

**San Diego Regional Center
Home and Community-Based Services Waiver
Monitoring Review Report**

Conducted by:

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

April 17-May 5, 2023

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EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the Home and Community-Based Services (HCBS) Waiver from April 17-May 5, 2023 at San Diego Regional Center (SDRC). The monitoring team members were Natasha Clay (Team Leader), Nora Muir, Kelly Sandoval, Bonnie Simmons, Fam Chao, Ashley Guletz, and Nadia Flores from DDS, and Deeanna Tran, Crystal La, and Julie Ota from DHCS.

Purpose of the Review

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

Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

The compliance monitoring review protocol is comprised of sections/components designed to determine if the individuals' 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 92 records for individuals served on the 1915c HCBS Waiver individuals. In addition, the following supplemental sample records were reviewed: 1) six individuals whose HCBS Waiver eligibility had been previously terminated, 2) ten individuals who had special incidents reported to DDS during the review period of January 1, 2022 through December 31, 2022, and 3) thirty-four individuals who were enrolled in the HCBS Waiver during the review period.

The monitoring team completed visits to 19 community care facilities (CCF) and 11 day programs. The team reviewed 20 CCF records, 16 day program records for individuals served and interviewed and/or observed 69 of the selected sample of individuals served.

Overall Conclusion

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

Section II – Regional Center Record Review of Individuals Served

Ninety-two 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 2.13.a was 82 percent in compliance because 11 of the 61 applicable records did not contain documentation of all required quarterly face-to-face visits. Criterion 2.13.b was 80 percent in compliance because 12 of the 61 applicable records did not contain documentation of all required quarterly reports of progress. The sample records were 98 percent in overall compliance for this review.

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

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

Terminations: Six supplemental records were reviewed solely for documentation that SDRC 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. SDRC's records were 100 percent in overall compliance for this review.

Section III – Community Care Facility Record Review for Individuals Served

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

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

Section IV – Day Program Record Review for Individuals Served

Sixteen records for individuals served were reviewed at 11 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 97 percent in overall compliance for 17 criteria on this review.

SDRC's records were 99 percent in overall compliance for the collaborative review conducted in 2019. The closure of day programs due to the COVID-19 pandemic prevented the review of Section IV Day Program records for the 2021 review.

Section V –Observations and Interviews of Individuals Served

Sixty-nine 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

Eighteen 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

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 SDRC 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

Sixteen CCF and 11 day program service providers were interviewed using a standard interview instrument. The service providers responded to questions regarding their knowledge of the individual served, the annual review process, and the monitoring of health issues, medication administration, progress, safety, and emergency preparedness. The staff was familiar with the individuals served and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interviews

Sixteen CCF and 11 day program direct service staff were interviewed using a standard interview instrument. The direct service staff responded to questions regarding their knowledge of individuals served, the IPP, communication, service delivery, procedures for safety, emergency preparedness, and medications. The staff were familiar with the individuals served and knowledgeable about their roles and responsibilities.

Section VIII – Vendor Standards Review

The monitoring team reviewed 19 CCFs and 11 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 92 for individuals served who are on the HCBS Waiver and 10 supplemental sample records of individuals served for special incidents during the review period. SDRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported nine of the 10 incidents to SDRC within the required timeframes, and SDRC subsequently transmitted all 10 special incidents to DDS within the required timeframes. SDRC's follow-up activities for all of the 10 special incidents for 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 SDRC's procedures and practices to verify that there are processes in place to ensure compliance with state and federal laws and regulations as well as the assurances contained in the HCBS Waiver application approved by the Centers for Medicare & Medicaid Services.

II. Scope of Assessment

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

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

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

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

SECTION II

REGIONAL CENTER RECORD REVIEW OF INDIVIDUALS SERVED

I. Purpose

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

II. Scope of Review

1. Ninety-two HCBS Waiver records of individuals served were selected for the review sample.

Living Arrangement	# of Individuals Served
Community Care Facility (CCF)	32
With Family	29
Independent or Supported Living Setting	31

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

III. Results of Review

The 92 sample records of individuals served were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Six supplemental records were reviewed solely for documentation that SDRC 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. Thirty-four supplemental records were reviewed for documentation that SDRC determined the level of care prior to receipt of HCBS Waiver services.

- ✓ The sample records were in 100 percent compliance for 20 criteria. There are no recommendations for these criteria. Two criteria were not applicable for this review.
- ✓ Findings for 9 criteria are detailed below.

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

IV. Findings and Recommendations

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

Findings

Eighty-eight of the ninety-two (96 percent) sample records of individuals served contained a completed DS 2200 form. There were identified issues regarding the DS2200 form as indicated below:

1. Individual #14: The DS 2200 form was not signed and dated until February 10, 2023. Accordingly, no recommendation is required;
2. Individual #27: The DS 2200 form was not signed and dated until January 30, 2023. Accordingly, no recommendation is required;
3. Individual #63: The DS 2200 form was not signed and dated until March 13, 2023. Accordingly, no recommendation is required; and,
4. Individual #73: The DS 2200 form was not signed and dated until February 22, 2023. Accordingly, no recommendation is required.

- 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(c))*

Finding

Ninety-one of the ninety-two (99 percent) sample records of individuals served contained a CDER that had been reviewed within the last 12 months. However, the record for individual #90 did not contain documentation that the CDER had been reviewed during the year.

2.4 Recommendation	Regional Center Plan/Response
SDRC should ensure that the CDER for individual #90 is reviewed annually.	The CDER for individual #90 is current and a copy of their Client Profile is on record. SDRC continues to provide training on updating the CDER annually and as needed.

- 2.5.b The qualifying conditions of the individual's served documented in the Client Development Evaluation Report (CDER) are consistent with information contained in the individual's record. [SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343]

Finding

Ninety-one of the ninety-two (99 percent) sample records of individuals served documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in the record for Individual #51 did not support the determination that all the issues identified in the CDER and the Medicaid Waiver Eligibility Record (DS 3770) could be considered qualifying conditions. The qualifying condition of 'constant supervision' was identified on the DS 3770, but there was no supporting information in the individual's records (IPP, progress reports, vendor reports, etc.) that described the impact of the identified condition or need for services and supports.

2.5.b Recommendation	Regional Center Plan/Response
SDRC should determine if the items listed above for individual #51 are appropriately identified as a qualifying condition. The individual's DS 3770 form should be corrected to ensure that any items that do not represent substantial limitations in the individuals' ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying conditions. If SDRC 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.	SDRC has corrected the 3770 to identify qualifying conditions that are supported in the IPP.

- 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)

Finding

Ninety-one of the ninety-two (99 percent) applicable sample records of individuals served contained a completed SARF. However, the record for

Individual #76 was missing a SARF for annual review dated January 27, 2022. A SARF was completed April 24, 2023. Accordingly, no recommendation is required.

- 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

Ninety of the ninety-two (98 percent) sample records of individuals served contained IPPs that addressed the individual's qualifying conditions. However, the IPPs for two individuals did not address supports for qualifying conditions identified in the record as indicated below:

1. Individual #51: The IPP dated April 16, 2020, does not address the qualifying condition "personal care with assistance;" as noted in the Individual Support Plan dated May 7, 2021; and
2. Individual #55: The IPP dated July 22, 2020, does not address the qualifying conditions "toileting," as noted in the annual review dated July 27, 2022.

2.9.a Recommendation	Regional Center Plan/Response
SDRC should ensure that the IPPs for individuals #51 and #55 address the services and supports in place for the qualifying conditions identified above.	SDRC has updated the qualifying conditions for individuals #51 and #55 to reflect current needs for support that are documented in the current IPPs on file.

- 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

Eighty-two of the ninety-two (89 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 ten individuals did not include SDRC funded services as indicated below:

1. Individual #14: Supplemental Residential Program Support. An addendum was completed January 26, 2023, addressing the purchased service. Accordingly, no recommendation is required;
2. Individual #16: Supplemental Residential Program Support;
3. Individual #35: Individual or Family Training Service;
4. Individual #36: Transportation;

5. Individual #43: Individual or Family Training Service;
6. Individual #44: Individual or Family Training Service;
7. Individual #46: Transportation;
8. Individual #59: Personal Assistance;
9. Individual #60: Behavior Management Consultant; and,
10. Individual #72: Translator.

2.10.a Recommendation	Regional Center Plan/Response
SDRC should ensure that the IPPs for individuals #16, #35, #36, #43, #44, #46, #59 #60 and #72 include a schedule of the type and amount of all services and supports purchased by SDRC.	All current IPPs for these individuals include the type and amount of all active services purchases by SDRC. SDRC Leadership team has revised the IPP summary sheet to include sections to fill in the type and amount of service and is providing ongoing training regarding support of the POS in the IPP.

- 2.11 The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to, vendors, contracted providers, generic service agencies, and natural supports. *[W&I Code §4646.5(a)(5)]*

Findings

Ninety-one of the ninety-two (99 percent) sample records of individuals served contained IPPs that identified the provider or providers responsible for implementing services. However, the record for Individual #23 did not indicate the provider for Home Respite Services of the SDRC funded services.

2.11 Recommendation	Regional Center Plan/Response
SDRC should ensure the IPP for individual #23 identifies the provider for the service listed above.	The current IPP for individual #23 identifies all providers responsible for implementing services

- 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

Fifty of the sixty-one (82 percent) applicable sample records of individuals served contained quarterly face-to-face meetings completed and documented. However, the records for eleven individuals did not meet the requirement as indicated below:

1. The records for individuals #16, #20, #34, #36, #40, #45 and #51 contained documentation of three of the required meetings.
2. The record for individuals #46 and #61 contained documentation of two of the required meetings.
3. The record for individuals #47 and #56 contained documentation of one of the required meetings.

2.13.a Recommendations	Regional Center Plan/Response
SDRC should ensure that all future face-to-face meetings are completed and documented each quarter for individuals #16, #20, #34, #36, #40, #45, #46, #47, #51, #56, and #61.	The Reports and Contacts for individuals #16, #20, #34, #36, #40, #45, #46, #47, #51, #56, and #61 have been reviewed to ensure quarterly contacts are being met. Training is being provided to Service Coordinators on quarterly review requirements.
In addition, SDRC should evaluate what actions may be necessary to ensure that quarterly face-to face meetings are completed and documented for all applicable individuals.	SDRC is providing HCBS record review training for all units that details the requirement for quarterly face-to-face meetings. The SANDIS reports and contacts list is used as a tool for SCs to review with their PMs and is monitored by the Assistant Directors. The Leadership team has held trainings on quarterly review requirements and a new progress note is being implemented in SANDIS as a tracking system for upcoming quarterly meetings.

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

Findings

Forty-nine of the sixty-one (80 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 twelve individuals did not meet the requirement as indicated below:

1. The records for individuals #16, #20, #34, #36, #40, #45, #49 and #51 contained documentation of three of the required meetings.
2. The record for individuals #46 and #61 contained documentation of two of the required meetings.
3. The record for individuals #47 and #56 contained documentation of one of the required meetings.

2.13.b Recommendations	Regional Center Plan/Response
SDRC should ensure that all future face-to-face meetings are completed and documented each quarter for individuals #16, #20, #34, #36, #40, #45, #46, #47, #49, #51, #56, and #61.	The Reports and Contacts for individuals #16, #20, #34, #36, #40, #45, #46, #47, #49, #51, #56, and #61 have been reviewed to ensure quarterly reports are completed. Training is being provided to Service Coordinators on quarterly review requirements.
In addition, SDRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable individuals.	SDRC is providing HCBS record review training for all units that details the requirement for quarterly face-to-face meetings. The SANDIS reports and contacts list is used as a tool for SCs to review with their PMs and is monitored by the Assistant Directors. The Leadership team has held trainings on quarterly review requirements and a new progress note is being implemented in SANDIS as a tracking system for upcoming quarterly meetings.

Summary for Regional Center Record Review of Individuals Served Sample Size = 92 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The individual is Medi-Cal eligible. (SMM 4442.1)	92		6	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.	92		6	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.	92		6	100	None
2.1.c	The DS 3770 form documents annual re-certifications.	92		6	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	1		91	100	None
2.2	Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). (SMM 4442.7), [42 CFR 441.302(d)]	88	4	6	96	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)]	6		92	100	None

Summary for Regional Center Record Review of Individuals Served Sample Size = 92 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. <i>(SMM 4442.5), (42 CFR 441.302)</i>	91	1	6	99	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. <i>(SMM 4442.5), [42 CFR 441.302(c)], (Title 22, CCR, §51343)</i>	92		6	100	None
2.5.b	The individual's qualifying conditions documented in the CDER are consistent with information contained in the individual's record.	91	1	6	99	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 individual's changing needs, wants or health status. <i>[42 CFR 441.301(b)(1)(I)]</i>	92		6	100	None
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. <i>(HCBS Waiver requirement)</i>	91	1	6	99	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. <i>[WIC §4646(g)]</i>	92		6	100	None
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.	37		61	100	None
2.7.c	The IPP is prepared jointly with the planning team. <i>[WIC §4646(d)]</i>	92		6	100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the individual. <i>[WIC §4646.5(a)]</i>	92		6	100	None

Summary for Regional Center Record Review of Individuals Served Sample Size = 92 + 6 Supplemental Records						
	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).	90	2	6	98	See Narrative
2.9.b	The IPP addresses special health care requirements.			98	NA	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	32		66	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	48		50	100	None
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	29		69	100	None
2.9.f	The IPP addresses the individual's goals, preferences and life choices.	92		6	100	None
2.9.g	The IPP includes a family plan component if the individual served is a minor. [WIC §4685(c)(2)]	15		83	100	None
2.10.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. [WIC §4646.5(a)(4)]	82	10	6	89	See Narrative
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. [WIC §4646.5(a)(5)]	92		6	100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [WIC §4646.5(a)(5)]	37		61	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)]	91	1	6	99	See Narrative

Summary for Regional Center Record Review of Individuals Served Sample Size = 92 + 6 Supplemental Records						
	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)]	92		6	100	None
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)	50	11	37	82	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)	49	12	37	80	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)			98	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 individuals served and prepare written reports of progress in relation to the services addressed in the individual program plan (IPP) for which the facility is responsible. The criteria are derived from Title 17, California Code of Regulations.

II. Scope of Review

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

III. Results of Review

The records for individuals served were 99 percent in compliance for 19 criteria.

- ✓ The sample records were 100 percent in compliance for 17 applicable criteria. There are no recommendations for these criteria.
- ✓ Findings for two criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Finding and Recommendation

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

Finding

Nineteen of the twenty (95 percent) applicable sample records of individuals served contained ongoing notes documenting community activities, overnight visits, illnesses, incidents, and medical appointments. However, the record for individual #9, at CCF #4 did not contain ongoing notes that address the above activities.

3.6.a Recommendation	Regional Center Plan/Response
SDRC should assess what action it should take to ensure that the provider at CCF #4 consistently maintains ongoing written individual notes that document community activities, overnight visits, illnesses, incidents, and medical appointments.	SDRC has completed data collection and documentation training and guidance to CCF #4 to ensure consistency in written notes.

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

Finding

Sixteen of the seventeen (94 percent) applicable sample records of individuals served contained notes or information that verifies that behaviors are being addressed. However, the record for individual #9 at CCF #4 did not contain information that verifies that self-injurious behaviors are being addressed.

3.6.b Recommendation	Regional Center Plan/Response
SDRC should ensure that CCF provider #4 maintains notes or information that verifies that behaviors are being addressed for individual #9.	SDRC has completed training and guidance to CCF #4 to ensure that notes verify the current behavioral needs of individual #9. CCF #4 now has a new behavioral consultant. Data collection and documentation training has been completed.

Community Care Facility Record Review Summary Sample Size: = 20						
	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>	20			100	None
3.1.a	The individuals record contains a statement of ambulatory or non-ambulatory status.	20			100	None
3.1.b	The individuals record contains known information related to any history of aggressive or dangerous behavior toward self or others.	11		9	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.	20			100	None
3.1.d	The individuals record contains current emergency information: family, physician, pharmacy, etc.	20			100	None
3.1.e	The individuals record contains a recent photograph and a physical description of the individual.	20			100	None
3.1.i	Special safety and behavior needs are addressed.	13		7	100	None
3.2	The individuals record contains a written admission agreement completed for the individual served that includes the certifying statements specified in Title 17 and is signed by the individual served or his/her authorized representative, the regional center and the facility administrator. <i>[Title 17, CCR, §56019(c)(1)]</i>	20			100	None
3.3	The facility has a copy of the individual's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	19		1	100	None

Community Care Facility Record Review Summary Sample Size: 20						
	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>	8		12	100	None
3.4.b	Semiannual reports address and confirm the individual's progress toward achieving each of the IPP objectives for which the facility is responsible.	9		11	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of progress. <i>[Title 17, CCR, §56026(c)]</i>	12		8	100	None
3.5.b	Quarterly reports address and confirm the individual's progress toward achieving each of the IPP objectives for which the facility is responsible.	12		8	100	None
3.5.c	Quarterly reports include a summary of data collected. <i>[Title 17, CCR, §56013(d)(4)], (Title 17, CCR, §56026)</i>	12		8	100	None
3.6.a	The facility prepares and maintains ongoing, written notes for the individual served, as required by Title 17. <i>[Title 17, CCR §56026(a)]</i>	19	1		95	See Narrative
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	16	1	3	94	See Narrative
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	4		16	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>	4		16	100	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the individual served. <i>(Title 17, CCR, §54327)</i>	4		16	100	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

Sixteen records were reviewed at 11 day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria.

III. Results of Review

The records were 100 percent in compliance for 11 criteria.

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

IV. Findings and Recommendations

- 4.1.f The record for individuals served contains up-to-date data collection for IPP objectives. (*Title 17, CCR, §56730*)

Finding

Thirteen of the fourteen (93 percent) sample records for individuals served contained documentation that data is collected that measures progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing. However, the record for individual #41 at DP #7, did not contain documentation that data is collected that measures progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing.

4.1.f Recommendation	Regional Center Plan/Response
SDRC should ensure the record for individual #41 at DP #7, contains documentation that data is collected that measures progress in relation to the	The current record for individual #41 at DP #7 contains documentation of the data collected for IPP objectives

services addressed in the IPP for which the day program provider is responsible for implementing.	
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- 4.2 The day program has a copy of the current IPP for the individual served. *[Title 17, CCR, §56720)(b)]*

Finding

Fifteen of the sixteen (94 percent) sample records of individuals served contained a copy of the individuals current IPP. However, the record for individual #41 at day program #7 did not contain a copy of their current IPP.

4.2 Recommendation	Regional Center Plan/Response
SDRC should ensure that day program provider #7 receives a current copy of individual #41's IPP.	SDRC has provided a current copy of individual #41's IPP to the day program.

- 4.3.a The day program develops, maintains, and modifies, as necessary, documentation regarding the manner in which it will assist the individual in achieving the IPP/Individual Service Plan (ISP) objectives for which the day program is responsible. *[Title 17, CCR, §56720)(a)]*

Finding

Fifteen of the sixteen (94 percent) sample records of individuals served contained documentation on how the day program provider will assist the individual in achieving their IPP/ISP objectives. However, the record for individual #41 at DP #7 had no specific program plan or other documentation describing how they will assist the individual in achieving their objectives.

4.3.a Recommendation	Regional Center Plan/Response
SDRC should ensure that day program #7 develops and maintains documentation on how the program will assist individual #41 in achieving their IPP/ISP objectives.	SDRC has provided guidance regarding program #7 maintaining documentation on how they will support individual #41 in achieving their objectives

- 4.3.b The day program's individual service plan or other program documentation is consistent with the individual's IPP objectives for which the day program is responsible.

Finding

Fifteen of the sixteen (94 percent) sample records of individuals served contained documentation consistent with the individuals' IPP objectives for which the day program is responsible. However, the record for individual #41 at DP #7 did not identify the supports in place for exercising, as stated in the IPP.

4.3.b Recommendation	Regional Center Plan/Response
SDRC should ensure that the record for individual #41 at day program #7 identifies supports in place for exercising as stated in the IPP.	The current record for individual #41 at DP #7 contains documentation of supports needed for the exercise objective.

- 4.4.a The day program prepares and maintains written semiannual reports of the performance and progress. *[Title 17, CCR, §56720(c)]*

Finding

Fourteen of the fifteen (94 percent) sample records of individuals served contained written semiannual reports of progress. However, the record for individual #41 at DP #7 did not contain the required progress reports.

4.4.a Recommendation	Regional Center Plan/Response
SDRC should ensure that day program provider #7 prepare written semiannual reports of progress for individual #41.	SDRC has a copy of the most recent annual report on file form provider #7.

- 4.4.b 4.4.b The semiannual reports address performance and progress toward achieving each of the IPP objectives for which the day program is responsible. *[Title 17, CCR, §56720(c)]*

Finding

Fifteen of the sixteen (93 percent) sample records of individuals served contained semiannual reports that addressed progress. However, the record for individual #41 at DP #7 contained none of the required progress reports.

4.4.a Recommendation	Regional Center Plan/Response
SDRC should ensure that day program provider #7 maintain semiannual reports that address progress toward achieving IPP objectives for individual #41.	SDRC has a copy of the most recent annual report on file form provider #7 that addresses the objectives progress.

Day Program Record Review Summary Sample Size: 16						
	Criteria	+	-	N/A	% Met	Follow-up
4.1	An individual file is maintained by the day program that includes the documents and information specified in Title 17. (Title 17, CCR, §56730)	16			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	16			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.	16			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.	16			100	None
4.1.d	The individual record contains an authorization for emergency medical treatment signed by the individual served and/or the authorized representative.	16			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.	16			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.	13	1	2	93	See Narrative
4.1.g	The individuals record contains up-to-date case notes reflecting important events or information not documented elsewhere.	16			100	None

Day Program Record Review Summary Sample Size: 16						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.h	The individuals record contains documentation that special safety and behavior needs are being addressed.	10		6	100	None
4.2	The day program has a copy of the individual's current IPP. <i>[Title 17, CCR §56720(b)]</i>	15	1		94	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	1		94	See Narrative
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.	15	1		94	See Narrative
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	14	1	1	93	See Narrative
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.	15	1		94	See Narrative
4.5.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	1		15	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>	1		15	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>	1		15	100	None

SECTION V

OBSERVATIONS AND INTERVIEWS OF INDIVIDUALS SERVED

I. Purpose

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

II. Scope of Observations and Interviews

Sixty-nine of the 92 individuals, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities (CCF), or in independent living settings.

- ✓ Thirty-seven individuals agreed to be interviewed by the monitoring teams.
- ✓ Twenty-two individuals did not communicate verbally or declined an interview but were observed.
- ✓ Ten interviews were conducted with parents of minors.
- ✓ Twenty-three individuals were unavailable for or declined interviews.

III. Results of Observations and Interviews

All individuals/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 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 18 SDRC 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 SDRC 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 served and service coordinators. This interview aids in determining what measures the regional center is utilizing to ensure the ongoing health and safety of all individuals who are on the Home and Community-Based Services Waiver.

II. Scope of Interview

1. The questions in the interview cover the following topics: routine monitoring of individuals with medical issues, medications, and 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; and role in Risk Management Committee and special incident reports.
2. The monitoring team interviewed the Director of Clinical Services and the Coordinator of Behavioral Services at San Diego Regional Center (SDRC).

III. Results of Interview

1. The clinical team includes physicians, registered nurses, psychologists, genetic counselors, behavioral specialists and behavior analysts, social workers, and a dental coordinator.
2. The clinical team is available to consult with service coordinators in evaluating individuals with medical and/or medication issues on an as-needed basis. If needed, members of the clinical team will make home visits to evaluate and coordinate care. Additionally, team members work with hospitals, psychiatric facilities, local physicians, and advocates to ensure individuals' medical needs are addressed appropriately.
3. Service coordinators or social workers monitor individuals served medications and conduct reviews when they visit homes. If they identify individuals experiencing difficulties, they will consult a nurse to help address the issues. The nurse will review the Medication Administration Record and suggest changes that can prevent medication errors from occurring. Additionally, the nurse will contact the pharmacist responsible for the medication management of the individuals, who is contracted with the homes, and the pharmacist will provide training to ensure proper medication administration.

4. The Coordinator of Behavioral Services and behavior specialists are available to assist with complex behavior issues and to consult with service coordinators regarding review of behavior plans. The behavior team conducts observations of the individuals served and assist with coordination of care and service recommendations. Psychologists consult with individuals' primary care doctors as requested. The Behavior Modification Review Committee reviews behavioral intervention plans that are considered potentially restrictive or aversive.
5. Staff training is provided by members of the clinical team on various topics, such as autism, dual diagnosis, medication management, cerebral palsy, and epilepsy. Training is also provided to vendors, clients, families, community and staff for behavior services and interventions when a need is identified.
6. SDRC has improved health care access for individuals served through the following programs:
 - ✓ The Anderson Dental Center/Children's Hospital, which provides training for individuals served and providers, and treatment for individuals in the Residency Dental Program
 - ✓ Dental Coordinator & Registered Dental Hygienist in Alternative Practice (RDHAP) provides in-home visits for evaluations and cleanings
 - ✓ Collaborates with King Chavez dental clinic
 - ✓ Provide consultations for individuals served, families, and providers who request assistance with medication and nutritional needs
 - ✓ Autism Program
 - ✓ Safety Alert Inc., a twenty-four hour on-call crisis team that assists with difficult mental health cases
 - ✓ Victims Assistance Support Team (VAST)
 - ✓ Nurses contribute articles to the SDRC Vendor Bulletin
 - ✓ San Diego Systemic, Therapeutic, Assessment, Resources, and Treatment crisis program
 - ✓ Advance North and Advance San Diego for adult's crisis program
 - ✓ Reach out to Imperial Valley health centers for dental needs
 - ✓ Coordination of care needs with Managed Care Medi-Cal Plans for San Diego and Imperial Counties
7. Physicians and nurses participate in SDRC's Risk Management, Assessment, and Planning Committee. Members of the clinical team review all SIRs for hospitalized individuals, and medical related SIRs are reviewed as needed. The regional center also utilizes Mission Analytics Group Inc., the State's risk management contractor, to analyze special incidents for trends. The clinical team uses this information to make recommendations for appropriate follow-up and training as needed.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

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

II. Scope of Interview

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

III. Results of Interview

Service coordinators are assigned as liaisons to residential facilities and are responsible for conducting the two unannounced visits at each CCF. QA specialists are responsible for conducting the annual Title 17 monitoring reviews of the residential facilities. These visits are typically conducted when providers are at home. The quality assurance team is divided by various programs and the team is responsible for reviewing records, interviewing service providers and direct care staff, consulting on additional resources, obtaining investigation reports with Adult Protective Services (APS) and Community Care Licensing (CCL), reviewing timelines for infractions, making decisions for increased monitoring. Each review utilizes standardized report forms and checklists based on Title 17 regulations. The dates of the reviews are tracked in a database monitored by the QA supervisor.

When substantial inadequacies are identified, corrective action plans (CAP) are 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. The purpose of the CAP is to identify deficiency for any visit, develop the timeframe of ten business days to respond to the CAP, describe infraction references for the regulation, specific steps providers take to mitigate risk, meetings conducted in-person or remotely to review regulations and timeline, and follow up actions relevant to the situation and need. Consultations are completed collaboratively with the service providers to review documentation, determine filing and organizational systems to ensure up to date records for required regulation, ensure personal rights are being recognize and regulate the kind of systems needed. There is a tracking system to identify trends. Any CAP or sanction is documented, QA is notified and given information and resource

notes which may regulate weekly unannounced visits, and tracking systems are maintained on google drive.

SDRC utilizes a few representatives from every department that are composed of the Risk Management Committee; Directors, Resource Developers, Clinical department, Physicians, in house team of SIR coordinators. Their responsibilities are to follow up on CAPs, follow up on SIRs, investigation with APS and CCL, review timelines for infractions, decisions for increased monitoring, monitoring visits to review vendors standards and staff qualification. The committee meets quarterly to discuss any trends related to special incident reports (SIR). 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 SIR trends. SIR coordinators monitor trends for abuse, neglect, and hospitalization.

SECTION VII A

SERVICE PROVIDER INTERVIEWS

I. Purpose

The interviews determine how well the service provider knows the individuals; 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 30 service providers at 19 community care facilities and 11 day programs where services are provided to the individuals that were visited by the monitoring team.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to sample individuals selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

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

SECTION VII B

DIRECT SERVICE STAFF INTERVIEWS

I. Purpose

The interviews determine how well the direct service staff know the individuals 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 27 direct service staff at 16 community care facilities and 11 day programs where services are provided to the individual that was visited by the monitoring team.
2. The interview questions are divided into two categories:
 - ✓ The questions in the first category are related to sample Individuals selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

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

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

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

II. Scope of Review

1. The monitoring teams reviewed a total of 16 CCFs and 11 day programs.
2. The teams used a monitoring review checklist consisting of 24 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, individuals' rights, and the handling of individuals' money.

III. Results of Review

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

IV. Findings and Recommendations

- 8.1.c The facility will be in good repair and safe at all times for the well-being of individuals served, employees and visitors. Indoor and outdoor passages will be free of hazards and obstruction. Fireplaces and open-faced heaters will be inaccessible to individuals. Area/throw rugs should have non-slip backing and should not pose a tripping hazard. *[Title 22, CCR, §80072(a)(2); Title 22, CCR, §80087(a)(b)(1)(c); Title 22, CCR, §80088(c)]*

Finding

Twenty-six of the twenty-seven facilities were in good repair and safe. However, at CCF #5, two-bedroom doors were damaged.

8.1.c Recommendation	Regional Center Plan/Response
SDRC should ensure that CCF #5 repairs the damaged bedroom doors.	The repairs have been completed for CCF#5.

- 8.1.d The facility has special equipment, supplies, aids or conveniences necessary to meet the needs of physically handicapped and/or special needs individuals. The facility should be free from obstruction and adapted for individuals as needed. (For example, adaptations such as ramps, showers, doorways, handrails, etc). *[Title 22, CCR, §80087(c); Title 22, CCR, §85087(b); Health and Safety Code § 1531.4]*

Findings

Twenty-six of the twenty-seven facilities were free from obstruction and adapted for individuals as needed. However, there were obstacles at an exit at CCF #9.

8.1.d Recommendation	Regional Center Plan/Response
SDRC should ensure that CCF #9 is free from obstruction.	The obstruction was cleared and corrected the same day and the emergency exit is clear.

- 8.3.c Staff responsible for providing direct care and supervision will receive training in first aid from qualified agencies. Adults who supervise individuals using a pool or other body of water that require rescuer's ability to swim, will have a valid water safety certificate. Water safety certificates are required *IF* the pool/spa is used. *[Title 22, CCR, §80065(e); Title 22, CCR, §87923(a)]*

Findings

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

1. CCF #2: One staff with an expired first aid/water safety certificate.
2. CCF #13: One staff with an expired first aid certificate.

8.3.c Recommendation	Regional Center Plan/Response
SDRC should ensure that the providers at CCF #2 and CCF #13 have current first aid and water safety certificates if applicable, available for all direct care staff.	CCFs #2 and #13 have followed up to renew the missing safety and first aid certificates.

- 8.4.a Individuals served or an authorized representative will sign for cash given directly to them, either with a signature or mark. If the individual served is unable to sign or make a mark, the provider should document why. Cash kept on the facility premises will be locked in a secure location. *[Title 22, CCR, §80026(h)(A)(B)(j)]*

Findings

Fifteen of the sixteen facilities' records had individuals served or authorized representatives' signatures or marks for cash disbursements. However, the individual or an authorized representative did not sign for personal and incidental disbursements at CCF #13.

8.4.a Recommendation	Regional Center Plan/Response
SDRC should ensure that CCF #13, have the individual or an authorized representative sign for disbursements.	SDRC has followed up with CCF #13 and the assigned SC to ensure that signatures are present for all disbursements

- 8.5.c A statement of rights will be prominently posted in each community care facility and day program. The statement will be in English, Spanish or other appropriate language. [(Title 17, CCR §50520(1)), (W&I §4503), (W&I §4648(a)(10)(E))]

Findings

Twenty-one of the twenty-seven facilities had a statement of individuals served rights prominently posted. However, there were issues with six facilities as indicated below:

1. CCF #5: The facility did not have a statement of rights posted.
2. CCF #9: The facility did not have a statement of rights posted.
3. CCF #13: The facility did not have a statement of rights posted.
4. DP #2: The facility did not have a statement of rights posted until the time of the visit. Accordingly, no recommendation is required.
5. DP #6: The facility did not have a statement of rights posted until the time of the visit. Accordingly, no recommendation is required.
6. DP #10: The facility did not have a statement of rights posted until the time of the visit. Accordingly, no recommendation is required.

8.5.c Recommendation	Regional Center Plan/Response
SDRC should ensure that CCFs #5, #9, and #13 post a statement of rights.	For CCFs #5, 9, and 13 a statement of rights was posted and present, but not in the most current version. SDRC is collaborating with HCBS Monitoring Team and manager to ensure the statement of rights is current and in the most updated version. This recommendation is being reviewed during sight visits for HCBS Final Rule.

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 SDRC 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 92 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. SDRC reported all deaths during the review period to DDS.
2. SDRC reported all special incidents in the sample of 92 records selected for the HCBS Waiver review to DDS.
3. SDRC's vendors reported nine of the 10 (90 percent) applicable incidents in the supplemental sample within the required timeframes.
4. SDRC reported all (100 percent) incidents in the supplemental sample to DDS within the required timeframes.
5. SDRC's follow-up activities on incidents in the supplemental sample were appropriate for the severity of the situations for all 10 of the incidents.

IV. Finding and Recommendation

SIR #1: The incident occurred on November 4, 2022. However, the vendor did not submit a written report to SDRC until November 9, 2022.

Recommendation	Regional Center Plan/Response
SDRC should ensure that the vendor for individual SIR #9 reports special incidents within the required timeframes.	The vendor for this SIR has received additional training. SDRC provides ongoing quarterly trainings to service providers on Special Incident Reporting.

SAMPLE OF INDIVIDUALS SERVED AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review of Individuals Served

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

#	UCI	CCF	DP
38	XXXXXX		
39	XXXXXX		
40	XXXXXX		
41	XXXXXX		7
42	XXXXXX		
43	XXXXXX		
44	XXXXXX		
45	XXXXXX		
46	XXXXXX		
47	XXXXXX		
48	XXXXXX		
49	XXXXXX		
50	XXXXXX		
51	XXXXXX		
52	XXXXXX		
53	XXXXXX		11
54	XXXXXX		
55	XXXXXX		
56	XXXXXX		9
57	XXXXXX		
58	XXXXXX		
59	XXXXXX		
60	XXXXXX		
61	XXXXXX		
62	XXXXXX		
63	XXXXXX		
64	XXXXXX		
65	XXXXXX		
66	XXXXXX		8
67	XXXXXX		1
68	XXXXXX		
69	XXXXXX		
70	XXXXXX		
71	XXXXXX		
72	XXXXXX		9
73	XXXXXX		
74	XXXXXX		
75	XXXXXX		
76	XXXXXX		
77	XXXXXX		
78	XXXXXX		

#	UCI	CCF	DP
79	XXXXXX		
80	XXXXXX		
81	XXXXXX		
82	XXXXXX		
83	XXXXXX		
84	XXXXXX		
85	XXXXXX		
86	XXXXXX		
87	XXXXXX		
88	XXXXXX		
89	XXXXXX		
90	XXXXXX		
91	XXXXXX		
92	XXXXXX		

Supplemental Sample of Waiver Terminations

#	UCI
T-1	XXXXXX
T-2	XXXXXX
T-3	XXXXXX
T-4	XXXXXX
T-5	XXXXXX
T-6	XXXXXX

Supplemental New Enrollees Sample

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

NE-13	XXXXXX
NE-14	XXXXXX
NE-15	XXXXXX
NE-16	XXXXXX
NE-17	XXXXXX
NE-18	XXXXXX
NE-19	XXXXXX
NE-20	XXXXXX
NE-21	XXXXXX
NE-22	XXXXXX
NE-23	XXXXXX
NE-24	XXXXXX
NE-25	XXXXXX
NE-26	XXXXXX
NE-27	XXXXXX
NE-28	XXXXXX
NE-29	XXXXXX
NE-30	XXXXXX
NE-31	XXXXXX
NE-32	XXXXXX
NE-33	XXXXXX
NE-34	XXXXXX

HCBS Waiver Review Service Providers

CCF #	Vendor
1	XXXXXX
2	XXXXXX
3	XXXXXX
4	XXXXXX
5	XXXXXX
6	XXXXXX
7	XXXXXX
8	XXXXXX
9	XXXXXX
10	XXXXXX
11	XXXXXX
12	XXXXXX
13	XXXXXX
14	XXXXXX
15	XXXXXX
16	XXXXXX

17	XXXXXX
18	XXXXXX
19	XXXXXX

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