

**Regional Center of the East Bay
Home and Community-Based Services Waiver
Monitoring Review Report**

Conducted by:

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

February 13–23, 2017

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	page 3
SECTION I REGIONAL CENTER SELF-ASSESSMENT.....	page 7
SECTION II REGIONAL CENTER CONSUMER RECORD REVIEW.....	page 10
SECTION III COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW...	page 24
SECTION IV DAY PROGRAM CONSUMER RECORD REVIEW.....	page 27
SECTION V CONSUMER OBSERVATIONS AND INTERVIEWS.....	page 34
SECTION VI	
A. SERVICE COORDINATOR INTERVIEWS.....	page 35
B. CLINICAL SERVICES INTERVIEW.....	page 36
C. QUALITY ASSURANCE INTERVIEW.....	page 38
SECTION VII	
A. SERVICE PROVIDER INTERVIEWS.....	page 40
B. DIRECT SERVICE STAFF INTERVIEWS	page 41
SECTION VIII VENDOR STANDARDS REVIEW.....	page 42
SECTION IX SPECIAL INCIDENT REPORTING.....	page 44
SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS.....	page 46

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 February 13–23, 2017, at Regional Center of the East Bay (RCEB). The monitoring team members were Corbett Bray (Team Leader), Ray Harris, Nora Muir, Jennifer Parsons, and Kathy Benson from DDS, and Raylyn Garrett and Annette Hanson 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 the services needed for eligible individuals with developmental disabilities in California. All HCBS Waiver services are provided through this system. It is the responsibility of DDS to ensure, with the oversight of DHCS, that the HCBS Waiver is implemented by regional centers in accordance with Medicaid statute and regulations.

Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

The compliance monitoring review protocol is comprised of sections/components designed to determine if the consumers' needs and program requirements are being met and that services are being provided in accordance with the consumers' individual program plan (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 75 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers whose HCBS Waiver eligibility had been previously terminated; 2) three consumers who moved from a developmental center; and 3) ten consumers who had special incidents reported to DDS during the review period of December 1, 2015, to November 30, 2016.

The monitoring team completed visits to 13 community care facilities (CCF) and 26 day programs. The team reviewed 13 CCF and 33 day program consumer records and had face-to-face visits and/or interviews with 65 consumers or their parents.

Overall Conclusion

RCEB is in substantial compliance with the federal requirements for the HCBS Waiver program. Specific recommendations that require follow-up actions by RCEB are included in the report findings. DDS is requesting documentation of follow-up actions taken by RCEB in response to each of the specific recommendations within 30 days following receipt of this report.

Major Findings

Section I – Regional Center Self-Assessment

The self-assessment responses indicated that RCEB has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self-assessment criteria.

Section II – Regional Center Consumer Record Review

Seventy-five sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Criterion 2.13.a was 78 percent in compliance because 13 of the 58 applicable records did not contain documentation of all required quarterly face-to-face visits. Criterion 2.13.b was 79 percent in compliance because 12 of the 58 applicable records did not contain documentation of all required quarterly reports of progress.

The sample records were 97 percent in overall compliance for this review. RCEB's records were 97 percent in overall compliance for the collaborative reviews conducted in 2015 and in 2013.

Section III – Community Care Facility Consumer Record Review

Thirteen consumer records were reviewed at 13 CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations.

The sample records were 100 percent in overall compliance for this review. RCEB's records were 99 percent in overall compliance for the collaborative reviews conducted in 2015 and in 2013.

Section IV – Day Program Consumer Record Review

Thirty-three consumer records were reviewed at 26 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations.

The sample records were 95 percent in overall compliance for this review. RCEB's records were 98 percent and 96 percent in overall compliance for the collaborative reviews conducted in 2015 and 2013, respectively.

Section V – Consumer Observations and Interviews

Sixty-five sample consumers, or in the case of minors, their parents, were interviewed and/or observed at their CCFs, day programs, or in independent living settings. The monitoring team observed that all of the consumers were in good health and were treated with dignity and respect.

Section VI A – Service Coordinator Interviews

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

Section VI B – Clinical Services Interview

The Clinical Supervisor was interviewed using a standard interview instrument. She responded to informational questions regarding the monitoring of consumers with medical issues, medications, behavior plans, the coordination of medical and mental health care for consumers, the provision of clinical supports to service coordinators, and the clinical team's participation in the Risk Assessment and Behavior Management Review Committees.

Section VI C – Quality Assurance Interview

A Quality Assurance Specialist was interviewed using a standard interview instrument. He responded to questions regarding how RCEB is organized to conduct Title 17 monitoring reviews, verification of provider qualifications, resource development activities, special incident reporting, and quality assurance activities where there is no regulatory requirement.

Section VII A – Service Provider Interviews

Eleven CCF and seven day program service providers were interviewed using a standard interview instrument. The service providers responded to questions regarding their knowledge of the consumer, the annual review process and the monitoring of health issues, medications, progress, safety and emergency preparedness. The service providers were familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interviews

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

Section VIII – Vendor Standards Review

The monitoring team reviewed eleven CCFs and six day programs utilizing a standard checklist with 24 criteria that are consistent with HCBS Waiver requirements. All of the reviewed vendors were in good repair with no immediate health or safety concerns observed.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the HCBS Waiver consumers and ten supplemental sample consumers for special incidents during the review period. RCEB did not report one special incident for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported only nine of the ten incidents to RCEB within the required timeframes, and RCEB subsequently transmitted only six of the ten special incidents to DDS within the required timeframes. RCEB's follow-up activities on consumer incidents were timely and appropriate for the severity of the situation.

SECTION I

REGIONAL CENTER SELF-ASSESSMENT

I. Purpose

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

The self-assessment obtains information about RCEB's procedures and practices to verify that there are processes in place to ensure compliance with state and federal laws and regulations, as well as the assurances contained in the HCBS Waiver application approved by the Centers for Medicare & Medicaid Services.

II. Scope of Assessment

RCEB is asked to respond to questions in four categories that correspond to the HCBS Waiver assurances with which the regional center is responsible for complying. The questions are shown at the end of this section.

III. Results of Assessment

The self-assessment responses indicate that RCEB has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self-assessment criteria.

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

Regional Center Self-Assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
State conducts level-of-care need determinations consistent with the need for institutionalization.	<p>The regional center ensures that consumers meet ICF/DD, ICF/DD-H, or ICF/DD-N facility level-of-care requirements as a condition of initial and annual eligibility for the HCBS Waiver program.</p> <p>The regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meets the federal definition of a Qualified Mental Retardation Professional (QMRP).</p> <p>The regional center ensures that consumers are eligible for full-scope Medi-Cal benefits before enrolling them in the HCBS Waiver.</p>
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver services.	<p>The regional center takes action(s) to ensure consumers' rights are protected.</p> <p>The regional center takes action(s) to ensure that the consumers' health needs are addressed.</p> <p>The regional center ensures that behavior plans preserve the right of the consumer to be free from harm.</p> <p>The regional center maintains a Risk Management, Risk Assessment and Planning Committee.</p> <p>The regional center has developed and implemented a Risk Management/Mitigation Plan.</p> <p>Regional centers and local Community Care Licensing offices coordinate and collaborate in addressing issues involving licensing requirements and monitoring of CCFs pursuant to the memorandum of understanding between DDS and the Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 CCFs.</p> <p>The regional center reviews each CCF annually to assure services are consistent with the program design and applicable laws, and oversees development and implementation of corrective action plans as needed.</p> <p>The regional center conducts no less than two unannounced monitoring visits to each CCF annually.</p> <p>Service coordinators perform and document periodic reviews (at least annually) to ascertain progress toward achieving IPP objectives and the consumer's and the family's satisfaction with the IPP and its implementation.</p> <p>Service coordinators have quarterly face-to-face meetings with consumers in CCFs, family home agencies, supported living services, and independent living services to review services and progress toward achieving the IPP objectives for which the service provider is responsible.</p>

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.)	The regional center ensures that needed services and supports are in place when a consumer moves from a developmental center to a community living arrangement. Service coordinators provide enhanced case management to consumers who move from a developmental center 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.	The regional center ensures that all HCBS Waiver consumers are offered a choice between receiving services and living arrangements in an institutional or community setting. Regional centers ensure that planning for IPPs includes a comprehensive assessment and information gathering process which addresses the total needs of HCBS Waiver consumers and is completed at least every three years at the time of his/her triennial IPP. The IPPs of HCBS Waiver consumers are reviewed at least annually by the planning team and modified, as necessary, in response to the consumers' changing needs, wants and health status. The regional center uses feedback from consumers, families and legal representatives to improve system performance. The regional center documents the manner by which consumers indicate choice and consent.

SECTION II

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

1. Seventy-five HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility	29
With Family	17
Independent or Supported Living Setting	29

2. The review period covered activity from December 1, 2015, through November 30, 2016.

III. Results of Review

The sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Three supplemental records were reviewed solely for documentation that either RCEB provided the consumer with written notification prior to termination of the consumer's HCBS Waiver eligibility, or the consumer had voluntarily disenrolled from the HCBS Waiver. Additionally, three supplemental records were reviewed solely for documentation indicating that the consumer received face-to-face reviews every 30 days after moving from a developmental center.

- ✓ The sample records were in 100 percent compliance for 20 applicable criteria. There are no recommendations for these criteria.
- ✓ Findings for 11 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

- 2.3 There is a written Notice of Action (NOA) and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all, or part, of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. [SMM 4442.7; 42 CFR Part 431, Subpart E; WIC §4646(g)]

Finding

The record for consumer #T-1 did not contain documentation indicating that the consumer had voluntarily disenrolled or that a NOA had been sent to the consumer prior to the termination of their eligibility from the HCBS Waiver, on June 1, 2016. A NOA was sent to the consumer on January 24, 2017. Accordingly, there is no recommendation.

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

Findings

Sixty-eight of the seventy-five (91 percent) sample consumer records documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in seven consumer records (detailed below) did not support the determination that all of the issues identified in the CDER and DS 3770 could be considered qualifying conditions. Unless otherwise noted in the list below, the following were identified as qualifying conditions on the DS 3770, but there was no supporting information in the consumers' records (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports.

1. Consumer #10: "Bowel Control" is listed as a qualifying condition. However, the IPP dated July 25, 2016, states, "He is independent in terms of using the toilet, and is continent of both bowel and bladder."
2. Consumer #18: "Seizure Disorder" is listed as a qualifying condition. However, there are no services or supports in place for this condition.
3. Consumer #41: "Hygiene" is listed as a qualifying condition. However, the IPP dated June 23, 2016, states "(Consumer name)'s hygiene has

improved and does not need any reminders.” “Outbursts” is listed as a qualifying condition. However, there are no services or supports in place for this condition.

4. Consumer #42: “Hygiene” and “Safety Awareness” are listed as qualifying conditions. However, for hygiene, the IPP dated September 29, 2016, states, “He manages to complete all ADLs without any assistance from ILS or IHSS.” For safety awareness, the IPP states, “He and the ILS instructor reported that he does not have any safety concerns at home, community, or on the Internet.”
5. Consumer #46: “Safety Awareness” is listed as a qualifying condition. However, the IPP dated September 12, 2014, states, “He has good safety awareness skills.”
6. Consumer #58: “Osteoporosis” is listed as a qualifying condition. However, there are no services or supports in place for this condition.
7. Consumer #68: “Bathing” is listed as a qualifying condition. However, the IPP dated September 22, 2015, states, “He performs personal bathing activities independently.” Subsequent to the review period, bathing was removed as a qualifying condition. Accordingly, there is no recommendation.

2.5.b Recommendations	Regional Center Plan/Response
<p>RCEB should determine if the items listed above are appropriately identified as qualifying conditions. The consumer’s DS 3770 form should be corrected to ensure that any items that do not represent substantial limitations in the consumer’s ability to perform activities of daily living and/or participate in community activities are no longer identified as a qualifying condition. If RCEB determines that the issue is correctly identified as a qualifying condition, documentation (updated IPPs, progress reports, etc.) that supports the original determination should be submitted with the response to this report. If the consumer does not have at least two distinct qualifying conditions that meet the level-of-care requirements, the consumer’s HCBS Waiver eligibility should be terminated.</p>	<p>Consumer #10: Bowel control is no longer listed as a qualifying condition on the 3770 dated 5/24/2017 or the CDER.</p> <p>Consumer #18: The IPP addendum dated 3/23/18 addresses seizure disorder as an identified qualifying condition.</p> <p>Consumer #41: The 3770 dated 5/1/17 does not indicate hygiene; the IPP addendum dated 3/28/18 addresses that hygiene is not an issue anymore.</p> <p>Consumer #42: Hygiene and safety awareness are not indicated as deficits on the 3770 dated 8/11/17.</p> <p>Consumer #46: Safety awareness is not indicated as a deficit per the 9/26/17 IPP addendum and 3770 dated 3/28/18.</p>

	<p>Consumer #58 Osteoporosis is not indicated as a qualifying deficit on the 3770 dated 8/16/17.</p> <p>Monthly tickler alerts will be sent to case management staff to remind them of the documentation requirements in the case files of consumers eligible for Medicaid Waiver. The case management trainer will provide training support to case management staff related to IPP development and requirements of case management follow-up.</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 consumer’s health status and CDER have been reviewed. (HCBS Waiver requirement)

Finding

Forty-nine of the fifty (98 percent) applicable sample consumer records contained a completed SARF. However, the record for consumer #8 contained a SARF dated May 13, 2016, that was not signed by the conservator.

2.6.b Recommendation	Regional Center Plan/Response
RCEB should ensure that the SARF for consumer #8 is signed by the conservator.	Case manager has obtained signature from conservator and has been forwarded to DDS.

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

Findings

Sixty-eight of the seventy-five (91 percent) sample consumer records contained IPPs that addressed the consumer’s qualifying conditions. However, the IPPs for seven consumers did not address supports for qualifying conditions identified in the record as indicated below:

1. Consumer #27: Services and supports for the consumer’s need for assistance with disruptive behavior, as stated in the quarterly monitoring review dated October 5, 2016;

2. Consumer #31: Services and supports for the consumer’s need for assistance with safety awareness, as stated in the Annual Review dated July 6, 2016;
3. Consumer #37: Services and supports for the consumer’s need for assistance with safety awareness, as stated in the Annual Review dated November 9, 2016. Subsequent to the review period, an IPP addendum was completed that addressed services and supports for safety awareness. Accordingly, no recommendation is required;
4. Consumer #41: Services and supports for the consumer’s need for assistance with safety awareness, as noted in the Annual Review dated June 16, 2015;
5. Consumer #47: Services and supports for the consumer’s need for assistance with depression, as noted in the Quarterly Progress Report, dated October 6, 2016. Subsequent to the review period, an IPP addendum was completed that addressed services and supports for depression. Accordingly, no recommendation is required;
6. Consumer #48: Services and supports for the consumer’s need for assistance with safety awareness, as stated in the Annual Review dated May 8, 2016; and,
7. Consumer #56: Services and supports for the consumer’s need for assistance with hygiene and bathing, as stated in the Annual Review dated June 23, 2016.

2.9.a Recommendations	Regional Center Plan/Response
<p>RCEB should ensure that the IPPs for consumers #27, #31, #41, #48, and #56 include the services and supports in place for the issues as listed above.</p>	<p>Consumer #27: Services and supports are identified related to assisting with consumer’s disruptive behavior in the IPP addendum dated 1/9/18.</p> <p>Consumer #31: Safety awareness is no longer indicated as a deficit per the 3770 dated 3/23/18.</p> <p>Consumer #41: The IPP addendum dated 3/28/18 indicates safety awareness is no longer a deficit.</p> <p>Consumer #48: The IPP addendum dated 4/3/18 and 3770 dated 4/19/17 indicate that safety awareness is no longer a deficit.</p>

	<p>Consumer #56: The IPP addendum dated 3/23/18 addresses supports for assistance with hygiene and bathing.</p> <p>Monthly tickler alerts will be sent to case management staff to remind them of the documentation requirements in the case files of consumers eligible for Medicaid Waiver. The case management trainer will provide training support to case management staff related to IPP development and requirements of case management follow-up.</p>
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2.9.b The IPP addresses the special health care requirements. [WIC §4646.5(a)(2)]

Findings

Forty-two of the forty-seven (89 percent) applicable sample consumer IPPs addressed the consumers' special health care requirements. However, the IPPs for the following consumers did not address the special health care requirements for the conditions noted:

1. Consumer #6: High Blood Pressure;
2. Consumer #20: High Cholesterol;
3. Consumer #36: High Cholesterol;
4. Consumer #48: High Blood Pressure and Asthma; and,
5. Consumer #56: High Blood Pressure.

2.9.b Recommendations	Regional Center Plan/Response
RCEB should ensure that the IPPs for consumers #6, #20, #36, #48, and #56 address the special health care requirements as noted.	<p>Consumer #6: The IPP addendum dated 4/10/18 now addresses health care support related to High Blood Pressure.</p> <p>Consumer #20: The IPP addendum dated 3/27/18 addresses health care support related to high cholesterol.</p> <p>Consumer #36: The IPP addendum dated 4/3/18 indicates that high</p>

	<p>cholesterol is not an identified deficit at this time due to a change in the consumer's diet (she is eating healthier). The case manager is obtaining consumer's signature for an IPP addendum; upon receipt, it will be forwarded to DDS.</p> <p>Consumer #48: The IPP addendum dated 4/3/18 addresses health care support related to blood pressure and asthma. The 3770 dated 4/1/17 identifies blood pressure condition and asthma as deficits.</p> <p>Consumer #56: The IPP addendum dated 3/23/18 addresses health care support related to high blood pressure.</p> <p>RCEB will ensure that the IPPs for all consumers address their special health care requirements, as specified.</p> <p>Monthly tickler alerts will be sent to case management staff to remind them of the documentation requirements in the case files of consumers eligible for Medicaid Waiver. The case management trainer will provide training support to case management staff related to IPP development and requirements of case management follow-up.</p>
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2.9.d The IPP addresses the services which the day program provider is responsible for implementing. [WIC §4646.5(a)(2)]

Findings

Forty-four of the forty-six (96 percent) applicable sample consumer records contained IPPs that addressed the services the consumer's day program provider is responsible for implementing. However, the IPPs for consumer #27 and consumer #33 did not address the services which the day program provider is responsible for implementing. For consumer #33, subsequent to the review

period, an IPP addendum was completed that addressed the services the day program is responsible for implementing. Accordingly, there is no recommendation.

2.9.d Recommendation	Regional Center Plan/Response
RCEB should ensure the IPP for consumer #27 addresses the services which the day program provider is responsible for implementing.	Consumer #27: The IPP addendum dated 1/9/18 indicates that consumer no longer attends a day program. RCEB will ensure that future IPPs address the services that providers are responsible for implementing.

- 2.9.e The IPP addresses the services which the supported living services (SLS) agency or independent living services (ILS) provider is responsible for implementing.

Finding

Twenty-eight of the twenty-nine (97 percent) applicable sample consumer records contained IPPs that addressed the consumers' SLS or ILS services. However, the IPP for consumer #47 did not address the services which the ILS provider is responsible for implementing. Subsequent to the review period, a new IPP was completed that addressed the ILS services. Accordingly, no recommendation is required.

- 2.10.a The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. [WIC §4646.5(a)(4)]

Findings

Seventy-four of the seventy-five (99 percent) sample consumer records contained IPPs that include all services and supports purchased by the regional center. However, the IPP for consumer #47 did not include services and supports for ILS. Subsequent to the review period, an IPP addendum was completed that addressed ILS services. Accordingly, no recommendation is required.

- 2.10.c The IPP specifies the approximate scheduled start date for new services and supports. [WIC §4646.59(a)(4)]

Finding

Thirty-seven of the thirty-eight (97 percent) applicable sample consumer records contained an IPP that included an approximate scheduled start date for new services. The record for consumer #47 contained an IPP dated January 27, 2016, that did not identify a start date for ILS.

Subsequent to the review period, an IPP addendum was completed that addressed the start date for ILS. Accordingly, no recommendation is required.

- 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 CCFs, family home agencies or supported living and independent living settings. (*Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement*)

Findings

Forty-five of the fifty-eight (78%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for 13 consumers did not meet the requirements as indicated below:

1. The records for consumers #5, #9, #12, #14, #18, #28, #47, #48, #52, #54, and #61 contained documentation of only three of the required meetings.
2. The records for consumers #15 and #27 contained documentation of only two of the required meetings.

2.13.a Recommendations	Regional Center Plan/Response
RCEB should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #5, #9, #12, #14, #15, #18, #27, #28, #47, #48, #52, #54, and #61.	The case management trainer will assist with ensuring compliance with regulatory standards for quarterlies and provide team training for case managers who serve individuals residing in residential and ILS/SLS settings. The case managers for the consumers identified in 2.13.a will receive specific training on ensuring that quarterly meetings are held face-to-face with each consumer.

- 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 CCFs, family home agencies or supported living and independent living settings. (*Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement*)

Findings

Forty-six of the fifty-eight (79%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for 12 consumers did not meet the requirements as indicated below:

1. The records for consumers #5, #9, #12, #14, #18, #47, #48, #52, #54, and #61 contained documentation of only three of the required meetings.
2. The record for consumer #15 contained documentation of only two of the required meetings.
3. The record for consumer #27 contained documentation of only one of the required meetings.

2.13.b Recommendations	Regional Center Plan/Response
<p>RCEB should ensure that future quarterly reports of progress are completed for consumers #5, #9, #12, #14, #15, #18, #27, #47, #48, #52, #54, and #61.</p>	<p>The case management trainer will assist with ensuring compliance with regulatory standards for quarterlies and provide team training for case managers who serve individuals residing in residential and ILS/SLS settings.</p> <p>Case managers for the consumers identified in 2.13.b will receive specific training on establishing effective tickler/tracking systems to ensure quarterly reports of progress are completed in a timely manner.</p>

Regional Center Consumer Record Review Summary						
Sample Size = 75 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	75			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Mental Retardation Professional (QMRP), which documents the date of the consumer's initial HCBS Waiver eligibility certification, annual recertifications, the consumer's qualifying conditions and short-term absences. [SMM 4442.1; 42 CFR 483.430(a)]	Criterion 2.1 consists of four sub-criteria (2.1.a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a QMRP and the title "QMRP" appears after the person's signature.	75			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.	75			100	None
2.1.c	The DS 3770 form documents annual recertifications.	72		3	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	6		69	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)]	74		1	96	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. [SMM 4442.7; 42 CFR Part 431, Subpart E; WIC §4646(g)]	2	1	75	67	See Narrative
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)	74		1	100	None

Regional Center Consumer Record Review Summary Sample Size = 75 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level-of-care requirements for care provided in an ICF/DD, ICF/DD-H, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. [SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343]	75			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	68	7		91	See Narrative
2.6.a	The IPP is reviewed (<i>at least annually</i>) by the planning team and modified, as necessary, in response to the consumer's changing needs, wants or health status. [42 CFR 441.301(b)(1)(I)]	75			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)	49	1	25	98	See Narrative
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. [WIC §4646(g)]	75			100	None
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.	40		35	100	None
2.7.c	The IPP is prepared jointly with the planning team. [WIC §4646(d)]	75			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. [WIC §4646.5(a)]	75			100	None
2.9	The IPP addresses the consumer'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).	68	7		91	See Narrative

Regional Center Consumer Record Review Summary
Sample Size = 75 + 6 Supplemental Records

	Criteria	+	-	N/A	% Met	Follow-up
2.9.b	The IPP addresses the special health care requirements.	42	5	28	89	See Narrative
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	30		45	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	44	2	29	96	See Narrative
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	28	1	46	97	See Narrative
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	75			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. <i>[WIC §4685(c)(2)]</i>	10		65	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>	74	1		99	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)(4)]</i>	75			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. <i>[WIC §4646.5(a)(4)]</i>	37	1	37	97	See Narrative
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)(4)]</i>	75			100	None
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 that the consumer and his/her family are satisfied with the IPP and its implementation. <i>[WIC §4646.5(a)(6)]</i>	75			100	None

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 CCFs, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement</i>)	45	13	17	78	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 CCFs, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement</i>)	46	12	17	79	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>)	3		75	100	None

SECTION III

COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

I. Purpose

The review addresses the requirements for CCFs to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the IPP for which the facility is responsible. The criteria are derived from Title 17, California Code of Regulations.

II. Scope of Review

Thirteen consumer records were reviewed at 13 CCFs visited by the monitoring team. The facilities' consumer records were reviewed to determine compliance with 19 criteria.

III. Results of Review

The consumer records were 100 percent in compliance for the 19 criteria.

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

Community Care Facility Record Review Summary						
Sample Size: Consumers = 13; CCFs = 13						
	Criteria	+	-	N/A	% Met	Follow-up
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. <i>[Title 17, CCR, §56017(b); Title 17, CCR §56059(b); Title 22, CCR, §80069]</i>	13			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	13			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	12		1	100	None
3.1.c	The consumer record contains current health information that includes medical, dental and other health needs of the consumer, including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	13			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	13			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	13			100	None
3.1.i	Special safety and behavior needs are addressed.	12		1	100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17, and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. <i>[Title 17, CCR, §56019(c)(1)]</i>	13			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	13			100	None
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. <i>[Title 17, CCR, §56026(b)]</i>	1		12	100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 13; CCFs = 13						
	Criteria	+	-	N/A	% Met	Follow-up
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	1		12	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. <i>[Title 17, CCR, §56026(c)]</i>	12		1	100	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	12		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>	12		1	100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. <i>[Title 17, CCR, §56026(a)]</i>	13			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	12		1	100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	2		11	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>	2		11	100	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. <i>(Title 17, CCR, §54327)</i>	2		11	100	None

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

The review criteria address the requirements for day programs to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the 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

Thirty-three sample consumer records were reviewed at 26 day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria.

III. Results of Review

The consumer records were 100 percent in compliance for 10 criteria.

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

IV. Findings and Recommendations

- 4.1.d The consumer record contains an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative.
(Title 17, CCR, §56730)

Findings

Thirty of the thirty-three (91 percent) sample consumer records contained signed authorizations for emergency medical treatment. However, the records for consumers #13 and #36 at day program #2 and consumer #29 at day program #14 did not contain an authorization for emergency medical treatment signed by the consumer. During the review, consumer #29 signed the authorization. Accordingly, there is no recommendation.

4.1.d Recommendations	Regional Center Plan/Response
RCEB should ensure the records for consumers #13 and #36 at day program #2 have an authorization for emergency medical treatment form signed by the consumer.	Completed authorization for emergency medical release for persons #13 and #36 at day program #2 verified during full QA review on 5/19/17.

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

Findings

Twenty-nine of the thirty-three (88 percent) sample consumer records contained up-to-date data collection for measuring progress on the services which the day program provider is responsible for implementing, as indicated in the consumers' IPPs. However, the records for consumers #8 and #68 at day program #16, consumer #33 at day program #15, and consumer #65 at day program #3, did not have data collected for measuring the consumers' progress for services in their IPP.

4.1.f Recommendations	Regional Center Plan/Response
RCEB should ensure the records for consumers #8 and #68 at day program #16, consumer #33 at day program #15, and consumer #65 at day program #3 contain up-to-date data collection for measuring progress on the services for which the day program provider is responsible.	<p>Action plan for completed and ongoing data collection/progress measuring for persons #8 and #68 at day program #16 verified during full QA Review on 6/5/17.</p> <p>Data collection was also verified for person #33 at day program #15 during full QA review on 4/6/17.</p> <p>Data collection was also verified for person #65 at day program #3 at full QA review on 5/12/17.</p>

- 4.1.g The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere. *(Title 17, CCR, §56730)*

Findings

Thirty of the thirty-three (91 percent) sample consumer records contained case notes of important events and information. However, the records for consumers #20 and #56 at day program #11, and consumer #33 at day program #15 did not contain case notes of important events and information.

4.1.g Recommendations	Regional Center/Plan Response
RCEB should ensure that the records for consumers #20 and #56 at day program #11, and consumer #33 at day program #15 contain up-to-date case notes of important events and information.	Action plan for up-to-date and ongoing program notes for persons #20 and #56 at day program #11 verified on 4/6/17 – full QA review to be completed within 30 days. It was also verified for person #33 at day program #15 at full QA review on 4/6/17.

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

Findings

Twenty-eight of the thirty-three (85 percent) sample consumer records contained a copy of the consumer’s current IPP. However, the records for consumers #15 and #16 at day program #9, consumer #27 at day program #10, consumer #52 at day program #28, and consumer #65 at day program #3 did not have a copy of the current IPP. During the monitoring review, RCEB provided a current IPP to day program #28 for consumer #52. Accordingly, no recommendation is required.

4.2 Recommendations	Regional Center Plan/Response
RCEB should ensure that the records for consumers #15 and #16 at day program #9, consumer #27 at day program #10, consumer #52 at day program #28, and consumer #65 at day program #3 contain a copy of the consumer’s current IPP.	IPPs for each identified consumer are being forwarded to the respective day programs.

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

Findings

Thirty-one of the thirty-three (94 percent) sample consumer records contained documentation on how the day program provider will assist the consumer in achieving their IPP/ISP objectives. However, the records for consumers #8 and #68 at day program #16 had no specific program plan or other documentation describing how they will assist the consumers in achieving their objectives.

4.3.a Recommendation	Regional Center Plan/Response
RCEB should ensure that day program #16 develops and maintains documentation on how the program will assist consumers #8 and #68 in achieving their IPP/ISP objectives.	Action plan for day program #16 program plan/ISP documentation for persons #8 and #68 were verified during full QA review on 6/5/17.

4.3.b The day program’s ISP or other program documentation is consistent with the consumer’s IPP objectives for which the day program is responsible.

Findings

Thirty of the thirty-one (97 percent) applicable consumer records contained documentation consistent with the consumers’ IPP objectives for which the day program is responsible. However, the record for consumer #20 at day program #11 did not contain program documentation that is consistent with the consumer’s IPP objectives for which the day program is responsible.

4.3.b Recommendations	Regional Center Plan/Response
RCEB should ensure that the record for consumer #20 at day program #11 contains program documentation that is consistent with the consumer’s IPP objectives for which the day program is responsible.	Action plan for day program #11 for person #20 regarding consistency between IPP and program plan/ISP verified on 4/6/18—full QA review to be completed with 30 days.

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

Findings

Twenty-seven of the thirty-three (82 percent) consumer records contained written semiannual reports of consumer progress. However, the records for consumers #18 and #29 at day program #14, consumer #33 at day program #15, consumer #48 at day program #4, and consumers #54 and #61 at day program #25 contained only one of the required progress reports.

4.4.a Recommendations	Regional Center Plan/Response
RCEB should ensure that day program providers #4, #14, #15, and #25 prepare written semiannual reports of consumer progress.	Action plan for day program #4 and semiannual progress reports with tracking systems verified 4/6/18. Day program #14 no longer exists—the doors were closed at the end of March 2017.

	<p>Action plan for day program #15 and semiannual progress reports with tracking systems verified during full review on 4/6/17.</p> <p>Same for #25 verified on 10/25/17 and ongoing.</p>
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Day Program Record Review Summary						
Sample Size: Consumers = 33; Day Programs = 28						
	Criteria	+	-	N/A	% Met	Follow-up
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. (Title 17, CCR, §56730)	33			100	None
4.1.a	The consumer record contains current emergency and personal identification information, including the consumer's address and 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.	33			100	None
4.1.b	The consumer record contains current health information that includes current medications, known allergies, medical disabilities, infectious, contagious, or communicable conditions, special nutritional needs, and immunization records.	33			100	None
4.1.c	The consumer record contains any medical, psychological, and social evaluations identifying the consumer's abilities and functioning level, provided by the regional center.	33			100	None
4.1.d	The consumer record contains an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative.	30	3		91	See Narrative
4.1.e	The consumer record contains documentation that the consumer and/or the authorized consumer representative has been informed of his/her personal rights.	32		1	100	None
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP which the day program provider is responsible for implementing.	29	4		88	See Narrative
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	30	3		91	See Narrative

Day Program Record Review Summary						
Sample Size: Consumers = 33; Day Programs = 28						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	21		12	100	None
4.2	The day program has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56720(b)]</i>	28	5		85	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>	31	2		94	See Narrative
4.3.b	The day program's ISP or other program documentation is consistent with the services addressed in the consumer's IPP.	30	1	2	97	See Narrative
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	27	6		82	See Narrative
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services which the day program is responsible for implementing.	33			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		32	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		32	100	None
4.5.c	There is appropriate follow-up to special incidents to resolve issues and eliminate or mitigate future risk. <i>(Title 17, CCR, §54327)</i>	1		32	100	None

SECTION V

CONSUMER OBSERVATIONS AND INTERVIEWS

I. Purpose

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

II. Scope of Observations and Interviews

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

- ✓ Forty-seven consumers agreed to be interviewed by the monitoring teams.
- ✓ Thirteen consumers did not communicate verbally or declined an interview, but were observed.
- ✓ Five interviews were conducted with parents of minors.
- ✓ Ten consumers were unavailable for, or declined, interviews.

III. Results of Observations and Interviews

All consumers and parents of minors interviewed indicated satisfaction with their living situation, day program, work activities, health, choices, and regional center services. The consumers' overall appearance reflected personal choice and individual style.

SECTION VI A

SERVICE COORDINATOR INTERVIEWS

I. Purpose

The interviews determine how well the service coordinators know their consumers, the extent of their participation in the IPP/annual review process, and how they monitor services, health and safety issues.

II. Scope of Interviews

1. The monitoring team interviewed 15 RCEB service coordinators.
2. The interview questions are divided into two categories:
 - ✓ The questions in the first category are related to the consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The service coordinators were very familiar with their respective consumers. They were able to relate specific details regarding the consumers' desires, preferences, life circumstances and service needs.
2. The service coordinators were knowledgeable about the IPP/annual review process and monitoring requirements. Service providers and family members provided input on the consumers' needs, preferences and satisfaction with services outlined in the IPP. For consumers in out-of-home placement settings, service coordinators conduct quarterly face-to-face visits and develop written assessments of consumer progress and satisfaction. In preparation for the quarterly visits, service coordinators review their previous progress reports, pertinent case notes, special incident reports, and vendor reports of progress.
3. To better understand issues related to consumers' use of medication and issues related to side effects, the service coordinators utilize RCEB's clinical team and Internet medication guides as resources.
4. The service coordinators monitor the consumers' services, health and safety during periodic visits. They are aware of the consumers' health issues. The service coordinators were knowledgeable about the special incident report process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed.

SECTION VI B

CLINICAL SERVICES INTERVIEW

I. Purpose

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

II. Scope of Interview

1. The questions in the interview cover the following topics: routine monitoring of consumers with medical issues, medications, behavior plans, coordination of medical and mental health care for consumers, circumstances under which actions are initiated for medical or behavior issues, clinical supports to assist service coordinators, improved access to preventive health care resources, role in Risk Management Committee and special incident reports (SIR).
2. The monitoring team interviewed the Clinical Supervisor at the Regional Center of the East Bay (RCEB).

II. Results of Interview

1. RCEB's clinical services team consists of a clinical director, physicians, registered nurses, psychologists, a behavior analyst, an autism coordinator, occupational therapists, dental hygienists, a dental coordinator, and a psychiatrist.
2. The clinical team is available as a resource to service coordinators. Service coordinators use a health care checklist during the IPP and annual review process. The checklist incorporates information that will assist service coordinators to identify potential issues that might benefit from a clinical team referral. Clinical team physicians may be involved in the medical or surgical consent process for consumers who are unable to give informed consent. Members of the team collaborate with local physicians and home health agencies to assist in coordinating care. The registered nurses are available to visit hospitalized consumers and assist in the discharge planning process. Nurses also visit adult residential facilities for persons with special health care needs. Monthly visits are scheduled to evaluate consumer health status and provide staff training as needed.
3. The clinical team is available to assist with consumers' behavior plans and mental health issues through referrals from service coordinators.

- The psychologists and behavior analysts review behavior plans and make recommendations as needed. Behavior analysts are also available to assist level four community care facilities when requested. Psychiatrists are available to perform evaluations and advise appropriate treatment for consumers with existing or undiagnosed mental health issues. In addition, the psychiatrist reviews psychotropic medications as requested. Members of the clinical team meet with Alameda and Contra Costa Counties to improve mental health services.
4. Members of the clinical team provide training, on a variety of topics, for providers and regional center staff. Team members also participate in new employee orientation.
 5. RCEB has improved access to health care for its consumers in the following ways:
 - ✓ Associates with Alameda and Contra Costa Counties to increase access to health education and services for consumers;
 - ✓ Assists consumers to access medical, dental, and psychiatric providers who have experience working with people with developmental disabilities;
 - ✓ RCEB dental hygienists provide in-home assessments and coordination of dental services;
 - ✓ Regional center physicians, nurses and occupational therapists work with Medi-Cal managed care plans to facilitate care;
 - ✓ Assists consumers in obtaining medical and communication equipment;
 - ✓ Participates in community autism conference and Alameda County transition information fair; and,
 - ✓ RCEB collaborates with the Schreiber Center to support consumers with complex behavioral, emotional and psychiatric needs.
 6. The Director of Clinical Services is a member of the Risk Management and Mortality Committee. Team members review medical, behavioral, abuse and neglect special incidents as requested. The Mortality Committee reviews all deaths. The regional center utilizes Mission Analytics Group, Inc., the State's risk management contractor, to analyze special incidents for trends and makes recommendations for appropriate follow-up and training as needed.
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SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

The informational 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, service provider training, verification of provider qualifications, resource development activities, and quality assurance among programs and providers where there is no regulatory requirement to conduct quality assurance monitoring.

II. Scope of Interview

The monitoring team interviewed a QA specialist who is part of the team responsible for conducting RCEB's QA activities.

III. Results of Interview

1. The QA specialist provided information about RCEB's process for conducting the annual Title 17 monitoring reviews, unannounced visits and provider trainings. The annual Title 17 visits are conducted by QA specialists. During the visits the liaisons review vendor files, licensing reports, medication logs, behavior plans, individual program plans, special incident reports and open corrective action plans (CAP). Case managers, who are assigned as facility liaisons, are responsible for conducting two unannounced visits annually. QA specialists may conduct additional unannounced visits to facilities with identified issues. When issues of substantial inadequacies are identified, the QA specialist is responsible for developing a CAP and ensuring providers complete the CAP requirements. The QA team meets weekly to discuss CAPs currently in place.
2. RCEB uses information collected from QA monitoring to provide technical assistance for providers. In addition, RCEB offers monthly trainings for providers.
3. QA specialists also investigate issues and complaints regarding independent living, supported living, family home and day programs, and develop CAPs when substantial inadequacies are identified.
4. Resource specialists are responsible for the review and approval process for new vendor applications. The resource specialists conduct orientation, verify credentials and employment history, and meet with the potential vendor to review their program design.

5. All special incident reports (SIR) are reviewed by the SIR coordinator and are then submitted to the Risk Management and Mortality Committee. The committee conducts monthly review of SIRs for trends, and meets weekly with the QA specialists. Information on identified SIR trends is then forwarded to the program managers and case managers. Based on the trends, the committee will make recommendations for training for providers and/or case managers to mitigate risk.

SECTION VII A

SERVICE PROVIDER INTERVIEWS

I. Purpose

The interviews determine how well the service provider knows the consumers, the extent of their assessment process for the annual 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 eighteen service providers at 11 CCFs and seven day programs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories:
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The service providers were familiar with the strengths, needs and preferences of their respective consumers.
2. The service providers indicated that they conducted assessments of the consumers, participated in their IPP development, provided the program-specific services addressed in the IPPs, and attempted to foster the progress of consumers.
3. The service providers monitored consumer health issues and safeguarded medications.
4. The service providers communicated with people involved in the consumers' lives and monitored progress documentation.
5. The service providers were prepared for emergencies, monitored the safety of consumers, 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 knows the consumers and their understanding of the 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 eighteen direct service staff at 11 CCFs and seven day programs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories:
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The direct service staff were familiar with the strengths, needs and preferences of their respective consumers.
2. The direct service staff were knowledgeable about their roles and responsibilities for providing the services addressed in the consumers' IPPs.
3. The direct service staff demonstrated that they understood the importance of communication with all individuals concerned with the consumers.
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 CCFs and day programs are serving consumers in a safe, healthy and positive environment where their rights are respected. The review also ensures that CCFs are meeting the HCBS Waiver definition of a homelike setting.

II. Scope of Review

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

III. Results of Review

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

IV. Findings and Recommendations

8.2d Pro Re Nata (PRN) Medication Records

CCF #1 was not documenting the time, dosage, or the consumers' response to PRN medications.

CCF #9 was not documenting the time, dosage, name of the medication, or the consumer's response to PRN cough medication.

8.2.d Recommendations	Regional Center Plan/Response
RCEB should ensure that CCF #1 and CCF #9 document all required PRN medications.	Corrective action plan for CCF #1 medication/ PRN documentation training issued on 2/16/ 17 and completion verified on 3/09/17 and 3/28/17. Corrective action plan for CCF #9 medication/PRN documentation training issued on 2/22/17 and

	completion verified on 3/27 and 3/28/17.
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Day program #19 was not consistently documenting the consumer's response to PRN medications.

8.2.d Recommendation	Regional Center Plan/Response
RCEB should ensure that day program #19 properly documents all required PRN medication information.	Action plan for continued completion of PRN documentation verified with program nurse at follow-up visit on 9/2/17.

8.3.c First Aid

Day program #4 had one direct care staff that did not have a current first aid certificate. The first aid class was completed after the review, and a copy of the new card was faxed to DHCS. Accordingly, no recommendation is needed.

8.5.c Statement of Rights

Day program #25 did not have a statement of rights posted.

8.5.c Recommendation	Regional Center Plan/Response
RCEB should ensure that day program #25 posts a statement of rights.	Action plan for day program #25 posting rights statements verified at site visit on 7/17/17.

SECTION IX

SPECIAL INCIDENT REPORTING

I. Purpose

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

II. Scope of Review

1. Special incident reporting of deaths by RCEB was reviewed by comparing deaths entered into the Client Master File for the review period with SIRs of deaths received by DDS.
2. The records of the 75 consumers selected for the HCBS Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of 10 consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. RCEB reported all deaths during the review period to DDS.
2. RCEB did not report one special incident in the sample of 75 records selected for the HCBS Waiver review to DDS.
3. RCEB's vendors reported all ten (100 percent) special incidents in the supplemental sample within the required timeframes.
4. RCEB reported only six of the ten (60 percent) incidents to DDS within the required timeframes.
5. RCEB's follow-up activities on consumer incidents were appropriate for the severity of the situations for the ten incidents.

IV. Findings and Recommendations

Consumer #48: Per the vendor special incident report dated August 15, 2016, the consumer was hospitalized on August 14, 2016. However, the incident was not transmitted to DDS.

SIR #6: The incident was reported to RCEB on March 2, 2016. However, RCEB did not report the incident to DDS until March 7, 2016.

SIR #8: The incident was reported to RCEB on August 1, 2016. However, RCEB did not report the incident to DDS until August 5, 2016.

SIR #9: The incident was reported to RCEB on May 31, 2016. However, RCEB did not report the incident to DDS until June 6, 2016.

SIR #10: The incident was reported to RCEB on March 24, 2016. However, RCEB did not report the incident to DDS until April 13, 2016.

Recommendations	Regional Center Plan/Response
RCEB should ensure that all incidents are reported to DDS.	RCEB continues to augment training, provide one-on-one support and work with Case Management and Case Management Supervisors to ensure reportable incidents are reported to DDS. This is an ongoing project.
RCEB should ensure that all incidents are reported to DDS within the required timeframes.	RCEB continues to review options to streamline the reporting process and assist case managers, and case management supervisors to meet incident reporting within required timelines. This is an ongoing project.

**SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS
 HCBS Waiver Review Consumers**

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

#	UCI	CCF	DP
39	XXXXXX		
40	XXXXXX		
41	XXXXXX		21
42	XXXXXX		
43	XXXXXX		
44	XXXXXX		
45	XXXXXX		
46	XXXXXX		
47	XXXXXX		
48	XXXXXX		4
49	XXXXXX		
50	XXXXXX		
51	XXXXXX		
52	XXXXXX		28
53	XXXXXX		
54	XXXXXX		25
55	XXXXXX		
56	XXXXXX		11
57	XXXXXX		12
58	XXXXXX		
59	XXXXXX		
60	XXXXXX		
61	XXXXXX		25
62	XXXXXX		1
63	XXXXXX		7
64	XXXXXX		
65	XXXXXX		3
66	XXXXXX		
67	XXXXXX		
68	XXXXXX		16
69	XXXXXX		
70	XXXXXX		
71	XXXXXX		
72	XXXXXX		
73	XXXXXX		
74	XXXXXX		
75	XXXXXX		

Supplemental Sample of Terminated Consumers

#	UCI
T 1	XXXXXX
T 2	XXXXXX
T 3	XXXXXX

DC Movers

#	UCI
DC 1	XXXXXX
DC 2	XXXXXX
DC 3	XXXXXX

HCBS Waiver Review Service Providers

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

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

11	XXXXXX
12	XXXXXX
13	XXXXXX
14	XXXXXX
15	XXXXXX
16	XXXXXX
17	XXXXXX
18	XXXXXX
19	XXXXXX
20	XXXXXX
21	XXXXXX
22	XXXXXX
23	XXXXXX
24	XXXXXX
25	XXXXXX
26	XXXXXX
27	XXXXXX
28	XXXXXX

SIR Review Consumers

#	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