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GAVIN NEWSOM  
GOVERNOR

April 15, 2024

**Confidential Client Information**  
**See California Welfare and Institutions**  
**Code Sections 4514 and 5328**

Mike Sawyer, Board President  
Redwood Coast Regional Center  
1116 Airport Park Boulevard  
Ukiah, CA 95482

Dear Mr. Sawyer:

Enclosed are the final reports from the joint Department of Developmental Services' (DDS) and Department of Health Care Services' monitoring review of the Home and Community-Based Services Waiver, Home and Community-Based Services Self Determination Program Waiver, 1915(i) State Plan Amendment, Targeted Case Management and Nursing Home Reform programs conducted from July 11-22, 2022, at Redwood Coast Regional Center (RCRC). The period of review was April 1, 2021 through March 31, 2022.

The reports discuss the criteria reviewed along with any findings and recommendations and include RCRC's responses. DDS has approved RCRC's responses to all of the recommendations. If there is a disagreement with the findings of the enclosed reports, a written "Statement of Disputed Issues" should be sent within 30 days from the date of this letter to:


Department of Developmental Services  
Attn: Bonnie Simmons, Chief  
HCBS Monitoring Section  
1215 O Street, MS 7-40  
Sacramento, CA 95814

**"Building Partnerships, Supporting Choices"**

Mike Sawyer, Board President  
April 15, 2024  
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The cooperation of RCRC's staff in completing the monitoring review is appreciated. If you have questions or need clarification on the above issues, please contact Bonnie Simmons, Chief, HCBS Monitoring Section, at (916) 654-6850 or [bonnie.simmons@dds.ca.gov](mailto:bonnie.simmons@dds.ca.gov).

Sincerely,

DocuSigned by:  
  
712E242F81F74B7...

SUZY REQUARTH, M.ED.  
Assistant Deputy Director  
Policy and Program Development Division

Enclosures

cc: Kimberly Smalley, Ph.D., RCRC  
Cindy Gillam-Sullivan, RCRC

**Redwood Coast Regional Center  
Home and Community-Based Services  
Self Determination Program Waiver  
Monitoring Review Report**

**Conducted by:**

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

**July 11–22, 2022**

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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) Self Determination Program (SDP) Waiver from July 11-22, 2022, at Redwood Coast Regional Center (RCRC). The monitoring team members were Fam Chao (Team Leader), Hope Beale, Kelly Sandoval, Nora Muir, and Bonnie Simmons from DDS, and Janie Hironaka and Deeanna Tran 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 SDP Waiver services are provided through this system. It is the responsibility of DDS, with the oversight of DHCS, to ensure that the HCBS SDP Waiver is implemented by regional centers in accordance with Medicaid statute and regulations.

### Overview of the HCBS SDP 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 (IPP). Specific criteria have been developed for the review sections listed below that are derived from federal/state statutes and regulations and from Centers for Medicare & Medicaid Services directives and guidelines relating to the provision of HCBS SDP Waiver services.

### Scope of Review

The monitoring team reviewed a sample of 15 HCBS SDP Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) four consumers who had special incidents reported to DDS during the review period of April 1, 2021 through March 31, 2022, and 2) one consumer who was enrolled in the HCBS SDP Waiver during the review period.

The monitoring team interviewed and/or observed 13 selected sample consumers.

## Overall Conclusion

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

Fifteen sample consumer records were reviewed for 35 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS SDP Waiver requirements. Nine criteria were rated as not applicable for this review. Criterion 2.11.c was 40 percent in compliance because 6 of the 10 applicable records did not document the reason for the increase or decrease of individual budgets. Criterion 2.13.a was 10 percent in compliance because 9 of the 10 applicable records did not contain documentation of all required quarterly face-to-face visits. Criterion 2.13.b was 10 percent in compliance because 9 of the 10 applicable records did not contain documentation of all required quarterly reports of progress. The sample records were 90 percent in overall compliance for this review.

New Enrollees: One sample consumer was reviewed for level-of-care determination prior to receipt of HCBS SDP Waiver services. RCRC's records were 100 percent in overall compliance for this review.

### Section III – Consumer Observations and Interviews

Thirteen sample consumers, or in the case of minors, their parents, were interviewed and/or observed. The monitoring team observed that all of the consumers were in good health and were treated with dignity and respect. Nine of the thirteen interviewed consumers/parents indicated that they were satisfied with their services, health and choices.

### Section IV – Service Coordinator Interviews

Three 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, SDP services and supports, 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 V – Special Incident Reporting

The monitoring team reviewed the records of the 15 HCBS SDP Waiver consumers and four supplemental sample consumers for special incidents during the review period.

RCRC reported all special incidents for the sample selected for the HCBS SDP Waiver review.

For the supplemental sample, the service providers reported two of the four incidents to RCRC within the required timeframes, and RCRC subsequently transmitted all four special incidents to DDS within the required timeframes. RCRC's follow-up activities for the four 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 RCRC 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

RCRC 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.

#### III. Results of Assessment

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

- ✓ A portion of the self-assessment can be found on the HCBS Waiver Monitoring Report.
- ✓ The full response to the self-assessment is available upon request.



## 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) Self-Determination Program (SDP) Waiver services. The criteria address requirements for eligibility, consumer choice, notification of proposed action and fair hearing rights, level of care, individual program plans (IPP) and periodic reviews and reevaluations of services. The information obtained about the consumer's needs and services is tracked as a part of the program review.

#### II. Scope of Review

1. Fifteen HCBS SDP Waiver consumer records were selected for the review sample.
2. The review period covered activity from April 1, 2021–March 31, 2022.

#### III. Results of Review

The 15 sample consumer records were reviewed for 35 documentation requirements derived from federal and state statutes and regulations and HCBS SDP Waiver requirements. One supplemental record was reviewed for documentation that RCRC determined the level of care prior to receipt of HCBS SDP Waiver services.

- ✓ The sample records were in 100 percent compliance for 16 criteria. There are no recommendations for these criteria. Nine criteria were not applicable for this review.
- ✓ Findings for ten criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

#### IV. Findings and Recommendations

- 2.4 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

Fourteen of the fifteen (93 percent) sample consumer records contained a CDER that had been reviewed within the last 12 months. However, the record for consumer #5 did not contain documentation that the CDER had been reviewed during the year.

2.4 Recommendation	Regional Center Plan/Response
RCRC should ensure that the CDER for consumer #5 is reviewed annually.	Client #5 has annual IPP meetings. Per RCRC's IPP protocol, a CDER must be submitted with each IPP. The CDER for client #5 was submitted/reviewed and updated at the 2021 IPP as well as the IPP in 2022 and 2023.

- 2.6.a The IPP is reviewed (at least annually) 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)]

##### Finding

Fourteen of the fifteen (93 percent) applicable consumer records contained documentation that the consumer's IPP had been reviewed annually by the planning team. However, there was no documentation that the IPP for consumer #8 was reviewed annually.

2.6.a Recommendation	Regional Center Plan/Response
RCRC should ensure that the IPP for consumer #8 is reviewed annually.	After consultation with DDS RCRC agrees with this finding. Plan/Response: Going forward RCRC will implement and utilize the new statewide IPP document. RCRC will begin training SC's when the IPP is circulated in July so that RCRC will be able to fully implement the new IPP in January 2025, thus ensuring that IPPs are correct and reviewed annually as

	all individuals participating in SDP have annual IPPs.
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2.7.c The IPP is prepared jointly with the planning team. [WIC §4646(d)]

Finding

Fourteen of the fifteen (93) applicable consumer records contained documentation that the consumer’s IPP was prepared jointly with the planning team. However, there was no documentation that the IPP for consumer #8 was prepared jointly with the planning team.

2.7.c Recommendation	Regional Center Plan/Response
RCRC should ensure that the IPP for consumer #8 is prepared jointly with the planning team.	After consultation with DDS RCRC agrees with this finding. Plan/Response: Going forward RCRC will implement and utilize the new statewide IPP document. RCRC will begin training SC’s when the IPP is circulated in July so that RCRC will be able to fully implement the new IPP in January 2025. RCRC will ensure that all the members of the planning team, including RCRC are indicated on the IPP document.

2.8 The IPP includes a statement of goals based on the needs, preferences, and life choices of the consumer. (WIC § 4646.5(a)(2))

Finding

Thirteen out of fourteen (93 percent) applicable consumer records contain IPPs that address the consumer’s needs, preferences, and life choices. However, the IPP for #11 did not address the consumer’s goals preference and life choices.

2.8 Recommendation	Regional Center Plan/Response
RCRC should ensure that the IPP for consumer #11 addresses the consumer’s needs, preferences, and life choices.	After consultation with DDS RCRC agrees with this finding. Plan/Response: Going forward RCRC will implement and utilize the new statewide IPP document. RCRC will begin training SC’s when the IPP is circulated in July so that RCRC will be able to fully implement the new IPP in January 2025. Utilizing the new

	statewide IPP will ensure that the individual's goals, preferences and life choices are addressed in the IPP document.
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2.9.a The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770). [W&I Code §4646.5(a)(2)]

Finding

Twelve of the thirteen (92 percent) sample consumer records contained IPPs that addressed the consumers' qualifying conditions. The IPP for consumer #11 dated August 25, 2021 did not address the qualifying conditions of "ADL support and mobility challenges" as indicated in the Person Center Plan (PCP) dated April 27, 2021.

2.9.a Recommendation	Regional Center Plan/Response
RCRC should ensure that the IPP for consumer #11 addresses the services and supports in place for the condition listed above.	In 2021 client #11 had an IPP and a Person-Centered Plan. The IPP did not address "ADL support and Mobility challenges." They were addressed on the Person-Centered Plan. The subsequent 2022 IPP/PCP addressed both of these as well as all qualifying conditions.

2.9.f IPP addresses the consumer's goals, preferences, and life choices.

Finding

Twelve of thirteen (92 percent) applicable consumer records contain IPPs that address the consumer's goals, preference, and life choices. However, the IPP for #11 did not address the consumer's goals, preferences, and life choices.

2.9.f Recommendation	Regional Center Plan/Response
RCRC should ensure that the IPP for consumer #11 addresses the consumer's goals, preferences, and life choices.	After consultation with DDS RCRC agrees with this finding. Plan/Response: Going forward RCRC will implement and utilize the new statewide IPP document. RCRC will begin training SC's when the IPP is circulated in July so that RCRC will be able to fully implement the new IPP in

	January 2025. Utilizing the new statewide IPP will ensure that the individuals goals, preferences and life choices are addressed in the IPP document
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2.11.b The spending plan total amount does not exceed the amount of the certified individual budget (§4685.8(c)(7)).

Finding

Fourteen of the fifteen (93 percent) sample consumer records had spending plans that did not exceed the amount of the certified budget. However, the spending plan for consumer #13 exceeded the amount of the certified budget.

2.11.b Recommendation	Regional Center Plan/Response
RCRC should ensure the spending plan for consumers #13 do not exceed the amount of the certified budget.	<p>At the time of the monitoring review, RCRC was made aware of the correct way to document increases to the spending plan. While the increase was documented on Client #13's budget sheet, it was not clearly documented in the IPP/PCP. In response, RCRC created boilerplate language regarding any budget changes that is in every IPP/PCP for Self Determination. "Previous Self Determination Budget Amount: \$_____ Current Self Determination Budget Amount: \$_____ Due to _____ (increases in service rates, unmet needs identified, change in resources, etc.) my budget/spending plan amount for this year _____ (insert either increased or decreased) by \$_____ (insert amount here). See budget calculation tool dated ____/____/____.</p>

2.11.c For individual budgets that were increased or decreased does the IPP document the specific reason for the adjustment.

Findings

Four of the ten (40 percent) applicable consumer records had IPPs that documented the reason for the increase or decrease of individual budgets. However, the IPPs for consumers #1, #4, #6, #13, #14 and #15 for did not document the reason for the change.

2.11.c Recommendations	Regional Center Plan/Response
RCRC should ensure the IPPs for consumers #1, #4, #6, #13, #14 and #15 document the reason for the individual budget change.	SCs created addenda to address the reason for individual budget changes for Clients #1, #4, #6, #13, #14 and #15. Subsequent IPP/PCPs include the budget change language above in section 2.11.b.
In addition, RCRC should evaluate what actions may be necessary to ensure that IPPs document the reason for the individual budget change.	As mentioned above, RCRC developed language regarding budget changes that is in all SDP IPP/PCPs. In addition, ongoing training has been and is regularly provided to SCs by the Participant Choice Specialists at SDP roundtable meetings and by the Client Services Managers.

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

One of the ten (10 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for nine consumers did not meet the requirement as indicated below:

1. The records for consumers #1 and #8, contained documentation of one of the required meetings.
2. The records for consumers #3, #4, #5, #7, and #9 contained documentation for two of the required meetings.
3. The records for consumer #10, contained documentation for three of the required meetings.
4. The records for consumer #2 contained no documentation of the required meetings.

2.13.a Recommendations	Regional Center Plan/Response
RCRC should ensure that all future face-to-face meetings are completed and	RCRC Director of Client Services met with all Client Services Managers and reviewed the

<p>documented each quarter for consumers #1, #2, #3, #4, #5, #7, #8, #9, and #10.</p>	<p>monitoring results. All managers were instructed to meet with the service coordinators monthly to ensure that quarterlies were done. Managers have met with and continue to meet monthly with each SC to review. In addition, DDS put RCRC on a plan of correction from March 1, 2022, through Sept 30, 2022. At the end of this time, all quarterlies were reported to DDS. All SCs were provided with training on quarterly reporting on February 25<sup>th</sup> and 28<sup>th</sup> 2022 and in March 2023. RCRC waiver training, which includes a section on quarterly reporting, was also provided in May 2022, August 2022, October 2022, January 2023 and April 2023.</p>
<p>In addition, RCRC should evaluate what actions may be necessary to ensure that quarterly face-to face meetings are completed and documented for all applicable consumers.</p>	<p>RCRC Director of Client Services met with all Client Services Managers and reviewed the monitoring results. All managers were instructed to meet with the service coordinators monthly to ensure that quarterlies were done. Managers have met with and continue to meet monthly with each SC to review. In addition, DDS put RCRC on a plan of correction from March 1, 2022, through Sept 30, 2022. At the end of this time, all quarterlies were reported to DDS. All SCs were provided with training on Quarterly reporting on February 25<sup>th</sup> and 28<sup>th</sup> 2022 and in March 2023. RCRC waiver training, which includes a section on quarterly reporting, was also provided in May 2022, August 2022, October 2022, January 2023 and April 2023.</p>

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

One of the ten (10 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for nine consumers did not meet the requirement as indicated below:

1. The records for consumers #2, #3, #4, #5, #7, and #9 contained documentation for two of the four required quarterly reports of progress.
2. The records for consumer #1 and #8 contained documentation for one of the four required quarterly reports of progress.
3. The records for consumer #10 contained documentation for three of the four required quarterly reports of progress.

2.13.b Recommendations	Regional Center Plan/Response
<p>RCRC should ensure that future quarterly reports of progress are completed for consumers #1, #2, #3, #4, #5, #7, #8, #9, and #10.</p>	<p>RCRC Director of Client Services met with all Client Services Managers and reviewed the monitoring results. All managers were instructed to meet with the service coordinators monthly to ensure that quarterlies were done. Managers have met with and continue to meet monthly with each SC to review. In addition, DDS put RCRC on a plan of correction from March 1, 2022, through Sept 30, 2022. At the end of this time, all quarterlies were reported to DDS. All SCs were provided with training on quarterly reporting on February 25<sup>th</sup> and 28<sup>th</sup> 2022 and in March 2023. RCRC waiver training, which includes a section on quarterly reporting, as also provided in May 2022, August 2022, October 2022, January 2023 and April 2023.</p>
<p>In addition, RCRC should evaluate what actions may be necessary to ensure that quarterly reports of</p>	<p>RCRC Director of Client Services met with all Client Services Managers and reviewed the monitoring results. All</p>



<p>progress are completed for all applicable consumers.</p>	<p>managers were instructed to meet with the service coordinators monthly to ensure that quarterlies were done. Managers have met with and continue to meet monthly with each SC to review. In addition, DDS put RCRC on a plan of correction from March 1, 2022, through Sept 30, 2022. At the end of this time, all quarterlies were reported to DDS. All SCs were provided with training on quarterly reporting on February 25<sup>th</sup> and 28<sup>th</sup> 2022 and in March 2023. RCRC waiver training, which includes a section on quarterly reporting, was also provided in May 2022, August 2022, October 2022, January 2023 and April 2023.</p>
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<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 15</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	15			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Intellectual Disabilities Professional (QIDP), which documents the date of the consumer's initial HCBS SDP Waiver eligibility certification, annual recertifications, the consumer's qualifying conditions and short-term absences. (SMM 4442.1), [42 CFR 483.430(a)]	Criterion 2.1 consists of four sub-criteria (2.1.a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Intellectual Disabilities Professional and the title "QIDP" appears after the person's signature.	14		1	100	None
2.1.b	The DS 3770 form identifies the consumer's qualifying conditions and any applicable special health care requirements for meeting the Title 22 level of care requirements.	14		1	100	None
2.1.c	The DS 3770 form documents annual re-certifications.	14		1	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.			15	NA	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)]	15			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 SDP Waiver eligibility has been terminated. (SMM 4442.7), (42 CFR Part 431, Subpart E), [WIC §4710(a)(1)]			15	NA	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 15</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. <i>(SMM 4442.5), (42 CFR 441.302)</i>	14	1		93	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/DD-H, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. <i>(SMM 4442.5), [42 CFR 441.302(c)], (Title 22, CCR, §51343)</i>	14		1	100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	14		1	100	None
2.6.a	IPP is reviewed <i>(at least annually)</i> by the planning team and modified as necessary in response to the consumer's changing needs, wants or health status. <i>[42 CFR 441.301(b)(1)(I)]</i>	14	1		93	See Narrative
2.6.b	The HCBS SDP Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. <i>(HCBS SDP Waiver requirement)</i>			15	NA	None
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. <i>[WIC §4646(g)]</i>	14		1	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.	1		14	100	None
2.7.c	The IPP is prepared jointly with the planning team. <i>[WIC §4646(d)]</i>	14	1		93	See Narrative
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. <i>[WIC §4646.5(a)]</i>	13	1	1	93	See Narrative

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 15</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.9	The IPP addresses the consumer's goals and needs. <i>[WIC §4646.5(a)(2)]</i>	Criterion 2.9 consists of seven sub-criteria (2.9.a-g) that are reviewed independently.				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	12	1	2	93	See Narrative
2.9.b	The IPP addresses special health care requirements.	6		9	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.					N/A
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.					N/A
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.					N/A
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	12	1	2	92	See Narrative
2.9.g	The IPP includes a family plan component if the consumer is a minor. <i>[WIC §4685(c)(2)]</i>	1		14	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. Including budget and spending plan <i>[WIC §4646.5(a)(4)]</i>			15	NA	None
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. <i>[WIC §4646.5(a)(5)]</i>	14		1	100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. <i>[WIC §4646.5(a)(5)]</i>	1		14	100	None
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including but not limited to vendors, contract providers, generic service agencies and natural supports. <i>[WIC §4646.5(a)(5)]</i>			15	NA	None
2.11.a	Copy of the spending plan attached to the participants IPP	15			100	None
2.11.b	The spending plan total amount does not exceed the amount of the certified budget.	14	1		93	See Narrative

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 15</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.11.c	For Individual budgets that were increased or decreased, the IPP documents the specific reason for the adjustment	4	6	5	40	See Narrative
2.11.d	Regional center or IPP team approve transfers in excess of 10 percent of the original amount allocated to any budget category.	3		12	100	None
2.12	Periodic review and reevaluations of consumer progress are completed ( <i>at least annually</i> ) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. <i>[WIC §4646.5(a)(8)]</i>	14		1	100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., ( <i>Title 17, CCR, §56047</i> ), ( <i>Title 17, CCR, §56095</i> ), ( <i>Title 17, CCR, §58680</i> ), ( <i>Contract requirement</i> )	1	9	5	10	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e.,. ( <i>Title 17, CCR, §56047</i> ), ( <i>Title 17, CCR, §56095</i> ), ( <i>Title 17, CCR, §58680</i> ), ( <i>Contract requirement</i> )	1	9	5	10	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> )			15	NA	None

## SECTION III

### 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 financial management service provider, independent facilitator, participation in developing budget and spending plan, and regional center services.

#### II. Scope of Observations and Interviews

Thirteen of the 15 consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities (CCF), or in independent living settings.

- ✓ Seven consumers agreed to be interviewed by the monitoring teams.
- ✓ Five consumers did not communicate verbally or declined an interview but were observed.
- ✓ One interview was conducted with parents of minors.
- ✓ Two consumers were unavailable for or declined interviews.

#### III. Results of Observations and Interviews

Nine of the thirteen consumers/parents of minors indicated satisfaction with their financial management service provider, independent facilitator, participation in developing budget and spending plan, and regional center services. The appearance for all of the consumers that were interviewed and observed reflected personal choice and individual style.

#### IV. Finding and Recommendation

##### Consumers:

Consumers #3, #5, and #13: stated they were dissatisfied with their Financial Management Service regarding timeliness of reimbursements.

Recommendation	Regional Center Plan/Response
RCRC should follow up with consumers #3, #5, and #13 regarding their concerns.	RCRC Staff did follow up with each Client. Client #3 was supported to change their FMS provider. For clients #3, #5 and #13, their SCs and

	<p>RCRC's Participant Choice Specialists continue to work with them and their FMS to improve timeliness of reimbursements by the FMS. To address this issue, since the July 2022 monitoring review, RCRC has vendored 3 additional FMS and has one more local FMS provider in process.</p>
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Consumer #15: Parent reported difficulty in communicating with the regional center for getting assistance with respite paperwork.

Recommendation	Regional Center Plan/Response
<p>RCRC should follow up with consumer #15 regarding their concerns.</p>	<p>When the SC reached out the parent of client #15, SC was informed that the issue was that the parent could not access the respite provider's online portal to obtain respite. SC contacted the respite provider multiple times and was told that the respite provider would contact the parent. Unfortunately, this did not happen. RCRC Community Resources staff were notified of the issue. SC and parent set up a new IPP meeting. The issue with the respite provider's communication with the parent continued. After more communication between the SC and parent, the parent decided to exit SDP and return to traditional services.</p>

## SECTION IV

### SERVICE COORDINATOR INTERVIEWS

#### I. Purpose

The interviews determine how well the service coordinators know their consumers, the extent of their participation in the individual program plan (IPP)/ annual review process, knowledge of self-determination program (SDP) services and supports, and how they monitor services, health and safety issues.

#### II. Scope of Interviews

1. The monitoring team interviewed three RCRC 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, SDP process, and monitoring requirements. 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 RCRC medical director and online resources for medication.
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 reporting process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed.



## SECTION V

### 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. The records of the fifteen consumers selected for the Home and Community-Based Services (HCBS SDP) Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
2. A supplemental sample of four consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

#### III. Results of Review

1. RCRC reported all special incidents in the sample of 15 records selected for the HCBS SDP Waiver review to DDS.
2. RCRC's vendors reported 2 of the 4 (50 percent) applicable incidents in the supplemental sample within the required timeframes.
3. RCRC reported all (100 percent) incidents in the supplemental sample to DDS within the required timeframes.
4. RCRC's follow-up activities on consumer incidents in the supplemental sample were appropriate for the severity of the situations for the four incidents.

#### IV. Finding and Recommendation

SIR #3: Incident occurred on August 29, 2021. However, the vendor did not submit a written report until September 7, 2021.

SIR #4: Incident occurred on November 5, 2021. However, the vendor did not submit a written report to RCRC until November 8, 2021.

Recommendation	Regional Center Plan/Response
RCRC should ensure that the vendor for consumer SIR #3 and #4 reports special incidents within the required timeframes.	For client #3, SC contacted vendor on 09/07/2021 for further information about the SIR. The provider also provided SIR timeline training to the staff on 09/07/2021.  For client #4, SC went out and met with the client and provider on 11/10/2021 and discussed both SIR concerns and timeline.

## SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

### HCBS SDP Waiver Review Consumers

#	UCI
1	4832970
2	8008445
3	7092243
4	7092146
5	7092303
6	7003874
7	5718374
8	5428982
9	5719281
10	7017536
11	5088587
12	6212204
13	5720370
14	7097783
15	7033454

### Supplemental New Enrollees Sample

#	UCI
NE-1	5015771

### SIR Review Consumers

#	UCI
SIR 1	7003874
SIR 2	7032032
SIR 3	7092146
SIR 4	7006844

**Redwood Coast Regional Center  
Targeted Case Management and  
Nursing Home Reform  
Monitoring Review Report**

**Conducted by:**

**Department of Developmental Services**

**July 11-22, 2022**

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## EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) conducted a federal compliance monitoring review of the Targeted Case Management (TCM) and Nursing Home Reform (NHR) programs from July 11-22, 2022, at Redwood Coast Regional Center (RCRC). The monitoring team selected 17 consumer records for the TCM review. A sample of 10 records were selected from consumers who had previously been referred to RCRC for an NHR assessment.

### Purpose of the Review

Case management services for regional center consumers with developmental disabilities were added as a medical benefit to the Medi-Cal State Plan in 1986 under Title XIX of the Social Security Act. TCM services are those “. . . services which will assist individuals in gaining access to needed medical, social, educational, and other services.” DDS implemented the TCM program statewide on July 1, 1988.

The NHR Pre-Admission Screening/Resident Review program involves determining whether an individual in a nursing facility with suspected developmental disabilities is developmentally disabled and requires specialized services.

### Overview of the TCM/NHR Compliance Monitoring Protocol

The review criteria for the TCM and NHR programs are derived from federal and state statutes and regulations and the Centers for Medicare & Medicaid Services’ guidelines relating to the provision of these services.

### Findings

#### Section I – Targeted Case Management

Seventeen consumer records, containing 989 billed units, were reviewed for three criteria. The sample records were 100 percent in compliance for criterion 1 (TCM service and unit documentation matches the information transmitted to DDS), 99 percent in compliance for criterion 2 (TCM service documentation is consistent with the definition of TCM service), and 100 percent in compliance for criterion 3 (TCM service documentation identifies the individual who wrote the note and the date the note was completed).

#### Section II – Nursing Home Reform

Ten consumer records were reviewed for three criteria. The ten sample records were 100 percent in compliance for all three criteria.

## SECTION I TARGETED CASE MANAGEMENT

### Criterion

1. The Targeted Case Management (TCM) service and unit documentation matches information transmitted to the Department of Developmental Services (DDS).

### Finding

RCRC transmitted 989 TCM units to DDS for the 17 sample consumers. All of the recorded units matched the number of units reported to DDS.

### Recommendation

None

2. The TCM service documentation billed to DDS is consistent with the definition of TCM service.

Allowable TCM units are based on services which assist consumers to gain access to needed social, educational, medical or other services and include the following components: 1) assessment and periodic reassessment to determine service needs; 2) development and periodic revision of an individual program plan (IPP) based on the information collected through the assessment or reassessment; 3) monitoring and follow-up activities, including activities and contacts that are necessary to ensure that the IPP is effectively implemented and adequately addresses the needs of the consumer; and 4) referral and related activities to help the consumer obtain needed services. However, it is important to note that TCM does not include the direct provision of these needed services.

### Findings

The sample of 17 consumer records contained 989 billed TCM units. Of this total, 985 (99 percent) of the units contained descriptions that were consistent with the definition of TCM services.

Recommendation	Regional Center Plan/Response
RCRC should ensure that the time spent on the identified activities that are inconsistent with TCM claimable services (sent separately) is reversed.	RCRC has reversed all identified activities that were inconsistent with the TCM claimable services as of 09/26/2023.

3. The TCM documentation identifies the service coordinator recording the notes and each note is dated.

Finding

The TCM documentation in the 17 sample consumer records identified the service coordinator who wrote the note and the date the service was completed.

Recommendation

None



## SECTION II NURSING HOME REFORM

### Criterion

1. There is evidence of dispositions for the Department of Developmental Services' (DDS) Nursing Home Reform (NHR) referrals.

### Finding

The ten sample consumer records contained a copy of the Pre-Admission Screening/Resident Review (PAS/RR) Level I form, or NHR automated printout.

### Recommendation

None

2. The disposition is reported to DDS.

### Finding

The ten sample consumer records contained a PAS/RR Level II document or written documentation responding to the Level I referral.

### Recommendation

None

3. The regional center submitted a claim for the referral disposition.

### Finding

The billing information for the ten sample consumers had been entered into the AS 400 computer system and electronically transmitted to DDS.

### Recommendation

None

## SAMPLE CONSUMERS

### TCM Review

#	UCI
1	7019482
2	6456902
3	7019532
4	7013337
5	5992151
6	7098382
7	7767497
8	5944426
9	7096752
10	7092415
11	7005663
12	8020075
13	7098372
14	7027405
15	6892032
16	6596383
17	7031706

### NHR Review

#	UCI
1	H005618
2	7099235
3	7033156
4	7027568
5	7020795
6	6150262
7	7028932
8	5597927
9	H005951
10	7014640

## ATTACHMENT I

### TCM DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 17 Records Billed Units Reviewed: 989	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. The TCM service and unit documentation matches the information transmitted to DDS.	989			100	
2. The TCM service documentation billed to DDS is consistent with the definition of TCM service.	985	4		99	1
3. The TCM service documentation is signed and dated by appropriate regional center personnel.	989			100	

### NHR DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 10 Records	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. There is evidence of dispositions for DDS NHR referrals.	10			100	
2. Dispositions are reported to DDS.	10			100	
3. The regional center submits claims for referral dispositions.	10			100	

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

**Conducted by:**

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

**July 11–22, 2022**

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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 July 11-22, 2022, at Redwood Coast Regional Center (RCRC). The monitoring team members were Fam Chao (Team Leader), Hope Beale, Kelly Sandoval, Nora Muir, and Bonnie Simmons from DDS, and Janie Hironaka and Deeanna Tran 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 (IPP). Specific criteria have been developed for the review sections listed below that are derived from federal/state statutes and regulations and from Centers for Medicare & Medicaid Services directives and guidelines relating to the provision of HCBS Waiver services.

### Scope of Review

The monitoring team reviewed a sample of 17 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) ten consumers who had special incidents reported to DDS during the review period of April 1, 2021, through March 31, 2022, and 2) one consumer who was enrolled in the HCBS Waiver during the review period.

The monitoring team completed visits to seven day programs. The team reviewed seven day program consumer records and interviewed and/or observed 13 selected sample consumers.

## Overall Conclusion

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

Seventeen sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Four criteria were rated as not applicable for this review. Criterion 2.13.a was 71 percent in compliance because 4 of the 14 applicable records did not contain documentation of all required quarterly face-to-face visits. Criterion 2.13.b was 71 percent in compliance because 4 of the 14 applicable records did not contain documentation of all required quarterly reports of progress. The sample records were 97 percent in overall compliance for this review.

RCRC's records were 94 percent in overall compliance for the collaborative reviews conducted in 2020 and in 2018.

New Enrollee: One sample consumer was reviewed for level-of-care determination prior to receipt of HCBS Waiver services. RCRC's record was 100 percent in overall compliance for this review.

### Section III – Community Care Facility Consumer Record Review

RCRC's HCBS Waiver consumer sample did not include full scopes because of the representative sample for this monitoring review.

RCRC's records were 92 percent and 100 percent in overall compliance for the collaborative reviews conducted in 2018 and in 2016, respectively.

### Section IV – Day Program Consumer Record Review

Seven consumer records were reviewed at five day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. Criterion

4.1.d was rated 71 percent in compliance because 2 of the 7 records did not contain an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative. Criterion 4.1.e was rated 43 percent in compliance because 4 of the 7 records did not contain documentation that the consumer and/or their authorized representative had been informed of their personal rights. Criterion 4.4.a was rated 80 percent in compliance because 1 of the 5 records did not contain written semiannual reports of the consumer's performance and progress. The sample records were 93 percent in overall compliance for this review.

RCRC's records were 87 percent and 97 percent in overall compliance for the collaborative reviews conducted in 2020 and in 2018, respectively.

### Section V – Consumer Observations and Interviews

Thirteen sample consumers, or in the case of minors, their parents, were interviewed and/or observed at their 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 of the interviewed consumers/parents indicated that they were satisfied with their services, health and choices.

### Section VI A – Service Coordinator Interviews

Three 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

Wellness Registered Nurse and Autism Clinical Specialist were interviewed using a standard interview instrument. They responded to questions regarding the monitoring of consumers with medical issues, medications, behavior plans, the coordination of medical and mental health care for consumers, clinical supports to assist service coordinators, and the clinical team's role on the Risk Management and Mitigation Committee and special incident reporting.

### Section VI C – Quality Assurance Interview

A Family Home Agency manager was interviewed using a standard interview instrument. She responded to questions regarding how RCRC 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

RCRC's HCBS Waiver consumer sample did not include full scopes because of the representative sample for this monitoring review.

### Section VII B – Direct Service Staff Interviews

RCRC's HCBS Waiver consumer sample did not include full scopes because of the representative sample for this monitoring review.

### Section VIII – Vendor Standards Review

RCRC's HCBS Waiver consumer sample did not include full scopes because of the representative sample for this monitoring review.

### Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 17 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. RCRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported 8 of the 10 applicable incidents to RCRC within the required timeframes, and RCRC subsequently transmitted all 10 special incidents to DDS within the required timeframes. RCRC's follow-up activities for the 10 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 RCRC's procedures and practices to verify that there are processes in place to ensure compliance with state and federal laws and regulations as well as the assurances contained in the HCBS Waiver application approved by the Centers for Medicare & Medicaid Services.

#### II. Scope of Assessment

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

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

<b>Regional Center Self-Assessment HCBS Waiver Assurances</b>	
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 Intellectual Disabilities Professional (QIDP).</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> <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>

<b>Regional Center Self-Assessment HCBS Waiver Assurances</b>	
HCBS Waiver Assurances	Regional Center Assurances
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services (cont.)	Service coordinators provide enhanced case management to 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.	<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 and fair hearing rights, level of care, individual program plans (IPP) and periodic reviews and reevaluations of services. The information obtained about the consumer's needs and services is tracked as a part of the onsite program reviews.

#### II. Scope of Review

1. Seventeen HCBS Waiver consumer records were selected for the review sample.

<b>Living Arrangement</b>	<b># of Consumers</b>
Community Care Facility (CCF)	1
With Family	3
Independent or Supported Living Setting	13

2. The review period covered activity from April 1, 2021 - March 31, 2022.

#### III. Results of Review

The 17 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. One supplemental record was reviewed for documentation that RCRC determined the level of care prior to receipt of HCBS Waiver services.

- ✓ The sample records were in 100 percent compliance for 21 criteria. There are no recommendations for these criteria. Four criteria were not applicable for this review.
- ✓ Findings for six 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

2.1.b Each record lists the deficits and special health care conditions listed on Medicaid Waiver Eligibility Record (DS 3770). *[SMM 4442.1; 42 CFR 483.430(a)]*

Finding

Fifteen of the sixteen (94 percent) sample consumer records listed the deficits and special health care conditions on the DS 3770 form. However, the DS 3770 form in the record for consumer #5 did not list any deficits or special health care conditions. During the monitoring review, a new DS 3770 was completed for consumer #5. Accordingly, no recommendation is required.

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

Findings

Sixteen of the seventeen (94 percent) sample consumer records contained IPPs that were signed by RCRC and the consumers or their legal representatives. However, the following consumer’s IPP was not signed by the appropriate individual:

1. IPP for consumer #9 was signed by the consumer on June 21, 2022. Accordingly, no recommendation is required.

2.9.a The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770). *[W&I Code §4646.5(a)(2)]*

Finding

1. Fifteen of the sixteen (94 percent) sample consumer records contained IPPs that addressed the consumers’ qualifying conditions. However, the IPP for consumer #9 did not address supports for “wetting/soiling” and “major damage,” as identified in the semi-annual progress report dated November 2021 in the record. During the monitoring review, RCRC provided an addendum dated June 12, 2022, addressing services and supports for “wetting/soiling.”

2.9.a Recommendation	Regional Center Plan/Response
RCRC should ensure that the IPP for consumer #9 addresses the services and supports in place for the qualifying condition, “major damage” listed above.	SC corrected the CDER and changed the code to #4 “minor damage once in the past twelve months”. SC added

	<p>history of property destruction to the new IPP which was done 11/2022.</p> <p>At the time of the finding during the monitoring review, Manager of Special Programs provided technical assistance to the SC regarding proper coding the CDER and addressing all qualifying conditions.</p>
--	--

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

Findings

Fifteen of the seventeen (88 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by RCRC. However, IPPs for two consumers did not indicate RCRC funded services as indicated below:

1. Consumer #1: Adaptive Skills Trainer; corrected with an addendum dated July 12, 2022. Accordingly, no recommendation is required.
2. Consumer #4: Transportation; corrected with an addendum dated June 24, 2022. Accordingly, no recommendation is required.

2.13.a Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 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

Ten of the fourteen (71 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for four consumers did not meet the requirement as indicated below:

1. The records for consumers #5, #6, and #12 contained documentation of three of the required meetings.
2. The record for consumer #13 contained documentation of one of the required meetings.

2.13.a Recommendations	Regional Center Plan/Response
<p>RCRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #5, #6, #12, and #13.</p>	<p>RCRC Director of Client Services met with all Client Services Managers and reviewed the monitoring results. All managers were instructed to meet with the service coordinators monthly to ensure that quarterlies were done. Managers have met with and continue to meet monthly with each SC to review. In addition, DDS put RCRC on a plan of correction from March 1, 2022, through Sept 30, 2022. At the end of this time, all quarterlies were reported to DDS. All SCs were provided with training on quarterly reporting on February 25<sup>th</sup> and 28<sup>th</sup> 2022 and in March 2023. RCRC waiver training, which includes a section on quarterly reporting, was also provided in May 2022, August 2022, October 2022, January 2023 and April 2023.</p>
<p>In addition, RCRC should evaluate what actions may be necessary to ensure that quarterly face-to face meetings are completed and documented for all applicable consumers.</p>	<p>RCRC Director of Client Services met with all Client Services Managers and reviewed the monitoring results. All managers were instructed to meet with the service coordinators monthly to ensure that quarterlies were done. Managers have met with and continue to meet monthly with each SC to review. In addition, DDS put RCRC on a plan of correction from March 1, 2022, through Sept 30, 2022. At the end of this time, all quarterlies were reported to DDS. All SCs were provided with training on quarterly reporting on February 25<sup>th</sup> and 28<sup>th</sup> 2022 and in March 2023. RCRC waiver training, which includes a section on quarterly reporting, was also provided in May 2022, August 2022, October 2022, January 2023 and April 2023.</p>



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

Ten of the fourteen (71 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for four consumers did not meet the requirement as indicated below:

1. The records for consumers #5, #6, and #12 contained documentation of three of the required quarterly reports of progress.
2. The record for consumer #13 contained documentation of one of the required quarterly reports of progress.

2.13.b Recommendations	Regional Center Plan/Response
RCRC should ensure that future quarterly reports of progress are completed for consumers #5, #6, #12, and #13.	RCRC Director of Client Services met with all Client Services Managers and reviewed the monitoring results. All managers were instructed to meet with the service coordinators monthly to ensure that quarterlies were done. Managers have met with and continue to meet monthly with each SC to review. In addition, DDS put RCRC on a plan of correction from March 1, 2022, through Sept 30, 2022. At the end of this time, all quarterlies were reported to DDS. All SCs were provided with training on quarterly reporting on February 25 <sup>th</sup> and 28 <sup>th</sup> 2022 and in March 2023. RCRC waiver training, which includes a section on quarterly reporting, was also provided in May 2022, August 2022, October 2022, January 2023 and April 2023.
In addition, RCRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable consumers.	RCRC Director of Client Services met with all Client Services Managers and reviewed the monitoring results. All managers were instructed to meet with the service coordinators monthly

	<p>to ensure that quarterlies were done. Managers have met with and continue to meet monthly with each SC to review. In addition, DDS put RCRC on a plan of correction from March 1, 2022, through Sept 30, 2022. At the end of this time, all quarterlies were reported to DDS. All SCs were provided with training on quarterly reporting on February 25<sup>th</sup> and 28<sup>th</sup> 2022 and in March 2023. RCRC waiver training, which includes a section on quarterly reporting, was also provided in May 2022, August 2022, October 2022, January 2023 and April 2023.</p>
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<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 17 (see Section II, Part III)</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	17			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Intellectual Disabilities Professional (QIDP), which documents the date of the consumer's initial HCBS Waiver eligibility certification, annual recertifications, the consumer's qualifying conditions and short-term absences. (SMM 4442.1), [42 CFR 483.430(a)]	Criterion 2.1 consists of four sub-criteria (2.1.a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Intellectual Disabilities Professional and the title "QIDP" appears after the person's signature.	17			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.	15	1	1	94	See Narrative
2.1.c	The DS 3770 form documents annual recertifications.	16		1	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.			17	NA	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)]	17			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 §4710(a)(1)]			17	NA	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 17</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. <i>(SMM 4442.5), (42 CFR 441.302)</i>	17			100	None
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in an ICF/DD, ICF/DD-H, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. <i>(SMM 4442.5), [42 CFR 441.302(c)], (Title 22, CCR, §51343)</i>	16		1	100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	16		1	100	None
2.6.a	IPP is reviewed <i>(at least annually)</i> by the planning team and modified as necessary in response to the consumer's changing needs, wants or health status. <i>[42 CFR 441.301(b)(1)(I)]</i>	17			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. <i>(HCBS Waiver requirement)</i>	9		8	100	None
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. <i>[WIC §4646(g)]</i>	16	1		94	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.	6		11	100	None
2.7.c	The IPP is prepared jointly with the planning team. <i>[WIC §4646(d)]</i>	17			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. <i>[WIC §4646.5(a)]</i>	17			100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 17</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.9	The IPP addresses the consumer's goals and needs. <i>[WIC §4646.5(a)(2)]</i>	Criterion 2.9 consists of seven sub-criteria (2.9.a-g) that are reviewed independently.				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	15	1	1	94	See Narrative
2.9.b	The IPP addresses special health care requirements.	3		14	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	1		16	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	8		9	100	None
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	13		4	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	17			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. <i>[WIC §4685(c)(2)]</i>			17	NA	None
2.10.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. <i>[WIC §4646.5(a)(4)]</i>	15	2		88	See Narrative
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. <i>[WIC §4646.5(a)(5)]</i>	17			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. <i>[WIC §4646.5(a)(5)]</i>	6		11	100	None
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including but not limited to vendors, contract providers, generic service agencies and natural supports. <i>[WIC §4646.5(a)(5)]</i>	17			100	None

Regional Center Consumer Record Review Summary Sample Size = 17						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic review and reevaluations of consumer progress are completed ( <i>at least annually</i> ) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. <i>[WIC §4646.5(a)(8)]</i>	17			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> )	10	4	3	71	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> )	10	4	3	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> )			17	NA	None

## SECTION III

### COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

#### I. Purpose

The review addresses the requirements for community care facilities (CCF) 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

RCRC's HCBS Waiver consumer sample did not include full scopes because of the representative sample for this monitoring review.

#### III. Results of Review

NA

#### IV. Findings and Recommendations

NA

## SECTION IV

### DAY PROGRAM CONSUMER RECORD REVIEW

#### I. Purpose

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

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

#### III. Results of Review

The consumer records were 100 percent in compliance for 14 criteria.

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

#### IV. Findings and Recommendations

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

##### Findings

Five of the seven (71 percent) sample consumer records contained signed authorizations for emergency medical treatment. However, the records for consumer #1 at DP #2 and consumer #6 at DP #2 did not contain an authorization for emergency medical treatment that was signed by the consumer or conservator.

4.1.d Recommendations	Regional Center Plan/Response
RCRC should ensure that the records for consumer #1 at DP #2 and consumer #6 at DP #2 contain an	RCRC Community Resources staff was notified of all monitoring review findings on 08/03/2022. Community Resources



authorization for emergency medical treatment that is signed by the consumer or conservator.	staff then provided technical assistance to DP #2 the first week of August 2022 and the authorization for emergency medical treatment was obtained for clients #1 and #6.
In addition, RCRC should evaluate what actions may be necessary to ensure that all consumer records contain an authorization for emergency medical treatment.	RCRC Community Resource staff will continue to monitor provider records and provide technical assistance as needed.

4.1.e The consumer record contains documentation that the consumer has been informed of his/her personal rights.

Findings

Three of the seven (43 percent) sample consumer records contained documentation that the consumer and/or their authorized representative had been informed of their personal rights. However, the records for consumer #1 at DP #2, consumer #6 at DP #2, consumer #11 at DP #1, and consumer #14 at DP #1 did not contain documentation that the consumer and/or their authorized representative were informed of the consumer’s personal rights. Subsequent to the monitoring review, consumer #11 at DP #1 and consumer #14 at DP #1 signed documentation that they had been informed of their personal rights. Accordingly, no recommendation is required.

4.1.e Recommendations	Regional Center Plan/Response
RCRC should ensure the records for consumer #1 at DP #2 and consumer #6 at DP #2 contain documentation that the consumers and/or their authorized representatives have been informed of their personal rights.	RCRC Community Resources staff was notified of all monitoring review findings on 08/03/2022. RCRC Community Resources staff provided technical assistance to DP #2 the first week of August 2022 and the documentation that clients and/or their authorized representatives were informed of personal rights was obtained for clients #1 and #6.
In addition, RCRC should evaluate what actions may be necessary to ensure that all consumer records contain documentation that the consumers and/their authorized representatives have been informed of their personal rights.	RCRC Community Resource staff will continue to monitor provider records and provide technical assistance as needed.

- 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

Four of the five (80 percent) sample consumer records contained written semiannual reports of consumer progress. However, the records for consumer #7 at DP #5 contained only one of the required progress reports.

4.4.a Recommendations	Regional Center Plan/Response
RCRC should ensure that day program #5 prepares written semiannual reports of consumer progress.	RCRC Community Resources staff was notified of all monitoring review findings on 08/03/2022. RCRC Community Resources staff provided technical assistance to DP #5 the first week of August 2022.
In addition, RCRC should evaluate what actions may be necessary to ensure that all day program providers prepare written semiannual reports of consumer progress.	RCRC Community Resource staff will continue to monitor provider records and provide technical assistance as needed.

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 7; Day Programs = 5</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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)	7			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.	7			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.	7			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.	7			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.	5	2		71	See Narrative
4.1.e	The consumer record contains documentation that the consumer and/or the authorized consumer representative has been informed of his/her personal rights.	3	4		43	See Narrative
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP which the day program provider is responsible for implementing.	7			100	None
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	7			100	None

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 7; Day Programs = 5</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	4		3	100	None
4.2	The day program has a copy of the consumer's current IPP. <i>[Title 17, CCR §56720(b)]</i>	7			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>	7			100	None
4.3.b	The day program's individual service plan or other program documentation is consistent with the services addressed in the consumer's IPP.	7			100	None
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	4	1	2	80	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.	7			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>	2		5	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>	2		5	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>	2		5	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

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

- ✓ Twelve consumers agreed to be interviewed by the monitoring teams.
- ✓ One consumer did not communicate verbally or declined an interview but was observed.
- ✓ No interviews were conducted with parents of minors.
- ✓ Four consumers were unavailable for or declined interviews.

#### III. Results of Observations and Interviews

All consumers/parents of minors indicated satisfaction with their living situation, day program, work activities, health, choice, and regional center services. The appearance for all of the consumers that were interviewed and observed reflected personal choice and individual style.

## SECTION VI A

### SERVICE COORDINATOR INTERVIEWS

#### I. Purpose

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

#### II. Scope of Interviews

1. The monitoring team interviewed three RCRC 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 RCRC's medical director and online resources for medication.

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 reporting process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed.

## SECTION VI B

### CLINICAL SERVICES INTERVIEW

#### I. Purpose

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

#### II. Scope of Interview

1. The questions in the interview cover the following topics: routine monitoring of consumers with medical issues, medications; behavior plans; coordination of medical and mental health care for consumers; circumstances under which actions are initiated for medical or behavior issues; clinical supports to assist service coordinators; improved access to preventive health care resources; role on the Risk Management Assessment and Planning Committee and Special Incident reports (SIR).
2. The monitoring team interviewed the Wellness Registered Nurse and Autism Clinical Specialist at RCRC.

#### III. Results of Interview

1. The RCRC clinical services team consists of physicians, registered nurses, psychologists, a psychiatrist, behaviorists, an autism specialist, dental coordinators, diversity outreach coordinator, grant resource developer, deaf/hearing specialist, and a dietician.
2. The clinical team monitors consumers with medical issues identified during the development of the individual program plan (IPP), special incident reports (SIR) and through referrals made by the service coordinators. As a result, consumer-specific plans may be developed which could include referrals to specialists, RCRC specialty clinics or Telemedicine Assessment and Consultation Team (TACT). The TACT program offers multi-disciplinary clinical services to consumers and their families via videoconferencing. The TACT team is available to provide ongoing support and follow up as needed.
3. Members of the clinical team collaborate with the consumers' primary care physician in the coordination of care. The clinical team nurses are involved with all hospitalizations to ensure appropriate discharge planning and follow-up.



4. The clinical staff monitors consumers with polypharmacy or medication-related issues. The team has developed a medication checklist which assists the service coordinators to identify medication concerns. Nurses are available to provide medication training to service coordinators and providers as needed.
5. The clinical team has numerous supports in place to assist service coordinators to carry out their responsibilities. RCRC provides continuing education for staff and service providers on topics such as medication management, developmental disabilities and medical complexities, flu, staph infections, end-of-life issues, and coordination of health care. Some of these supports also include video-conference presentations at all RCRC offices. The clinical staff maintains a library of DVDs that can be loaned to consumers, families, vendors, and regional center staff. Trainings are also provided by nurses and behaviorist regarding medical issues, autism, supports and current research.
6. The clinical team is involved with consumers' behavioral plans and mental health issues. A behaviorist and psychologist are available to review behavior plans, SIRs, and provide support and training to consumers, families and providers. Clinical team members also have a role in the coordination of mental health services for consumers with issues identified through mental health reports, the IPP process, and by referrals from service coordinators.
7. RCRC has improved access to healthcare resources through the following programs:
  - ✓ Advocacy for consumers with local health care providers;
  - ✓ Development of community-based services with emphasis on behavior, mental health and psychiatry;
  - ✓ Specialty pediatric clinics including nutrition and psychiatry;
  - ✓ Dental coordinators who provide desensitization training and support for consumers, and work with local hospitals and dental providers;
  - ✓ Grant from University of California, San Francisco (UCSF) to provide training to local physicians regarding rare developmental conditions; and,
  - ✓ RCRC psychiatrist whose specialty is developmental disabilities available to work collaboratively with local hospitals and medical providers.
8. Clinical team members participate in RCRC's Risk Management, Assessment and Planning Committee. Clinical staff review all health and death special incidents, provide feedback, recommendations and, if necessary, increased clinical services. The regional center utilizes Mission Analytics Group, Inc., the State's risk management contractor, to analyze special incidents for

trends. This information is used to make recommendations for appropriate follow-up and training as needed. The team also participates in RCRC's mortality review committee.

## SECTION VI C

### QUALITY ASSURANCE INTERVIEW

#### I. Purpose

The interview with quality assurance (QA) staff ascertains how the regional center has organized itself to conduct Title 17 monitoring of community care facilities (CCF), two unannounced visits to CCFs, and service provider training. The interview also inquires about verification of provider qualifications, resource development activities, and QA among programs and providers where there is no regulatory requirement to conduct QA monitoring.

#### II. Scope of Interview

The monitoring team interviewed a Family Home Agency manager who is part of the team responsible for conducting RCRC's QA activities.

#### III. Results of Interview

1. Service coordinators function as facility liaisons to CCFs. RCRC contracted staff conduct one comprehensive annual Title 17 monitoring review and two unannounced visits to CCFs per year. Review reports are provided to facility liaisons, community resource managers, and the Client Services Manager. Each review utilizes standardized report forms and checklists based on Title 17 regulations. The community resource manager or liaisons may conduct additional unannounced visits to facilities with identified issues that require further follow-up review. The community resource manager is responsible for writing a corrective action plan (CAP) if significant issues are discovered, and CAPs are overseen by RCRC's Director of Clinical Services.
2. Service coordinators and the community resource manager review and investigate special incident reports (SIR) in collaboration with Community Care Licensing or law enforcement, as needed. They commonly conduct follow-up for SIRs related to specific consumers or vendors with a history of problems.
3. The community resource manager is responsible for analyzing data from SIRs and QA monitoring. When issues of concern are identified, the information is presented to the Risk Management, Assessment and Planning Committee in order to assist in identifying possible remedial measures.

4. RCRC uses information collected from the various monitoring activities, such as cross-reporting and sharing reports with Community Care Licensing on a quarterly basis, to provide technical assistance and training for providers. Topics have included preventing sexual and physical abuse, changing regulations, the HCBS final rule, medication side effects, symptoms of medical conditions, and special needs of elderly consumers.

## 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 individual program plan (IPP) development and/or review; the extent of their plan participation; how the plan was developed; how service providers ensure accurate documentation, communicate, address and monitor health issues; their preparedness for emergencies; and how they monitor safety and safeguard medications.

#### II. Scope of Interviews

RCRC's HCBS Waiver consumer sample did not include full scopes because of the representative sample for this monitoring review.

#### III. Results of Interviews

NA

## **SECTION VII B**

### **DIRECT SERVICE STAFF INTERVIEWS**

#### **I. Purpose**

The interviews determine how well the direct service staff know the consumers and their understanding of the individual program plan (IPP) and service delivery requirements, how they communicate, their level of preparedness to address safety issues, their understanding of emergency preparedness, and their knowledge about safeguarding medications.

#### **II. Scope of Interviews**

RCRC's HCBS Waiver consumer sample did not include full scopes because of the representative sample for this monitoring review.

#### **III. Results of Interviews**

NA

## SECTION VIII

### VENDOR STANDARDS REVIEW

#### I. Purpose

The review ensures that the selected community care facilities (CCF) and day programs are serving consumers in a safe, healthy and positive environment where their rights are respected. The review also ensures that CCFs are meeting the HCBS Waiver definition of a homelike setting.

#### II. Scope of Review

RCRC's HCBS Waiver consumer sample did not include full scopes because of the representative sample for this monitoring review.

#### III. Results of Review

NA

#### IV. Findings and Recommendations

NA

## 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 RCRC was reviewed by comparing deaths entered into the Client Master File for the review period with special incident reports (SIR) of deaths received by the Department of Developmental Services (DDS).
2. The records of the 17 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 10 consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

#### III. Results of Review

1. RCRC reported all deaths during the review period to DDS.
2. RCRC reported all special incidents in the sample of 17 records selected for the HCBS Waiver review to DDS.
3. RCRC's vendors reported eight of the ten (80 percent) applicable incidents in the supplemental sample within the required timeframes.
4. RCRC reported all (100 percent) incidents to DDS within the required timeframes.
5. RCRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the ten incidents.



IV. Findings and Recommendations

SIR #1: The incident occurred on August 5, 2021. However, the vendor did not submit a written report to RCRC until August 11, 2021.

SIR #4: The incident occurred on January 30, 2022. However, the vendor did not submit a written report to RCRC until February 2, 2022.

Recommendations	Regional Center Plan/Response
<p>RCRC should ensure that the vendor for consumers SIR #1 and SIR #4 report special incidents within the required timeframes.</p>	<p>For SIR #1 SC provided technical assistance to provider on 08/11/2022 when he received the information that the ER visit had turned into a reportable hospitalization. In addition, upon notification of the finding, Community Resource staff was notified. Community Resource staff then contacted the vendors in August 2022 and provided technical assistance and training regarding SIR timelines.</p> <p>SIR #4: Upon notification of the finding, Community Resource staff contacted the vendors in August 2022 and provided technical assistance and training regarding SIR timelines.</p>

## SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

### HCBS Waiver Review Consumers

#	UCI	CCF	DP
1	7019482		2
2	6456902		4
3	7019532		3
4	7013337		
5	5992151		
6	7098382		2
7	7767497		5
8	5944426		
9	7096752		
10	7092415		
11	7005663		1
12	8020075		
13	7098372		
14	7027405		1
15	6892032		
16	6596383		
17	7031706		

### Supplemental New Enrollee Sample

#	UCI
NE-1	6332588

### HCBS Waiver Review Service Providers

Day Program #	Vendor
1	PR0427
2	HR0226
3	HR0477
4	HR0280
5	HR0486

### SIR Review Consumers

#	UCI	Vendor
SIR 1	7014020	HF0333
SIR 2	7013428	HR0081
SIR 3	7186034	HR0546
SIR 4	7018138	HR0156
SIR 5	7187463	HR0451
SIR 6	6139984	HR0347
SIR 7	7020761	HR0284
SIR 8	5718242	HR0539
SIR 9	7013782	HR0482
SIR 10	5806021	HR0320

**Redwood Coast Regional Center  
Home and Community-Based Services  
1915(i) State Plan Amendment  
Monitoring Review Report**

**Conducted by:**

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

**July 11–22, 2022**

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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) 1915(i) State Plan Amendment (SPA) program from July 11-22, 2022, at Redwood Coast Regional Center (RCRC). The monitoring team members were Fam Chao (Team Leader), Hope Beale, Kelly Sandoval, Nora Muir, and Bonnie Simmons from DDS.

### 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 1915(i) SPA services are provided through this system. It is the responsibility of DDS to ensure, with the oversight of DHCS, that the HCBS 1915(i) SPA is implemented by regional centers in accordance with Medicaid statute and regulations.

### Overview of the HCBS 1915(i) SPA Programmatic Compliance Monitoring Protocol

The compliance monitoring review protocol is comprised of sections/components designed to determine if the consumers' needs and program requirements are being met and that services are being provided in accordance with the consumers' individual program plan (IPP). Specific criteria have been developed for the review sections listed below that are derived from federal/state statutes and regulations and from Centers for Medicare & Medicaid Services' directives and guidelines relating to the provision of HCBS 1915(i) SPA services.

### Scope of Review

The monitoring team conducted a record review of a sample of 5 HCBS 1915(i) SPA consumers. In addition, a supplemental sample of consumer records were reviewed for five consumers who had special incidents reported to DDS during the review period of April 1, 2021, through March 31, 2022.

### Overall Conclusion

RCRC is in substantial compliance with the federal requirements for the HCBS 1915(i) SPA program. Specific recommendations that require follow-up actions by RCRC are included in the report findings. DDS is requesting documentation of follow-up actions taken by RCRC in response to each of the specific recommendations within 30 days following receipt of this report.

## Major Findings

### Section I – Regional Center Consumer Record Review

Five sample consumer records were reviewed for 24 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS 1915(i) SPA requirements. Criterion 1.9.a was 50 percent in compliance because 2 of the 4 applicable records did not contain documentation of all required quarterly face-to-face visits. Criterion 1.9.b was 50 percent in compliance because 2 of the 4 applicable records did not contain documentation of all required quarterly reports of progress. Seven criteria were rated as not applicable for this review.

The sample records were 94 percent in overall compliance for this review. RCRC's records were 99 percent and 97 percent in overall compliance for the collaborative reviews conducted in 2020 and in 2018 respectively.

### Section II – Special Incident Reporting

The monitoring team reviewed the records of the 5 1915(i) SPA consumers and five supplemental sample consumers for special incidents during the review period. RCRC reported all special incidents timely for the sample selected for the HCBS 1915(i) SPA review. For the supplemental sample, the service providers reported four of the five incidents to RCRC within the required timeframes, and RCRC subsequently transmitted all five special incidents to DDS within the required timeframes. RCRC's follow-up activities on consumer incidents were timely and appropriate for the severity of the situation.

## SECTION I

### 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) 1915(i) State Plan Amendment (SPA) services. The criteria address requirements for eligibility, consumer choice, notification of proposed action and fair hearing rights, individual program plans and periodic reviews and reevaluations of services. The information obtained about the consumers' needs and services is tracked as a part of the onsite program reviews.

#### II. Scope of Review

1. Five HCBS 1915(i) SPA consumer records were selected for the review sample.
2. The review period covered activity from April 1, 2021 to March 31, 2022.

#### III. Results of Review

The sample consumer records were reviewed for 24 documentation requirements derived from federal and state statutes and regulations and HCBS 1915(i) SPA requirements. Seven criteria were not applicable for this review.

- ✓ The sample records were in 100 percent compliance for 15 applicable criteria. There are no recommendations for these criteria.
- ✓ Findings for two 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

- 1.9.a Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or supported living and independent living settings. (*Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement*)



## Findings

Two of the four (50 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the record for consumer #1 contained documentation of three of the required meetings. The record for consumer #4 contained documentation of two of the required meetings.

1.9.a Recommendation	Regional Center Plan/Response
<p>RCRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #1 and #4.</p>	<p>RCRC Director of Client Services met with all Client Services Managers and reviewed the monitoring results. All managers were instructed to meet with the service coordinators monthly to ensure that quarterlies were done. Managers have met with and continue to meet monthly with each SC to review. In addition, DDS put RCRC on a plan of correction from March 1, 2022, through Sept 30, 2022. At the end of this time, all quarterlies were reported to DDS. All SCs were provided with training on quarterly reporting on February 25<sup>th</sup> and 28<sup>th</sup> 2022 and in March 2023. RCRC waiver training, which includes a section on quarterly reporting, was also provided in May 2022, August 2022, October 2022, January 2023 and April 2023.</p>
<p>In addition, RCRC should evaluate what actions may be necessary to ensure that all future face-to-face meetings are completed and documented each quarter for all applicable consumers.</p>	<p>RCRC Director of Client Services met with all Client Services Managers and reviewed the monitoring results. All managers were instructed to meet with the service coordinators monthly to ensure that quarterlies were done. Managers have met with and continue to meet monthly with each SC to review. In addition, DDS put RCRC on a plan of correction from March 1, 2022, through Sept 30, 2022. At the end of this time, all quarterlies were reported to DDS. All SCs were provided with training on quarterly reporting on February 25<sup>th</sup> and 28<sup>th</sup></p>

	2022 and in March 2023. RCRC waiver training, which includes a section on quarterly reporting, was also provided in May 2022, August 2022, October 2022, January 2023 and April 2023.
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- 1.9.b Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or supported living and independent living settings. *(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)*

Findings

Two of the four (50 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the record for consumer #1 contained documentation of three of the required quarterly reports of progress. The record for consumer #4 contained documentation of two of the required quarterly reports of progress.

1.9.b Recommendation	Regional Center Plan/Response
RCRC should ensure that future quarterly reports of progress are completed for consumers #1 and #4.	RCRC Director of Client Services met with all Client Services Managers and reviewed the monitoring results. All managers were instructed to meet with the service coordinators monthly to ensure that quarterlies were done. Managers have met with and continue to meet monthly with each SC to review. In addition, DDS put RCRC on a plan of correction from March 1, 2022, through Sept 30, 2022. At the end of this time, all quarterlies were reported to DDS. All SCs were provided with training on quarterly reporting on February 25 <sup>th</sup> and 28 <sup>th</sup> 2022 and in March 2023. RCRC waiver training, which includes a section on quarterly reporting, was also provided in May 2022, August 2022, October 2022, January 2023 and April 2023.

Regional Center Consumer Record Review Summary						
Sample Size = 5 Records						
	Criteria	+	-	N/A	% Met	Follow-up
1.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	5			100	None
1.1	Each record contains a "1915(i) State Plan Amendment Eligibility Record" (DS 6027 form), signed by qualified personnel, which documents the date of the consumer's initial 1915(i) SPA eligibility certification and annual reevaluation, eligibility criteria, and short-term absences. [SMM 4442.1; 42 CFR 483.430(a)]	Criterion 1.1 consists of four sub-criteria (1.1.a-d) that are reviewed and rated independently.				
1.1.a	The DS 6027 is signed and dated by qualified regional center personnel.			5	NA	None
1.1.b	The DS 6027 form indicates that the consumer meets the eligibility criteria for the 1915(i) SPA.			5	NA	None
1.1.c	The DS 6027 form documents annual reevaluations.			5	NA	None
1.1.d	The DS 6027 documents short-term absences of 120 days or less, if applicable.			5	NA	None
1.2	There is written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever services or choice of services are denied or reduced without the agreement of the consumer/authorized representative, or the consumer/authorized representative does not agree with all, or part, of the components in the consumer's IPP. [42 CFR Part 431, Subpart E; WIC §4710(a)(1)]			5	NA	None
1.3	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)]	5			100	None
1.4.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)]	5			100	None

**Regional Center Consumer Record Review Summary**  
**Sample Size = 5 Records**

	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
1.4.b	IPP addendums are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	2		3	100	None
1.4.c	The IPP is prepared jointly with the planning team. [WIC §4646(d)]	5			100	None
1.5	The IPP includes a statement of goals based on the needs, preferences, and life choices of the consumer. [WIC §4646.5(a)(2)]	5			100	None
1.6	The IPP addresses the consumer's goals and needs. [WIC §4646.5(a)(2)]	Criterion 1.6 consists of six sub-criteria (1.6.a-f) that are reviewed independently.				
1.6.a	The IPP addresses the special health care requirements, health status and needs as appropriate.			5	NA	None
1.6.b	The IPP addresses the services which the CCF provider is responsible for implementing.			5	NA	None
1.6.c	The IPP addresses the services which the day program provider is responsible for implementing.	2		3	100	None
1.6.d	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	4		1	100	None
1.6.e	The IPP addresses the consumer's goals, preferences, and life choices.	5			100	None
1.6.f	The IPP includes a family plan component if the consumer is a minor. [WIC §4685(c)(2)]	1		4	100	None
1.7.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. [WIC §4646.5(a)(5)]	5			100	None
1.7.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. [WIC §4646.5(a)(5)]	5			100	None
1.7.c	The IPP specifies the approximate scheduled start date for new services and supports. [WIC §4646.5(a)(5)]	2		3	100	None
1.8	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)]	5			100	None

**Regional Center Consumer Record Review Summary**  
**Sample Size = 5 Records**

	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
1.9	Periodic reviews and reevaluations are completed ( <i>at least annually</i> ) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and that the consumer and his/her family are satisfied with the IPP and its implementation. <i>[WIC §4646.5(a)(8)]</i>	5			100	None
1.9.a	Quarterly face-to-face meetings with the consumer are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or supported living and independent living settings. ( <i>Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement</i> )	2	2	1	50	See Narrative
1.9.b	Quarterly reports of progress toward achieving IPP objectives are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or supported living and independent living settings. ( <i>Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement</i> )	2	2	1	50	See Narrative

## SECTION II

### 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. The records of the 5 consumers selected for the HCBS 1915(i) State Plan Amendment (SPA) sample were reviewed to determine that all required special incidents were reported to Department of Developmental Services (DDS) during the review period.
2. A supplemental sample of five consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

#### III. Results of Review

1. RCRC reported all special incidents timely in the sample of 5 records selected for the HCBS 1915(i) SPA review to DDS.
2. RCRC's vendors reported four of the five (80 percent) special incidents in the supplemental sample within the required timeframes.
3. RCRC reported all five (100 percent) incidents to DDS within the required timeframes.
4. RCRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the five incidents.

#### IV. Finding and Recommendation

**SIR #3:** The incident occurred on June 12, 2021. However, the vendor did not submit a special incident report to the regional center until June 15, 2021.

Recommendation	Regional Center Plan/Response
RCRC should ensure that vendors submit special incidents within the required timeframe.	When SIRs are late, the SC or on-call staff and/or the SIR coordinator provide technical assistance to the provider. In addition, RCRC's SIR coordinator has worked with the Community Resource staff to update provider SIR training. Community Resource staff will continue to provide technical assistance and training to providers.

## SAMPLE CONSUMERS

### HCBS 1915(i) State Plan Amendment Review Consumers

#	UCI
1	7097723
2	6492425
3	7098770
4	7018310
5	7029204

### SIR Review Consumers

#	UCI	Vendor
SIR 1	7032148	NA
SIR 2	5596382	HR0012
SIR 3	7002934	HR0012
SIR 4	7098814	HR0011
SIR 5	7019003	HR0418