

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

**Conducted by:**

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

**September 11-22, 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 September 11-22, 2023, at Westside Regional Center (WRC). The monitoring team members were Jenny Mundo (Team Leader), Bonnie Simmons, Nora Muir, Natasha Clay, Nadia Flores, Ashley Guletz, and Lena Mertz from DDS, and Deeanna Tran and Crystal La 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 29 records for individuals served on the 1915c HCBS Waiver. In addition, the following supplemental sample records were reviewed: 1) one individual who moved from a developmental center, 2) ten individuals who had special incidents reported to DDS during the review period of June 1, 2022, through May 31, 2023, and, 3) nine individuals who were enrolled in the HCBS Waiver during the review period were reviewed for documentation that WRC determined the level of care prior to receipt of HCBS Waiver services.

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

## Overall Conclusion

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

Twenty-nine 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. One criterion was rated as not applicable for this review. Criterion 2.7.a was 83 percent in compliance because 5 of the 29 IPPs were not signed by an authorized representative of the regional center and the individual served or, where appropriate, his/her parents, legal guardian, or conservator. Criterion 2.10.a was 59 percent in compliance because 12 of the 29 IPPs did not include the type and amount of all services and supports purchased by the regional center. The sample records were 95 percent in overall compliance for this review.

WRC's records were 96 percent and 93 percent in overall compliance for the collaborative reviews conducted in 2021 and in 2019, respectively.

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

### Section III – Community Care Facility Record Review for Individuals Served

Two records for individuals served were reviewed at two CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100 percent in overall compliance for 16 criteria on this review. Three criteria were rated as not applicable for this review.

WRC's records were 88 percent and 81 percent in overall compliance for the collaborative reviews conducted in 2021 and in 2019, respectively.

### Section IV – Day Program Record Review for Individuals Served

Four records for individuals served were reviewed at three day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 96 percent in overall compliance for 14 criteria on this review. Three criteria were rated as not applicable for this review.

The closure of day programs due to COVID-19 prevented the review of Section IV Day Program records and remote site visits for the 2021 review. WRC's records were 98 percent in overall compliance for the collaborative review conducted in 2019.

#### Section V –Observations and Interviews of Individuals Served

Nineteen 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 but two 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. He 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. He responded to questions regarding how WRC 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

Two CCF and three 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

Two CCF and three 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 two CCFs and three 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 29 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. WRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported all 10 incidents to WRC within the required timeframes, and WRC subsequently transmitted 9 of the 10 special incidents to DDS within the required timeframes. WRC's follow-up activities for the 10 incidents of individuals served were timely and appropriate for the severity of the situation.

## SECTION I

### REGIONAL CENTER SELF-ASSESSMENT

#### I. Purpose

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

The self-assessment obtains information about WRC 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

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

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

| <b>Regional Center Self-Assessment HCBS Waiver Assurances</b>   |   |
|---|---|
| <b>HCBS Waiver Assurances</b>   | <b>Regional Center Assurances</b>   |
| State conducts level of care need determinations consistent with the need for institutionalization.               | <p>The regional center ensures that 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> |

| <b>Regional Center Self-Assessment HCBS Waiver Assurances</b>  |   |
|--|---|
| <b>HCBS Waiver Assurances</b>  | <b>Regional Center Assurances</b>   |
| Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services (cont.) | Service coordinators provide enhanced case management to 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. Twenty-nine HCBS Waiver records of individuals served were selected for the review sample.

| Living Arrangement                       | # of Individuals Served |
|--|-------------------------|
| Community Care Facility (CCF)            | 6                       |
| With Family                              | 10                      |
| Independent or Supported Living Services | 13                      |

2. The review period covered activity from June 1, 2022 through May 31, 2023.

#### III. Results of Review

The 29 sample records of individuals served were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. One supplemental record was 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. Nine supplemental records were reviewed for documentation that WRC 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. One criterion was not applicable for this review.
- ✓ Findings for ten 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

- 2.5.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

Twenty-five of the twenty-nine (86 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 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 #3: "toileting";
2. Individual #6: "wetting" and "requires constant supervision during waking hours";
3. Individual #25: "running/wandering"; and,
4. Individual #28: "assist with medication" and "walks with support".

| 2.5.b Recommendations  | Regional Center Plan/Response   |
|--|---|
| WRC should determine if the items listed above for individuals #3, #6, #25, and #28 are appropriately identified as qualifying conditions. The individuals' 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 WRC determines that the issues are correctly identified as qualifying conditions, documentation (updated IPPs, progress reports, etc.) that | For Individuals #3, #6, #25, #28: DS3770s are correct, IPP Addendums out for signature. |

|   |  |
|---|--|
| supports the original determinations should be submitted with the response to this report.  |  |
| In addition, WRC should evaluate what actions are necessary to ensure that level-of-care qualifying conditions are consistent with information found elsewhere in the record. | All Client Services staff attended an internal training on Med Waiver requirements on 6/20/24 that covered this topic. |

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

#### Finding

Twenty-eight of the twenty-nine (97 percent) sample records of individuals served contained documentation that the individual's IPP had been reviewed annually by the planning team. For individual #28, the IPP was dated February 17, 2022. There was no documentation that the IPP was reviewed annually. A new IPP was completed May 3, 2023. Accordingly, no recommendation is required.

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

#### Findings

Twenty of the twenty-two (91 percent) applicable sample records of individuals served contained a completed SARF. However, two records did not contain a SARF as indicated below:

1. Individual #3: Missing SARF for annual review dated October 27, 2022 and
2. Individual #15: Missing SARF for annual review dated October 26, 2022.

| 2.6.b Recommendation  | Regional Center Plan/Response   |
|---|---|
| WRC should ensure that the SARF for individuals #3 and #15 is completed during the annual IPP review process. | The Annual Review was located and upload for Individual #3.<br>The SARF was sent to father/conservator, for Individual #15, but he refused to sign. |

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

### Findings

Twenty-four of the twenty-nine (83 percent) sample records of individuals served contained IPPs that were signed by IRC and the individuals served, or their legal representatives. However, the following individuals' IPPs were not signed by the appropriate individual:

1. Individual #1: The IPP dated September 4, 2020 was not signed by an authorized representative of the regional center and the individual served or, where appropriate, his/her parents, legal guardian, or conservator;
2. Individual #2: The IPP dated December 3, 2020 was not signed by an authorized representative of the regional center and the individual served or, where appropriate, his/her parents, legal guardian, or conservator;
3. Individual #6: The IPP dated May 13, 2021 was not signed by an authorized representative of the regional center and the individual served or, where appropriate, his/her parents, legal guardian, or conservator;
4. Individual #15: The IPP dated November 4, 2021 was not signed by an authorized representative of the regional center and the individual served or, where appropriate, his/her parents, legal guardian, or conservator; and,
5. Individual #23: The IPP dated December 9, 2021 was not signed by an authorized representative of the regional center and the individual served or, where appropriate, his/her parents, legal guardian, or conservator.

| 2.7.a Recommendations  | Regional Center Plan/Response  |
|--|--|
| WRC should ensure that the IPPs for individuals #1, #2, #6, #15, and #23 are signed by the appropriate individuals. If the individual served does not sign, WRC should ensure that the record addresses the reason why the individual did not or could not sign. | Signed IPPs were located and added to client record for Individuals #1, #2, and #6.<br><br>The IPP was sent to the Father/conservator for Individual #15, he refused to sign.<br><br>IPP signature page sent to Individual #23 for signature and is pending. |
| In addition, WRC should evaluate what actions may be necessary to ensure that  | All Client Services staff attended an internal training on Med   |

|   |   |
|---|---|
| IPPs are signed by the appropriate individuals. | Waiver requirements on 6/20/24 that covered this topic. |
|---|---|

- 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.

### Findings

Fourteen of the fifteen (93 percent) applicable sample records for individuals served contained IPP addenda signed by WRC and the individual served or, where appropriate, his/her parents, legal guardian, or conservator. However, the addendum dated February 9, 2023 for individual #6 was not signed by an authorized representative of the regional center and the individual served or, where appropriate, his/her parents, legal guardian, or conservator.

| 2.7.b Recommendation  | Regional Center Plan/Response  |
|---|--|
| WRC should ensure that the IPP addendum for individual #6 is signed by the appropriate individuals. | Signed IPP Addendum for Individual #6 has been located and added to the client record. |

- 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)]*

### Finding

Twenty-eight of the twenty-nine (97 percent) sample records of individuals served contained IPPs that addressed the individual's qualifying conditions. However, the IPP for Individual #16 did not address the supports for the qualifying conditions, "reminders for medication"; "reminders for dressing", reminders for personal care", "disruptive behavior", "physical aggression", and "outbursts".

| 2.9.a Recommendation   | Regional Center Plan/Response  |
|--|--|
| WRC should ensure that the IPP for individual #16 address the services and supports in place for the qualifying conditions identified above. | Addendum to 2021 IPP pending for Individual #16 to reflect the qualifying conditions identified in the CDER. |

- 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

Seventeen of the twenty-nine (59 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 12 individuals did not include WRC funded services as indicated below:

1. Individual #2: Residential Facility, Community Integration Training Program, and Transportation Company;
2. Individual #4: Specialized Therapeutic Services;
3. Individual #5: Behavior Management Program and Transportation Company;
4. Individual #6: Specialized Residential Facility and Specialized Therapeutic Services;
5. Individual #11: In-Home Respite Service Agency and Personal Assistant. An addendum was completed August 21, 2023, addressing Personal Assistant. Accordingly, no recommendation is required for Personal Assistant;
6. Individual #14: Supporting Living Services;
7. Individual #17: Supporting Living Services;
8. Individual #23: Dentistry and Housing Access Service;
9. Individual #24: Durable Medical Equipment and Independent Living Services;
10. Individual #26: Socialization Program;
11. Individual #28: Camping Services and Sports Club; and,
12. Individual #29: In-Home Respite Service Agency.

| 2.10.a Recommendations  | Regional Center Plan/Response  |
|---|--|
| WRC should ensure that the IPPs for individuals #2, #4, #5, #6, #11, #14, #17, #23, #24, #26, #28, and #29 include a schedule of the type and amount of all services and supports purchased by WRC. | <p>IPP Addendums have been sent out for signature for Individuals #2, #5, #17, #23, and #28.</p> <p>IPP Addendums for Individuals #4, #6, and #11 were located and added to the client record.</p> <p>IPP Addendums for #14, #26, and #29 have been completed.</p> |

|   |  |
|---|--|
|   | For Individual #24, both services are included in both the 2020 and 2023 IPPs. The 2020 IPP is now added to the client record. |
| In addition, WRC should evaluate what actions may be necessary to ensure IPPs of individuals served included a schedule of the type and amount of all services and supports purchased by the regional center. | All Client Services staff attended an internal training on Med Waiver requirements on 6/20/24 that covered this topic.         |

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

#### Finding

Twenty-eight of the twenty-nine (97 percent) sample records of individuals served contained documentation of periodic review and reevaluation of progress at least annually. However, the record for individual #28 did not contain documentation that the individual's progress had been reviewed within the year.

| 2.12 Recommendation  | Regional Center Plan/Response  |
|--|--|
| WRC should ensure that a review and reevaluation of progress regarding planned services, timeframes and satisfaction for individual #28 is completed and documented at least annually. | Service Coordinator and Program Manager for Individual #28 were retrained on requirements to complete annual review of progress. |

- 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

Eighteen of the twenty (90 percent) applicable sample records of individuals served contained quarterly face-to-face meetings completed and documented. However, the records for individuals #5 and #12 contained documentation of three of the required meetings.

| 2.13.a Recommendation   | Regional Center Plan/Response  |
|---|--|
| WRC should ensure that all future face-to-face meetings are completed and documented each quarter for individuals #5 and #12. | Service Coordinator and Program Manager for Individuals #5 and #12 were retrained on requirements to complete quarterly face-to-face 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

Eighteen of the twenty (90 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 #5 and #12 contained documentation of three of the required quarterly reports of progress.

| 2.13.b Recommendation   | Regional Center Plan/Response  |
|---|--|
| WRC should ensure that future quarterly reports of progress are completed for individuals #5 and #12. | Service Coordinator and Program Manager for Individuals #5 and #12 were retrained on requirements to complete reports for quarterly face-to-face meetings. |

| <b>Regional Center Consumer Record Review Summary</b><br><b>Sample Size = 94 + 2 Supplemental Records (see Section II, Part III)</b> |  |  |   |     |       |           |
|--|--|--|---|-----|-------|-----------|
|  | Criteria   | +  | - | N/A | % Met | Follow-up |
| 2.0  | The consumer is Medi-Cal eligible.<br>(SMM 4442.1)   | 29   |   | 1   | 100   | None      |
| 2.1  | Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Intellectual Disabilities Professional (QIDP), which documents the date of the consumer's initial HCBS Waiver eligibility certification, annual recertifications, the consumer's qualifying conditions and short-term absences.<br>(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.   | 29   |   | 1   | 100   | None      |
| 2.1.b  | The DS 3770 form identifies the consumer's qualifying conditions and any applicable special health care requirements for meeting the Title 22 level of care requirements.  | 29   |   | 1   | 100   | None      |
| 2.1.c  | The DS 3770 form documents annual re-certifications.   | 29   |   | 1   | 100   | None      |
| 2.1.d  | The DS 3770 documents short-term absences of 120 days or less, if applicable.  | 2  |   | 28  | 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)]   | 29   |   | 1   | 100   | None      |
| 2.3  | There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated.<br>(SMM 4442.7), (42 CFR Part 431, Subpart E), [WIC §4710(a)(1)] |  |   | 30  | NA    | None      |

| <b>Regional Center Consumer Record Review Summary</b><br><b>Sample Size = 29 + 1 Supplemental Record (see Section II, Part III)</b> |  |    |   |     |       |               |
|---|--|----|---|-----|-------|---------------|
|   | 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>   | 29 |   | 1   | 100   | None          |
| 2.5.a   | The consumer's qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in an ICF/DD, ICF/DD-H, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. <i>(SMM 4442.5), [42 CFR 441.302(c)], (Title 22, CCR, §51343)</i> | 29 |   | 1   | 100   | None          |
| 2.5.b   | The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.  | 25 | 4 | 1   | 86    | See Narrative |
| 2.6.a   | IPP is reviewed <i>(at least annually)</i> by the planning team and modified as necessary in response to the consumer's changing needs, wants or health status. <i>[42 CFR 441.301(b)(1)(I)]</i>   | 28 | 1 | 1   | 97    | See Narrative |
| 2.6.b   | The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. <i>(HCBS Waiver requirement)</i>  | 20 | 2 | 8   | 91    | See Narrative |
| 2.7.a   | The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. <i>[WIC §4646(g)]</i>   | 24 | 5 | 1   | 83    | See Narrative |
| 2.7.b   | IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.   | 14 | 1 | 15  | 93    | See Narrative |
| 2.7.c   | The IPP is prepared jointly with the planning team. <i>[WIC §4646(d)]</i>  | 29 |   | 1   | 100   | None          |
| 2.8   | The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. <i>[WIC §4646.5(a)]</i>  | 29 |   | 1   | 100   | None          |

| <b>Regional Center Consumer Record Review Summary</b><br><b>Sample Size = 29 + 1 Supplemental Record (see Section II, Part III)</b> |  |   |    |     |       |               |
|---|--|---|----|-----|-------|---------------|
|   | Criteria   | +   | -  | N/A | % Met | Follow-up     |
| 2.9   | The IPP addresses the consumer's goals and needs. <i>[WIC §4646.5(a)(2)]</i>   | Criterion 2.9 consists of seven sub-criteria (2.9.a-g) that are reviewed independently. |    |     |       |               |
| 2.9.a   | The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).   | 28  | 1  | 1   | 97    | None          |
| 2.9.b   | The IPP addresses special health care requirements.  | 1   |    | 29  | 100   | None          |
| 2.9.c   | The IPP addresses the services which the CCF provider is responsible for implementing.   | 6   |    | 24  | 100   | None          |
| 2.9.d   | The IPP addresses the services which the day program provider is responsible for implementing.   | 12  |    | 18  | 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.   | 14  |    | 16  | 100   | None          |
| 2.9.f   | The IPP addresses the consumer's goals, preferences and life choices.  | 29  |    | 1   | 100   | None          |
| 2.9.g   | The IPP includes a family plan component if the consumer is a minor. <i>[WIC §4685(c)(2)]</i>  | 5   |    | 25  | 100   | None          |
| 2.10.a  | The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. <i>[WIC §4646.5(a)(4)]</i>   | 17  | 12 | 1   | 59    | See Narrative |
| 2.10.b  | The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. <i>[WIC §4646.5(a)(5)]</i>  | 29  |    | 1   | 100   | None          |
| 2.10.c  | The IPP specifies the approximate scheduled start date for the new services. <i>[WIC §4646.5(a)(5)]</i>  | 16  |    | 14  | 100   | None          |
| 2.11  | The IPP identifies the provider or providers of service responsible for implementing services, including but not limited to vendors, contract providers, generic service agencies and natural supports. <i>[WIC §4646.5(a)(5)]</i> | 29  |    | 1   | 100   | None          |

| <b>Regional Center Consumer Record Review Summary</b><br><b>Sample Size = 29 + 1 Supplemental Record (see Section II, Part III)</b> |  |    |   |     |       |               |
|---|--|----|---|-----|-------|---------------|
|   | Criteria   | +  | - | N/A | % Met | Follow-up     |
| 2.12  | Periodic review and reevaluations of consumer progress are completed ( <i>at least annually</i> ) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. <i>[WIC §4646.5(a)(8)]</i>                                 | 28 | 1 | 1   | 97    | See Narrative |
| 2.13.a  | Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. ( <i>Title 17, CCR, §56047</i> ), ( <i>Title 17, CCR, §56095</i> ), ( <i>Title 17, CCR, §58680</i> ), ( <i>Contract requirement</i> ) | 18 | 2 | 10  | 90    | See Narrative |
| 2.13.b  | Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. ( <i>Title 17, CCR, §56047</i> ), ( <i>Title 17, CCR, §56095</i> ), ( <i>Title 17, CCR, §58680</i> ), ( <i>Contract requirement</i> )   | 18 | 2 | 10  | 90    | See Narrative |
| 2.14  | Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. ( <i>WIC §4418.3</i> )   | 1  |   | 29  | 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**

Two records for individuals served were reviewed at two 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 16 criteria. Three criteria were rated as not applicable for this review.

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

#### **IV. Findings and Recommendations**

None

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

| Community Care Facility Record Review Summary<br>Sample Size = 2 |   |   |   |     |       |           |
|--|---|---|---|-----|-------|-----------|
|  | 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 |   | 1   | 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 |   | 1   | 100   | None      |
| 3.5.a  | Service Level 4 facilities prepare and maintain written quarterly reports of progress. <i>[Title 17, CCR, §56026(c)]</i>  | 1 |   | 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.                        | 1 |   | 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>  | 1 |   | 1   | 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>                           | 2 |   |     | 100   | None      |
| 3.6.b  | The ongoing notes/information verify that behavior needs are being addressed.   | 2 |   |     | 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>            |   |   | 2   | NA    | None      |
| 3.7.b  | A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i> |   |   | 2   | NA    | None      |
| 3.7.c  | Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the individual served. <i>(Title 17, CCR, §54327)</i>                                |   |   | 2   | NA    | None      |

## SECTION IV

### DAY PROGRAM RECORD REVIEW OF INDIVIDUALS SERVED

#### I. Purpose

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

#### II. Scope of Review

Four records for individuals served were reviewed at three 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 13 criteria.

- ✓ Three criteria were rated as not applicable for this review.
- ✓ A summary of the results of the review is shown in the table at the end of this section.
- ✓ Findings for one criterion are detailed below.

#### IV. Findings and Recommendations

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

##### Findings

Two of the four (50 percent) sample records of individuals served contained a copy of the individual's current IPP. However, the records for individuals #1 and #23 at DP #1 did not contain a copy of their current IPP.

| 4.2 Recommendation   | Regional Center Plan/Response   |
|--|---|
| WRC should ensure that the records for individuals #1 and #23 at DP #1 contain a current copy of the individual's IPP. | WRC has confirmed that DP #1 now has copies of the current IPPs for Individuals #1 and #23. |

| Day Program Record Review Summary<br>Sample Size = 4 |   |   |   |     |       |           |
|--|---|---|---|-----|-------|-----------|
|  | 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> )   | 4 |   |     | 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. | 4 |   |     | 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.   | 4 |   |     | 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.   | 4 |   |     | 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.  | 4 |   |     | 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.   | 4 |   |     | 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.   | 4 |   |     | 100   | None      |
| 4.1.g  | The individuals record contains up-to-date case notes reflecting important events or information not documented elsewhere.  | 4 |   |     | 100   | None      |

| Day Program Record Review Summary<br>Sample Size = 4 |   |   |   |     |       |               |
|--|---|---|---|-----|-------|---------------|
|  | Criteria  | + | - | N/A | % Met | Follow-up     |
| 4.1.h  | The individuals record contains documentation that special safety and behavior needs are being addressed.   | 4 |   |     | 100   | None          |
| 4.2  | The day program has a copy of the individual's current IPP. <i>[Title 17, CCR §56720(b)]</i>  | 2 | 2 |     | 50    | See Narrative |
| 4.3.a  | The day program provider develops, maintains, and modifies as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. <i>[Title 17, CCR, §56720(a)]</i> | 4 |   |     | 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.   | 4 |   |     | 100   | None          |
| 4.4.a  | The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>  | 4 |   |     | 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.  | 4 |   |     | 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>  |   |   | 4   | NA    | None          |
| 4.5.b  | A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>                               |   |   | 4   | NA    | None          |
| 4.5.c  | There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. <i>(Title 17, CCR, §54327)</i>  |   |   | 4   | NA    | None          |

## SECTION V

### OBSERVATIONS AND INTERVIEWS OF INDIVIDUALS SERVED

#### I. Purpose

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

#### II. Scope of Observations and Interviews

Nineteen of the twenty-nine 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.

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

#### III. Results of Observations and Interviews

Seventeen of the nineteen 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. Findings and Recommendations

Individual #26 stated that they were unhappy with the amount of service hours and the communication with the service coordinator.

| Recommendation   | Regional Center Plan/Response  |
|--|--|
| WRC should follow up with individual #26 regarding her concerns. | SC has been in frequent contact with Individual #26 since the time of this review and, per T19 documentation, was in regular communication during the time period of the review. |

Individual #28 stated that they were unhappy with the communication with the service coordinator.

| Recommendation   | Regional Center Plan/Response   |
|--|---|
| WRC should follow up with individual #28 regarding her concerns. | PM for Individual #28 spoke with mother regarding her concerns and mother did request a new SC. |

## 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 WRC 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 WRC's 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 consumers with medical issues, medications and behavior plans; coordination of medical and mental health care for consumers; circumstances under which actions are initiated for medical or behavior issues; clinical supports to assist service coordinators; improved access to preventive health care resources; role in the Risk Management Assessment and Planning Committee and Special Incident Reports (SIR).
2. The monitoring team interviewed the director of clinical services for WRC.

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

The WRC clinical team includes physicians, clinical psychologists, registered nurses, occupational, speech and physical therapists. The team also includes a dental coordinator, wellness specialists, mental health specialists, crisis specialists, behavior specialists and intake specialists. In addition, WRC's clinical team utilizes consultants for pediatric, neurology, and psychiatric services.

The clinical team nurses and physicians provide support in the management of clients with health care issues. Nurses are available to assist with onsite nursing assessments and hospital discharge planning as requested. Individuals that lack family support and are hospitalized are closely monitored by the clinical team to ensure ample time to review the individuals' files before providing consent services. The team also provides a variety of training and education to staff, consumers, families and providers. Recent topics have included medication training and signs and symptoms of illness.

The clinical team participates in monitoring individuals' medications and are available to perform medication reviews upon request from the service coordinator and special incident reports. The WRC nurses are also available to provide additional medication monitoring and training to residential providers. Members of the clinical team review reports from Mission Analytics Group, Inc., regarding polypharmacy and follow-up as needed.

The clinical team is involved with individuals' behavioral plans and mental health issues. The behavioral team is available to review behavior plans and make recommendations as needed. Members of the clinical team participate in meetings and provider trainings with the Department of Mental Health. The clinical team's consulting psychiatrist, contracted therapist, psychiatric clinic and Line of Hope assess individuals dealing with mental health crisis and link individuals to various services and supports.

WRC has improved access to healthcare resources through the following programs:

- ✓ Managed care liaison;
- ✓ Line of Hope;
- ✓ LA Care grant for preventative dental care;
- ✓ Collaboration with local crisis support teams;
- ✓ Mobility equipment clinic;
- ✓ Collaboration with the UCLA Neuropsychiatric institute;
- ✓ Partnerships with federally qualified healthcare clinics (Central Neighborhood Health Foundation) providing onsite vaccination clinics and drive through clinics;
- ✓ Collaboration with Achievable (Community Health Center) that provides medical and mental health services; and,
- ✓ Trainings for UCLA medical residents.

Members of the regional center clinical team involved in WRC's Risk Management Assessment and Planning Committee includes the clinical medical director, risk management specialist, consulting physician, consulting neurologist and a nurse. Medical related special incident reports are referred to the team for review and follow-up as indicated. A clinical team physician and nurse review all deaths and participate on the morbidity and mortality review committee. The regional center utilizes Mission Analytics Group Inc., the State's risk management contractor, to analyze special incidents for trends. The committee uses the trend analysis to provide training to regional center staff and providers; recent topics have included choking precautions and medication administration.

## 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 a member of the team responsible for conducting WRC's QA activities.

#### III. Results of Interview

1. The QA specialist provided specific information about WRC's process for conducting annual Title 17 reviews, unannounced visits and provider training. The annual Title 17 visits are completed by QA specialists. Title 17 visits include comprehensive review of the home, client record review, and other items on the checklist. A service coordinator (facility liaison) assigned to the home conducts two unannounced visits each year. When issues of substantial inadequacies are identified, a form is completed and sent to the QA team. The QA team meets bi-weekly with directors and managers. A QA specialist investigates to determine whether a corrective action plan (CAP) will be issued and will conduct the follow-up with the assistance of facility liaisons to ensure providers complete the CAP requirements.
2. The risk management and assessment and planning coordinators review all special incident reports (SIRs) and ensure effective follow-up on an individual and systemic basis. The coordinators develop trend analysis reports for the Risk Management and Mitigation Committee. The committee reviews these reports and trends on a bi-monthly basis. These trends are then provided to all program managers and QA managers to share with case management staff. The QA team meets bi-monthly to review and discuss the reports and trends. The QA team also communicates these trends to the Department of Developmental Services.

3. The information obtained from QA activities is compiled and analyzed for trends of related issues that need to be addressed with training and/or referrals to appropriate consultants. These items are discussed at the bi-weekly QA meetings. Case management staff and QA staff meet monthly to discuss trends and develop appropriate vendor training. Monthly vendor training is based on what further training is needed. CPI-non-violent crisis intervention is offered once a month. They also meet on a quarterly basis with Community Care Licensing. All vendors are encouraged to attend trainings. Each participant receives units and a certificate for proof of training to meet Title 17 requirements. The "Training and Events Calendar" is posted quarterly on the Internet with topics, dates, and times of available trainings offered by WRC.
4. The resource development committee reviews and recommends for approval vendor applications for CCFs, independent living services, supported living services, and day programs. The QA team also monitors day programs and provides support for other vendored providers periodically. There are monthly QA meetings to review SIRs and go over follow-up and update as needed. Meetings may be held more frequently if there are concerns. Service coordinators conduct up to four unannounced visits during the year.

## 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 five service providers at two community care facilities and three 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 five direct service staff at two community care facilities and three 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 two 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. Finding and Recommendation

- 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))]

##### Finding

Four of the five facilities had a statement of individuals' rights prominently posted. However, CCF #1 did not have a statement of rights posted. During the visit, a statement of rights was printed and posted. Accordingly, no recommendation is required.

## 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 WRC 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 29 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. WRC reported all deaths during the review period to DDS.
2. WRC reported all special incidents in the sample of 29 records selected for the HCBS Waiver review to DDS.
3. WRC's vendors reported all (100 percent) applicable incidents in the supplemental sample within the required timeframes.
4. WRC reported 9 of the 10 (90 percent) incidents in the supplemental sample to DDS within the required timeframes.
5. WRC's follow-up activities on incidents in the supplemental sample were appropriate for the severity of the situations for the 10 incidents.

#### IV. Finding and Recommendation

SIR #4: The incident was reported to WRC on December 13, 2022. However, WRC did not report the incident to DDS until December 16, 2022.

| Recommendation  | Regional Center Plan/Response  |
|---|--|
| WRC should ensure that all special incidents are reported to DDS within the required timeframe. | All Client Services staff attended an internal training on Med Waiver requirements on 6/20/24 that covered this topic. |

## SAMPLE OF INDIVIDUALS SERVED AND SERVICE PROVIDERS/VENDORS

### HCBS Waiver Review of Individuals Served

| #  | UCI    | CCF | DP |
|----|--------|-----|----|
| 1  | XXXXXX |     | 1  |
| 2  | XXXXXX |     | 2  |
| 3  | XXXXXX |     | 3  |
| 4  | XXXXXX | 1   |    |
| 5  | XXXXXX |     |    |
| 6  | XXXXXX | 2   |    |
| 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 |     |    |
| 20 | XXXXXX |     |    |
| 21 | XXXXXX |     |    |
| 22 | XXXXXX |     |    |
| 23 | XXXXXX |     | 1  |
| 24 | XXXXXX |     |    |
| 25 | XXXXXX |     |    |
| 26 | XXXXXX |     |    |
| 27 | XXXXXX |     |    |
| 28 | XXXXXX |     |    |
| 29 | XXXXXX |     |    |

### Supplemental Sample Individuals moving out of Developmental Center

| #    | UCI    |
|------|--------|
| DC-1 | 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 |

### HCBS Waiver Review Service Providers

| CCF # | Vendor |
|-------|--------|
| 1     | XXXXXX |
| 2     | XXXXXX |

| Day Program # | Vendor |
|---------------|--------|
| 1             | XXXXXX |
| 2             | XXXXXX |
| 3             | 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 |