

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

Conducted by:

Department of Developmental Services

July 8-19, 2024

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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 July 8-19, 2024, at Redwood Coast Regional Center (RCRC). The monitoring team members were Ashley Guletz (Team Leader), Amalya Caballero, Fam Chao, Jenny Mundo, Crystal La, Deeanna Tran, Janie Hironaka, Vannessa Fonseca, Dominique Johnson, Kelly Sandoval and Nora Muir from DDS.

Purpose of the Review

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

Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

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

Scope of Review

The monitoring team reviewed a sample of 16 records for individuals served on the 1915c HCBS Waiver. In addition, the following supplemental sample records were reviewed: 1) twenty-nine individuals whose HCBS Waiver eligibility had been previously terminated, 2) ten individuals who had special incidents reported to DDS during the review period of April 1, 2023 through March 31, 2024, and 3) three individuals who were enrolled in the HCBS Waiver during the review period were reviewed for documentation that determined the level of care prior to receipt of HCBS Waiver services.

The monitoring team completed visits to one community care facility (CCF) and two day programs. The team reviewed two day program and one CCF records for individuals served and interviewed and/or observed 13 of the selected sample of individuals served.

Overall Conclusion

RCRC is in substantial compliance with the federal requirements for the HCBS Waiver program. Specific recommendations that require follow-up actions by RCRC are included in the report findings. DDS is requesting documentation of follow-up actions taken by RCRC 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 RCRC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self-assessment criteria.

Section II – Regional Center Record Review of Individuals Served

Sixteen sample records for individuals served on the HCBS Waiver were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Two criteria were rated as not applicable for this review. Criterion 2.6.a was 81 percent in compliance because 3 of 16 individuals' IPPs were not reviewed annually by the planning team. Criterion 2.6.b was 83 percent in compliance because 2 of 12 applicable records did not complete the Standardized Annual Review Form. Criterion 2.7.a was 81 percent in compliance because 3 of the 16 applicable records did not have the IPP signed prior to implementation by the individual served and the regional center. Criterion 2.10.a was 69 percent in compliance because 5 of 16 IPPs did not include type and amount of all services purchased by the regional center in the IPP. Criterion 2.13.a was 75 percent in compliance because 3 of the 12 applicable records did not contain documentation of all required quarterly face-to-face visits. Criterion 2.13.b was 75 percent in compliance because 3 of the 12 applicable records did not contain documentation of all required quarterly reports of progress. The sample records were 94 percent in overall compliance for this review.

RCRC's records were 97 percent and 94 percent in overall compliance for the collaborative reviews conducted in 2022 and in 2020, respectively.

New Enrollees: Three sample records of individuals newly enrolled on the HCBS Waiver were reviewed for level-of-care determination prior to receipt of HCBS Waiver services. RCRC's records were 100 percent in overall compliance for this review.

Terminations: Twenty-nine supplemental records were reviewed solely for documentation that RCRC had either provided the individual served with written notification prior to termination of the individual's HCBS Waiver eligibility, or the

individual served had voluntarily disenrolled from the HCBS Waiver. RCRC's records were 100 percent in overall compliance for this review.

Section III – Community Care Facility Record Review for Individuals Served

One record for an individual served was reviewed at one CCF for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample record was 92 percent in overall compliance for thirteen criteria on this review. Six criteria were rated as not applicable for this review.

RCRC's records were 100 percent in overall compliance for the collaborative review conducted in 2020. There was no CCF review in 2022.

Section IV – Day Program Record Review for Individuals Served

Two records for individuals served were reviewed at two day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 96 percent in overall compliance for thirteen criteria on this review. Four criteria were rated as not applicable for this review.

RCRC's records were 93 percent and 87 percent in overall compliance for the collaborative reviews conducted in 2022 and in 2020, respectively.

Section V – Observations and Interviews of Individuals Served

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

Section VI A – Service Coordinator Interviews

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

Section VI B – Clinical Services Interview

The director of clinical services was interviewed using a standard interview instrument. She responded to questions regarding the monitoring of individuals with medical issues, medications, behavior plans, the coordination of medical and mental health care for individuals, clinical supports to assist 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 RCRC 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

One CCF service provider was interviewed using a standard interview instrument. The service provider responded to questions regarding their knowledge of the individual served, the annual review process, and the monitoring of health issues, medication administration, progress, safety, and emergency preparedness. The staff was familiar with the individual served and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interviews

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

Section VIII – Vendor Standards Review

The monitoring team reviewed one CCF utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. The reviewed CCF was in good repair with no immediate health or safety concerns observed.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of 16 records for individuals served who are on the HCBS Waiver and 10 supplemental sample records of individuals served for special incidents during the review period. RCRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported 8 of the 10 applicable incidents to RCRC within the required timeframes, and RCRC subsequently transmitted all 10 special incidents to DDS within the required timeframes. RCRC's follow-up activities for the 10 incidents of individuals served were timely and appropriate for the severity of the situation.

SECTION I

REGIONAL CENTER SELF-ASSESSMENT

I. Purpose

The regional center self-assessment addresses the California Home and Community-Based Services (HCBS) Waiver assurances criteria and is designed to provide information about the regional center's processes and practices. The responses are used to verify that the regional center has processes in place to ensure compliance with federal and state laws and regulations.

The self-assessment obtains information about RCRC 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

RCRC 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 RCRC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self-assessment criteria.

✓ The full response to the self-assessment is available upon request.

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

Regional Center Self-Assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services (cont.)	Service coordinators provide enhanced case management to individuals who move from a DC by meeting with them face-to-face every 30 days for the first 90 days they reside in the community.
Only qualified providers serve HCBS Waiver participants.	The regional center ensures that all HCBS Waiver service providers have signed the "HCBS Provider Agreement Form" and meet the required qualifications at the time services are provided.
Plans of care are responsive to HCBS Waiver participant needs.	<p>The regional center ensures that all individuals on HCBS Waiver are offered a choice between receiving services and living arrangements in an institutional or community setting.</p> <p>Regional centers ensure that planning for IPPs includes a comprehensive assessment and information gathering process which addresses the total needs of individuals on HCBS Waiver and is completed at least every three years at the time of his/her triennial IPP.</p> <p>The IPPs of individuals on HCBS Waiver are reviewed at least annually by the planning team and modified, as necessary, in response to the individuals' changing needs, wants and health status.</p> <p>The regional center uses feedback from individuals served, families and legal representatives to improve system performance.</p> <p>The regional center documents the manner by which individuals indicate choice and consent.</p>

SECTION II

REGIONAL CENTER RECORD REVIEW OF INDIVIDUALS SERVED

I. Purpose

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

II. Scope of Review

1. Sixteen HCBS Waiver records of individuals served were selected for the review sample.

Living Arrangement	# of Individuals Served
Community Care Facility (CCF)	1
With Family	3
Independent or Supported Living Services	12

2. The review period covered activity from April 1, 2023 through March 31, 2024.

III. Results of Review

The 16 sample records of individuals served were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. The sample records were 94 percent in overall compliance for this review. Twenty-nine supplemental records were reviewed solely for documentation that RCRC had either provided the individual served with written notification prior to termination of the individual's HCBS Waiver eligibility, or the individual had voluntarily disenrolled from the HCBS Waiver. Three supplemental records were reviewed for documentation that RCRC determined the level of care prior to receipt of HCBS Waiver services.

- ✓ The supplemental records were in 100 percent compliance for determining the level of care prior to receiving HCBS Waiver services.

- ✓ The supplemental records were in 100 percent compliance for documentation that the individual was either provided written notification before termination or voluntarily disenrolled from the HCBS Waiver.
- ✓ The sample records were in 100 percent compliance for 20 criteria. There are no recommendations for these criteria. Two criteria were not applicable for this review.
- ✓ Findings for nine criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

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

Finding

Fifteen of the sixteen (94 percent) sample records of individuals served contained a signed and dated DS 2200 form. However, the DS 2200 form for individual #14 was not completed when the individual turned 18. A new DS 2200 was signed by the individual served on June 5, 2024. Accordingly, no recommendation is required.

- 2.4 Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed annually. (SMM 4442.5; 42 CFR 441.302(c))

Finding

Fourteen of the sixteen (88 percent) sample records of individuals served contained a CDER that had been reviewed annually. However, the records for individuals #11 and #14 did not contain documentation that the CDER had been reviewed annually. For Individual #14, RCRC sent the current CDER. Accordingly, no recommendation is required.

2.4 Recommendation	Regional Center Plan/Response
RCRC should ensure that the CDER for individual #11 is reviewed annually.	SC completed annual review for individual #11 on 5/31/24 at which time CDER was reviewed.

- 2.6.a The IPP is reviewed (at least annually) by the planning team and modified, as necessary, in response to the individual's changing needs, wants or health status. [42 CFR 441.301(c)(3)]

Findings

Thirteen of the sixteen (81 percent) sample records of individuals served contained documentation that the individual's IPP had been reviewed annually by the planning team. However, there was no documentation that the IPPs for three individuals were reviewed annually as indicated below:

1. Individual #4: The IPP was dated March 2, 2023. There was no documentation that the IPP was reviewed within the year. A new IPP was completed on May 20, 2024. Accordingly, no recommendation is required;
2. Individual #13: The IPP was dated September 7, 2023, however, there was no prior IPP or SARF to indicate the IPP was reviewed annually; and,
3. Individual #14: The IPP was dated May 2, 2022. There was no documentation that the IPP was reviewed during the monitoring review period.

2.6.a Recommendation	Regional Center Plan/Response
RCRC should ensure that the IPPs for individuals #13 and #14 are reviewed at least annually by the planning team.	Annual review meeting for individual #13 was held on 8/28/24 at which time the IPP was reviewed. IPP meeting for individual #14 was held on 6/5/24 and new IPP was done.
In addition, RCRC should evaluate what actions may be necessary to ensure that the IPP is reviewed annually for all individuals.	In preparation for the new statewide IPP, RCRC has held mandatory training for SC's on the new IPP on 11/7/24 & 11/14/24, and has more training dates scheduled on 12/5/24 & 12/10/24. RCRC will implement and utilize the new statewide IPP document in January 2025, thus ensuring that IPPs are correct and reviewed annually. Training on the IPP is also a part of the New Employee Orientation (NEO), which is a requirement for all new staff.

- 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 individual's health status and CDER have been reviewed. (*HCBS Waiver Requirement*)

Findings

Ten of the twelve (83 percent) applicable sample records of individuals served contained a completed SARF. However, two records did not contain a completed SARF as indicated below:

1. Individual #11: No SARF completed; IPP was dated March 17, 2022; and
2. Individual #14: No SARF completed; IPP was dated May 2, 2022.

2.6.b Recommendation	Regional Center Plan/Response
RCRC should ensure that the SARF for individuals #11 and #14 are completed during the annual IPP review process.	SC completed a SARF during annual review meeting for individual #11 on 5/31/24. An IPP meeting was held on 6/5/24 for individual #14.
In addition, RCRC should evaluate what actions may be necessary to ensure that SARFs are completed and documented for all applicable individuals.	RCRC has held HCBS Waiver training, which includes training on the SARF, on 5/24/24, & 8/1/24. HCBS waiver training is held on an ongoing basis every 2 months. Attendance at each training is taken and provided to the Client Services Department and Client Service Managers for tracking purposes and to allow for follow-up with any SC's that are not attending.

- 2.7.a The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the individual served or, where appropriate, his/her parents, legal guardian, or conservator. *[W&I Code §4646(g)]*

Findings

Thirteen of the sixteen (81 percent) sample records of individuals served contained IPPs that were signed by RCRC and the individuals served, or their legal representatives. However, the following individuals' IPPs were not signed by the appropriate individuals:

1. Individual #6: The IPP dated May 24, 2021 was not signed by the individual served or the regional center;
2. Individual #13: The IPP dated September 7, 2023 was not signed by the individual served until July 2, 2024. Accordingly, no recommendation required; and,

3. Individual #14: The IPP dated May 2, 2022 was not signed by the parent or legal representative. During the review, the IPP was signed by the parent. Accordingly, no recommendation required.

2.7.a Recommendation	Regional Center Plan/Response
RCRC should ensure that the IPP for individual #6 is signed by the individual served. If the individual served does not sign, RCRC should ensure that the record addresses the reason why the individual did not or could not sign.	IPP meeting for Individual #6 was held on 6/26/24. Current IPP is signed by the individual and RCRC.

- 2.10.a The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. [WIC §4646.5(a)(5)]

Findings

Eleven of the sixteen (69 percent) sample IPPs of individuals served included a schedule of the type and amount of all services and supports purchased by the regional center. However, IPPs for five individuals did not include RCRC funded services as indicated below:

1. Individual #4: Crisis Team and SLS. An addendum was completed May 31, 2024 addressing the purchased services. Socialization Training Program. An addendum was completed June 18, 2024 to address the purchased service. Accordingly, no recommendation is required;
2. Individual #5: Community Integration Training Program. An addendum was completed July 15, 2024 addressing the purchased service. Accordingly, no recommendation is required;
3. Individual #6: Transportation – Additional Component. An addendum was completed June 18, 2024 addressing the purchased service. Accordingly, no recommendation is required;
4. Individual #8: Transportation – Public/Rental/Taxi; and,
5. Individual #13: Crisis Team, Independent Living Program, and Transportation/Public/Rental/Taxi. An addendum was completed June 24, 2024 addressing the purchased services. Accordingly, no recommendation is required.

2.10.a Recommendation	Regional Center Plan/Response
RCRC should ensure that the IPP for individual #8 include a schedule of the type and amount of all services and supports purchased by RCRC.	An addendum for individual #8 was completed on 8/22/24 addressing the purchased service.
In addition, RCRC should evaluate what actions may be necessary to ensure that the IPP includes a schedule of the type and amount of all services and supports purchased by RCRC.	In preparation for the new statewide IPP, RCRC has held mandatory training for SC's on the new IPP on 11/7/24 & 11/14/24, and has more training dates scheduled on 12/5/24 & 12/10/24. RCRC will implement and utilize the new statewide IPP document in January 2025, thus ensuring that IPPs will include all necessary components including a schedule of the type and amount of all services and supports purchased by RCRC. Training on the IPP is also a part of the New Employee Orientation (NEO), which is a requirement for all new staff.

- 2.12 Periodic reviews and reevaluations of progress for individuals served are completed (at least annually) to ascertain that planned services have been provided, that progress has been achieved within the time specified, and the individual served, and his/her family are satisfied with the IPP and its implementation. [W&I Code §4646.5(a)(8)]

Findings

Fourteen of the sixteen (88 percent) sample records of individuals served contained documentation of periodic review and reevaluation of progress at least annually. However, the records for individuals #11 and #14 did not contain documentation that the individuals' progress had been reviewed within the year.

2.12 Recommendation	Regional Center Plan/Response
RCRC should ensure that a review and reevaluation of progress regarding planned services, timeframes and satisfaction for individuals #11 and #14 is completed and documented at least annually.	In preparation for the new statewide IPP, RCRC has held mandatory training for SC's on the new IPP on 11/7/24 & 11/14/24, and has more training dates scheduled on 12/5/24 & 12/10/24. RCRC will implement and utilize the new statewide IPP document in January 2025, thus ensuring that IPPs will include all necessary components including a schedule of the type and amount of all services and supports

	<p>purchased by RCRC. Training on the IPP is also a part of the New Employee Orientation (NEO), which is a requirement for all new staff.</p> <p>Individual #11 was seen on 5/31/24 for his review, PPR form completed, CDER reviewed and updated, and HCBS Consumer SARF completed.</p> <p>Individual #14 was seen on 6/5/24 for his IPP meeting, new IPP was done, and Medicaid Waiver Choice form also completed.</p>
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- 2.13.a Quarterly face-to-face meetings are completed for individuals living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities or family home agencies or receiving supported living and independent living services. (*Title 17, CCR, §56047*), (*Title 17, CCR, §56095*), (*Title 17, CCR, §58680*), (*Contract requirement*)

Findings

Nine of the twelve (75 percent) applicable sample records of individuals served contained quarterly face-to-face meetings completed and documented. However, the records for three individuals did not meet the requirement as indicated below:

1. The record for individual #2 contained documentation of two for the four required meetings that were consistent with the quarterly timeline.
2. The record for individual #13 contained documentation of one of the four required meetings that were consistent with the quarterly timeline.
3. The record for individual #11 did not contain documentation of any of the four required meetings that were consistent with the quarterly timeline.

2.13.a Recommendations	Regional Center Plan/Response
RCRC should ensure that all future face-to-face meetings are completed and documented each quarter for individuals #2, #11, and #13.	RCRC has instituted a new tracking system and monitoring protocol to support oversight and completion of quarterly meetings. Director of Client Services uses the tracking system to monitor progress and coordinate efforts through the Client Service Managers to ensure progress is made towards

	<p>achieving and maintaining compliance with the quarterly face-to-face visits requirement. CSM's use the new tracking tool to set goals and review timeliness of quarterlies. CSM's work with SC's who do not complete at least 85% of their quarterly face-to-face visits, to develop a work plan for success. Strategies and best practices for timely completion of quarterly face-to-face visits that were identified during Client Service Manager and SC meetings were shared with all SC's. The results of the improved Quarterly Monitoring Tracking system is a standing item on the CSM bi-monthly meetings to discuss what is working/not working and adjust the plan as needed. An updated New Employee Orientation (NEO) process, which includes training on quarterlies has been implemented to increase the quality of onboarding and help with staff retention. In addition, the RCRC Special Programs unit held a separate Quarterly training in June 2024. These are currently held semi-annually, however it will be adjusted to be offered on a more frequent quarterly basis. Attendance at all trainings is documented and provided to all CSM's in order for them to keep track of whether the SC's are attending.</p>
<p>In addition, RCRC should evaluate what actions may be necessary to ensure that quarterly face-to face meetings are completed and documented for all applicable individuals.</p>	<p>RCRC has instituted a new tracking system and monitoring protocol to support oversight and completion of quarterly meetings. Director of Client Services uses the tracking system to monitor progress and coordinate efforts through the Client Service Managers to ensure progress is made towards achieving and maintaining compliance with the quarterly face-to-face visits requirement. CSM's use the new tracking tool to set goals and review timeliness of quarterlies. CSM's work with SC's who do not complete at least 85% of their quarterly face-to-face visits,</p>

	<p>to develop a work plan for success. Strategies and best practices for timely completion of quarterly face-to-face visits that were identified during Client Service Manager and SC meetings were shared with all SC's. The results of the improved Quarterly Monitoring Tracking system is a standing item on the CSM bi-monthly meetings to discuss what is working/not working and adjust the plan as needed. An updated New Employee Orientation (NEO) process, which includes training on quarterlies has been implemented to increase the quality of onboarding and help with staff retention. In addition, the RCRC Special Programs unit held a separate Quarterly training in June 2024. These are currently held semi-annually, however it will be adjusted to be offered on a more frequent quarterly basis. Attendance at all trainings is documented and provided to all CSM's in order for them to keep track of whether the SC's are attending.</p>
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- 2.13.b Quarterly reports of progress are completed for individuals living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities or family home agencies or receiving supported living and independent living services. *(Title 17, CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement)*

Findings

Nine of the twelve (75 percent) applicable sample records of individuals served contained quarterly reports of progress completed for individuals living in community out-of-home settings. However, the records for three individuals did not meet the requirement as indicated below:

1. The record for individual #2 contained documentation of two of the four required quarterly reports of progress that were consistent with the quarterly timeline.
2. The record for individual #13 contained documentation of one of the four required quarterly reports of progress that were consistent with the quarterly timeline.

3. The record for individual #11 did not contain documentation of any of the four required quarterly reports of progress that were consistent with the quarterly timeline.

2.13.b Recommendations	Regional Center Plan/Response
<p>RCRC should ensure that future quarterly reports of progress are completed for individuals #2, #11, and #13.</p>	<p>RCRC has instituted a new tracking system and monitoring protocol to support oversight and completion of quarterly meetings. Director of Client Services uses the tracking system to monitor progress and coordinate efforts through the Client Service Managers to ensure progress is made towards achieving and maintaining compliance with the quarterly face-to-face visits requirement. CSM's use the new tracking tool to set goals and review timeliness of quarterlies. CSM's work with SC's who do not complete at least 85% of their quarterly face-to-face visits, to develop a work plan for success. Strategies and best practices for timely completion of quarterly face-to-face visits that were identified during Client Service Manager and SC meetings were shared with all SC's. The results of the improved Quarterly Monitoring Tracking system is a standing item on the CSM bi-monthly meetings to discuss what is working/not working and adjust the plan as needed. An updated New Employee Orientation (NEO) process, which includes training on quarterlies has been implemented to increase the quality of onboarding and help with staff retention. In addition, the RCRC Special Programs unit held a separate Quarterly training in June 2024. These are currently held semi-annually, however it will be adjusted to be offered on a more frequent quarterly basis. Attendance at all trainings is documented and provided to all CSM's in order for them to keep track of whether the SC's are attending.</p>

<p>In addition, RCRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable individuals.</p>	<p>RCRC has instituted a new tracking system and monitoring protocol to support oversight and completion of quarterly meetings. Director of Client Services uses the tracking system to monitor progress and coordinate efforts through the Client Service Managers to ensure progress is made towards achieving and maintaining compliance with the quarterly face-to-face visits requirement. CSM's use the new tracking tool to set goals and review timeliness of quarterlies. CSM's work with SC's who do not complete at least 85% of their quarterly face-to-face visits, to develop a work plan for success. Strategies and best practices for timely completion of quarterly face-to-face visits that were identified during Client Service Manager and SC meetings were shared with all SC's. The results of the improved Quarterly Monitoring Tracking system is a standing item on the CSM bi-monthly meetings to discuss what is working/not working and adjust the plan as needed. An updated New Employee Orientation (NEO) process, which includes training on quarterlies has been implemented to increase the quality of onboarding and help with staff retention. In addition, the RCRC Special Programs unit held a separate Quarterly training in June 2024. These are currently held semi-annually, however it will be adjusted to be offered on a more frequent quarterly basis. Attendance at all trainings is documented and provided to all CSM's in order for them to keep track of whether the SC's are attending.</p>
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Summary for Regional Center Record Review of Individuals Served Sample Size = 16 + 29 Supplemental Records (see Section II, Part III)						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The individual is Medi-Cal eligible. (SMM 4442.1)	16		29	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 individual's initial HCBS Waiver eligibility certification, annual recertifications, the individual'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.	16		29	100	None
2.1.b	The DS 3770 form identifies the individual's qualifying conditions and any applicable special health care requirements for meeting the Title 22 level of care requirements.	13		32	100	None
2.1.c	The DS 3770 form documents annual re-certifications.	16		29	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.			45	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)]	15	1	29	94	See Narrative
2.3	There is a written notification of a proposed action and documentation that the individual served 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 individual served/parent/legal guardian or legal representative does not agree with all or part of the components in the individual's IPP, or the individual's HCBS Waiver eligibility has been terminated. (SMM 4442.7), (42 CFR Part 431, Subpart E), [WIC §4710(a)(1)]	30		15	100	None

Summary for Regional Center Record Review of Individuals Served Sample Size = 16 + 29 Supplemental Records (see Section II, Part III)						
	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5), (42 CFR 441.302)	14	2	29	88	See Narrative
2.5.a	The individual'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 individual's CDER and other assessments. (SMM 4442.5), [42 CFR 441.302(c)], (Title 22, CCR, §51343)	13		32	100	None
2.5.b	The individual's qualifying conditions documented in the CDER are consistent with information contained in the individual's record.	13		32	100	None
2.6.a	IPP is reviewed (<i>at least annually</i>) by the planning team and modified as necessary in response to the individual's changing needs, wants or health status. [42 CFR 441.301(b)(1)(I)]	13	3	29	81	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)	10	2	33	83	See Narrative
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the individual served, or where appropriate, his/her parents or legal guardian or conservator. [WIC §4646(g)]	13	3	29	81	See Narrative
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the individual served, or where appropriate, his/her parents, legal guardian, or conservator.	12		33	100	None
2.7.c	The IPP is prepared jointly with the planning team. [WIC §4646(d)]	16		29	100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the individual. [WIC §4646.5(a)]	16		29	100	None

Summary for Regional Center Record Review of Individuals Served Sample Size = 16 + 29 Supplemental Records (see Section II, Part III)						
	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the individual's goals and needs. [WIC §4646.5(a)(2)]	Criterion 2.9 consists of seven sub-criteria (2.9.a-g) that are reviewed independently.				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	13		32	100	None
2.9.b	The IPP addresses special health care requirements.	5		40	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	1		44	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	6		39	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.	12		33	100	None
2.9.f	The IPP addresses the individual's goals, preferences and life choices.	16		29	100	None
2.9.g	The IPP includes a family plan component if the individual served is a minor. [WIC §4685(c)(2)]	1		44	100	None
2.10.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. [WIC §4646.5(a)(5)]	11	5	29	69	See Narrative
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. [WIC §4646.5(a)(5)]	16		29	100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [WIC §4646.5(a)(5)]	13		32	100	None
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including but not limited to vendors, contract providers, generic service agencies and natural supports. [WIC §4646.5(a)(5)]	16		29	100	None

Summary for Regional Center Record Review of Individuals Served Sample Size = 16 + 29 Supplemental Records (see Section II, Part III)						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic review and reevaluations of progress are completed (<i>at least annually</i>) to ascertain that planned services have been provided, that progress has been achieved within the time specified, and the individual and his/her family are satisfied with the IPP and its implementation. [WIC §4646.5(a)(8)]	14	2	29	88	See Narrative
2.13.a	Quarterly face-to-face meetings are completed with individuals living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities or family home agencies or receiving supported living and independent living services. (Title 17, CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement)	9	3	33	75	See Narrative
2.13.b	Quarterly reports of progress are completed for individuals living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities or family home agencies or receiving supported living and independent living services. (Title 17, CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement)	9	3	33	75	See Narrative
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the individual's move from a developmental center to a community living arrangement. (WIC §4418.3)			45	NA	None

SECTION III

COMMUNITY CARE FACILITY RECORD REVIEW OF INDIVIDUALS SERVED

I. Purpose

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

II. Scope of Review

One record for an individual served was reviewed at one CCF visited by the monitoring team. The facility's records were reviewed to determine compliance with 19 criteria.

III. Results of Review

- ✓ The record was 100 percent in compliance for 12 criteria. Six criteria were rated as not applicable for this review.
- ✓ A summary of the results of the review is shown in the table at the end of this section.
- ✓ Finding for one criterion is detailed below.

IV. Findings and Recommendations

- 3.4.a Service Level 2 and 3 facilities prepare and maintain written semiannual reports of the individual's progress. *[Title 17, CCR, §56026(b)]*

Finding

None of the one (0 percent) applicable sample records for individuals served contained semiannual reports of the individual's progress. The record for individual #1 at CCF #1 was missing one written semiannual report of the individual's progress.

3.4.a Recommendation	Regional Center Plan/Response
RCRC should ensure that CCF #1 prepares and maintains written semiannual reports of progress for individual #1.	Community Resources Staff provided technical assistance in August 2024 to provider regarding preparing and maintaining written semi-annual

	reports of progress. Provider will provide semi-annual reports on an ongoing basis as required.
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Community Care Facility Record Review Summary Sample Size = 1						
	Criteria	+	-	N/A	% Met	Follow-up
3.1	An individual file for individuals served is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. <i>[Title 17, CCR, §56017(b)], [Title 17, CCR §56059(b)], (Title 22, CCR, §80069)</i>	1			100	None
3.1.a	The individuals record contains a statement of ambulatory or non-ambulatory status.	1			100	None
3.1.b	The individuals record contains known information related to any history of aggressive or dangerous behavior toward self or others.	1			100	None
3.1.c	The individuals record contains current health information that includes medical, dental and other health needs of the individual including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	1			100	None
3.1.d	The individuals record contains current emergency information: family, physician, pharmacy, etc.	1			100	None
3.1.e	The individuals record contains a recent photograph and a physical description of the individual.	1			100	None
3.1.i	Special safety and behavior needs are addressed.	1			100	None
3.2	The individuals record contains a written admission agreement completed for the individual served that includes the certifying statements specified in Title 17 and is signed by the individual served or his/her authorized representative, the regional center and the facility administrator. <i>[Title 17, CCR, §56019(c)(1)]</i>	1			100	None
3.3	The facility has a copy of the individual's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	1			100	None

Community Care Facility Record Review Summary Sample Size = 1						
	Criteria	+	-	N/A	% Met	Follow-up
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of progress for individuals served. <i>[Title 17, CCR, §56026(b)]</i>		1		0	See Narrative
3.4.b	Semiannual reports address and confirm the individual's progress toward achieving each of the IPP objectives for which the facility is responsible.	1			100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of progress. <i>[Title 17, CCR, §56026(c)]</i>			1	NA	None
3.5.b	Quarterly reports address and confirm the individual's progress toward achieving each of the IPP objectives for which the facility is responsible.			1	NA	None
3.5.c	Quarterly reports include a summary of data collected. <i>[Title 17, CCR, §56013(d)(4)], (Title 17, CCR, §56026)</i>			1	NA	None
3.6.a	The facility prepares and maintains ongoing, written notes for the individual served, as required by Title 17. <i>[Title 17, CCR §56026(a)]</i>	1			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	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>			1	NA	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>			1	NA	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the individual served. <i>(Title 17, CCR, §54327)</i>			1	NA	None

SECTION IV

DAY PROGRAM RECORD REVIEW OF INDIVIDUALS SERVED

I. Purpose

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

II. Scope of Review

Two records for individuals served were reviewed at two day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria.

III. Results of Review

- ✓ The records were 100 percent in compliance for 12 criteria. Four criteria were rated as not applicable for this review.
- ✓ A summary of the results of the review is shown in the table at the end of this section.
- ✓ Finding for one criterion is detailed below.

IV. Findings and Recommendations

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

Findings

One of the two (50 percent) sample records of individuals served contained a copy of the individual's current IPP. However, the record for individual #12 at DP #2 did not contain a copy of their current IPP. During the review a copy of the current IPP was provided. Accordingly, no recommendation required.

Day Program Record Review Summary Sample Size = 2						
	Criteria	+	-	N/A	% Met	Follow-up
4.1	An individual file is maintained for the individual served by the day program that includes the documents and information specified in Title 17. (<i>Title 17, CCR, §56730</i>)	2			100	None
4.1.a	The individuals record contains current emergency and personal identification information including the individual's address, telephone number; names and telephone numbers of residential care provider, relatives, and/or guardian or conservator; physician name(s) and telephone number(s); pharmacy name, address and telephone number; and health plan, if appropriate.	2			100	None
4.1.b	The individuals record contains current health information that includes current medications, known allergies; medical disabilities; infectious, contagious, or communicable conditions; special nutritional needs; and immunization records.	2			100	None
4.1.c	The individuals record contains any medical, psychological, and social evaluations identifying the individual's abilities and functioning level, provided by the regional center.	2			100	None
4.1.d	The individuals record contains an authorization for emergency medical treatment signed by the individual served and/or the authorized representative.	1		1	100	None
4.1.e	The individuals record contains documentation that the individual served and/or the authorized representative has been informed of his/her personal rights.	2			100	None
4.1.f	Data is collected that measures progress in relation to the services addressed in the IPP which the day program provider is responsible for implementing.	2			100	None
4.1.g	The individuals record contains up-to-date case notes reflecting important events or information not documented elsewhere.	2			100	None

Day Program Record Review Summary Sample Size = 2						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.h	The individuals record contains documentation that special safety and behavior needs are being addressed.			2	NA	None
4.2	The day program has a copy of the individual's current IPP. <i>[Title 17, CCR §56720(b)]</i>	1	1		50	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>	2			100	None
4.3.b	The day program's individual service plan or other program documentation is consistent with the services addressed in the individual's IPP.	2			100	None
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	2			100	None
4.4.b	Semiannual reports address the individual's performance and progress relating to the services for which the day program is responsible for implementing.	2			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	NA	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>			2	NA	None
4.5.c	There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. <i>(Title 17, CCR, §54327)</i>			2	NA	None

SECTION V

OBSERVATIONS AND INTERVIEWS OF INDIVIDUALS SERVED

I. Purpose

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

II. Scope of Observations and Interviews

Thirteen of the sixteen individuals served or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities (CCF), or in independent living settings.

- ✓ Seven individuals agreed to be interviewed by the monitoring teams.
- ✓ Five individuals did not communicate verbally or declined an interview but were observed.
- ✓ One interview was conducted with parents of the minor.
- ✓ Three individuals were unavailable for or declined interviews.

III. Results of Observations and Interviews

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

IV. Finding and Recommendation

None

SECTION VI A

SERVICE COORDINATOR INTERVIEWS

I. Purpose

The interviews determine how well the service coordinators know the individuals they serve, the extent of their participation in the individual program plan (IPP)/annual review process, and how they monitor services, health and safety issues.

II. Scope of Interviews

1. The monitoring team interviewed three RCRC service coordinators.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to the individuals selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The service coordinators were very familiar with the individuals selected for the monitoring review. They were able to relate specific details regarding the individuals' desires, preferences, life circumstances and service needs.
2. The service coordinators were knowledgeable about the IPP/annual review process and monitoring requirements. Service providers and family members provided input on the individuals' needs, preferences and satisfaction with services outlined in the IPP. For individuals in out-of-home placement settings, service coordinators conduct quarterly face-to-face visits and develop written assessments of 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 individuals' use of medication and issues related to side effects, the service coordinators utilize RCRC medical director and online resources for medication.

4. The service coordinators monitor the individuals' services, health and safety during periodic visits. They are aware of the individuals' 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 individuals 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 individuals.

II. Scope of Interview

1. The monitoring team interviewed Redwood Coast Regional Center's (RCRC) Director of Clinical Services.
2. The questions in the interview cover the following topics: routine monitoring of individuals with medical issues: medications; behavior plans; coordination of medical and mental health care for individuals; 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 the risk management, assessment and planning committee; and special incident reports.

III. Results of Interview

The RCRC clinical services team consists of physicians, registered nurses, psychologists, a psychiatrist, behaviorists, an autism specialist, dental coordinators, diversity outreach, grant resource developer, deaf/hearing specialist, and a dietician.

The clinical team monitors individuals with medical issues identified during the development of the individual program plan (IPP), special incident reports (SIR) and through referrals made by the service coordinators. As a result, individual-specific plans may be developed which could include referrals to specialists, RCRC specialty clinics or Telemedicine Assessment and Consultation Team (TACT). The TACT program offers multi-disciplinary clinical services to individuals and their families via videoconferencing. The TACT team is available to provide ongoing support and follow up as needed. RCRC clinical team will also contact vendors or families to see if consultation is needed.

Members of the clinical team collaborate with the individuals' primary care physician in the coordination of care. Individuals are also able to call the clinical team directly for assistance. The clinical team nurses are involved with all hospitalizations to ensure appropriate discharge planning and follow-up.

The clinical staff monitors individuals with polypharmacy or medication-related issues. The team has developed a medication checklist which assists the service coordinators to identify medication concerns. Nurses are available to provide medication training to service coordinators and providers as needed. The team also receives SIRs to assist with medication errors, assist vendors or physicians.

The clinical team is involved with individuals' behavioral plans and mental health issues. A behaviorist and psychologist are available to review behavior plans, SIRs, and provide support and training to individuals, families, and providers. Clinical team members also have a role in the coordination of mental health services for individuals with issues identified through mental health reports, the IPP process, and by referrals from service coordinators. The behaviorist reviews the behavior plans and the nurse will all review the plans as necessary. Vendors psychologist will also assist as necessary. The clinical staff will become involved immediately through SIRs and through family notification.

The clinical team has numerous supports in place to assist service coordinators to carry out their responsibilities. RCRC provides continuing education for staff and service providers on topics such as medication management, developmental disabilities and medical complexities, flu, staph infections, end-of-life issues, and coordination of health care. Some of these supports also include video-conference presentations at all RCRC offices. The clinical staff maintains a library of DVDs that can be loaned to individuals, families, vendors, and regional center staff. Nurses also provide training to service coordinators regarding medical issues. Behaviorist also provide training regarding autism, supports and current research.

RCRC has improved individual access to preventative health care resources by providing:

- ✓ Advocacy for individuals with local health care providers;
- ✓ Development of community-based services with emphasis on behavior, mental health and psychiatry;
- ✓ Specialty pediatric clinics including nutrition and psychiatry;
- ✓ Dental coordinators provide desensitization training and support for individuals, and works with local hospitals and dental providers;
- ✓ Grant from University of California San Francisco (UCSF) to provide training to local physicians regarding rare developmental conditions;
- ✓ RCRC psychiatrist whose specialty is developmental disabilities available to work collaboratively with local hospitals, medical providers;
- ✓ Diversity training - registration to RPT to get them into the work force; and
- ✓ RCRC is currently also training student doctors on how to work with the Regional Center on to how to best utilize the Regional Center and make referrals when necessary.

Clinical team members participate in RCRC's Risk Management, Assessment and Planning Committee. Clinical staff review all health and death special incidents, provide feedback, recommendations and, if necessary, increased clinical services. The regional center utilizes Mission Analytics Group, Inc., the State's risk management contractor, to analyze special incidents for trends. This information is used to make recommendations for appropriate follow-up and training as needed. The team, including the Executive Director and Director of Clinical and Community Services, also participates in RCRC's mortality review committee.

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 RCRC QA activities.

III. Results of Interview

1. Service coordinators function as facility liaisons to CCFs. RCRC has hired quality assurance specialists, one for the northern counties and one for the southern counties, who conduct all unannounced and annual visits. RCRC quality assurance specialists conduct one comprehensive annual Title 17 monitoring review and two unannounced visits to CCFs per year. Review reports are provided to facility liaisons, community resource managers, and the Client Services Manager. Each review utilizes standardized report forms and checklists based on Title 17 regulations. The community resource manager or liaisons may conduct additional unannounced visits to facilities with identified issues that require further follow-up review. The quality assurance and improvement manager is responsible for writing a corrective action plan (CAP) if significant issues are discovered, and CAPs are overseen by RCRC's Director of Clinical Services.
2. Service coordinators and the community resource manager review and investigate special incident reports (SIR) in collaboration with Community Care Licensing or law enforcement, as needed. They commonly conduct follow-up for SIRs related to specific consumers or vendors with a history of problems.
3. The SIR coordinator assists in tracking and identifying trends, bringing them to the attention of service coordinators, resource management, and quality assurance team members. The community resource manager is responsible for analyzing data from SIRs and QA monitoring. When issues of concern are identified, the information is presented to the Risk Management, Assessment

and Planning Committee in order to assist in identifying possible remedial measures.

4. RCRC uses information collected from the various monitoring activities, such as cross-reporting and sharing reports with Community Care Licensing on a quarterly basis, to provide technical assistance and training for providers. Topics have included preventing sexual and physical abuse, changing regulations, the HCBS final rule, medication side effects, symptoms of medical conditions, and special needs of elderly consumers.

SECTION VII A

SERVICE PROVIDER INTERVIEWS

I. Purpose

The interviews determine how well the service provider knows the individuals served; the extent of their assessment process for the individual program plan (IPP) development and/or review; the extent of their plan participation; how the plan was developed; how service providers ensure accurate documentation, communicate, address and monitor health issues; their preparedness for emergencies; and how they monitor safety and safeguard medications.

II. Scope of Interviews

1. The monitoring team interviewed one service provider at one community care facility where services are provided to the individual that was visited by the monitoring team.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to sample individuals selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

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

SECTION VII B

DIRECT SERVICE STAFF INTERVIEWS

I. Purpose

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

II. Scope of Interviews

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

III. Results of Interviews

1. The direct service staff was familiar with the strengths, needs and preferences of the individual served.
2. The direct service staff was knowledgeable about their roles and responsibilities for providing the services addressed in the individual's IPP.
3. The direct service staff demonstrated that they understood the importance of communication with all individuals concerned with the individual served.
4. The direct service staff was 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 was knowledgeable regarding safeguarding and assisting with self-administration of medications where applicable.

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

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

II. Scope of Review

1. The monitoring teams reviewed a total of one CCF.
2. The team used a monitoring review checklist consisting of 24 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, individuals' rights, and the handling of individuals' money.

III. Results of Review

The CCF was found to be in good condition with no immediate health and safety concerns. Specific findings and recommendations are detailed below.

IV. Findings and Recommendations

None

SECTION IX

SPECIAL INCIDENT REPORTING

I. Purpose

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

II. Scope of Review

1. Special incident reporting of deaths by RCRC 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 16 individuals selected for the Home and Community-Based Services (HCBS) Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of 10 individuals who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, resulting in an outcome that ensures the individual served is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. RCRC reported all deaths during the review period to DDS.
2. RCRC reported all special incidents in the sample of 16 records selected for the HCBS Waiver review to DDS.
3. RCRC's vendors reported 8 of the 10 (80 percent) incidents in the supplemental sample within the required timeframes.
4. RCRC reported all (100 percent) incidents in the supplemental sample to DDS within the required timeframes.
5. RCRC's follow-up activities on incidents in the supplemental sample were appropriate for the severity of the situations for the 10 incidents.

IV. Findings and Recommendations

SIR #6: The incident occurred on August 16, 2023. However, the vendor did not submit a written report to RCRC until August 19, 2023.

SIR #8: The incident occurred on April 22, 2023. However, the vendor did not submit a written report to RCRC until April 25, 2023.

Recommendation	Regional Center Plan/Response
RCRC should ensure that the vendors for SIRs #6 and #8 report special incidents within the required timeframes.	SIR # 6 and SIR #8 were from the same vendor. RCRC Community Resources Staff provided technical assistance and provided an SIR training to vendor during September 2023 which included training regarding SIR timelines. The vendor is no longer providing services within our catchment area and the vendorization has been closed.

SAMPLE OF INDIVIDUALS SERVED AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review of Individuals Served

#	UCI	CCF	DP
1	XXXXXXX	1	
2	XXXXXXX		
3	XXXXXXX		
4	XXXXXXX		
5	XXXXXXX		
6	XXXXXXX		
7	XXXXXXX		
8	XXXXXXX		
9	XXXXXXX		
10	XXXXXXX		
11	XXXXXXX		1
12	XXXXXXX		2
13	XXXXXXX		
14	XXXXXXX		
15	XXXXXXX		
16	XXXXXXX		

Supplemental Sample of Waiver Terminations

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

T-14	XXXXXX
T-15	XXXXXX
T-16	XXXXXX
T-17	XXXXXX
T-18	XXXXXX
T-19	XXXXXX
T-20	XXXXXX
T-21	XXXXXX
T-22	XXXXXX
T-23	XXXXXX
T-24	XXXXXX
T-25	XXXXXX
T-26	XXXXXX
T-27	XXXXXX
T-28	XXXXXX
T-29	XXXXXX

Supplemental New Enrollees Sample

#	UCI
NE-1	XXXXXX
NE-2	XXXXXX
NE-3	XXXXXX

HCBS Waiver Review Service Providers

CCF #	Vendor
1	XXXXXX

Day Program #	Vendor
1	XXXXXX
2	XXXXXX

SIR Review

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