

DRAFT

**Tri-Counties Regional Center
Home and Community-based Services Waiver
Monitoring Review Report**

Conducted by:

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

April 16-27, 2012

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 RECORD REVIEW	page 20
SECTION IV DAY PROGRAM CONSUMER RECORD REVIEW	page 23
SECTION V CONSUMER OBSERVATIONS AND INTERVIEWS	page 27
SECTION VI	
A. SERVICE COORDINATOR INTERVIEWS	page 29
B. CLINICAL SERVICES INTERVIEW	page 31
C. QUALITY ASSURANCE INTERVIEW	page 33
SECTION VII	
A. SERVICE PROVIDER INTERVIEWS	page 34
B. DIRECT SERVICE STAFF INTERVIEWS	page 35
SECTION VIII VENDOR STANDARDS REVIEW.....	page 36
SECTION IX SPECIAL INCIDENT REPORTING.....	page 37
SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS	page 38

EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the Home and Community-based Services (HCBS) Waiver from April 16-27, 2012 at Tri-Counties Regional Center (TCRC). The monitoring team members were Corbett Bray (Team Leader), Linda Rhoades and Ray Harris from DDS, and Annette Hanson and Raylyn Garrett 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 plans (IPPs). 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 55 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) one consumer whose HCBS Waiver eligibility had been previously terminated; 2) two consumers who moved from a developmental center, and 3) ten consumers who had special incidents reported to DDS during the review period of January 1, 2011 – December 31, 2011.

The monitoring team completed visits to six community care facilities (CCFs) and 11 day programs. The team reviewed seven CCF and 16 day program consumer records and had face-to-face visits with 51 selected sample consumers.

Overall Conclusion

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

Fifty-five sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. The sample records were 90 -100% in compliance for 29 of the 31 criteria. Criterion 2.10.a was 80% in compliance because 11 of the 55 applicable consumer records did not include the type and amount of all services and supports purchased by TCRC. Criterion 2.14 was not in compliance because the two consumer records reviewed did not contain documentation of at least three face-to-face meetings for the first 90 days following a consumer's move from a developmental center to a community living arrangement.

The sample records were 97% in overall compliance for this review. TCRC's records were 97% and 98% in overall compliance for the collaborative reviews conducted in 2010 and in 2008, respectively.

Section III – Community Care Facility Consumer (CCF) Record Review

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

The sample records were 100% in overall compliance for the 19 criteria. TCRC's records were 100% in overall compliance for the collaborative reviews conducted in 2010 and in 2008, respectively.

Section IV – Day Program Consumer Record Review

Sixteen consumer records were reviewed at 11 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 99% in overall compliance for the 17

criteria. TCRC's records were 100% in overall compliance for the collaborative reviews conducted in 2010 and in 2008, respectively.

Section V – Consumer Observations and Interviews

Fifty-one 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. All except two of the interviewed consumers/parents indicated that they were satisfied with their services, health and choices. One consumer's wheelchair is in need of repair. His service coordinator indicated she was unaware of the situation but would assist. One parent was dissatisfied with the service coordinator and requested a new service coordinator be assigned.

Section VI A – Service Coordinator Interviews

Ten 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 Director of Clinical Services was interviewed using a standard interview instrument. The director 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 Management Committee.

Section VI C – Quality Assurance Interview

The Senior QA specialist was interviewed using a standard interview instrument. He responded to informational questions regarding how TCRC 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

Three CCF and five day program service providers were interviewed using a standard interview instrument. The service providers responded to questions in the context of the sample consumers 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

Three CCF and five 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. The staff were familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VIII – Vendor Standards Review

The monitoring team reviewed three CCFs and five day programs utilizing a standard checklist with 23 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 55 HCBS Waiver consumers and ten supplemental sample consumers for special incidents during the review period. TCRC reported all special incidents for the sample of 55 records selected for the HCBS Waiver review to DDS. For the supplemental sample, the service providers reported all ten incidents to TCRC within the required timeframe and TCRC subsequently transmitted the ten special incidents to DDS within the required timeframe. TCRC'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 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 Tri-Counties Regional Center's (TCRC) 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

TCRC 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 TCRC 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
<p>State conducts level of care need determinations consistent with the need for institutionalization</p>	<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>Regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meet 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>
<p>Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services</p>	<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 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 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 (DC) to a community living arrangement. Service coordinators provide enhanced case management to consumers 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	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 (NOA) and fair hearing rights, level of care, individual program plans (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. Fifty-five HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	11
With Family	13
Independent or Supported Living Setting	31

2. The review period covered activity from January 1, 2011 – December 31, 2011.

III. Results of Review

The 55 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. One supplemental record were reviewed solely for documentation that TCRC had either 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. Two supplemental records were reviewed for documentation of face-to-face meeting no less than once every 30 days for the first 90 days following the consumer's move from a developmental center.

- ✓ The sample records were in 100% compliance for 21 criteria. There are no recommendations for these criteria.
- ✓ Findings for 10 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

2.4 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*)

Finding

Fifty-four of the 55 (98%) consumer records contained a CDER that had been reviewed within the last 12 months. However, the record for consumer #XX did not contain documentation that the CDER had been reviewed during the year.

2.4 Recommendation	Regional Center Plan/Response
TCRC should ensure that the CDER for consumer #XX is reviewed annually.	TCRC will ensure that the CDER for individual #XX is reviewed annually.

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

Fifty-three of the 55 (96%) consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in two 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. 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.

Consumer #XX: “Reminder for medication”

Consumer #XX: “Arthropathy”

2.5.b Recommendation	Regional Center Plan/Response
TCRC should determine if the items listed above are appropriately identified as qualifying conditions for consumer #XX and #XX. The consumer’s DS 3770 form should be corrected to ensure that any items	TCRC reviewed the items listed above and is in agreement with the findings identified. Individuals #XX and #XX have been terminated from the HCBS Waiver

<p>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 qualifying conditions. Due to an insufficient number of qualifying conditions, the correction may require that the consumer’s HCBS Waiver eligibility be terminated. If TCRC determines that any of the issues above are correctly identified as qualifying conditions, documentation (updated IPPs, progress reports, etc.) that supports the original determinations should be submitted with the response to this report.</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)

Findings

Thirty-three of 35 (94%) applicable sample consumer records contained a completed SARF. However, the SARF for consumer #XX was not signed by the consumer and the record for consumer #XX did not contain a SARF.

2.2 Recommendation	Regional Center Plan/Response
TCRC should ensure that a SARF is completed and signed for consumers #XX and #XX.	TCRC will ensure that the SARF form is completed during their annual review for individuals #XX and #XX.

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

Fifty-two of the 55 (95%) sample consumer records contained IPPs that addressed the consumer’s qualifying conditions. The IPPs for three consumers did not meet this criterion as described below:

1. Consumer #XX: As noted in the quarterly progress reports, the community care facility is providing services and supports for the consumer’s behavior needs. However, these supports are not identified in the IPP.

2. Consumer #XX: As indicated in the case management notes, the consumer is receiving support from the day program to address the consumer’s need for assistance with medication. However, these supports are not identified in the IPP.

3. Consumer #XX: As indicated in the case management notes, the parent provides support to address the consumer’s behavior and safety needs. However, these supports were not identified in the IPP. Subsequent to the review, an IPP was developed to include these supports. Therefore, no recommendation is needed.

2.9.a Recommendation	Regional Center Plan/Response
TCRC should ensure that the IPPs for consumers #XX and #XX address the services and supports in place for the issues identified above.	TCRC will ensure the IPPs for all individuals #XX and #XX address the services/supports in place for the individuals qualifying conditions.

2.9.d The IPP addresses the services for which the day program provider is responsible for implementing. (WIC §4646.5(a)(2))

Finding

Thirty three of the 34 (97%) applicable sample consumer records contained IPPs that addressed the consumer’s day program services. The IPP for consumer #XX did not address the services for which the day program provider is responsible for implementing. Subsequent to the review, an IPP addendum was developed that describes the services for which the day program provider is responsible for implementing. Therefore, no recommendation is needed.

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

Forty-four of the 55 (80%) sample consumer IPPs included the type and amount of all services and supports purchased by TCRC. The IPPs for 11 consumers did not meet this criterion. However during the review corrections were made to the IPPs for nine consumers and no recommendation is required. The findings for two consumers are described below:

1. Consumer #XX: The IPP did not identify TCRC as the funding source for the consumer’s transportation.

3. Consumer #XX: The IPP did not identify TCRC as the funding source for the consumer’s emergency response system.

2.10.a Recommendation	Regional Center Plan/Response
TCRC should ensure that the IPPs for consumers #XX and #XX include the amount of all services and supports purchased by TCRC.	TCRC will ensure that the IPPs for individuals #XX and #XX identify all services funded by TCRC.

2.11.a The IPP identifies the provider or providers responsible for implementing services, including, but not limited to vendors, contract providers, generic service agencies and natural supports. (*WIC §4646.5(a)(4)*)

Findings

Fifty-two of 55 (95%) sample consumer IPPs identified the provider or providers responsible for implementing services. However, the IPPs for #XX, #XX and #XX did not identify the provider for transportation.

2.11 Recommendation	Regional Center Plan/Response
TCRC should ensure that the IPPs for consumers #XX, #XX and #XX identify all of the providers responsible for implementing services.	TCRC will ensure that the IPPs for individuals #XX, #XX and #XX identify all of the providers responsible for implementing services.

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. (*Title 17, CCR, §56047*), (*Title 17, CCR, §56095*), (*Title 17, CCR, §58680*), (*Contract requirement*)

Findings

Thirty-seven of the 41 (90%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for consumers ##XX, #XX, #XX and #XX contained documentation for three of the required meetings.

2.13.a Recommendation	Regional Center Plan/Response
TCRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #XX, #XX, #XX and #XX.	TCRC will ensure face-to-face meeting are completed & documented each quarter for individuals' #XX, #XX, #XX and #XX.

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. (*Title 17, CCR, §56047*), (*Title 17, CCR, §56095*), (*Title 17, CCR, §58680*), (*Contract requirement*)

Findings

Thirty-seven of the 41 (90%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for consumers #XX, #XX, #XX and #XX contained documentation of three quarterly reports of progress.

2.13.b Recommendation	Regional Center Plan/Response
TCRC should ensure that future quarterly reports of progress are completed for consumers #XX, #XX, #XX and #XX.	TCRC will ensure that reports of progress are completed each quarter for individuals #XX, #XX, #XX and #XX.

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. (*WIC §4418.3*)

Findings

Two sample consumer records were reviewed to confirm face-to-face meetings were conducted 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. Two consumers in our supplemental sample did not contain documentation for one or more meetings. The record for DC-XX contained evidence for one of the required reviews. The record for consumer DC-XX contained evidence of two of the required reviews.

2.14 Recommendation	Regional Center Plan/Response
TCRC should ensure that face-to-face meetings are conducted no less than once every 30 days for the first 90 days for all consumers moving from a developmental center to a community living arrangement.	TCRC will ensure that face-to-face meetings are conducted no less than once every 30 days for the first 90 days for all individuals moving from a developmental center to a community living arrangement.

Regional Center Consumer Record Review Summary						
Sample Size = 55 + 3 Supplemental Record						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	55			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 (2.1a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Mental Retardation Professional and the title "QMRP" appears after the person's signature.	55			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.	55			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	52		3	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	1		54	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))	55			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. (SMM 4442.7), (42 CFR Part 431, Subpart E), (WIC §4646(g))	1		55	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 55 + 3 Supplemental Record						
	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5), (42 CFR 441.302)	54	1		98	See Narrative
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-DDH, 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)	55			100	See Narrative
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	53	2		96	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. (42 CFR 441.301(b)(1)(I))	55			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)	33	2	20	94	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))	55			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.	24		31	100	None
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	55			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))	55			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 55 + 3 Supplemental Record						
	Criteria	+	-	N/A	% Met	Follow-up
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).	52	3		95	See Narrative
2.9.b	The IPP addresses the special health care requirements.	17		38	100	None
2.9.c	The IPP addressed the services for which the CCF provider is responsible for implementing.	11		44	100	None
2.9.d	The IPP addressed the services for which the day program provider is responsible for implementing.	33	1	21	97	See Narrative
2.9.e	The IPP addresses the services for which the supported living services agency or independent living services provider is responsible for implementing.	30		25	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	55			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	7		48	100	None
2.10.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. (WIC §4646.5(a)(4))	44	11		80	See Narrative
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. (WIC §4646.5(a)(4))	55			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	24		31	100	None
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to vendors, contract providers, generic service agencies and natural supports. (WIC §4646.5(a)(4))	52	3		95	See Narrative

Regional Center Consumer Record Review Summary						
Sample Size = 55 + 3 Supplemental Record						
	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)(6)</i>)	55			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 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>)	37	4	14	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>)	37	4	14	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>)		2	55	0	See Narrative

SECTION III

COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

I. Purpose

The review addresses the requirements for community care facilities (CCFs) to maintain consumer records and prepare written reports of consumer 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

Seven consumer records were reviewed at six 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% 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 = 7; CCFs = 6						
	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>	7			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	7			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	5		2	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.	7			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	7			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	7			100	None
3.1.i	Special safety and behavior needs are addressed.	7			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>	7			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>(Title 17, CCR, §56022(c))</i>	7			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>	4		3	100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 7; CCFs = 6						
	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.	4		3	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>	3		4	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.	3		4	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>	3		4	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>	7			100	None
3.6.b	The ongoing notes/information verifies that behavior needs are being addressed.	6		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		5	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		5	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		5	100	None

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

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

III. Results of Review

The consumer records were 100% in compliance for 15 of the 17 criteria.

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

IV. Findings and Recommendations

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

Finding

Fifteen of the 16 (94%) sample consumer records contained a copy of the consumer's current IPP. However, the record for consumer #X at DP #XX did not contain a copy of the current IPP. During the review the IPP was provided for consumer #XX. Therefore, no recommendation is required.

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

Finding

Fifteen of the 16 (94%) applicable consumer records contained written semiannual reports of consumer progress. However, the record for consumer #XX at DP #XX did not contain the required progress reports in the last year.

4.4.a Recommendation	Regional Center Plan/Response
TCRC should ensure that DP #XX prepares written semiannual reports of consumer progress for consumer #XX.	TCRC will ensure that DP #XX prepares written semiannual reports of an individual's performance and progress for individual #XX.

Day Program Record Review Summary						
Sample Size: Consumers = 16; Day Programs = 11						
	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)	16			100	None
4.1.a	The consumer record contains current emergency and personal identification information including the consumer's address, telephone number, names and telephone numbers of residential care provider, relatives, and/or guardian or conservator, physician name(s) and telephone number(s), pharmacy name, address and telephone number and health plan, if appropriate.	16			100	None
4.1.b	The 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.	16			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.	16			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.	16			100	None
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.	16			100	None
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing.	16			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 16; Day Programs = 11						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	16			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	8		8	100	None
4.2	The day program has a copy of the consumer's current IPP. (<i>Title 17, CCR §56720(b)</i>)	15	1		94	See Narrative
4.3.a	The day program provider develops, maintains, and modifies as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. (<i>Title 17, CCR, §56720(a)</i>)	16			100	None
4.3.b	The day program's ISP or other program documentation is consistent with the services addressed in the consumer's IPP.	16			100	None
4.4.a	The day program prepares and maintains written semiannual reports. (<i>Title 17, CCR, §56720(c)</i>)	15	1		94	See Narrative
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services for which the day program is responsible for implementing.	15		1	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		15	100	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)	1		15	100	None
4.5.c	There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. (<i>Title 17, CCR, §54327</i>)	1		15	100	None

SECTION V

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 consumers' satisfaction with their living situation, day program and work activities, health, choice, and regional center services.

II. Scope of Observations and Interviews

Fifty-one of the 55 consumers were interviewed and/or observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Thirty-three adult consumers agreed to be interviewed by the monitoring teams.
- ✓ Eleven consumers did not communicate verbally or declined an interview, but were observed.
- ✓ Seven interviews were conducted with parents of minors.
- ✓ Four consumers were unavailable for or declined interviews.

III. Results of Observations and Interviews

Thirty-one of the 33 consumers/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.

IV. Findings and Recommendations

Consumer #XX stated that his wheelchair is in need of repair. His service coordinator indicated that she was unaware of the situation and stated that she would assist him with this request. Accordingly, no recommendation is necessary.

The mother of consumer #XX, a minor, stated that she would like a new service coordinator. Her phone calls are not always returned and the service coordinator does not always show up for scheduled meetings. The mother stated that she has also made a request for durable medical equipment and has not received a status update from the service coordinator.

Recommendation	Regional Center Plan/Response
TCRC should follow-up with the parent of consumer #XX regarding her concerns.	TCRC has followed-up with and addressed the concerns voiced by the parent of individual #XX.

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 ten Tri-Counties Regional Center (TCRC) 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 TCRC's clinical team and internet medication guides as resources. TCRC offers periodic training and send e-mail bulletins on new and commonly used medications and their side effects.

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 (SIR) 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 interview questions cover the following topics: routine monitoring of consumers with medical issues; medications and behavior plans; coordination of medical and mental health care for 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 Committee; and special incident reports (SIRs).
2. The monitoring team interviewed the Director of Clinical Services at Tri-Counties Regional Center (TCRC).

III. Results of Interview

1. The TCRC clinical team consists of psychologists, physicians, a psychopharmacologist, behaviorists, psychiatrists, and a registered nurse.
2. The TCRC service coordinators are instrumental in identifying and requesting support and/or review of potential medical issues from the clinical team. These issues can be presented at weekly team meetings or individual appointments. Service providers can also utilize the clinical team's assistance for medical issues or concerns.
3. Consumers' medications are reviewed routinely by the service coordinators. The clinical team is available for any medication issues and will assess, evaluate and make referrals as needed. The clinical team will review consumers who are prescribed multiple psychotropic medications and make contact with their primary physician if needed.
4. Behavior plans are reviewed every 6 months by a psychologist. The service coordinators can contact the clinical team regarding consumers' behavioral needs. In addition, the team provides behavioral training for parents of children with autism, online, in a classroom or in the home.

5. When service coordinators identify mental health issues, they are able to utilize the services of the team psychologist. Monthly meetings are conducted between the regional center and county mental health personnel to assist in coordinating psychological, psychiatric and counseling services. The regional center provides a psychiatric clinic that offers evaluation and treatment for consumers with unmet psychiatric needs. The psychiatrist is also available to conduct emergency on-site assessments.
6. The clinical team provides training to staff and providers on a variety of health related topics, such as diabetes and medications. Clinical team members are also involved in new employee orientation training.
7. TCRC has taken a proactive role in advocating for prevention, education, resource development, and medical treatments for consumers. These efforts include, but are not limited to:
 - ✓ Clinician Referral Guidelines and Checklist - this tool assists service coordinators to screen for possible polypharmacy issues.
 - ✓ Multi-disciplinary intake evaluations.
 - ✓ Early intervention autism program.
 - ✓ Working with community physicians to assist with autism diagnosis.
 - ✓ Participation in health and wellness conferences.
8. Members of the clinical team review all medical and mental health related SIRs. Issues or trends that are identified may become topics for future trainings. Recent topics have included Fragile X Syndrome and medication errors. Clinical team members also participate on the morbidity and mortality review committee.

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 (CCFs), 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 the Senior QA Specialist who is part of the team responsible for conducting Tri-Counties Regional Center's (TCRC) QA activities.

III. Results of Interview

1. TCRC's QA specialists and other RC staff conduct the annual Title 17 reviews and the unannounced visits of the CCFs. Evaluation activities include a review of records, medications, consumer funds, first aid certificates, a safety walk-through and consumer interviews.
2. When issues of substantial inadequacies are identified, QA specialists are responsible for developing corrective action plans (CAPs) and ensuring providers complete the CAP requirements. QA staff provides information about best practices and discuss findings with vendors. Additional visits can occur to ensure that CAP issues have been resolved or to follow-up on special incidents.
3. The QA staff provides orientation training to new service coordinators. They also conduct annual provider trainings and on-site technical assistance for vendors to assure quality among programs and providers where there is no regulatory requirement to monitor. TCRC's QA staff reviews all new program designs and are available for consultation.
4. The manager of the QA team participates on the Risk Management Committee. The Risk Management Committee meets at least twice a year and the information is passed through e-mails or by team meetings to the service coordinators. The QA liaison reviews all SIRs and looks for trends. The data collected is compiled in quarterly reports that are submitted to the Director/Board.

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, how they monitor safety and safeguard medications.

II. Scope of Interviews

1. The monitoring team interviewed eight service providers at three community care facilities (CCFs) and five 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, and their level of preparedness to address safety issues, their understanding of emergency preparedness, and knowledge about safeguarding medications.

II. Scope of Interviews

1. The monitoring team interviewed eight direct service staff at three community care facilities (CCF) and five 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 community care facilities (CCFs) and day programs are serving consumers in a safe, healthy and positive environment where their rights are respected.

II. Scope of Review

1. The monitoring teams reviewed a total of three CCFs and five day programs.
2. The teams used a monitoring review checklist consisting of 23 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. Finding and Recommendation

8.3 c First Aid

Day program #XX had six staff that did not have current first aid certificates.

8.3 c Recommendation	Regional Center Plan/Response
TCRC should ensure that the provider at day program #XX has current first aid certificates for all staff.	Day program #XX has submitted current first aid certificates for all staff to TCRC. In addition, these certificates are on file in the personnel records of the staff at the day program.

8.5 c Statement of Rights

Day program #X had no statement of consumer rights posted. During the monitoring review, the provider posted a statement of consumer rights. Accordingly, no recommendation is needed.

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 Tri-Counties Regional Center (TCRC) was reviewed by comparing deaths entered into the Client Master File for the review period with special incident reports (SIRs) of deaths received by the Department of Developmental Services (DDS).
2. The records of the 55 consumers 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 ten 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, and 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. TCRC reported all deaths during the review period to DDS.
2. TCRC reported all special incidents in the sample of 55 records selected for the HCBS Waiver review to DDS.
3. TCRC's vendors reported all ten (100%) incidents in the supplemental sample within the required timeframes.
4. TCRC reported all ten (100%) incidents to DDS within the required timeframes.
5. TCRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the ten incidents.