

**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**

May 17 - 27, 2010

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EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the Home and Community-based Services (HCBS) Waiver from May 17 - 27, 2010 at Tri-Counties Regional Center (TCRC). The monitoring team members were Kathy Benson (Team Leader), Linda Rhoades and Mary Ann Smith from DDS, and Annette Hanson, Raylyn Garrett and Catherine Johnson from DHCS.

Purpose of the Review

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

Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

The compliance monitoring review protocol is comprised of sections/components designed to determine if the 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 54 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers whose HCBS Waiver eligibility had been previously terminated; and 2) ten consumers who had special incidents reported to DDS during the review period of April 1, 2009 through March 31, 2010.

The monitoring team completed visits to five community care facilities (CCFs) and 14 day programs. The team reviewed five CCF and 18 day program consumer records and had face-to-face visits with 36 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-four sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. One criterion was not applicable for this review. The sample records were 96 -100% in compliance for 28 of the 30 applicable criteria. Criterion 2.13.a was 74% in compliance because eleven of the 42 applicable consumer records did not contain quarterly face-to-face contact with the consumer. Criterion 2.13.b was 71% in compliance because twelve of the 42 applicable consumer records did not contain quarterly documentation of progress.

The sample records were 97% in overall compliance for this review. TCRC's records were 98% and 95% in overall compliance for the collaborative reviews conducted in 2008 and in 2006, respectively.

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

Five consumer records were reviewed at five 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% and 99% in overall compliance for the collaborative reviews conducted in 2008 and in 2006, respectively.

Section IV – Day Program Consumer Record Review

Eighteen consumer records were reviewed at 14 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. Three criteria were rated as not applicable for this review. The

sample records were 100% in compliance for 14 of the 15 applicable criteria. Criterion 4.4.a was 71% in compliance because five of the 17 applicable consumer records did not contain written semiannual reports of performance and progress.

The sample records were 98% in overall compliance for 14 applicable criteria. TCRC's records were 100% and 92% in overall compliance for the collaborative reviews conducted in 2008 and in 2006, respectively.

Section V – Consumer Observations and Interviews

Thirty-nine 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 but one of the interviewed consumers/parents indicated that they were satisfied with their services, health and choices.

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

A physician and a staff psychologist were interviewed using a standard interview instrument. They responded to informational questions regarding the monitoring of consumers with medical issues, medications and 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

A lead quality assurance specialist and a senior quality assurance specialist were interviewed using a standard interview instrument. They 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

Two CCF and four day program direct service staff were interviewed using a standard interview instrument. The direct service staff responded to questions regarding their knowledge of 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 54 HCBS Waiver consumers and ten supplemental sample consumers for special incidents during the review period. TCRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported nine of the ten incidents to TCRC within the required timeframes, and TCRC subsequently transmitted nine of the ten special incidents to DDS within the required timeframes. 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
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>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>
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 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.)	<p>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.</p> <p>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.</p>
Only qualified providers serve HCBS Waiver participants	<p>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.</p>
Plans of care are responsive to HCBS Waiver participant needs	<p>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.</p> <p>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</p> <p>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.</p> <p>The regional center uses feedback from consumers, families and legal representatives to improve system performance.</p> <p>The regional center documents the manner by which consumers indicate choice and consent.</p>

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-four HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	11
With Family	12
Independent or Supported Living Setting	31

2. The review period covered activity from April 1, 2009 – March 31, 2010.

III. Results of Review

The 54 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 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. One criterion was not applicable for this review.

- ✓ The sample records were in 100% compliance for 21 applicable criteria. There are no recommendations for these criteria.
- ✓ Findings for nine criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

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

Findings

Fifty-three of the 54 (98%) sample consumer records contained a dated and signed DS 2200 form. However, the DS 2200 form for consumer #9, a non-conserved adult, was not signed by the consumer.

2.2 Recommendation	Regional Center Plan/Response
TCRC should ensure the DS 2200 form for consumer #9 is signed by the consumer. If the consumer does not sign, TCRC should ensure that the record addresses what actions were taken to encourage the consumer to sign and the reason why he did not sign.	By October 29, 2010, TCRC will ensure a Choice Form (DS 2200) is obtained from individual #9. If he is unable to sign, TCRC will ensure documentation exists in the case record regarding the actions taken to obtain his signature and why he did not sign.

- 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 ICF/DD, ICF/DD-H, ICF/DD-N facilities are documented in the consumer's CDER and/or other assessments. (SMM 4442.5), (42 CFR 441.302(c)), (Title 22, CCR, §51343)

Finding

Fifty-three of the 54 (98%) sample consumer records documented qualifying conditions that meet the level-of-care requirements. However, the record for consumer #33 identified only one (reminders for personal care activities) qualifying condition. Before the review, TCRC completed a re-evaluation of the HCBS Waiver eligibility of consumer #33 and the consumer was terminated from the Waiver. Accordingly, no recommendation is needed.

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 54 (98%) consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in the record for consumer #26 did not support the determination that all of the issues identified in the CDER and DS 3770 could be considered qualifying conditions. "Disruptive behavior" and "outbursts" were identified as qualifying conditions on the DS 3770 but there was no supporting information in the consumer's record (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports.

2.5.b Recommendation	Regional Center Plan/Response
<p>TCRC should determine if the items listed above are appropriately identified as qualifying conditions for consumer #26. 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 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>	<p>TCRC reviewed the items listed above to determine if they are appropriately identified as qualifying conditions. It was determined that the qualifiers listed on the DS 3770 form for individual #26 were inaccurate as they do not limit the individual's ability to perform activities of daily living and/or participate in community activities. As these are no longer identified as qualifying conditions, TCRC has obtained a signed disenrollment choice form from the person served and the HCBS Waiver eligibility has been terminated</p>

- 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-six of the 37 (97%) applicable sample consumer records contained a completed SARF. However, the annual IPP review for consumer #21 did not include the completion of a SARF.

2.2 Recommendation	Regional Center Plan/Response
TCRC should ensure that a SARF form is completed during the annual IPP review process for consumer #21.	TCRC will ensure individual #21 has a completed SARF on file for 2010.

- 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, legal guardian, or conservator. (WIC §4646(g))

Findings

Fifty-three of the 54 (98%) sample consumer records contained IPPs that were signed by TCRC and the consumers or their legal representatives. However, the IPP for consumer #9 dated May 2009 had not been signed by the consumer (an unconserved adult).

2.7.a Recommendation	Regional Center Plan/Response
TCRC should ensure that the IPP is signed by consumer #9. If the consumer does not sign, TCRC should ensure that the record addresses what actions were taken to encourage the consumer to sign and the reason why he did not sign.	By October 29, 2010, TCRC will ensure the IPP is signed by individual #9. If he is unable to sign, TCRC will ensure documentation exists in the case record regarding the actions taken to obtain his signature and why he did not sign.

- 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 54 (96%) sample consumer records contained IPPs that addressed the consumer’s qualifying conditions. However, the IPPs for two consumers did not identify the supports or services that are in place to address all of the consumers’ qualifying conditions as indicated below.

1. Consumer #5: As noted in the November 2009 quarterly progress report, the community care facility is providing services and supports for the consumer’s behavioral issues. However, these supports are not identified in the IPP.
2. Consumer #30: As indicated in the January 2009 quarterly progress report, the consumer is receiving support from the supported living provider to address the consumer’s need for assistance with hygiene. However, these supports are not identified in the IPP.

2.9.a Recommendation	Regional Center Plan/Response
TCRC should ensure that the IPPs for consumers #5 and #30 address the services and supports in place for the issues identified above.	By October 29, 2010, TCRC will ensure the IPP’s for individuals #5 and #30 address the services and supports in place for the individuals for the issues above.

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))

Finding

Fifty-two of the 54 (96%) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by TCRC. However, the IPP for the consumers listed below did not indicate the funding purchased by TCRC.

1. Consumer #7: The IPP did not identify TCRC as the funding source for the consumer’s community care facility.
2. Consumer #12: The IPP did not identify TCRC as the funding source for the consumer’s transportation to and from day program.

2.10.a Recommendation	Regional Center Plan/Response
TCRC should ensure that the IPP for consumers #7 and #12 include the amount of all services and supports purchased by TCRC.	The IPP for individual #7 has been updated to reflect TCRC as the funding source for the community care facility. The IPP for individual #12 has been updated to reflect TCRC as the funding source for transportation to and from day program.

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-one of the 42 (74%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for eleven consumers did not meet the requirements as indicated below:

1. The records for consumers #20, #22, #24, #25, #26, #28, #34, and #37 contained documentation of three of the required meetings.
2. The records for consumers #30 and #33 contained documentation of two of the required meetings.
3. The record for consumer #47 contained documentation of one 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 #20, #22, #24, #25, #26, #28, #30, #33, #34, #37, and #47.	TCRC will ensure face-to-face meeting are completed & documented each quarter for individuals' #20, #22, #24, #25, #26, #28, #30, #33, #34, #37 and #47.
TCRC should evaluate what action may be necessary to ensure that quarterly face-to-face meetings are completed for all applicable consumers.	In addition to the Quarterly Tracking report, TCRC will bridge the quarterly report dates into SANDIS to be tracked through the Welcome Screen to monitor quarterly face-to-face meetings.

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 of the 42 (71%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for twelve consumers did not meet the requirements as indicated below:

1. The records for consumers #20, #22, #24, #25, #26, #28, #29, #34, and #37 contained documentation of three quarterly reports of progress.
2. The record for consumers #30 and #33 contained documentation of two quarterly reports of progress.
3. The record for consumer #47 contained documentation of one quarterly report of progress.

2.13.b Recommendation	Regional Center Plan/Response
TCRC should ensure that future quarterly reports of progress are completed for consumers #20, #22, #24, #25, #26, #28, #29, #30, #33, #34, #37, and #47.	TCRC will ensure that future quarterly reports of progress are completed for individuals #20, #22, #24, #25, #26, #28, #29, #30, #33, #34, #37 and #47.
TCRC should evaluate what action may be necessary to ensure that quarterly reports of progress are completed for all applicable consumers.	Completion of quarterly visits and reports continues to be a key performance indicator for service coordinators. Any SC not meeting the indicator is provided more intensive coaching to assist them in meeting the expectation. Routine semiannual chart audits assist in identifying any other problem areas requiring further action from the manager and/or staff.

Regional Center Consumer Record Review Summary						
Sample Size = 54 + 3 Supplemental Record						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	54			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.	54			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.	54			100	None
2.1.c	The DS 3770 form documents annual recertifications.	54			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	9		45	100	None
2.2	Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). (SMM 4442.7), (42 CFR 441.302(d))	53	1		98	See Narrative
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))	3		54	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 54 + 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			100	None
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in an ICF-DD, ICF-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)	53	1		98	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	1		98	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))	54			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)	36	1	17	97	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))	53	1		98	See Narrative
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	25		29	100	None
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	54			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))	54			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 54 + 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	2		96	See Narrative
2.9.b	The IPP addresses the special health care requirements.	23		31	100	None
2.9.c	The IPP addressed the services for which the CCF provider is responsible for implementing.	11		43	100	None
2.9.d	The IPP addressed the services for which the day program provider is responsible for implementing.	33		21	100	None
2.9.e	The IPP addresses the services for which the supported living services agency or independent living services provider is responsible for implementing.	31		23	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	54			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	6		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))	52	2		96	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))	54			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	25		29	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))	53		1	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 54 + 2 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>)	54			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>)	31	11	12	74	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>)	30	12	12	71	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>)			54	NA	None

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

Five consumer records were reviewed at five 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 = 5; CCFs = 5						
	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)</i>), (<i>Title 17, CCR §56059(b)</i>), (<i>Title 22, CCR, §80069</i>)	5			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	5			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	3		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.	5			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	5			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	5			100	None
3.1.i	Special safety and behavior needs are addressed.	4		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>)	5			100	None
3.3	The facility has a copy of the consumer's current IPP. (<i>Title 17, CCR, §56022(c)</i>)	5			100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 5; CCFs = 5						
	Criteria	+	-	N/A	% Met	Follow-up
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		1	100	None
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		1	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>)	1		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.	1		4	100	None
3.5.c	Quarterly reports include a summary of data collected. (<i>Title 17, CCR, §56013(d)(4)</i>), (<i>Title 17, CCR, §56026</i>)	1		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>)	5			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	5			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		3	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		3	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		3	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

Eighteen sample consumer records were reviewed at 14 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 13 of the 14 applicable criteria. Three criteria were rated not applicable because the consumers did not have any reportable special incidents during the review period.

- ✓ A summary of the results of the review is shown in the table at the end of this section.
- ✓ A finding for one criterion is detailed below.

IV. Finding and Recommendation

- 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

Twelve of the 17 (71%) applicable consumer records contained written semiannual reports of consumer progress. However, the records for five consumers (#3 and #12 at DP #9; #15 at DP #12; #26 at DP #13; and #32 at DP #10) contained only one of the required progress reports completed in the last year.

4.4.a Recommendations	Regional Center Plan/Response
TCRC should ensure that day program providers #9, #10, #12, and #13 prepare written semiannual reports of consumer progress.	TCRC's QA team has met with day program providers #9, #10, #12, and #13 to ensure they prepare and maintain written semiannual reports detailing the progress made by the individuals served.
TCRC should assess what actions may be necessary to ensure that all day programs prepare semiannual reports of consumer progress.	TCRC's QA team will continue to provide technical assistance to day programs to ensure reports address the progress being made by individuals and are completed semi-annually.

Day Program Record Review Summary						
Sample Size: Consumers = 18; Day Programs = 14						
	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)	18			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.	18			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.	18			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.	18			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.	18			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.	18			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.	17		1	100	None

Day Program Record Review Summary						
Sample Size: Consumers = 18; Day Programs = 14						
	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.	18			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	11		7	100	None
4.2	The day program has a copy of the consumer's current IPP. (<i>Title 17, CCR §56720(b)</i>)	18			100	None
4.3.a	The day program provider develops, maintains, and modifies as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. (<i>Title 17, CCR, §56720(a)</i>)	17		1	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.	17		1	100	None
4.4.a	The day program prepares and maintains written semiannual reports. (<i>Title 17, CCR, §56720(c)</i>)	12	5	1	71	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.	17		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>)			18	NA	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)			18	NA	None
4.5.c	There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. (<i>Title 17, CCR, §54327</i>)			18	NA	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

Thirty-nine of the 54 consumers were interviewed and/or observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Twenty-six adult consumers agreed to be interviewed by the monitoring teams.
- ✓ Ten consumers did not communicate verbally, but were observed.
- ✓ Three interviews were conducted with parents of minors.
- ✓ Fifteen consumers were unavailable for an interview or observation.

III. Results of Observations and Interviews

All but one consumer 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. Finding and Recommendation

Consumer #39 stated that her supported living worker assists her with bill paying, however the bills are not always paid timely.

Recommendation	Regional Center Plan/Response
TCRC should address the concerns of consumer #39 regarding her assistance with paying bills.	TCRC has authorized Trust Management Services (TMS) to pay all bills belonging to individual #39 in a timely manner.

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 trainings on new and commonly used medications. TCRC also sends e-mail bulletins on new drugs 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.
2. The monitoring team interviewed a physician and a staff psychologist at Tri-Counties Regional Center (TCRC).

III. Results of Interview

1. The TCRC clinical team consists of psychologists, physicians, a psychopharmacologist, and a registered nurse consultant.
2. The TCRC service coordinators are instrumental in identifying and requesting support and/or review of potential medical issues from the clinical team. The clinical team can be accessed by telephone, in person and/or by e-mail. Service providers can also request assistance regarding concerns or potential medical issues. The clinical team meets weekly to discuss consumer issues and follow ups, as appropriate.
3. Consumers' medications are reviewed routinely by the service coordinators. The psychopharmacologist is also available to review consumers with multiple medication regimes. The clinical team is available for any medication issues, and will assess, evaluate and make referrals as needed.
4. The clinical team is available to service coordinators for consultations regarding consumers' behavioral needs. The clinical team reviews behavior intervention plans for children with autism as well as offering early intervention services. The team also assists parents to choose an appropriate behavior program and the clinical team provides parent training as needed.

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. Consumers can receive psychiatric services provided by TCRC if county mental health services are not available.
6. The clinical team provides training to service coordinators regarding consumer specific issues. 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
 - ✓ Vendor training
 - ✓ Medication training and technical support by the psychopharmacologist
 - ✓ Early intervention autism program
 - ✓ Working with community physicians to assist with autism diagnosis
 - ✓ Grant which provides training and assistance to help consumers and families create their own healthcare notebook
8. Members of the clinical team assist managers with review of medical related SIRs by request. Clinical team members participate on the morbidity and mortality review committee. Any issues or trends that are identified through their role in risk management may become topics for future trainings. If necessary, agency wide procedure changes are made to ensure the ongoing health maintenance of consumers.

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, and service provider training. The interview also inquires about 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 lead quality assurance specialist and a senior quality assurance specialist who are part of the team responsible for conducting Tri-Counties Regional Center's (TCRC) QA activities.

III. Results of Interview

1. TCRC's QA specialists conduct the annual Title 17 reviews and the unannounced visits. Evaluation activities include a review of records, medications, staffing ratios and first aid certificates, as well as a safety walk-through and consumer interviews. The QA specialists also provide technical assistance during the review in the areas of behavioral support, medical and dental support, physical plant problems, and special incident reporting.
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. Additional QA visits can occur to ensure that CAP issues have been resolved or to follow-up on special incidents. QA specialists provide on-site technical assistance and training to vendors in order to help them resolve specific issues such as behavioral support, medical and dental resources and SIR reporting.
3. The QA staff provides orientation training to new service coordinators. They also conduct regular provider trainings every other month on such issues as the swine flu and emergency preparedness. In addition, TCRC's QA team provides Residential Service Provider Orientation Training twice a year for new vendors.

4. The manager of the QA team participates on the Risk Management Committee. The Risk Management Committee meets monthly and the information is passed through e-mails or by team meetings to the service coordinators. The QA team meets monthly to discuss SIRs that require investigation and/or follow up. The QA team has developed their own tracking system for SIRs.

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 six direct service staff at two community care facilities (CCF) and four 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 twenty-three 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.

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 54 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 54 records selected for the HCBS Waiver review to DDS.
3. TCRC's vendors reported nine of the ten (90%) incidents in the supplemental sample within the required timeframes.
4. TCRC reported nine of the ten (90%) incident 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.

IV. Findings and Recommendations

Findings

Consumer #68-S: The incident occurred on November 20, 2009. However, the vendor did not submit a written report to TCRC until November 23, 2009.

Consumer #69-S: The incident was reported to TCRC on December 26, 2009. However, TCRC did not report the incident to DDS until January 7, 2010.

Recommendations	Regional Center Plan/Response
1. TCRC should ensure that all special incidents are reported to DDS within the required timeframes.	TCRC SIR Specialists will ensure that all special incidents are reported to DDS within the required timeframes.
2. TCRC should ensure that the vendor for consumer #68-S report special incidents within the required timeframes.	TCRC SIR Specialists along with TCRC's QA team will continue to provide technical assistance and quarterly SIR trainings to vendors to ensure all incidents are reported to DDS within the required timeframes.