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February 10, 2019

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

Steve Perez, Board President
Redwood Coast Developmental Services Corp.
1116 Airport Park Boulevard
Ukiah, CA 95482

Dear Mr. Perez:

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, 1915(i) State Plan Amendment, Targeted Case Management and Nursing Home Reform programs conducted from February 28 to March 2, 2018, at Redwood Coast Regional Center (RCRC). The period of review was December 1, 2016 through November 30, 2017.

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: Erin Paulsen, Chief
Federal Programs Monitoring Section
1600 9th Street, Room 320, MS 3-11
Sacramento, CA 95814

"Building Partnerships, Supporting Choices"

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**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**

February 26–March 2, 2018

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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) from February 26–March 2, 2018, at Redwood Coast Regional Center (RCRC). The monitoring team members were Corbett Bray (Team Leader), Nora Muir, Kathy Benson, and Bonnie Simmons from DDS, and Raylyn Garrett from DHCS.

Purpose of the Review

DDS contracts with 21 private, non-profit corporations to operate regional centers, which are responsible under state law for coordinating, providing, arranging or purchasing the services needed for eligible individuals with developmental disabilities in California. All HCBS Waiver 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 the 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 eight HCBS 1915(i) SPA consumers. In addition, a supplemental sample of consumer records was reviewed for five consumers who had special incidents reported to DDS during the review period of December 1, 2016 through November 30, 2017.

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

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

The sample records were 97 percent in overall compliance for this review.

Section II – Special Incident Reporting

The monitoring team reviewed the records of the HCBS 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 all five incidents to RCRC within the required timeframes, and RCRC subsequently transmitted all five 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 (IPP) 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. Eight HCBS 1915(i) SPA consumer records were selected for the review sample.
2. The review period covered activity from December 1, 2016 to November 30, 2017.

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 97 percent in compliance for 14 applicable criteria. There are no recommendations for these criteria.
- ✓ Findings for three criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Finding and Recommendation

- 1.3 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

Seven of the eight (88 percent) sample 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 #2 had been reviewed during the monitoring review period. A new IPP was completed on January 25, 2018, for consumer #2. Accordingly, there is no recommendation.

- 1.6.c The IPP addresses the services which the day program provider is responsible for implementing. [W&I Code §4646.5(a)(2)]

Finding

Three of the four (75 percent) applicable sample consumer records contained IPPs that addressed the consumer's day program services. However, the IPP for consumer #2 did not include the services the consumers' day program provider is responsible for implementing. A new IPP was completed on January 25, 2018, for consumer #2 that addressed day program services. Accordingly, there is no recommendation.

- 1.9 Periodic reviews and reevaluations of consumer progress are completed (at least annually) 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.
[W&I Code §4646.5(a)(6)]

Finding

Seven of the eight (88 percent) sample consumer records contained documentation of periodic review and reevaluation of consumer progress at least annually. However, the record for consumer #2 did not contain documentation that the consumer's progress had been reviewed within the year. A new IPP was completed on January 25, 2018, for consumer #2. Accordingly, there is no recommendation.

Regional Center Consumer Record Review Summary						
Sample Size = 8 Records						
	Criteria	+	-	N/A	% Met	Follow-up
1.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	8			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.			8	NA	None
1.1.b	The DS 6027 form indicates that the consumer meets the eligibility criteria for the 1915(i) SPA.	8			100	None
1.1.c	The DS 6027 form documents annual reevaluations.			8	NA	None
1.1.d	The DS 6027 documents short-term absences of 120 days or less, if applicable.			8	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; W&I Code §4646(g)]			8	NA	None
1.3	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)]	7	1		88	See Narrative
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. [W&I Code §4646(g)]	8			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 8 Records						
	Criteria	+	-	N/A	% Met	Follow-up
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.			8	NA	None
1.4.c	The IPP is prepared jointly with the planning team. <i>[W&I Code §4646(d)]</i>	8			100	None
1.5	The IPP includes a statement of goals based on the needs, preferences, and life choices of the consumer. <i>[W&I Code §4646.5(a)(2)]</i>	8			100	None
1.6	The IPP addresses the consumer's goals and needs. <i>[W&I Code §4646.5(a)(2)]</i>	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.	4		4	100	None
1.6.b	The IPP addresses the services which the CCF provider is responsible for implementing.			8	NA	None
1.6.c	The IPP addresses the services which the day program provider is responsible for implementing.	3	1	4	75	See Narrative
1.6.d	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	5		3	100	None
1.6.e	The IPP addresses the consumer's goals, preferences, and life choices.	8			100	None
1.6.f	The IPP includes a family plan component if the consumer is a minor. <i>[W&I Code §4685(c)(2)]</i>	1		7	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. <i>[W&I Code §4646.5(a)(4)]</i>	8			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. <i>[W&I Code §4646.5(a)(4)]</i>	8			100	None
1.7.c	The IPP specifies the approximate scheduled start date for new services and supports. <i>[W&I Code §4646.5(a)(4)]</i>			8	NA	None

Regional Center Consumer Record Review Summary						
Sample Size = 8 Records						
	Criteria	+	-	N/A	% Met	Follow-up
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. <i>[W&I Code §4646.5(a)(4)]</i>	8			100	None
1.9	Periodic reviews and reevaluations are completed (at least annually) 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>[W&I Code §4646.5(a)(6)]</i>	7	1		88	See Narrative
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>	4		4	100	None
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>	4		4	100	None

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 eight consumers selected for the Home and Community-Based Services (HCBS) 1915(i) State Plan Amendment (SPA) sample were reviewed to determine that all required special incidents were reported to the 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. Redwood Coast Regional Center (RCRC) reported all special incidents timely in the sample of eight records selected for the HCBS 1915(i) SPA review to DDS.
2. RCRC's vendors reported all five (100 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. Findings and Recommendations

None

SAMPLE CONSUMERS
1915(i) State Plan Amendment Review Consumers

#	UCI
1	7888572
2	7196511
3	7019367
4	7015613
5	6800411
6	7096226
7	7028047
8	7029431

SIR Review Consumers

#	UCI	Vendor
SIR 1	5032612	HR0250
SIR 2	7015753	HR0470
SIR 3	7029914	HR0228
SIR 4	7020365	H11123
SIR 5	7027656	HR0383

**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**

February 26–March 2, 2018

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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 February 26–March 2, 2018, at Redwood Coast Regional Center (RCRC). The monitoring team members were Corbett Bray (Team Leader), Nora Muir, Kathy Benson, and Bonnie Simmons from DDS, and Raylyn Garrett from DHCS.

Purpose of the Review

DDS contracts with 21 private, non-profit corporations to operate regional centers, which are responsible under state law for coordinating, providing, arranging or purchasing 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 statutes 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 the 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 18 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers whose HCBS Waiver eligibility had been previously terminated, and 2) nine consumers who had special incidents reported to DDS during the review period of December 1, 2016 through November 30, 2017.

The monitoring team completed visits to one community care facility (CCF) and seven day programs. The team reviewed one CCF and seven day program consumer records and interviewed and/or observed 17 selected sample consumers.

Overall Conclusion

RCRC 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

Eighteen sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Criterion 2.9.d was 64 percent in compliance because four of the eleven applicable IPPs did not address the services which the day program provider is responsible for implementing. Criterion 2.10.a was 83 percent in compliance because three of the eighteen consumer IPPs did not contain a schedule of the type and amount of all services and supports purchased by the regional center. Criteria 2.13.a and 2.13.b were each 43 percent in compliance because eight of the fourteen applicable records did not contain documentation of all required quarterly face-to-face visits and reports of progress. The sample records were 94 percent in overall compliance for this review. Two criteria were not applicable for this review.

RCRC's records were 94 percent and 96 percent in overall compliance for the collaborative reviews conducted in 2016 and in 2013, respectively.

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

One consumer record was reviewed at one CCF for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample record was 92 percent in overall compliance for this review. Seven criteria were not applicable for this review.

RCRC's records were 100 percent and 97 percent in overall compliance for the collaborative reviews conducted in 2016 and in 2013, respectively.

Section IV – Day Program Consumer Record Review

Seven consumer records were reviewed at seven day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. Three criteria were rated as not applicable for this review. The sample records were 97 percent in overall compliance for the 14 applicable criteria for this review.

RCRC's records were 97 percent and 100 percent in overall compliance for the collaborative reviews conducted in 2016 and in 2013, respectively.

Section V – Consumer Observations and Interviews

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

The Director of Clinical Services was interviewed using a standard interview instrument. She 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 in the Risk Management Committee and special incident reporting.

Section VI C – Quality Assurance Interview

A community resource manager was interviewed using a standard interview instrument. He 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

One service provider at one CCF was interviewed using a standard interview instrument. The service provider responded to questions regarding their knowledge of the consumer,

the annual review process, and the monitoring of health issues, medication administration, progress, safety and emergency preparedness. The staff was familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interviews

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

Section VIII – Vendor Standards Review

The monitoring team reviewed one CCF utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. The reviewed vendor was in good repair with no immediate health or safety concerns observed.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 18 HCBS Waiver consumers and nine 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 eight of the nine incidents to RCRC within the required timeframes, and RCRC subsequently transmitted all nine special incidents to DDS within the required timeframes. RCRC's follow-up activities for the nine 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 Redwood Coast Regional Center's (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. 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.

Regional Center Self-Assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
<p>State conducts level-of-care need determinations consistent with the need for institutionalization.</p>	<p>The regional center ensures that consumers meet ICF/DD, ICF/DD-H, or ICF/DD-N facility level-of-care requirements as a condition of initial and annual eligibility for the HCBS Waiver Program.</p> <p>Regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meets the federal definition of a Qualified Mental Retardation Professional (QMRP).</p> <p>The regional center ensures that consumers are eligible for full-scope Medi-Cal benefits before enrolling them in the HCBS Waiver.</p>
<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 oversees 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>

Regional Center Self-Assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services (cont.)	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 once 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. Eighteen HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	2
With Family	4
Independent or Supported Living Setting	12

2. The review period covered activity from December 1, 2016 through November 30, 2017.

III. Results of Review

The 18 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Three supplemental records were reviewed solely for documentation that Redwood Coast Regional Center (RCRC) had either provided the consumer with written notification prior to termination of the consumer's HCBS Waiver eligibility or the consumer had voluntarily disenrolled from the HCBS Waiver.

- ✓ The sample records were in 100 percent compliance for 22 criteria. There are no recommendations for these criteria. Two criteria were not applicable for this review.
- ✓ Findings for seven criteria are detailed below.

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

IV. Findings and Recommendations

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

Finding

Seventeen of the eighteen (94 percent) applicable consumer records documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. For consumer #6 “vision impairment” was identified as a qualifying condition on the DS 3770, but there was no supporting information in the consumer’s record (IPP, progress reports, vendor reports, etc.) that described the impact of the identified condition or the need for services and supports.

2.5.b Recommendation	Regional Center Plan/Response
RCRC should determine if the item listed above for consumer #6 is appropriately identified as a qualifying condition. The consumer’s DS 3770 form should be corrected to ensure that any items that do not represent substantial limitations in the consumer’s ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying conditions. If RCRC determines that the issue above is correctly identified as a qualifying condition, documentation (updated IPPs, progress reports, etc.) that supports the original determination should be submitted with the response to this report.	Corrections have been made. A corrected DS 3770 was provided to Monitoring Team Leader. An additional copy is being sent with this report.

- 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

Seventeen of the 18 (94 percent) sample consumer records contained documentation that the IPPs were reviewed at least annually by the planning team, and modified as necessary. The IPP for consumer #12 was reviewed on April 3, 2017; however, the previous IPP review was conducted on November 1, 2014.

2.6.a Recommendation	Regional Center Plan/Response
RCRC should ensure that the IPP for consumer #12 is reviewed at least annually.	Consumer #12 will be monitored quarterly from 11/1/2018 through 11/1/2019 to ensure all required reviews, both quarterly and/or the annual review of the IPP, are completed.

- 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

Seventeen of the eighteen (94 percent) applicable sample consumer records contained IPPs that addressed the consumers’ qualifying conditions. The IPP for consumer #1 did not address services and supports for the consumer’s need for “assistance with medications.” Subsequent to the review period, an addendum was completed that addressed services and supports for assistance with medications. Accordingly, no recommendation is required.

- 2.9.d The IPP addresses the services which the day program provider is responsible for implementing. [W&I Code §4646.5(a)(2)]

Findings

Seven of the eleven (64 percent) applicable sample consumer records contained IPPs that addressed the consumers’ day program services. However, the IPPs for consumers #1, #7, #10, and #16 did not include the services which the day program provider is responsible for implementing.

2.9.d Recommendation	Regional Center Plan/Response
1. RCRC should ensure that the IPPs for consumers #1, #7, #10, and #16 address the services which the day program provider is responsible for implementing.	Addenda for Clients #1, #7, #10 and #16 have been completed and are being sent to DDS with this report.
2. In addition, RCRC should evaluate what actions may be necessary to ensure that IPPs for all consumers address the services which the day program provider is responsible for implementing.	RCRC is providing ongoing training and IPP template language to service coordinators regarding the services which day programs are responsible for implementing.

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

Findings

Fifteen of the eighteen (83 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by RCRC. The IPP for consumer #11 did not indicate RCRC funded transportation services. Subsequent to the review period, RCRC provided an addendum dated February 1, 2018, that included the support purchased by the regional center. Accordingly, no recommendation is required.

The IPPs for the following consumers did not include the following services and supports purchased by the regional center:

1. Consumer #7: Therapeutic Services; and,
2. Consumer #18: Behavior Management Consultant.

2.10.a Recommendation	Regional Center Plan/Response
1. RCRC should ensure that the IPPs for consumers #7 and #18 include all services and supports purchased by the regional center.	Addenda for consumers #7 and #18 that address the specified service have been completed and are being sent to DDS with this report.
2. In addition, RCRC should evaluate what actions may be necessary to ensure that the IPPs for all consumers include all services and supports purchased by the regional center.	RCRC has developed an IPP Guideline and is providing training to service coordinators to ensure that IPPs include all services and supports purchased by the regional center.

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

Six of the fourteen (43 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for eight consumers did not meet the requirement as indicated below:

1. The records for consumers #5, #9, and #11 contained documentation of only three of the required meetings.
2. The records for consumers #1, #8, and #14 contained documentation of only two of the required meetings.
3. The records for consumers #12 and #13 contained documentation of only one of the required meetings.

2.13.a Recommendations	Regional Center Plan/Response
1. RCRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #1, #5, #8, #9, #11, #12, #13, and #14.	Consumers #1, #5, #8, #9, #11, #12, #13, and #14 will be monitored quarterly from 11/1/2018 through 11/1/2019 to ensure all required reviews, both quarterly and/or the annual reviews of the IPP, are completed.
2. 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.	RCRC will provide training to client service managers, unit assistants, and service coordinators regarding the importance of quarterly visits. Unit assistants will run monthly 'reports and contacts due' for all service coordinators. Client service managers will meet with service coordinators to ensure quarterly meetings and reports are completed timely.

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

Six of the fourteen (43 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for eight consumers did not meet the requirement as indicated below:

1. The records for consumers #5, #9, and #11 contained documentation of only three of the required quarterly reports of progress.
2. The records for consumers #1, #8, and #14 contained documentation of only two of the required quarterly reports of progress.
3. The records for consumers #12 and #13 contained documentation of only one of the required quarterly reports of progress.

2.13.b Recommendations	Regional Center Plan/Response
1. RCRC should ensure that future quarterly reports of progress are completed for consumers #1, #5, #8, #9, #11, #12, #13, and #14.	Consumers #1, #5, #8, #9, #11, #12, #13, and #14 will be monitored quarterly from 11/1/2018 through 11/1/2019 to ensure all required reviews, both quarterly and/or the annual reviews of the IPP, are completed.
2. In addition, RCRC should evaluate what actions may be necessary to ensure that all future quarterly reports of progress are completed and documented for all applicable consumers.	RCRC will provide training to client service managers, unit assistants, and service coordinators regarding the importance of quarterly visits. Unit assistants will run monthly 'reports and contacts due' for all service coordinators. Client service managers will meet with service coordinators to ensure quarterly meetings and reports are completed timely.

Regional Center Consumer Record Review Summary						
Sample Size = 18 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	18			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Mental Retardation Professional (QMRP), which documents the date of the consumer's initial HCBS Waiver eligibility certification, annual recertifications, the consumer's qualifying conditions and short-term absences. [SMM 4442.1; 42 CFR 483.430(a)]	Criterion 2.1 consists of four sub-criteria (2.1.a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a QMRP and the title "QMRP" appears after the person's signature.	18			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.	18			100	None
2.1.c	The DS 3770 form documents annual recertifications.	17		1	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.			18	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)]	18			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; W&I Code §4646(g)]	3		18	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 18 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. <i>(SMM 4442.5; 42 CFR 441.302)</i>	18			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>	18			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	17	1		94	See Narrative
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. <i>[42 CFR 441.301(b)(1)(I)]</i>	17	1		94	See Narrative
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. <i>(HCBS Waiver requirement)</i>	9		9	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>[W&I Code §4646(g)]</i>	18			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.	6		12	100	None
2.7.c	The IPP is prepared jointly with the planning team. <i>[W&I Code §4646(d)]</i>	18			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. <i>[W&I Code §4646.5(a)]</i>	18			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 18 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer's goals and needs. [W&I Code §4646.5(a)(2)]	Criterion 2.9 consists of seven sub-criteria (2.9.a-g) that are reviewed independently.				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	17	1		94	See Narrative
2.9.b	The IPP addresses special health care requirements.	10		8	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	2		16	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	7	4	7	64	See Narrative
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	12		6	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	18			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. [W&I Code §4685(c)(2)]	2		16	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. [W&I Code §4646.5(a)(4)]	15	3		83	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. [W&I Code §4646.5(a)(4)]	18			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [W&I Code §4646.5(a)(4)]	6		12	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. [W&I Code §4646.5(a)(4)]	18			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 18 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic reviews and reevaluations of consumer progress are completed (at least annually) 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>[W&I Code §4646.5(a)(6)]</i>	18			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; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	6	8	4	43	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; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	6	8	4	43	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>(W&I Code §4418.3)</i>	3		18	100	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

One consumer record was reviewed at one CCF visited by the monitoring team. The facility's consumer record was reviewed to determine compliance with 19 criteria.

III. Results of Review

The consumer record was 92 percent in compliance for 12 criteria. Seven criteria were not applicable for this review.

- ✓ The sample record was 100 percent in compliance for 11 applicable criteria. There are no recommendations for these criteria.
- ✓ Finding for one criterion is detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Finding and Recommendation

- 3.3 The facility has a copy of the consumer's current IPP. *[Title 17, CCR, §56022(c)]*

Finding

The record for consumer #1 at CCF #1 did not have a copy of the current IPP. During the review, a copy of the IPP was provided. Accordingly, there is no recommendation.

Community Care Facility Record Review Summary						
Sample Size: Consumers = 1; CCFs = 1						
	Criteria	+	-	N/A	% Met	Follow-up
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. <i>(Title 17, CCR, §56017(b); Title 17, CCR, §56059(b); Title 22, CCR, §80069)</i>	1			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	1			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.			1	NA	None
3.1.c	The consumer record contains current health information that includes medical, dental and other health needs of the consumer, including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	1			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	1			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	1			100	None
3.1.i	Special safety and behavior needs are addressed.	1			100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17 and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. <i>[Title 17, CCR, §56019(c)(1)]</i>	1			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>		1		0	See Narrative

Community Care Facility Record Review Summary						
Sample Size: Consumers = 1; CCFs = 1						
	Criteria	+	-	N/A	% Met	Follow-up
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. <i>[Title 17, CCR, §56026(b)]</i>	1			100	None
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	1			100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. <i>[Title 17, CCR, §56026(c)]</i>			1	NA	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.			1	NA	None
3.5.c	Quarterly reports include a summary of data collected. <i>(Title 17, CCR, §56013(d)(4); Title 17, CCR, §56026)</i>			1	NA	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. <i>[Title 17, CCR, §56026(a)]</i>	1			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	1			100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>			1	NA	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>			1	NA	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. <i>(Title 17, CCR, §54327)</i>			1	NA	None

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

The review criteria address the requirements for day programs to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the 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 seven 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 12 criteria. Three criteria were not applicable for this review.

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

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

Findings

Five of the seven (71 percent) sample consumer records contained documentation that the consumer and/or their authorized representative had been informed of their personal rights. However, the record for consumer #2 at day program #6 and consumer #11 at day program #3 did not contain documentation that the consumer and/or their authorized representative were informed of the consumer's personal rights.

4.1.e Recommendations	Regional Center Plan/Response
RCRC should ensure the records for consumer #2 at day program #6, and consumer #11 at day program #3 contain documentation that the consumer and/or their authorized representative have been informed of their personal rights.	Consumer #2 at day program #6 and consumer #11 at day program #3 have been informed of their personal rights, and documentation of this is in the day program records.

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

Findings

Six of the seven (86 percent) sample consumer records contained a copy of the consumer's current IPP. However, the record for consumer #12 at day program #7 did not contain a copy of their current IPP.

4.2 Recommendations	Regional Center Plan/Response
RCRC should ensure that the record for consumer #12 at day program #7 contains a current copy of the consumer's IPP.	The IPP for consumer #12 at day program #7 is now in the day program record.

Day Program Record Review Summary						
Sample Size: Consumers = 7; Day Programs = 7						
	Criteria	+	-	N/A	% Met	Follow-up
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. (Title 17, CCR, §56730)	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.	7			100	None
4.1.e	The consumer record contains documentation that the consumer and/or the authorized consumer representative has been informed of his/her personal rights.	5	2		71	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

Day Program Record Review Summary						
Sample Size: Consumers = 7; Day Programs = 7						
	Criteria	+	-	N/A	% Met	Follow-up
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>	6	1		86	See Narrative
4.3.a	The day program provider develops, maintains, and modifies, as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. <i>[Title 17, CCR, §56720(a)]</i>	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>	7			100	None
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services 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>			7	N/A	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>			7	N/A	None
4.5.c	There is appropriate follow-up to special incidents to resolve the issue and eliminate or mitigate future risk. <i>(Title 17, CCR, §54327)</i>			7	N/A	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, work activities, health, choices, and regional center services.

II. Scope of Observations and Interviews

Seventeen of the 18 consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities, or in independent living settings.

- ✓ Thirteen adult consumers agreed to be interviewed by the monitoring teams.
- ✓ Two consumers did not communicate verbally or declined an interview, but were observed.
- ✓ Two interviews were conducted with a parent of a minor.
- ✓ One consumer was unavailable for interview.

III. Results of Observations and Interviews

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

SECTION VI A

SERVICE COORDINATOR INTERVIEWS

I. Purpose

The interviews determine how well the service coordinators know their consumers, the extent of their participation in the 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 Redwood Coast Regional Center (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 are 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 interview questions cover the following topics: routine monitoring of consumers with medical issues; medications; behavior plans; coordination of medical and mental health care for consumers; circumstances under which actions are initiated for medical or behavior issues; clinical supports to assist service coordinators; improved access to preventive health care resources; role in the Risk Management Committee and special incident reports (SIR).
2. The monitoring team received information from the Director of Clinical Services at Redwood Coast Regional Center (RCRC).

III. Results of Interview

The RCRC clinical services team consists of physicians, registered nurses, psychologists, a psychiatrist, behaviorists, dental coordinators, and a dietician.

The clinical team monitors consumers with medical issues identified during the development of the individual program plan (IPP), SIRs, 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 the Telemedicine Assessment and Consultation Team (TACT). The TACT program offers multidisciplinary clinical services to consumers and their families via videoconferencing. The TACT team is available to provide ongoing support and follow up as needed.

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.

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.

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 videoconference 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.

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.

RCRC has improved consumer access to preventative health care resources by providing:

- ✓ 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 providing desensitization training and support for consumers, and working with local hospitals and dental providers;
- ✓ Grant from University of California, San Francisco 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.

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 community resource manager, who is part of the team responsible for conducting Redwood Coast Regional Center's (RCRC) 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 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, 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

1. The monitoring team interviewed one service provider at one community care facility (CCF) where services are provided to the consumer that was visited by the monitoring team.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The service provider was familiar with the strengths, needs and preferences of their consumer.
2. The service provider indicated that they conducted assessments of the consumer, participated in their IPP development, provided the program-specific services addressed in the IPPs and attempted to foster the progress of their consumer.
3. The service provider monitored the consumer's health issues and safeguarded medications.
4. The service provider communicated with people involved in the consumer's life and monitored progress.
5. The service provider was prepared for emergencies, monitored the safety of the consumer, and understood special incident reporting and follow-up processes.

SECTION VII B

DIRECT SERVICE STAFF INTERVIEWS

I. Purpose

The interviews determine how well the direct service staff know the 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

1. The monitoring team interviewed one direct service staff at one community care facility (CCF) where services are provided to the consumer that was visited by the monitoring team.
2. The interview questions are divided into two categories:
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The direct service staff was familiar with the strengths, needs and preferences of their consumer.
2. The direct service staff was knowledgeable about their role and responsibilities for providing the services addressed in the consumer's IPP.
3. The direct service staff demonstrated that they understood the importance of communication with all individuals concerned with the consumer.
4. The direct service staff was prepared to address safety issues and emergencies and was familiar with special incident reporting requirements.
5. The direct service staff demonstrated an understanding about emergency preparedness.
6. The direct service staff was knowledgeable regarding safeguarding and assisting with self-administration of medications where applicable.

SECTION VIII VENDOR STANDARDS REVIEW

I. Purpose

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

II. Scope of Review

1. The monitoring teams reviewed one CCF.
2. The team used a monitoring review checklist consisting of 24 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

III. Results of Review

The CCF was found to be in good condition with no immediate health and safety concerns. Specific findings and recommendations are detailed below.

IV. Findings and Recommendations

8.2.b Medication Storage

CCF #1 had over-the-counter medication that was physician prescribed, however it was not labeled with identifying information.

8.2.b Recommendation	Regional Center Plan/Response
RCRC should ensure that CCF #1 follows medication labeling requirements.	The administrator for CCF #1 was informed of the need to label over-the-counter medication with identifying information at the time of the review. RCRC's wellness nurse is providing follow-up review and training on November 30, 2018.

8.2.d PRN Medication Records

CCF #1 staff were not documenting the time, dosage, name of the medication, or consumer's response to a PRN medication.

8.2.d Recommendation	Regional Center Plan/Response
RCRC should ensure that CCF #1 properly documents all required PRN medication information.	The administrator for CCF #1 was informed of the need to document time, dosage, name of the medication, and consumer's response to PRN medication at the time of the review. RCRC's wellness nurse is providing follow-up review and training on November 30, 2018.

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 Redwood Coast Regional Center (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 18 consumers selected for the Home and Community-Based Services Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of nine 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 18 records selected for the HCBS Waiver review to DDS.
3. RCRC's vendors reported eight of the nine (89 percent) incidents in the supplemental sample within the required timeframes.
4. RCRC reported all nine (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 nine incidents.

IV. Finding and Recommendation

Consumer #SIR 40: The incident occurred on August 12, 2017. However, the vendor did not submit a written report to RCRC until August 15, 2017.

Recommendation	Regional Center Plan/Response
RCRC should ensure that the vendor for consumer #SIR 40 reports special incidents within the required timeframes.	On 7/11/18, RCRC Community Services staff provided vendor for SIR #40 (managers, supervisors, and all upper management staff) a SIR training which included the importance of timeframes.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

#	UCI	CCF	DP
1	6545446	1	
2	7005630		6
3	5772223		2
4	7131609		4
5	5946892		5
6	6496119		
7	6573782		
8	7001688		
9	7007032		
10	7007206		
11	7014707		3
12	7027859		7
13	7178261		
14	7706816		
15	5310402		1
16	5921143		
17	7028639		
18	7030549		

Supplemental Sample Terminated Waiver Consumers

#	UCI
T-19	5946652
T-20	7092395
T-21	7921421

HCBS Waiver Review Service Providers

CCF #	Vendor
1	HR0339

Day Program #	Vendor
1	HR0477
2	HR0493
3	P20700
4	H83740
5	HR0458
6	H53178
7	HR0129

SIR Review Consumers

#	UCI	Vendor
SIR 35	7092123	HR0483
SIR 36	7190442	HR0156
SIR 37	7004252	HR0228
SIR 38	7096136	HR0193
SIR 39	7096323	HR0193
SIR 40	5734272	HR0476
SIR 44	7016512	HR0347
SIR 45	7181091	HR0316
SIR 47	7190276	HR0159

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

Conducted by:

Department of Developmental Services

February 26–March 1, 2018

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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 February 26–March 1, 2018, at Redwood Coast Regional Center (RCRC). The monitoring team selected 18 consumer records for the TCM review. A sample of 10 records was 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 (PAS/RR) 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

Eighteen consumer records, containing 1,275 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), 92 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 10 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 1,275 TCM units to DDS for the 18 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 18 consumer records contained 1,275 billed TCM units. Of this total, 1,174 (92 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 TCM claimable services.

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

Finding

The TCM documentation in the 18 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 10 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 10 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 10 sample consumers had been entered into the AS 400 computer system and electronically transmitted to DDS.

Recommendation

None

SAMPLE CONSUMERS

TCM Review

#	UCI
1	6545446
2	7005630
3	5772223
4	7131609
5	5946892
6	6496119
7	6573782
8	7001688
9	7007032
10	7007206
11	7014707
12	7027859
13	7178261
14	7706816
15	5310402
16	5921143
17	7028639
18	7030549

NHR Review

#	UCI
1	6123889
2	7096472
3	7031082
4	H004537
5	7000540
6	5990171
7	7028563
8	7097792
9	7179331
10	7002868

ATTACHMENT I

TCM DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 18 Records Billed Units Reviewed: 1,275	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. The TCM service and unit documentation matches the information transmitted to DDS.	1,275			100	
2. The TCM service documentation billed to DDS is consistent with the definition of TCM service.	1,174	101		92	8
3. The TCM service documentation is signed and dated by appropriate regional center personnel.	1,275			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	