

**San Gabriel/Pomona Regional Center
Home and Community-Based Services Waiver
Monitoring Review Report**

Conducted by:

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

March 25, 2024-April 12, 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 March 25, 2024 through April 12, 2024, at San Gabriel/Pomona Regional Center (SGPRC). The monitoring team members were Fam Chao (Team Leader), Lena Mertz, Kelly Sandoval, Deeanna Tran, Dominique Johnson, Crystal La, Nora Muir, Natasha Clay, Nadia Flores, Jenny Mundo, and Bonnie Simmons from DDS, and Amalya Caballery 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' 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 37 records for individuals served on the 1915c HCBS Waiver. In addition, the following supplemental sample records were reviewed: 1) ten individuals whose HCBS Waiver eligibility had been previously terminated, 2) two individuals who moved from a developmental center, 3) ten individuals who had special incidents reported to DDS during the review period of December 1, 2022, through November 30, 2023, and 4) seven 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 nine community care facilities (CCF) and nine day programs. The team reviewed nine day program records for individuals served, nine CCF records and interviewed and/or observed 26 of the selected sample of individuals served.

Overall Conclusion

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

Thirty-seven 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. Criterion 2.10.a was 84 percent in compliance because 6 of the 37 IPPs did not contain documentation of type and amount of all services purchased by the regional center. The sample records were 97 percent in overall compliance for this review.

SG/PRC's records were 97 percent in overall compliance for the collaborative reviews conducted in 2022 and in 2020.

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

Terminations: Ten supplemental records were reviewed solely for documentation that SG/PRC 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. SG/PRC's records were 100 percent in overall compliance for this review.

Section III – Community Care Facility Record Review for Individuals Served

Nine records for individuals served were reviewed at nine 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.

SG/PRC's records were 100 percent in overall compliance for the collaborative reviews conducted in 2022 and in 2020.

Section IV – Day Program Record Review for Individuals Served

Nine records for individuals served were reviewed at nine day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100 percent in overall compliance for 17 criteria on this review.

SG/PRC's records were 100 percent in overall compliance for the collaborative review conducted in 2022. The closure of day programs due to the COVID-19 pandemic prevented the review of Section IV Day Program records for the 2020 review.

Section V – Observations and Interviews of Individuals Served

Twenty-six 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

Six 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 SG/PRC 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

Eight CCF and four day program service providers were interviewed using a standard interview instrument. The service providers responded to questions regarding their

knowledge of the 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

Eight CCF and four day program direct service staff were interviewed using a standard interview instrument. The direct service staff responded to questions regarding their knowledge of 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 eight CCFs and four 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 37 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. SG/PRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported 9 of the 10 applicable incidents to SG/PRC within the required timeframes, and SG/PRC subsequently transmitted all 10 special incidents to DDS within the required timeframes. SG/PRC's follow-up activities for 9 of 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 SG/PRC 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

SG/PRC 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 SG/PRC 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. Thirty-seven HCBS Waiver records of individuals served were selected for the review sample.

Living Arrangement	# of Individuals Served
Community Care Facility (CCF)	17
With Family	13
Independent or Supported Living Services	7

2. The review period covered activity from December 1, 2022 through November 30, 2023.

III. Results of Review

The 37 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 97 percent in overall compliance for this review. Ten supplemental records were reviewed solely for documentation that SG/PRC 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. Additionally, two supplemental records were reviewed solely for documentation indicating that the individual served received face-to-face reviews every 30 days after moving from a developmental center for the first 90 days. Seven supplemental records were reviewed for documentation that SG/PRC 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 supplemental records were in 100 percent compliance for documentation that the individual received face-to-face reviews every 30 days for 90 days after moving from a developmental center.
- ✓ The sample records were in 100 percent compliance for 22 criteria. There are no recommendations for these criteria.
- ✓ 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)]

Findings

Thirty-three of the thirty-seven (89 percent) sample records of individuals served contained a signed and dated DS 2200 form. However, there were identified issues regarding the DS 2200 form for the following individuals:

1. Individual #3: There was not a DS 2200 form on file. A new DS 2200 was signed and dated March 26, 2024. Accordingly, no recommendation is required;
2. Individual #7: There was not a DS 2200 form on file. A new DS 2200 was signed and dated April 1, 2024. Accordingly, no recommendation is required;
3. Individual #20: There was no choice selected for the DS 2200 form dated March 23, 2023 and February 16, 2024; and
4. Individual #25: The individual served did not sign and date the DS 2200 form upon turning 18.

2.2 Recommendation	Regional Center Plan/Response
SG/PRC should ensure that the DS 2200 forms for individuals #20 and #25 are completely filled out and dated.	Training was provided to Service Coordinator for #20 and she completed the DS2200 form entirely on 2/24/24; submitted for scanning to client's record on 3/28/24. Form will be submitted with this report.

	Regarding #25, Service Coordinator completed DS 2000 form entirely and it is on file now. Form will be submitted with this report.
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- 2.5.b The qualifying conditions 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]

Findings

Thirty-two of the thirty-six (89 percent) applicable 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 four records (detailed below) did not support the determination that all the issues identified in the CDER and the Medicaid Waiver Eligibility Record (DS 3770) could be considered qualifying conditions. The following were identified as qualifying conditions on the DS 3770, but there was no supporting information in the records of individuals served (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports:

1. Individual #5: "dressing, other and unspecified hyperlipidemia";
2. Individual #9: "high cholesterol";
3. Individual #17: "obesity"; and
4. Individual #30: "infantile idiopathic scoliosis, dressing, aggressive social behavior and emotional outbursts".

2.5.b Recommendation	Regional Center Plan/Response
SG/PRC should determine if the items listed above for individuals #5, #9, #17, and #30 are appropriately identified as qualifying conditions. The individual's DS 3770 form should be corrected to ensure that any items that do not represent substantial limitations in the individual's ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying conditions. If SG/PRC determines that the issues are correctly identified as qualifying conditions, documentation (updated	Regarding #5, Training was provided to SC to f/u with requesting and reviewing all current records and completing IPP Addendum. Regarding #9, Training was provided to SC for correction of error and diagnosis of high cholesterol in new IPP scheduled for August 2024. He is prescribed the medication Simvastatin, 20mg., once daily which is incorrectly identified as a medication prescribed for

<p>IPPs, progress reports, etc.) that supports the original determinations should be submitted with the response to this report.</p>	<p>hypertension when it is prescribed for high cholesterol.</p> <p>Regarding #17, Error in diagnosis, there is no indication individual has been diagnosed with obesity, per review of medical records. Correction on CDER has been updated. Corrected CDER will be submitted with this report.</p> <p>Regarding #30, Training was provided to SC to f/u with requesting and reviewing all current records and completing IPP Addendum.</p>
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- 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

Twenty-four of the twenty-five (96 percent) applicable sample records of individuals served contained a completed SARF. However, the record for individual #16 did not contain a SARF for annual review dated February 28, 2023. A SARF was completed on March 18, 2024. Accordingly, no recommendation is required.

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

Finding

Thirty-six of the thirty-seven (97 percent) sample records of individuals served contained IPPs that were signed by SG/PRC and the individuals served or their legal representatives. However, the IPP dated January 26, 2021, for individual #17 was not signed by the individual served.

2.7.a Recommendation	Regional Center Plan/Response
<p>SG/PRC should ensure that the IPP for individual #17 is signed by the individual served. If the individual served does not sign, SG/PRC should ensure that the</p>	<p>Regarding #17, Training was provided to ensure that IPP is signed by individual served.</p>

record addresses the reason why the individual did not or could not sign.	
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- 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 and/or there is documentation of planning team agreement.

Findings

Sixteen out of eighteen (89 percent) applicable sample records for individuals served contained IPP addenda signed by SG/PRC and the individual served or, where appropriate, his/her parents, legal guardian, or conservator and there was no documentation of planning team agreement. However, the addenda for the following individuals were not signed by the individuals served.

1. Individual #25: The addendum dated July 30, 2023 was not signed by the individual served; and
2. Individual #34: The addendum dated July 10, 2023 was not signed by the individual-served.

2.7.b Recommendation	Regional Center Plan/Response
SG/PRC should ensure that the IPP addenda for individuals #25 and #34 are signed by the individuals served.	Regarding #25, IPP addendum signature form dated 07/30/23 has been completed and is, signed by the individual. Form will be submitted with this report. Regarding #34, Signed IPP addendum signature page is on file; signed by parent due to individual being underage. Form will be submitted with this report.

- 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

Thirty-four of the thirty-six (94 percent) applicable 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 #5: The IPP dated May 12, 2021, does not address the qualifying condition “hypertension;” as noted in the CCF behavioral reports dated May 12, 2023 and July 30, 2023; and
2. Individual #9: The IPP dated August 17, 2021, does not address the qualifying condition “obesity” as noted in the CCF behavioral report dated October 22, 2023.

2.9.a Recommendation	Regional Center Plan/Response
SG/PRC should ensure that the IPPs for individuals #5, and #9 address the services and supports in place for the qualifying conditions identified above.	<p>Regarding #5, Training has been provided to SC and she will address qualifying conditions at next review.</p> <p>Regarding #9, Progress report, medical records and CDER were reviewed, and it was concluded that this diagnosis is not a current medical issue of concern for the individual. Obesity diagnosis is no longer a factor and was removed from CDER. Form will be submitted with this report.</p>

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

Findings

Thirty-one of the thirty-seven (84 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 six individuals did not include SG/PRC funded services as indicated below:

1. Individual #13: Transportation Company;
2. Individual #15: Transportation Company;
3. Individual #21: Supported Living Services;
4. Individual #25: Individual or Family Training Services;
5. Individual #28: Dentistry; and,
6. Individual #31: Transportation-Additional Component and Transportation Assistant.

2.10.a Recommendations	Regional Center Plan/Response
<p>SG/PRC should ensure that the IPPs for individuals #13, #15, #21, #25, #28, and #31 include a schedule of the type and amount of all services and supports purchased by SG/PRC.</p>	<p>Regarding #13, SC completed and submitted IPP addendum on 07/31/24. Form will be submitted with this report.</p> <p>Regarding #15, Training was provided to SC on ensuring that the IPPs for individuals include schedule of the type and amount of all services and supports purchased by SG/PRC.</p> <p>Regarding #21, Funding for all services (hours and time frame) are indicated on IPP dated 11/23/23; objectives #2 & #4. Form will be submitted with this report.</p> <p>Regarding #25, IPP was reviewed, and changes were made to indicate funded services. Form will be submitted with this report.</p> <p>Regarding #28, SC completed and submitted IPP addendum on 07/30/24. Form will be submitted with this report.</p> <p>Regarding #31, IPP addendum has been completed dated 08/02/24. Form will be submitted with this report.</p>
<p>In addition, SG/PRC should evaluate what actions may be necessary to ensure that the IPPs include a schedule of the type and amount of all services and supports purchased by SG/PRC for all applicable individuals.</p>	<p>SG/PRC will continue providing training to all staff to ensure that the IPPs include a schedule of the type and amount of all services and supports purchased by SG/PRC for all applicable individuals. This will range from group training to individual 1:1 training provided by the Clinical Services Team, supported by the development of additional training materials. Additionally, SG/PRC will continue assessing agency needs to ensure adequate staff are in place.</p>

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

Twenty-one of the twenty-four (88 percent) applicable sample records of individuals served contained quarterly face-to-face meetings completed and documented. However, the records for individuals #9, #12, and #16 contained documentation of three of the required meetings.

2.13.a Recommendation	Regional Center Plan/Response
SG/PRC should ensure that all future face-to-face meetings are completed and documented each quarter for individuals #9, #12, and #16.	The Clinical Services Team will continue emphasizing during training the importance of face-to-face meetings and progress reports being completed and documented within the timeframe. Supervisors will provide additional training support and oversight for individuals #9, #12, #16, and all other RC individuals served. Additionally, the SC Training on HCBS Medicaid Waiver Requirements (inclusive of 1915i and SDP requirements) on 10/08/2024 and 10/09/2024 will further address compliance issues identified during the monitoring review.

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

Twenty-one of the twenty-four (88 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 individuals #9, #12, and #16 contained documentation of three of the required quarterly reports of progress.

2.13.b Recommendation	Regional Center Plan/Response
SG/PRC should ensure that future quarterly reports of progress are	The Clinical Services Team will continue emphasizing during training

completed for individuals #9, #12, and #16.	the importance of quarterly meetings and progress reports being completed and documented within the timeframe. Supervisors will provide additional training support and oversight. Additionally, the SC Training on HCBS Medicaid Waiver Requirements (inclusive of 1915i and SDP requirements) on 10/08/2024 and 10/09/2024 will further address compliance issues identified during the monitoring review.
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Summary for Regional Center Record Review of Individuals Served Sample Size = 37 + 12 Supplemental Records (see Section II, Part III)						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The individual is Medi-Cal eligible. (SMM 4442.1)	37		12	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.	37		12	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.	36		13	100	None
2.1.c	The DS 3770 form documents annual re-certifications.	36		13	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	4		45	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)]	33	4	12	89	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)]	10		39	100	None

Summary for Regional Center Record Review of Individuals Served Sample Size = 37 + 12 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)	37		12	100	None
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)	36		13	100	None
2.5.b	The individual's qualifying conditions documented in the CDER are consistent with information contained in the individual's record.	32	4	13	89	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. [42 CFR 441.301(b)(1)(I)]	37		12	100	None
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. (HCBS Waiver requirement)	24	1	24	96	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)]	36	1	12	97	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.	16	2	31	89	See Narrative
2.7.c	The IPP is prepared jointly with the planning team. [WIC §4646(d)]	37		12	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)]	37		12	100	None

Summary for Regional Center Record Review of Individuals Served Sample Size = 37 + 12 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).	34	2	13	94	See Narrative
2.9.b	The IPP addresses special health care requirements.	17		32	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	17		32	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	25		24	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.	8		41	100	None
2.9.f	The IPP addresses the individual's goals, preferences and life choices.	37		12	100	None
2.9.g	The IPP includes a family plan component if the individual served is a minor. [WIC §4685(c)(2)]	6		43	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)]	31	6	12	84	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)]	37		12	100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [WIC §4646.5(a)(5)]	18		31	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)]	37		12	100	See Narrative

Summary for Regional Center Record Review of Individuals Served Sample Size = 37 + 12 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)]	37		12	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)	21	3	25	88	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)	21	3	25	88	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)	2		47	100	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

Nine records for individuals served were reviewed at nine CCFs visited by the monitoring team. The facilities' records were reviewed to determine compliance with 19 criteria.

III. Results of Review

- ✓ The records were 100 percent in compliance for 18 criteria.
- ✓ 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

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

Finding

Eight of the nine (89 percent) applicable sample records for individuals served contained a copy of the individual's current IPP. However, the record for individual #6 at CCF #4 did not have a copy of the current IPP.

3.3 Recommendation	Regional Center Plan/Response
SG/PRC should ensure that the record for individual #6 at CCF #4 contains a copy of the current IPP.	Regarding #6, Training has been provided to SC. New IPP to be completed this month, August, and a copy will be submitted to vendor for their record.

Community Care Facility Record Review Summary Sample Size = 9						
	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>	9			100	None
3.1.a	The individuals record contains a statement of ambulatory or non-ambulatory status.	9			100	None
3.1.b	The individuals record contains known information related to any history of aggressive or dangerous behavior toward self or others.	7		2	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.	9			100	None
3.1.d	The individuals record contains current emergency information: family, physician, pharmacy, etc.	9			100	None
3.1.e	The individuals record contains a recent photograph and a physical description of the individual.	9			100	None
3.1.i	Special safety and behavior needs are addressed.	8		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>	9			100	None
3.3	The facility has a copy of the individual's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	8	1		89	See Narrative

Community Care Facility Record Review Summary Sample Size = 9						
	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		8	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.	1		8	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of progress. <i>[Title 17, CCR, §56026(c)]</i>	8		1	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.	8		1	100	None
3.5.c	Quarterly reports include a summary of data collected. <i>[Title 17, CCR, §56013(d)(4)], (Title 17, CCR, §56026)</i>	7		2	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>	9			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	9			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		8	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>	1		8	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>	1		8	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

Eleven records for individuals served were reviewed at nine 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 17 criteria.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

None

Day Program Record Review Summary Sample Size = 11						
	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>)	11			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.	11			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.	11			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.	11			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.	5		6	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.	11			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.	11			100	None
4.1.g	The individuals record contains up-to-date case notes reflecting important events or information not documented elsewhere.	11			100	None

Day Program Record Review Summary Sample Size = 11						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.h	The individuals record contains documentation that special safety and behavior needs are being addressed.	8		3	100	None
4.2	The day program has a copy of the individual's current IPP. <i>[Title 17, CCR §56720(b)]</i>	11			100	None
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>	11			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.	11			100	None
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	11			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.	11			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>	1		10	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		10	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		10	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

Twenty-six of the thirty-seven 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.

- ✓ Eighteen individuals agreed to be interviewed by the monitoring teams.
- ✓ Six individuals did not communicate verbally or declined an interview but were observed.
- ✓ Two interviews were conducted with parents of minors.
- ✓ Eleven individuals were unavailable for or declined interviews.

III. Results of Observations and Interviews

All of the 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 six SG/PRC 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 SG/PRC 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 interview questions cover the following topics: routine monitoring of consumers 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; role in Risk Management Committee and special incident reports.
2. The monitoring team interviewed the Director of Clinical Services at SG/PRC.

III. Results of Interview

1. The clinical team at SG/PRC is comprised of the Director of Clinical Services, Specialized Services Manager of Clinical Services, Risk Mitigation Team, Federal Revenue Team, registered nurses, an occupational therapist, psychologists, a behavioral analyst, a mental health specialist and a dental coordinator. The regional center also utilizes contract positions for specialty positions such as: physicians, a neurologist, a geneticist, an occupational and physical therapist, a speech pathologist, psychologists, psychiatrists, a pharmacist, a dental hygienist, a nutritionist, a mental health specialist and a pediatric medical review clinic.
2. The clinical team participates in monitoring individuals' health care issues. A Nurse Manager and Nurses review charts annually to identify health problems or trends and will provide recommendations to the service coordinators. The nurses are responsible for monitoring hospitalized individuals and assisting with discharge planning as needed. The nurses may also visit individuals in skilled nursing and sub-acute facilities, family homes and day programs. In addition, the nurses are available to evaluate individuals with complex medical issues and assist with developing

restricted health care plans. The regional center also utilizes a contracted physicians who specialized in working with individuals with developmental disabilities. Nurses also monitor homes with individuals with complex medical needs - sees them monthly and evaluate their progress. The pharmacist and nurses are a resource to the service coordinators regarding medication concerns. Dental hygienists may provide in-home dental care for individuals who are unable to tolerate clinic settings. The regional center also has a desensitization clinic to familiarize individuals with dental office procedures, a psychiatric clinic, a pediatric medication review clinic, and a medication refusal clinic.

3. Members of the clinical team are available to the service coordinators for assistance with behavior and mental health issues. As part of SG/PRC's clinical services, a psychiatrist, pharmacist, and a behavioral psychologist provide consultation focusing on individuals with significant mental health and/or behavioral needs. A psychologist and mental health specialist collaborate with the Department of Mental Health and local managed care plans to help reduce the incidence of psychiatric admissions.
4. Members of the clinical team provide training on a variety of health-related topics for SG/PRC staff, vendors, and community health providers. The nurses provide training to local managed care providers and hospital staff regarding the regional center system and care of persons with developmental disabilities. New employee orientation includes training on the role of the clinical team and how to access their services. A monthly calendar of training is provided to staff and providers on a variety of health-related topics. Recent topics have included nutrition, special diets, dental concerns, and disparity issues.
5. SG/PRC has improved access to health care resources through the following programs and services:
 - ✓ Bio-Behavioral Clinic;
 - ✓ Genetics, Neurology, Psychiatric Clinics;
 - ✓ Dental Hygiene Clinic;
 - ✓ Durable Medical Equipment Clinic;
 - ✓ Early Start Clinic;
 - ✓ Health and Dental Fairs;
 - ✓ Managed Care Liaison via the SG/RPC Healthcare Support Specialist;
 - ✓ Parent support group (Parents Place);
 - ✓ Collaboration with Western University College of Dental Medicine to provide pediatric dental clinics, and
 - ✓ Collaboration with Children's Hospital Los Angeles to conduct conferences to raise awareness of individuals with various developmental disabilities.

6. The Director of Clinical Services, Specialized Services Manager of Clinical Services, Nurse Manager and SG/PRC physician are members of the Risk Management Committee. A physician, nurse, quality assurance staff, and client services representative participate on the Mortality and Morbidity Review Committee and review all deaths. In addition, a nurse reviews all special incident reports that involve medical issues. A physician, phycologist, mental health specialist, Board Certified Behavior Analyst, and additional staff as appropriate are available for additional consultation, 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. Recent topics have included choking precautions, medication errors, restricted health care plans, diabetes, and foot care.

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 SG/PRC QA activities.

IV. Results of Interview

1. Service coordinators are assigned as liaisons to residential facilities and are responsible for conducting the two unannounced visits at each CCF annually. The QA specialist takes part in one of the unannounced visits, which is also used as the annual Title 17 monitoring review of the residential facilities. Each review utilizes standardized report forms and checklists based on Title 17 regulations.
2. When substantial inadequacies are identified, corrective action plans (CAP) are developed. The QA specialist also takes the lead in conducting the follow-up review for the CAPs, with assistance from the facility liaisons, as needed. Most CAPs allow the vendor 30 days to correct the situation. The QA specialist can conduct unannounced visits at any time for up to six months after a CAP has been resolved. Case Management provides SG/PRC's staff orientation training in identifying substantial inadequacies and immediate dangers, and their roles and responsibilities during their visits to CCFs. The QA specialist can conduct unannounced visits at any time for up to six months after a CAP has been resolved.
3. The QA team members also monitor day programs annually. In addition, the QA team requires new residential providers to complete Residential Specialist Services Training offered continually, year-round in a digital learning format. Service training is provided on a semi-annual basis. The vendors need to participate in residential orientation one time for a total of 10 sessions prior to becoming a provider. If a provider is inactive for a period of two years, SG/PRC requires that they take the training again, prior to receiving approval

as an administrator. Trainings include topics such as behavior intervention, special incident reports (SIR), client rights, hydration and seizures.

4. The SIR coordinator receives all SIRs and reviews with their manager and director. The QA team will follow up on vendor-related SIRs regarding abuse allegations & client's rights violations. QA staff are part of the Risk Management Team, which meets monthly. This group will recommend additional trainings be provided to staff and vendors based on SIR trend analysis.

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 twelve service providers at eight community care facilities and four 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 individuals 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 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 12 direct service staff at 8 community care facilities and 4 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 eight CCFs and three day programs.
2. The teams used a monitoring review checklist consisting of 24 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, 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

- 8.2.c Medication Records are maintained for all prescribed, Non-Pro Re Nada (N-PRN), medications taken by the individual.

Finding

Ten of the eleven facilities maintained medication records for all prescribed, Non-PRN medications taken by the individual. However, at CCF #3, the staff did not sign for medication administered on April 1, 2024 for individual #4.

8.2.c Recommendation	Regional Center Plan/Response
SG/PRC should ensure that CCF #3 administers all Non-PRN medications as ordered.	Regarding CCF #3, SG/PRC, Medication Error Training was provided to Vendors on January 10, 2024, by SG/PRC Nurse Team and the recording was uploaded to LMS system. A link is available via SGPRC's website. Additionally, QA

	will team up with Nurse Team for another training on various Health and Safety topics during our “Current Medical Concerns,” Training in the Fall of 2024. Vendors will be reminded of the Medication Error Training Module available online. Medicaid Waiver Training will also cover this topic.
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- 8.3.c Staff responsible for providing direct care and supervision will receive training in first aid from qualified agencies. Adults who supervise 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

Ten of the eleven facilities had first aid certificates on record for staff providing direct care and supervision. However, at DP #9, there were two staff with expired first aid certificates. The first aid certificates were completed on March 24, 2024 and March 28, 2024. Accordingly, no recommendation is required.

- 8.4.b Accurate records of individuals’ cash resources, personal property and valuables must be maintained by the facility. A ledger must be maintained and include income, disbursements, and balance. When cash is disbursed, a signature of the individual, or an authorized representative, for any cash disbursements will be acquired. Receipt of purchases made for the individual from his/her P&I funds will be maintained. Any large purchases made by an individual should be in the possession of the individual. [Title 22, CCR, §80026 (h)(A)(B)(j)]

Findings

Ten of the eleven facilities maintained records of expenditures. However, at CCF #4 for individual #6, no receipts were kept for cash disbursements.

8.4.b Recommendation	Regional Center Plan/Response
SG/PRC should ensure that CCF #4 maintains records for all expenditures.	Regarding CCF #4, SG/PRC’s QA Team will provide technical assistance to all CCFs to ensure that all CCFs maintain records for all expenditures.

- 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

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

1. CCF #3: The facility did not have a statement of rights posted.
2. CCF #5: The facility did not have a statement of rights posted.
3. CCF #8: The facility did not have a statement of rights posted. However, the facility received and posted the statement of rights during the review. Accordingly, no recommendation is required.
4. DP #9: The facility did not have a statement of rights posted.

8.5.c Recommendation	Regional Center Plan/Response
SG/PRC should ensure that CCFs #3, #5, and DP #9 post a statement of rights.	Regarding CCF #3, #5, and DP#9, SG/PRC's QA Team provided technical assistance. Training will be provided to all others to ensure that all post a statement of rights.

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 SG/PRC 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 37 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. SG/PRC reported all deaths during the review period to DDS.
2. SG/PRC reported all special incidents in the sample of 37 records selected for the HCBS Waiver review to DDS.
3. SG/PRC's vendors reported 9 of the 10 (90 percent) incidents in the supplemental sample within the required timeframes.
4. SG/PRC reported all (100 percent) incidents in the supplemental sample to DDS within the required timeframes.
5. SG/PRC's follow-up activities on incidents in the supplemental sample were appropriate for the severity of the situations for 9 of the 10 (90 percent) incidents.

IV. Findings and Recommendations

SIR #6: The incident occurred on March 7, 2023. However, the vendor did not report the incident to SG/PRC until March 14, 2023.

SIR #4: The incident occurred on May 11, 2023. However, SG/PRC did not provide follow-up with neurology after the individual was discharged from the hospital.

Recommendations	Regional Center Plan/Response
SG/PRC should ensure that the vendor for SIR #6 reports special incidents within the required timeframes.	Regarding SIR # 6, SG/PRC will provide SIR Training to all vendors on SIR reporting timelines. Quality Assurance Department Staff was notified of the incident and conducted home visit. QA is completing additional unannounced home visits to review MAR. Facility is also conducting medication training for all staff. QA reviewed case and technical assistance training was provided. QA worked with pharmacy to ensure proper delivery. Training targeted at vendors to mitigate medication errors was provided on 01/10/2023 and is now a module available on our LMS system for any vendor to access online via our website. This LMS Module will be highlighted in the upcoming QA & Nurse's Training scheduled for the Fall 2024.
SG/PRC should ensure that appropriate follow-up is completed for SIR #4.	Regarding SIR # 4, SG/PRC Risk Management Team will provide SIR Training to all staff to ensure that appropriate follow-up is completed for SIR. This will be done individually and in a group.

SAMPLE OF INDIVIDUALS SERVED AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review of Individuals Served

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

Supplemental Sample of Waiver Terminations

#	UCI
T-1	XXXXXXXX
T-2	XXXXXXXX
T-3	XXXXXXXX
T-4	XXXXXXXX
T-5	XXXXXXXX
T-6	XXXXXXXX
T-7	XXXXXXXX
T-8	XXXXXXXX
T-9	XXXXXXXX
T-10	XXXXXXXX

Supplemental Sample Individuals moving out of Developmental Center

#	UCI
DC-1	XXXXXXXX
DC-2	XXXXXXXX

Supplemental New Enrollees Sample

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

HCBS Waiver Review Service Providers

CCF #	Vendor
1	XXXXXXXX
2	XXXXXXXX
3	XXXXXXXX
4	XXXXXXXX
5	XXXXXXXX
6	XXXXXXXX
7	XXXXXXXX

8	XXXXXXXX
9	XXXXXXXX

Day Program #	Vendor
1	XXXXXXXX
2	XXXXXXXX
3	XXXXXXXX
4	XXXXXXXX
5	XXXXXXXX
6	XXXXXXXX
7	XXXXXXXX
8	XXXXXXXX
9	XXXXXXXX

SIR Review

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