) five consumers who moved from a developmental center, 2) ten consumers who had special incidents reported to DDS during the review period of October 1, 2021, through September 30, 2022 and, 3) seven consumers who were enrolled in the HCBS Waiver during the review period.

The monitoring team completed visits to 22 community care facilities (CCF) and 12 day programs. The team reviewed 23 CCF and 15 day program consumer records and interviewed and/or observed 56 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-two 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. Criterion 2.10.a was 79 percent in compliance because 15 of the 72 IPPs did not include a schedule of the type and amount of all services and supports purchased by the regional center. Criterion 2.13.a was 50 percent in compliance because 29 of the 58 applicable records did not contain documentation of all required quarterly face-to-face visits. Criterion 2.13.b was 47 percent in compliance because 31 of the 58 applicable records did not contain documentation of all required quarterly reports of progress. The sample records were 93 percent in overall compliance for this review.

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

New Enrollees: Seven 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-three consumer records were reviewed at 22 CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 97 percent in overall compliance for this review.

RCEB's records were 95 percent and 100 percent in overall compliance for the collaborative reviews conducted in 2021 and in 2019, respectively.

Section IV – Day Program Consumer Record Review

Fifteen consumer records were reviewed at 12 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 98 percent in overall compliance for this review.

RCEB's records were 97 percent in overall compliance for the collaborative review conducted in 2019. The closure of day programs due to COVID-19 prevented the review of Section IV Day Program records and site visits for the 2021 review.

Section V – Consumer Observations and Interviews

Fifty-six 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.

Section VI A – Service Coordinator Interviews

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

Section VI B – Clinical Services Interview

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 on 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

Fourteen CCF and eight day program service providers were interviewed using a standard interview instrument. The service providers responded to questions regarding their knowledge of the 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

Fourteen CCF and six 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 14 CCFs and 8 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 72 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 9 of the 10 incidents to RCEB within the required timeframes, and RCEB subsequently transmitted all 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 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.

Regional Center Self-Assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
State conducts level of care need determinations consistent with the need for institutionalization.	<p>The regional center ensures that consumers meet ICF/DD, ICF/DD-H, or ICF/DD-N facility level of care requirements as a condition of initial and annual eligibility for the HCBS Waiver Program.</p> <p>Regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meet the federal definition of a Qualified Intellectual Disabilities Professional (QIDP).</p> <p>The regional center ensures that consumers are eligible for full scope Medi-Cal benefits before enrolling them in the HCBS Waiver.</p>
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services.	<p>The regional center takes action(s) to ensure consumers' rights are protected.</p> <p>The regional center takes action(s) to ensure that the consumers' health needs are addressed.</p> <p>The regional center ensures that behavior plans preserve the right of the consumer to be free from harm.</p> <p>The regional center maintains a Risk Management, Risk Assessment and Planning Committee.</p> <p>The regional center has developed and implemented a Risk Management/Mitigation Plan.</p> <p>Regional centers and local Community Care Licensing offices coordinate and collaborate in addressing issues involving licensing requirements and monitoring of CCFs pursuant to the MOU between DDS and Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 community care facilities.</p> <p>The regional center reviews each community care facility annually to assure services are consistent with the program design and applicable laws and 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>

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.	<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-two HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	31
With Family	14
Independent or Supported Living Setting	27

2. The review period covered activity from October 1, 2021–September 30, 2022.

III. Results of Review

The 72 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Five supplemental records were reviewed solely for documentation indicating that the consumer received face-to-face reviews every 30 days after moving from a developmental center for the first 90 days. Seven supplemental records were reviewed for documentation that RCEB determined the level of care prior to receipt of HCBS Waiver services.

- ✓ The sample records were in 100 percent compliance for 14 criteria. There are no recommendations for these criteria. Two criteria were not applicable for this review.
- ✓ Findings for 15 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

2.1.c The DS 3770 form documents annual recertifications.

Findings

Sixty-eight of the seventy-one (96 percent) applicable sample consumer records contained a timely DS 3770 annual recertification. However, the records for consumers #7, #28, and #45 did not contain a current DS 3770 recertification.

2.1.c Recommendation	Regional Center Plan/Response
RCEB should ensure that all consumers on the Home and Community-Based Services Waiver have timely annual recertification documented on the DS 3770.	RCEB has reviewed files and obtained complete documentation for case #7, #28 and #45.

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

Sixty-eight of the seventy-two (94 percent) sample consumer records contained a completed DS 2200 form. There were identified issues regarding the DS2200 form as indicated below:

1. Consumer #5: The consumer was determined eligible on June 1, 2018. The DS 2200 form was signed and dated January 17, 2023. Accordingly, no recommendation is required;
2. Consumer #7: The consumer record did not contain a DS 2200;
3. Consumer #34: The consumer was determined eligible on June 1, 2007. The DS 2200 form was signed and dated December 16, 2022. Accordingly, no recommendation is required; and,
4. Consumer #56: The consumer was determined eligible on October 1, 2020. The DS 2200 form was signed and dated December 8, 2022. Accordingly, no recommendation is required.

2.2 Recommendation	Regional Center Plan/Response
RCEB should ensure that a DS 2200 form is completed for consumer #7.	RCEB has verified that DS 2200 was completed and filed in client record.

- 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)

Findings

Seventy of the seventy-two (97 percent) sample consumer records contained a CDER that had been reviewed within the last 12 months. However, the records for consumers #12 and #28 did not contain documentation that the CDER had been reviewed during the year.

2.4 Recommendation	Regional Center Plan/Response
RCEB should ensure that the CDER for consumers #12 and #28 is reviewed annually.	RCEB verified that the CDER for consumer #12 and #28 and records were updated.

- 2.5.b The 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-six of the sixty-nine (96 percent) applicable sample consumer records documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in three 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 #42: "thyroid condition";
2. Consumer #44: "outbursts"; and,
3. Consumer #55: "high blood pressure" and "cholesterol".

2.5.b Recommendation	Regional Center Plan/Response
RCEB should determine if the items listed above are appropriately identified as qualifying conditions for consumers #42, #44, and #55. The consumers' DS 3770 form should be corrected to ensure that any items	RCEB has verified that each listed qualifying condition for consumers #42, #44 and #55 were updated on the 3770 forms.

<p>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.</p>	
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- 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)]

Findings

Sixty-two of the seventy-two (86 percent) sample consumer records contained documentation that the consumer's IPP had been reviewed annually by the planning team. However, there was no documentation that the IPPs for ten consumers were reviewed annually, as indicated below:

1. Consumer #5: The IPP was dated January 27, 2021. There was no documentation that the IPP was reviewed during the monitoring review period;
2. Consumer #7: The IPP was dated June 22, 2019. There was no documentation that the IPP was reviewed during the monitoring review period;
3. Consumer #11: The IPP was dated November 8, 2018. There was no documentation that the IPP was reviewed during the monitoring review period;
4. Consumer #12: The IPP was dated January 15, 2019. There was no documentation that the IPP was reviewed during the monitoring review period;
5. Consumer #27: The IPP was dated May 16, 2019. There was no documentation that the IPP was reviewed during the monitoring review period. A new IPP was completed on December 19, 2022. Accordingly, no recommendation is required;

6. Consumer #28: The IPP was dated July 19, 2016. There was no documentation that the IPP was reviewed during the monitoring review period;
7. Consumer #43: The IPP was dated September 27, 2019. There was no documentation that the IPP was reviewed during the monitoring review period;
8. Consumer #44: The IPP was dated October 28, 2019. There was no documentation that the IPP was reviewed during the monitoring review period;
9. Consumer #58: The IPP was dated September 12, 2019. There was no documentation that the IPP was reviewed during the monitoring review period; and,
10. Consumer #64: The IPP was dated February 16, 2018. There was no documentation that the IPP was reviewed during the monitoring review period. A new IPP was completed on January 10, 2023. Accordingly, no recommendation is required.

2.6.a Recommendation	Regional Center Plan/Response
RCEB should ensure that the IPPs for consumers #5, #7, #11, #12, #28, #43, #44, and #58 is reviewed at least annually by the planning team.	<p>Consumer #5: Annual Review of IPP completed 1/23/22.</p> <p>Consumer #7: New IPP completed 6/22/22.</p> <p>Consumer #11: IPP meeting was held 11/22/21 and is now in file.</p> <p>Consumer #12: IPP completed 4/26/22.</p> <p>Consumer #28: Had an IPP completed 8/2/19 and another one 7/20/22, both now in the file.</p> <p>Consumer # 43: A review has since been completed in 12/13/2022.</p> <p>Consumer #44: A review has been completed 8/23/2023.</p> <p>Consumer #58: A review has been completed 2/2/2023.</p> <p>RCEB is utilizing Associate Case Manager positions to ensure coverage and compliance with IPP review and completion.</p>

- 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

Thirty-nine of the forty-six (85 percent) applicable sample consumer records contained a completed SARF. However, records for seven consumers did not contain a completed SARF as indicated below:

1. Consumer #5: No SARF completed; IPP was dated January 27, 2021;
2. Consumer #18: Missing SARF for annual review dated December 8, 2021;
3. Consumer #35: Missing SARF for annual review dated November 19, 2021;
4. Consumer #44: No SARF completed; IPP was dated October 28, 2019;
5. Consumer #49: Missing SARF for annual review dated March 25, 2022;
6. Consumer #53: Missing SARF for annual review dated July 22, 2022; and,
7. Consumer #59: Missing SARF for annual review dated March 23, 2022.

2.6.b Recommendation	Regional Center Plan/Response
RCEB should ensure that the SARF for consumers #5, #18, #35, #44, #49, #53, and #59 are completed during the annual IPP review process.	RCEB has verified and SARF for consumers #5, #18, #35, #44, #49, #53, and #59 were completed and filed.

- 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)]*

Findings

Sixty-seven of the seventy-one (94 percent) applicable sample consumer records contained IPPs that were signed by RCEB and the consumers, conservators or their legal representatives. However, four consumers' IPPs were not signed by the consumer as indicated below:

1. Consumer #25: The IPP dated September 3, 2020 was not signed by the consumer. Prior to the monitoring review period, the IPP was signed on June 28, 2022. Accordingly, no recommendation is required;
2. Consumer #35: The IPP dated November 4, 2020, was not signed by the consumer;

3. Consumer #47: The IPP dated October 5, 2021 was not signed by the consumer and the regional center; and,
4. Consumer #62: The IPP dated June 22, 2021, was not signed by the consumer.

2.7.a Recommendation	Regional Center Plan/Response
RCEB should ensure that the IPPs for consumers #35, #47, and #62 are signed and dated by the consumer or by the legal representative/guardian. If the consumer does not sign, RCEB should ensure that the record addresses the reason why the consumer did not or could not sign.	<p>Signed IPP dated 9/3/2020 for Consumer #25 in file.</p> <p>Signed IPP dated 11/4/2020 for Consumer #35 in file.</p> <p>Signed IPP dated 10/5/2021 for Consumer #47 is in file.</p> <p>Signed IPP dated 6/22/2021 for Consumer #62 in file.</p> <p>RCEB has conducted a Case Management training around IPP requirements and adherence. Follow up Case Manager training is planned for 5/2024.</p>

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

Findings

Sixty-five of the sixty-nine (94 percent) applicable sample consumer records contained IPPs that addressed the consumers' qualifying conditions. However, the IPPs for four consumers did not address supports for qualifying conditions identified in the record as indicated below:

1. Consumer #16: The IPP dated July 14, 2022, does not address the qualifying condition "blood pressure;" as noted in the community care facility annual report dated July 14, 2022;
2. Consumer #41: The IPP dated April 8, 2022, does not address the qualifying condition "safety awareness" as noted in the annual report dated April 12, 2021 and the qualifying condition "thyroid condition" as noted in the independent living services progress report dated April, 2022;

3. Consumer #49: The IPP dated February 11, 2021, does not address the qualifying condition “bathing”, as noted in the annual review dated March 25, 2022; and,
4. Consumer #54: The IPP dated March 26, 2020, does not address the qualifying condition “cholesterol” as noted in the annual report dated March 29, 2022.

2.9.a Recommendation	Regional Center Plan/Response
RCEB should ensure that the IPPs for consumers #16, #41, #49, and #54 address the services and supports in place for the conditions identified above.	<p>Consumer #16: IPP Addendum has been completed to include qualifying condition of “blood pressure”.</p> <p>Consumer #41: IPP Addendum has been completed to include qualifying condition of “safety awareness”.</p> <p>Consumer #49: IPP Addendum for IPP dated 2/11/2021 includes supports in place for “bathing”.</p> <p>Consumer #54: IPP Addendum has been completed to include qualifying condition of “cholesterol”.</p>

- 2.9.b The IPP addresses the current special health care requirements, health status and needs as appropriate.

Findings

Eighteen of the twenty (90 percent) applicable sample consumer records contained IPPs that addressed the consumer’s special health care requirements, health status and needs as appropriate. However, the IPPs for two consumers did not address special health care requirements and current health conditions identified in the record as indicated below:

1. Consumer #26: special bed and
3. Consumer #54: cholesterol.

2.9.b Recommendation	Regional Center Plan/Response
RCEB should ensure that the IPPs for consumers #26 and #54 address the special health care requirements as noted.	<p>Consumer #26 has an IPP Addendum completed 2/26/2024 to capture as indicated "special bed".</p> <p>Consumer #54 has an IPP Addendum completed 2/7/2024 to capture as indicated "cholesterol".</p>

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

Fifty-seven of the seventy-two (79 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by RCEB. However, IPPs for 15 consumers did not indicate RCEB funded services as indicated below:

1. Consumer #7: Residential Facility, Community Integration Training Program, and In-Home Day Program;
2. Consumer #11: Specialized Residential Facility, Dental, Skilled Nursing, and Community Integration Training Program;
4. Consumer #12: Residential Facility and Adult Development Center;
5. Consumer #21: Specialized Residential Facility and In-Home Day Program;
6. Consumer #23: In-Home Day Program;
7. Consumer #27: Residential Facility, Behavior Management Program, In-Home Day Program, and Transportation-Additional Component;
8. Consumer #28: Community Integration Training Program, Residential Facility, In-Home Day Program, and Transportation-Additional Component;
9. Consumer #37: Respite. RCEB provided an addendum dated December 12, 2022, addressing the purchased service. Accordingly, no recommendation is required;
10. Consumer #40: Supported Employment, Independent Living Services, and Adult Development Center;
11. Consumer #41: Community Integration Training Program and Independent Living Services;

12. Consumer #43: Supported Living Services;
13. Consumer #47: Interpreter;
14. Consumer #48: Independent Living Services;
15. Consumer #56: Supported Living Services; and,
16. Consumer #64: Supported Living Services.

2.10.a Recommendation	Regional Center Plan/Response
<p>RCEB should ensure that the IPPs for consumers #7, #11, #12, #21, #23, #27, #28, #40, #41, #43, #47, #48, #56, and #64 include a schedule of the type and amount of all services and supports purchased by RCEB.</p>	<p>Consumer # 7's IPP dated 6/22/2022 includes documentation of Residential Facility, Community Integration Training Program, and In-Home Day Program.</p> <p>Consumer #11's IPP dated 11/15/2021 contains funding for Specialized Residential Facility, Dental, Skilled Nursing, and Community Integration Training Program services.</p> <p>Consumer #12's IPP was completed 4/26/2022 includes documentation of Residential Facility and Adult Development Center.</p> <p>Consumer #21's IPP dated 7/21/2021 includes documentation of Specialized Residential Facility and In-Home Day Program services.</p> <p>Consumer #23's IPP dated 1/28/2022 includes documentation of In Home Day Program Services.</p> <p>Consumer #27's IPP Addendum completed 3/4/2024 includes Residential Facility, Behavior Management Program, In-Home Day</p>

	<p>Program, and Transportation-Additional Components</p> <p>Consumer #28's IPP completed 7/20/22 includes documentation of Community Integration Training Program, Residential Facility, In-Home Day Program, and Transportation-Additional Component by RCEB.</p> <p>RCEB found Consumer #40's IPP Dated 2/23/2021 and 2/28/2024 include documentation of Independent Living Services. Consumer #40 had Tailored Day Service which was documented in IPP. This vendor is coded as an Adult Development Center service, sub coded for TDS. Supported Employment was not funded and accordingly not addressed in the IPP.</p> <p>RCEB found IPP for Consumer #41. Addendum to IPP dated 4/08/2022 includes Community Integration Training Program (Day Program Services) and Independent Living Services.</p> <p>Consumer #43 has an IPP Addendum for IPP dated 12/13/2022 that includes SLS services.</p> <p>Consumer #47 has an IPP Addendum for IPP dated 10/5/2021 that includes Interpretation services.</p> <p>Consumer #48 has an IPP Addendum dated 2/14/2023 indicate RCEB funded services as indicated. "Independent Living Services".</p>
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	<p>Consumer #56 has an IPP Addendum dated 2/28/2024 which indicates RCEB funded services as indicated for “Supported Living Services”.</p> <p>Consumer 64 has an IPP dated 1/10/23 that captures RCEB funded services as indicated for “Supported Living Services” since the time of this review.</p> <p>Since this review, RCEB has conducted Case Management (2/24) training, and follow-up training is scheduled for 5/2024 to address requirements of addressing type, amount, and supports purchased by RCEB and documenting Waiver conditions in the IPP.</p>
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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-nine of the fifty-eight (50 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for twenty-nine consumers did not meet the requirement as indicated below:

1. The records for consumers #1, #8, #19, #20, #23, #25, #27, #29, #30, #46, #49, and #54 contained documentation of three of the required meetings.
2. The records for consumers #5, #10, #12, #24, #47, #57, and #65 contained documentation of two of the required meetings.
3. The records for consumer #3, #45, #53 and #58 contained documentation of one of the required meetings.
4. The records for consumers #7, #11, #43, #44, #50, and #64 did not contain documentation of any of the required meetings.

2.13.a Recommendations	Regional Center Plan/Response
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RCEB should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #1, #3, #5, #7, #8, #10, #11, #12, #19, #20, #23, #24, #25, #27, #29, #30, #43, #44, #45, #46, #47, #49, #50, #53, #54, #57, #58, #64, and #65.	Case Management Trainer has supplemented regularly scheduled Case Management training schedule which is a training to Case Managers and Case Manager Supervisors and Associate Directors to reiterate HCBS reporting mandates. Training was completed February 2024 and planned quarterly. Additionally, RCEB has identified a dedicated team to assist with face-to-face meetings.
In addition, RCEB should evaluate what actions may be necessary to ensure that quarterly face-to face meetings are completed and documented for all applicable consumers.	RCEB Case Management procedures are in progress to best utilize a dedicated Associate Case Management team to ensure face-to-face contact. When a vacant case is at risk of missing due contact, the Case Management Supervisor will assign coverage by the Associate Case Manager.

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-seven of the fifty-eight (47 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for thirty-one consumers did not meet the requirement as indicated below:

1. The records for consumers #1, #4, #8, #19, #20, #23, #25, #27, #28, #29, #30, #46, #49, and #54 contained documentation of three of the required quarterly reports of progress.
1. The record for consumers #5, #10, #12, #24, #47, #57, and #65 contained documentation of two of the required quarterly reports of progress.
2. The record for consumers #3, #45, #53 and #58 contained documentation of one of the required quarterly reports of progress.
3. The record for consumers #7, #11, #43, #44, #50, and #64 did not contain documentation of any of the required quarterly reports of progress.

2.13.b Recommendations	Regional Center Plan/Response
<p>RCEB should ensure that should ensure that future quarterly reports of progress are completed for consumers #1, #3, #4, #5, #7, #8, #10, #11, #12, #19, #20, #23, #24, #25, #27, #28, #29, #30, #43, #44, #45, #46, #47, #49, #50, #53, #54, #57, #58, #64, and #65.</p>	<p>Case Management Trainer has supplemented regularly scheduled Case Management training schedule which is a training to Case Managers and Case Manager Supervisors and Associate Directors to reiterate HCBS reporting mandates. Training was completed February 2024 and planned quarterly Additionally, RCEB has identified a dedicated team to ensure future face to face meeting are completed, as much as possible on an ongoing basis.</p>
<p>In addition, RCEB should evaluate what actions may be necessary to ensure that quarterly face-to face meetings are completed and documented for all applicable consumers.</p>	<p>RCEB Case Management procedures are in progress to best utilize a dedicated Associate Case Management team to ensure face-to-face contact. When a vacant case is at risk of missing due contact, the Case Management Supervisor will assign coverage by the Associate Case Manager.</p>

Regional Center Consumer Record Review Summary Sample Size = 77 (see Section II, Part III)						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	72		5	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.	72		5	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.	70		7	100	None
2.1.c	The DS 3770 form documents annual re-certifications.	68	3	6	96	See Narrative
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.			77	NA	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)]	68	4	5	94	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)]			77	NA	None

Regional Center Consumer Record Review Summary Sample Size = 77 (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)	70	2	5	97	See Narrative
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)	69		8	100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	66	3	8	96	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)]	62	10	5	86	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)	39	7	31	94	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. [WIC §4646(g)]	67	4	6	94	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.	29		48	100	None
2.7.c	The IPP is prepared jointly with the planning team. [WIC §4646(d)]	71		6	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)]	71		6	100	None

Regional Center Consumer Record Review Summary Sample Size = 77 (see Section II, Part III)						
	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer's goals and needs. <i>[WIC §4646.5(a)(2)]</i>	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).	65	4	8	94	See Narrative
2.9.b	The IPP addresses special health care requirements.	18	2	57	90	See Narrative
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	30		47	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	47		30	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.	27		50	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	71		6	100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. <i>[WIC §4685(c)(2)]</i>	6		71	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. <i>[WIC §4646.5(a)(4)]</i>	57	15	5	79	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. <i>[WIC §4646.5(a)(5)]</i>	71		6	100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. <i>[WIC §4646.5(a)(5)]</i>	30		47	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. <i>[WIC §4646.5(a)(5)]</i>	71		6	100	None

Regional Center Consumer Record Review Summary Sample Size = 77 (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. [WIC §4646.5(a)(8)]	64	8	5	89	See Narrative
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (Title 17, CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement)	29	29	19	50	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. (Title 17, CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement)	27	31	19	47	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. (WIC §4418.3)	5		72	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

Twenty-three consumer records were reviewed at 22 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 97 percent overall compliance for 19 criteria.

- ✓ The sample records were 100 percent in compliance for 15 applicable criteria. There are no recommendations for these criteria.
- ✓ Findings for four 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

- 3.2 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-two of the twenty-three (96 percent) sample consumer records contained a completed and signed admission agreement. However, the record for consumer #15 at CCF #15 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 #15 has a signed admission agreement by consumer #15 and/or their authorized representative.	RCEB has followed up with CCF and confirmed there is a signed admission agreement.

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

Findings

Twenty of the twenty-three (87 percent) sample consumer records contained a copy of the consumer's current IPP. However, the records for consumers #23 at CCF #7, #15 at CCF #15, and #8 at CCF #16 did not have a copy of the current IPP. During the monitoring review, the administrator for CCF #7 presented a copy of consumer #23's IPP. Accordingly, there is no recommendation.

3.3 Recommendation	Regional Center Plan/Response
RCEB should ensure that the records for consumers #15 at CCF #15 and #8 at CCF #16 contains a copy of their current IPP.	RCEB has ensured CCF have current copy of IPP for Consumer #15 at CCF #15, and Consumer #8 at CCF #16.

- 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

Seventeen of the eighteen (94 percent) applicable sample consumer records contained quarterly reports of the consumer's progress. However, the record for consumer #6 at CCF #18 only contained only two of the required quarterly reports of consumer's progress.

3.5.a Recommendation	Regional Center Plan/Response
RCEB should ensure that CCF provider #18 completes the required quarterly reports of progress for consumer #6.	RCEB has received the required quarterly reports of progress for consumer #6 and they are in file.

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

Findings

Twenty of the twenty-three (87 percent) consumer records contained ongoing written notes. However, three consumer records did not contain ongoing notes as indicated below:

1. Consumer #19 at CCF #3: Notes were not signed by staff;
2. Consumer #26 at CCF #8: Notes missing from record; and,
3. Consumer #15 at CCF #15: Notes missing from record.

3.6.a Recommendation	Regional Center Plan/Response
RCEB should ensure that ongoing notes are being maintained for consumer #19 at CCF #3, consumer #26 at CCF #8, and consumer #15 at CCF #15.	<p>RCEB contacted and verified signed notes from CCF#3 for Consumer #19 on 4/4/2024.</p> <p>RCEB contacted CCF #8 and verified signed notes 2/29/2024 for Consumer #26.</p> <p>RCEB contacted CCF #15 and verified signed notes 2/29/2024 for Consumer #15.</p>

Community Care Facility Record Review Summary Sample Size: 23						
	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>	23			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	23			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	11		12	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.	23			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	23			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	23			100	None
3.1.i	Special safety and behavior needs are addressed.	17		6	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>	22	1		96	See Narrative
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	20	3		87	See Narrative

Community Care Facility Record Review Summary Sample Size: 23						
	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>	4		19	100	None
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	4		19	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. <i>[Title 17, CCR, §56026(c)]</i>	17	1	5	94	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.	18		5	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>	18		5	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>	20	3		87	See Narrative
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	22		1	100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	3		20	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		20	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		20	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

Fifteen consumer records were reviewed at 12 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 14 criteria.

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

IV. Findings and Recommendations

- 4.1.c The consumer record contains psychological, social, or medical evaluations provided by the regional center that identify the consumer's ability and functioning level.

Finding

Fourteen of the fifteen (93 percent) consumer records contained psychological, social, or medical evaluations provided by the regional center. However, the record for consumer #16 at DP #9 did not contain any reports or evaluations provided by the regional center.

4.1.c Recommendation	Regional Center Plan/Response
RCEB should ensure that the record for consumer #16 at DP #9 contains psychological, social, or medical	RCEB has verified that DP has included all relevant records in their file.

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

Findings

Thirteen of the fifteen (87 percent) sample consumer records contained documentation that the consumer and/or their authorized representative had been informed of their personal rights. However, the records for consumer #62 at DP #1 and consumer #63 at DP #8 did not contain documentation that the consumer and/or their authorized representative were informed of the consumer's personal rights. However, during the review, consumer #62 at DP #1, signed the personal rights form indicating they were notified of their rights. Accordingly, no recommendation is required.

4.1.e Recommendation	Regional Center Plan/Response
RCEB should ensure the record for consumer #63 at DP #8 contains documentation that the consumer and/or their authorized representative have been informed of their personal rights.	RCEB has verified Consumer #63 at DP #8 has been informed of their personal rights and is in file.

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

Findings

Thirteen of the fifteen (87 percent) sample consumer records contained a copy of the consumer's current IPP. However, the records for consumer #44 at DP #2 and consumer #16 at DP #9 did not contain a copy of their current IPP.

4.2 Recommendation	Regional Center Plan/Response
RCEB should ensure that the records for consumer #44 at DP #2, and consumer #16 at DP #9 contain a current copy of the consumer's IPP.	RCEB ensured that DP #2 and DP #9 receive copy consumer IPPs.

Day Program Record Review Summary Sample Size: 15						
	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)	15			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.	15			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.	15			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.	14	1		93	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.	12		3	100	None
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.	13	2		87	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.	15			100	None

Day Program Record Review Summary Sample Size: 15						
	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.	15			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	9		6	100	None
4.2	The day program has a copy of the consumer's current IPP. <i>[Title 17, CCR §56720(b)]</i>	13	2		87	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>	15			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.	15			100	None
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	15			100	None
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.	15			100	None
4.5.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	2		13	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		13	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		13	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

Fifty-six of the seventy-two 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.

- ✓ 29 consumers agreed to be interviewed by the monitoring teams.
- ✓ 22 consumers did not communicate verbally or declined an interview but were observed.
- ✓ 5 interviews were conducted with parents of minors.
- ✓ 16 consumers were unavailable for or declined interviews.

III. Results of Observations and Interviews

All consumers/parents of minors indicated satisfaction with their living situation, day program, work activities, health, choice, and regional center services. The appearance for 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 13 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 medical director and online resources for medication.
4. The service coordinators monitor the consumers' services, health and safety during periodic visits. They are aware of the consumers' health issues. The service coordinators were knowledgeable about the special incident reporting process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed.

SECTION VI B

CLINICAL SERVICES INTERVIEW

I. Purpose

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

II. Scope of Interview

1. The questions in the interview cover the following topics: routine monitoring of consumers with medical issues: medications; 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 RCEB.

III. Results of Interview

1. RCEB's clinical services team consists of a clinical director, clinical supervisor, physicians, registered nurses, psychologists, behavior analysts, a consulting psychiatrist, occupational therapists, a dental coordinator and an autism coordinator.
2. The clinical team is available as a resource to service coordinators. Service coordinators complete a health care checklist during the IPP (Individual Program plan) 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 during the COVID-19 pandemic, the clinical team, physicians, and clinical director provided substitute medical consent for the COVID-19 vaccine. Members of the team collaborate with local physicians and home health agencies to assist with the coordination of care for regional center clients. The registered nurses consult with service coordinators and discharge planners for hospitalized consumers

to assist in the discharge planning process. Registered Nurses visit adult residential facilities for persons with special health care needs at least monthly. Remote visits via Zoom are scheduled to evaluate consumer health status and provide staff training as needed. Occupational Therapist visits consumer homes to assist in accessing durable medical equipment (DME) needs and consult with DME Agencies.

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 additional staffing request and make recommendations as needed, participate in meetings and visit consumers and care providers. Behavior analysts are also available to consult with level four community care facilities' behavior consultants and specialized residential facilities. behavior consultants as needed and in conjunction with the Quality Assurance Specialists. The psychologists are available during intake and assessment to perform evaluations and participate in determining eligibility for services, and the psychiatrist participates in clinical team meetings and individual consultation upon request to assess and consult regarding treatment for consumers with existing or undiagnosed mental health issues. Members of the clinical team review psychotropic medications as requested by the service coordinators or case managers presented during the weekly clinical team meeting. Clinical staff meets with Alameda and Contra Costa counties health plans and behavioral health department 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 in person and remote assessments via Zoom and coordination of dental services;
 - ✓ Regional Center's clinical director, clinical supervisor, registered nurses, and occupational therapists work with Medi-Cal managed care plans' case management teams to facilitate care;
 - ✓ Assists consumers in obtaining specialized and adaptive equipment and communication equipment;

- ✓ Participates remotely in community health fairs and local autism conferences;
 - ✓ RCEB collaborates with the Schreiber Center in Alameda County and Hume Center in Contra Costa County to support consumers with complex behavioral, emotional, and mental health needs; and,
 - ✓ The clinical staff work together with mental service providers like Hope Services, Spread Your Wings which provides telemedicine counseling and START (Systemic, Therapeutic, Assessment Resources and Treatment) Program that provides in-person mental health support and intervention.
6. The Director of Clinical Services is a member of the Risk Management and the Mortality Committee. Team members review special incidents and trends in types of incidents each month. The Director of Clinical Services reviews all death certificates and SIRs as part of 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. The Community Training and Education Committee determines the schedule and the topics of such trainings. 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 (placement coordinators) 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. The QA specialists also conduct pre-vendor visits as part of the approval process for applicants.

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 22 service providers at 14 community care facilities and eight 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 20 direct service staff at 14 community care facilities and six 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 14 CCFs and eight 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

- 8.1.a The facility is to be clean and sanitary at all times. All kitchen, food preparation, and storage areas will be kept clean, free of litter & rubbish. Measures will be taken to keep all areas free of rodents, flies, and insects. T22 80076 (a)(17), T22 80087(a)(1)

Findings

Eleven of the 13 facilities were with clean and sanitary. However, there were issues with two facilities as indicated below:

1. CCF #8: The shower/bath had a substantial amount of mold.
2. CCF #10: There was mold on the shower chair and built-up grease on the stove. However, during the monitoring review, they sent pictures of the shower chair and the stove, showing they had been cleaned. Accordingly, no recommendation is required.

8.1.a Recommendation	Regional Center Plan/Response
RCEB should ensure that CCF #8 cleans and maintains all areas of the home.	RCEB QA Department addressed deficit on 2/2/2023 for CCF #8. RCEB has planned training to be completed by 6/2024 to train on CCF responsibilities, adherence, and notes to be provided by RCEB Quality Assurance Department.

- 8.1.d The facility will be in good repair and safe at all times for the well-being of consumers, employees & visitors. Indoor and outdoor passages will be free of hazards and obstruction. T22 80072 (a)(2), T22 80087 (a)(b)(1)(c), T22 80088 (c)

Findings

Twelve of the 13 facilities were in good repair. However, at CCF #9, the outdoor gate/exit was blocked. During the visit, the CCF administrator removed the barrier. Accordingly, no recommendation is required.

- 8.1.e Each consumer has access to their own soap, toothbrush, toothpaste, comb/brush, razor, and other personal hygiene supplies. These supplies are stored separately. T22 85088 (c)(4)(5), W&I 4503(a).

Findings

Twelve of the 13 facilities appropriately stored individual personal hygiene items. However, at CCF #8, consumers unlabeled toothbrushes were stored in the shower.

8.1.e Recommendation	Regional Center Plan/Response
RCEB should ensure that CCF #8 store all consumer personal hygiene items properly.	RCEB QA Department addressed deficit on 2/2/2023 for CCF #8. RCEB has planned training to be completed by 6/2024 to train on CCF responsibilities, adherence, and notes to be provided by RCEB Quality Assurance Department.

- 8.1.f The facility will utilize universal precautions including proper disposal of infectious substances. T22 80001 (u)(1)(A)(B)(C)(D)

Finding

Twelve of the 13 facilities utilized universal precautions. However, at CCF #9, there were unwrapped soiled undergarments in a trash bin.

8.1.f Recommendation	Regional Center Plan/Response
RCEB should ensure that CCF #9 is following all universal precautions guidelines.	Corrective Action Plan was written 2/1/2023.

- 8.1.g Soaps, detergents, cleaning solutions, or similar substances will be stored in areas separate from food supplies. Disinfectants, cleaning solutions, and items that could pose a danger to consumers will be stored inaccessible to consumers, preferably locked. T22 80076 (a)(1)(14)(15)(16), T22 80087 (h)(1)

Findings

Eight of the 13 facilities appropriately stored cleaning products and other hazardous items properly. However, there were issues with five facilities as indicated below:

1. CCF #4: Razor blades were accessible to consumers in bins in the bathroom.
2. CCF #8: Food was stored in the same cabinet as chemicals.
3. CCF #9: Cleaning products were in an unlocked cabinet in the consumer's bathroom.
4. DP #2: Knives and cleaning products were accessible to consumers.
5. DP #3: Cleaning products were stored in an unlocked cabinet, accessible to consumers.

8.1.g Recommendation	Regional Center Plan/Response
RCEB should ensure that CCFs #4, #8, #9, and DP #2 and #3 properly store all chemicals and potentially dangerous objects.	<p>Corrective Action Plan was written for CCF#4 on 2/2/2023.</p> <p>RCEB QA Department addressed deficit on 2/2/2023 for CCF #8.</p> <p>Corrective Action plan was written for CCF #9 on 2/1/2023.</p> <p>RCEB QA ensured knives were locked</p>

	on day of review for DP #2 and completed another visit 4/9/2024 to follow up.
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8.2.c Medication Records Non-Pro Re Nada (N-PRN)

Medication records are maintained for all prescribed, non-PRN, medications taken by the consumer.

Finding

Twelve of the 13 facilities maintained medication records for all prescribed, N-PRN medications taken by the consumer. However, at CCF #4, it was noted that consumer #12 had missed a medication for two days.

8.2.c Recommendation	Regional Center Plan/Response
RCEB should ensure that CCF #4 administers all non-PRN medications as ordered.	Corrective Action plan was written for CCF #4 on 2/2/2023.

8.2.d A facility will maintain a record of each dose of PRN medication taken. The record will include the date and time the medication was taken, the dosage and the consumers' response. T22 80075 (5)(C)

Finding

Twelve of the 13 facilities maintained records of when the PRN was taken the dosage and the consumer's response of PRN medication taken. However, at CCF #20, the consumer's response to a PRN medication was not documented.

8.2.d Recommendation	Regional Center Plan/Response
RCEB should ensure that CCF #20 properly documents all required PRN medications information.	RCEB QA has completed quarterly reviews to monitor CCF#20.

8.2.e The facility will have a process in place documenting the disposal of expired or discontinued medications. Medication can also be returned to the pharmacy or other approved agency. T22 80075 (o)(1)

Twelve of the 13 facilities had a documented procedure for medication disposal. However, CCF #6 did not have a procedure in place to dispose of expired or discontinued medications.

8.2.e Recommendation	Regional Center Plan/Response
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RCEB should ensure CCF #6 has a procedure in place to dispose and record expired or discontinued medication.	RCEB QA verified medication disposal procedure is being followed during Quality Assurance review 5/16/2023.
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- 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. T22 80065 (e) 87923 (a)

Findings

Nine of the 13 facilities had first aid certificates on record for staff providing direct care and supervision. However, there were issues at four facilities as indicated below:

1. CCF #8: One staff with an expired first aid certificate. However, it was completed on February 12, 2023. Accordingly, no recommendation is required.
2. CCF #16: One staff with an expired first aid certificate. However, it was completed on February 1, 2023. Accordingly, no recommendation is required.
3. CCF #17: One direct care staff that did not have first aid certificate available for review.
4. DP#1: One direct care staff that did not have first aid certificate available for review.

8.3.c Recommendation	Regional Center Plan/Response
RCEB should ensure that the providers at CCF #17 and DP #1 have current first aid certificates available for all direct care staff.	<p>RCEB QA verified all current staff have CPR and First Aide training during Quality Assurance review 12/5/2023 for CCF #17.</p> <p>RCEB QA verified all current staff have CPR and First Aide training during Quality Assurance review 4/12/2024 for DP#1.</p>

- 8.4.a Consumers or an authorized representative will sign for cash given directly to them, either with a signature or mark. If the consumer is unable to sign or make a mark, the provider should document why. Cash kept on the facility premises will be locked in a secure location. T22 80026 (h)(A)(B)(j)

Findings

Ten of the 13 facilities' records had consumers or authorized representatives signatures or marks for cash disbursements. However, there were issues with three facilities as indicated below:

1. CCF #3: Consumer or an authorized representative did not sign for personal and incidental disbursements.
2. CCF #11: Consumer or an authorized representative did not sign for personal and incidental disbursements.
3. CCF #20: Consumer or an authorized representative did not sign for personal and incidental disbursements.

8.4.a Recommendation	Regional Center Plan/Response
RCEB should ensure that CCFs #3, #11, and #20 have the consumer or an authorized representative sign for disbursements.	<p>RCEB QA monitors CCF #3 on a quarterly basis to assure incidental disbursement protocol is being followed, most recently in 1/10/2024.</p> <p>RCEB QA monitors CCF #11 on a quarterly basis to assure incidental disbursement protocol is being followed, most recently on 2/1/2024.</p> <p>RCEB QA monitors CCF #20 on a regular basis to assure incidental disbursement protocol is being followed, most recently in 4/11/2024.</p>

- 8.5.c A statement of rights will be prominently posted in each community care facility and day program. The statement will be in English, Spanish or other appropriate language.
T17 50520 (1), W&I 4503, W&I 4648(a)(10)(E)

Findings

Nine of the 13 facilities had a statement of consumer rights prominently posted. However, there were issues with four facilities as indicated below:

1. CCF #3: The facility did not have a statement of rights posted.
2. CCF #6: The facility did not have a statement of rights posted.
3. CCF #20: The facility did not have a statement of rights posted.
4. CCF #21: The facility did not have a statement of rights posted.

8.5.c Recommendation	Regional Center Plan/Response
RCEB should ensure that CCFs #3, #6, #20, and #21 post a statement of rights.	<p>RCEB QA addressed on date of review and verified to be in place in Quality Assurance review 9/2023 for CCF #3.</p> <p>RCEB confirmed rights are in place 12/5/2023 CCF #6.</p> <p>While residents are blind and visually impaired, RCEB QA monitors CCF #20 on a quarterly basis for verification of posted rights.</p> <p>RCEB confirmed rights are in place 2/20/2024 for CCF #21.</p>

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 72 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 72 records selected for the HCBS Waiver review to DDS.
3. RCEB's vendors reported 9 of the 10 (90 percent) applicable incidents in the supplemental sample within the required timeframes.
4. RCEB reported all (100 percent) incidents in the supplemental sample to DDS within the required timeframes.
5. RCEB's follow-up activities on consumer incidents in the supplemental sample were appropriate for the severity of the situations for the 10 incidents.

IV. Finding and Recommendation

SIR #2: The incident occurred on March 14, 2022. However, the vendor did not submit a written report to RCEB until May 25, 2022.

Recommendation	Regional Center Plan/Response
RCEB should ensure that the vendor for consumer SIR #2 reports special incidents within the required timeframes.	RCEB Quality Assurance monitors on a quarterly basis and reviews SIRs, in addition to providing training as necessary on reporting timelines.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

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

#	UCI	CCF	DP
38	xxxxxxx		6
39	xxxxxxx		
40	xxxxxxx		
41	xxxxxxx		
42	xxxxxxx		
43	xxxxxxx		
44	xxxxxxx		2
45	xxxxxxx		3
46	xxxxxxx		
47	xxxxxxx		
48	xxxxxxx		
49	xxxxxxx		
50	xxxxxxx		
51	xxxxxxx		
52	xxxxxxx		
53	xxxxxxx		
54	xxxxxxx		
55	xxxxxxx		3
56	xxxxxxx		
57	xxxxxxx		
58	xxxxxxx		
59	xxxxxxx		
60	xxxxxxx		
61	xxxxxxx		
62	xxxxxxx		1
63	xxxxxxx		8
64	xxxxxxx		
65	xxxxxxx		
66	xxxxxxx		
67	xxxxxxx		
68	xxxxxxx		
69	xxxxxxx		
70	xxxxxxx		
71	xxxxxxx		
72	xxxxxxx		

Supplemental Sample Developmental Center Consumers

#	UCI
DC-1	XXXXXXXX
DC-2	XXXXXXXX
DC-3	XXXXXXXX
DC-4	XXXXXXXX
DC-5	XXXXXXXX

Supplemental New Enrollees Sample

#	UCI
NE-1	XXXXXXXX
NE-2	XXXXXXXX
NE-3	XXXXXXXX
NE-4	XXXXXXXX
NE-5	XXXXXXXX
NE-6	XXXXXXXX
NE-7	XXXXXXXX

HCBS Waiver Review Service Providers

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

22	XXXXXXX
23	XXXXXXX

Day Program #	Vendor
1	XXXXXXX
2	XXXXXXX
3	XXXXXXX
4	XXXXXXX
5	XXXXXXX
6	XXXXXXX
7	XXXXXXX
8	XXXXXXX
9	XXXXXXX
11	XXXXXXX
12	XXXXXXX
13	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