

**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**

**October 3-6, 2011**

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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 October 3 - 6, 2011 at Redwood Coast Regional Center (RCRC). The monitoring team members were Linda Rhoades (Team Leader), Ray Harris, and Corbett Bray from DDS, and Raylyn Garrett and Annette Hanson from DHCS.

### Purpose of the Review

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

### Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

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

### Scope of Review

The monitoring team reviewed a sample of 20 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers whose HCBS Waiver eligibility had been previously terminated; and 2) ten consumers who had special incidents reported to DDS during the review period of August 1, 2010 through July 31, 2011.

The monitoring team completed visits to one community care facility (CCFs) and three day programs. The team reviewed one CCF and three day program consumer records and interviewed and/or observed 13 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

Twenty sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Two criteria were rated as not applicable for this review. The sample records were 85 -100% in compliance for 27 of the 29 applicable criteria. Criteria 2.13.a and 2.13.b were 63% and 50% respectively in compliance because six of the sixteen and eight of the sixteen applicable consumer records did not contain documentation of all required quarterly face-to-face visits and progress reports.

The sample records were 95% in overall compliance for this review. RCRC's records were 97% and 99% in overall compliance for the collaborative reviews conducted in 2009 and in 2007, respectively.

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

One consumer record was reviewed at a CCF for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. Six criteria were rated as not applicable for this review. The sample record was 100% in overall compliance for the 13 applicable criteria on this review.

RCRC's records were 97% and 100% in overall compliance for the collaborative reviews conducted in 2009 and in 2007, respectively.

### Section IV – Day Program Consumer Record Review

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

The sample records were 94% in overall compliance for this review. RCRC's records were 96% and 98% in overall compliance for the collaborative reviews conducted in 2009 and in 2007 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 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. The interviewed consumers/parents indicated they were satisfied with their services, health and choices.

#### Section VI A – Service Coordinator Interviews

Four 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 provided information to the monitoring team. He responded to informational questions regarding the monitoring of consumers with medical issues, medications and behavior plans, the coordination of medical and mental health care for consumers, the provision of clinical supports to service coordinators, and the clinical team's participation in the Risk Management and Planning Committee.

#### Section VI C – Quality Assurance Interview

A community resource manager and a service coordinator were interviewed using a standard interview instrument. They responded to informational 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 CCF provider was interviewed using a standard interview instrument. The service provider responded to questions in the context of the sample consumer regarding their knowledge of the consumer, the annual review process and the monitoring of health issues, medications, progress, safety and emergency preparedness. The service provider was familiar with the consumer 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 20 HCBS Waiver consumers and ten 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 nine of the ten incidents to RCRC within the required timeframes, and RCRC subsequently transmitted nine of the ten 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 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.

<b>Regional Center Self Assessment HCBS Waiver Assurances</b>	
<b>HCBS Waiver Assurances</b>	<b>Regional Center Assurances</b>
State conducts level of care need determinations consistent with the need for institutionalization	<p>The regional center ensures that consumers meet ICF/DD, ICF/DD-H, or ICF/DD-N facility level of care requirements as a condition of initial and annual eligibility for the HCBS Waiver Program.</p> <p>Regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meet the federal definition of a Qualified Mental Retardation Professional (QMRP).</p> <p>The regional center ensures that consumers are eligible for full scope Medi-Cal benefits before enrolling them in the HCBS Waiver.</p>
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services	<p>The regional center takes action(s) to ensure consumers' rights are protected.</p> <p>The regional center takes action(s) to ensure that the consumers' health needs are addressed.</p> <p>The regional center ensures that behavior plans preserve the right of the consumer to be free from harm.</p> <p>The regional center maintains a Risk Management, Risk Assessment and Planning Committee.</p> <p>The regional center has developed and implemented a Risk Management/Mitigation Plan.</p> <p>Regional centers and local Community Care Licensing offices coordinate and collaborate in addressing issues involving licensing requirements and monitoring of CCFs pursuant to the MOU between DDS and Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 community care facilities.</p> <p>The regional center reviews each community care facility annually to assure services are consistent with the program design and applicable laws, and development and implementation of corrective action plans as needed.</p> <p>The regional center conducts not less than two unannounced monitoring visits to each CCF annually.</p> <p>Service coordinators perform and document periodic reviews [at least annually] to ascertain progress toward achieving IPP objectives, and the consumer's and the family's satisfaction with the IPP and its implementation.</p> <p>Service coordinators have quarterly face-to-face meetings with consumers in CCFs, Family Home Agencies, Supported Living Services, and Independent Living Services to review services and progress toward achieving the IPP objectives for which the service provider is responsible.</p>

<b>Regional Center Self Assessment HCBS Waiver Assurances</b>	
<b>HCBS Waiver Assurances</b>	<b>Regional Center Assurances</b>
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services (cont.)	The regional center ensures that needed services and supports are in place when a consumer moves from a developmental center (DC) to a community living arrangement. Service coordinators provide enhanced case management to consumers who move from a DC by meeting with them face-to-face every 30 days for the first 90 days they reside in the community.
Only qualified providers serve HCBS Waiver participants	The regional center ensures that all HCBS Waiver service providers have signed the "HCBS Provider Agreement Form" and meet the required qualifications at the time services are provided.
Plans of care are responsive to HCBS Waiver participant needs	The regional center ensures that all HCBS Waiver consumers are offered a choice between receiving services and living arrangements in an institutional or community setting. Regional centers ensure that planning for IPPs includes a comprehensive assessment and information gathering process which addresses the total needs of HCBS Waiver consumers and is completed at least every three years at the time of his/her triennial IPP The IPPs of HCBS Waiver consumers are reviewed at least annually by the planning team and modified, as necessary, in response to the consumers' changing needs, wants and health status. The regional center uses feedback from consumers, families and legal representatives to improve system performance. The regional center documents the manner by which consumers indicate choice and consent.

## SECTION II

### REGIONAL CENTER CONSUMER RECORD REVIEW

#### I. Purpose

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

#### II. Scope of Review

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

<b>Living Arrangement</b>	<b># of Consumers</b>
Community Care Facility (CCF)	3
With Family	4
Independent or Supported Living Setting	13

2. The review period covered activity from August 1, 2010 – July 31, 2011.

#### III. Results of Review

The 20 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 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. Two criteria were not applicable for this review.

- ✓ The sample records were in 100% compliance for 19 criteria. There are no recommendations for these criteria.
- ✓ 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

2.2 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))

Finding

Nineteen of the 20 (95%) sample consumer records contained a dated and signed DS 2200 form. However, the DS 2200 form for consumer #11, a non-conserved adult, was not signed by the consumer.

2.2 Recommendation	Regional Center Plan/Response
RCRC should ensure the DS 2200 form for consumer #11 is signed by the consumer.	<b>A signed copy of the DS 2200 has been signed by consumer #11. Copy available upon request.</b>

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

Nineteen of the 20 (95%) consumer records contained documentation that the consumers’ IPP had been reviewed annually by the planning team. However, the record for consumer #5 did not contain documentation that the consumer’s IPP had been reviewed.

2.6.a Recommendation	Regional Center Plan/Response
RCRC should ensure the IPP for consumer #5 is reviewed at least annually.	<p><b>a. SC has made multiple attempts to contact consumer for the IPP. A 30 day letter was sent on 2/8/12. Case will be inactivated or an IPP will be completed depending on the response of consumer #5. Documentation available upon request.</b></p> <p><b>b. Training on required IPP, Quarterly and Waiver documentation, including timelines was provided at all Service Coordinator Unit meetings. Documentation available upon request.</b></p>

- 2.6.b The HCBS Waiver Standardized Annual Review Form (SARF) is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary and that the consumer’s health status and CDER have been reviewed. (HCBS Waiver Requirement)

Finding

Eleven of the 12 (92%) applicable sample consumer records contained a completed SARF. However, the record for consumer #5 did not contain a completed SARF.

2.6.b Recommendation	Regional Center Plan/Response
RCRC should ensure that a SARF for consumer #5 is completed during the annual IPP review process.	<b>SC has made multiple attempts to contact consumer for the SARF. A 30 day letter was sent on 2/8/12. Case will be inactivated or an SARF will be completed, depending on the response of consumer #5. Documentation available upon request.</b>

- 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.

Finding

Two of the three (67%) applicable sample consumer records contained IPP addenda signed by an RCRC representative and the consumer or their legal representative. However, IPP addenda completed on 01/03/11 and 01/28/11 for consumer #1 were not signed by the consumer.

2.7.b Recommendation	Regional Center Plan/Response
RCRC should ensure that consumer #1 signs the IPP addenda.	<b>SC completed a new IPP on November 9, 2011. This IPP has all required signatures and replaces the addenda noted above. In addition, the identified addenda have been signed by consumer #1. Documentation available upon request.</b>

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

Findings

Eighteen of the 20 (90%) sample consumer records contained IPPs that addressed the consumers' qualifying conditions. However, the IPPs for two consumers did not identify the supports or services that are in place to address all of the consumers' qualifying conditions as indicated below.

1. Consumer #3: The IPP did not address the supports in place for the consumer's need for supervision with medication in the CCF's individual service plan dated 07/31/11.
2. Consumer #18: The IPP did not address the supports in place for the consumer's need for reminders with dressing as indicated in the supported living service plan.

2.9.a Recommendations	Regional Center Plan/Response
RCRC should ensure that the IPPs for consumers #3 and #18 address the services and supports in place for the issues identified above.	<b>SCs for consumers #3 and #18 have been advised to complete addenda that address supervision with medication and reminders for dressing as noted above. Documentation available upon request.</b>

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

Seventeen of the 20 (85%) applicable sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by RCRC. However, the IPP for the consumers listed below did not indicate the funding purchased by RCRC.

Consumers #3, #4 and #14: The IPPs did not identify RCRC as the funding source for the consumers' transportation.

2.10.a Recommendations	Regional Center Plan/Response
RCRC should ensure that the IPPs for consumers' #3, #4 and #14 include the amount of all services and supports purchased by RCRC.	<b>SCs for consumers #3 and #4 have been advised to complete addenda that identify RCRC as the funding source for the consumers' transportation. RCRC is no longer funding transportation for consumer #14. POS has been cancelled. Documentation provided upon request.</b>

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

Finding

Nineteen of the 20 (95%) sample consumer IPPs identified the provider or providers responsible for implementing services. However, the IPP for consumer #13 did not identify the supported living services provider.

2.11 Recommendation	Regional Center Plan/Response
RCRC should ensure the IPP for consumer #13 identifies the supported living services provider.	<b>SC has updated the IPP for consumer #13. It now identifies the supported living services provider. Documentation available upon request.</b>

- 2.12 Periodic review 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. (*WIC §4646.5(a)(6)*)

Finding

Nineteen of the 20 (95%) consumer records contained documentation of periodic review and reevaluation of consumer progress at least annually. However, the record for consumer #5 did not contain documentation that the consumers' progress had been reviewed within the year.

2.12 Recommendation	Regional Center Plan/Response
RCRC should ensure that a review and reevaluation of progress regarding planned services, timeframes and satisfaction for consumer #5 is completed and documented at least annually.	<p><b>a. Training on required IPP, Quarterly and Waiver documentation, including timelines was provided at all Service Coordinator Unit meetings. Documentation available upon request.</b></p> <p><b>b. SC has made multiple attempts to contact consumer for the annual review. A 30 day letter was sent on 2/8/12. Case will be inactivated or an annual review will be completed depending on the response of consumer #5. Documentation available upon request..</b></p>

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 16 (63%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for consumers #1, #7, #10, #12, #16, and #18 contained documentation of three of the four required meetings.

2.13.a Recommendations	Regional Center Plan/Response
RCRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #1, #7, #10, #12, #16 and #18.	<p><b>a. SC's for consumers #1, #7,#10, #12, #16 and #18 have been advised to complete all future quarterlies.</b></p> <p><b>b. Supervisors are providing additional monitoring to ensure that future face to face meetings are completed and documented each quarter for these consumers.</b></p> <p><b>c. Training on required IPP, Quarterly and Waiver documentation, including timelines was provided at all Service Coordinator Unit meetings. Documentation available upon request.</b></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

Eight of the 16 (50%) 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 requirements as indicated below:

1. The record for consumers #1, #3, #7, #10, #12, #16 and #18 contained documentation of three quarterly reports of progress.
2. The record for consumer #11 contained documentation of two 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, #3, #7, #10, #11, #12, #16 and #18.</p>	<p><b>a. A separate tracking grid has been distributed to the Managers of the SC's who support consumers #1, #3, #7, #10, #11, #12, #16, #18. Managers will provide extra monitoring to ensure that future quarterly reports of progress are completed.</b></p> <p><b>b. Training on required IPP, Quarterly and Waiver documentation, including timelines was provided at all Service Coordinator Unit meetings. Documentation available upon request.</b></p>

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 20 + 3 Supplemental Records</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)	20			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Mental Retardation Professional (QMRP), which documents the date of the consumer's initial HCBS Waiver eligibility certification, annual recertifications, the consumer's qualifying conditions and short-term absences. (SMM 4442.1), (42 CFR 483.430(a))	Criterion 2.1 consists of four sub-criteria (2.1a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Mental Retardation Professional and the title "QMRP" appears after the person's signature.	20			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.	20			100	None
2.1.c	The DS 3770 form documents annual recertifications.	20			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.			20	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))	19	1		95	See Narrative
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all, or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. (SMM 4442.7), (42 CFR Part 431, Subpart E), (WIC §4646(g))	4		19	100	None

**Regional Center Consumer Record Review Summary**  
**Sample Size = 20 + 3 Supplemental Records**

	<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. (SMM 4442.5), (42 CFR 441.302)	20			100	None
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in an ICF-DD, ICF-DDH, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. (SMM 4442.5), (42 CFR 441.302(c)), (Title 22, CCR, §51343)	20			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	20			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. (42 CFR 441.301(b)(1)(I))	19	1		95	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. (HCBS Waiver requirement)	11	1	8	92	See Narrative
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. (WIC §4646(g))	20			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.	2	1	17	67	See Narrative
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	20			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. (WIC §4646.5(a))	20			100	None

**Regional Center Consumer Record Review Summary**  
**Sample Size = 20 + 3 Supplemental Records**

	<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. (WIC §4646.5(a)(2))	Criterion 2.9 consists of seven sub-criteria (2.9 a-g) that are reviewed independently				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	18	2		90	See Narrative
2.9.b	The IPP addresses the special health care requirements.	11		9	100	None
2.9.c	The IPP addressed the services for which the CCF provider is responsible for implementing.	3		17	100	None
2.9.d	The IPP addressed the services for which the day program provider is responsible for implementing.	8		12	100	None
2.9.e	The IPP addresses the services for which the supported living services agency or independent living services provider is responsible for implementing.	13		7	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	20			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	2		18	100	None
2.10.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. (WIC §4646.5(a)(4))	17	3		85	See Narrative
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. (WIC §4646.5(a)(4))	20			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	3		17	100	None
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to vendors, contract providers, generic service agencies and natural supports. (WIC §4646.5(a)(4))	19	1		95	See Narrative

**Regional Center Consumer Record Review Summary**  
**Sample Size = 20 + 3 Supplemental Records**

	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.12	Periodic review and reevaluations of consumer progress are completed ( <i>at least annually</i> ) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. ( <i>WIC §4646.5(a)(6)</i> )	19	1		95	See Narrative
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	6	4	63	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> )	8	8	4	50	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> )			20	NA	None

## SECTION III

### COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

#### I. Purpose

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

#### II. Scope of Review

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. Six criteria were rated as not applicable for this review

#### III. Results of Review

The consumer record was 100% in compliance for 13 criteria.

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

**Community Care Facility Record Review Summary**  
**Sample Size: Consumers = 1; CCFs = 1**

	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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			100	None
3.1.c	The consumer record contains current health information that includes medical, dental and other health needs of the consumer including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	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			100	None

**Community Care Facility Record Review Summary**  
**Sample Size: Consumers = 1; CCFs = 1**

	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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)</i> ), ( <i>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

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

III. Results of Review

The consumer records were 100% in compliance for 14 of the 17 criteria.

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

✓ Findings for three criteria are detailed below.

IV. Findings and Recommendations

4.1.e The consumer record contains documentation that the consumer has been informed of his/her personal rights. (*Title 17, CCR, §56730*)

Finding

Two of the three (67%) sample consumer records contained documentation that the consumers and/or their authorized representative had been informed of their personal rights. However, for consumer #4 at day program #1 the record did not contain documentation that the consumer and/or their authorized representative had been informed of their personal rights.

4.1.e Recommendation	Regional Center Plan/Response
RCRC should ensure that the provider at day program #1 provides documentation that consumer #4 has been informed of his personal rights.	<b>SC for consumer #4 has been advised to ensure that day program #1 inform consumer #4 of his personal rights and provide documentation. In addition, Community Resource Manager, will advise day program #1 to ensure that all consumers are informed of their rights and that said documentation is in each consumer file. Documentation available upon request.</b>

- 4.3.b The day programs ISP or other program documentation is consistent with the consumer’s IPP objectives for which the day program is responsible.  
(Title 17, CCR, §56720)(a))

Two of the 3 (67%) sample consumer records contained program documentation that was consistent with the consumers’ IPPs. The program documentation for consumer #4 at day program #1 did not address the supports in place regarding the consumer’s need for assistance with personal care as stated in the IPP.

4.3.b Recommendation	Regional Center Plan/Response
RCRC should ensure that the individual service plan documentation for consumer #4 at day program #1 is consistent with the IPP objectives for which the day program is responsible.	<b>SC for consumer #4 has been advised to ensure that the need for assistance for personal care is in the ISP. In addition, Community Resource staff has advised Day Program #1 of the need for ISP documentation to be consistent with the IPP’s for all consumers served. Documentation available upon request.</b>

- 4.4.b Semiannual reports address the consumer’s performance and progress toward achieving each of the IPP objectives for which the day program is responsible.  
(Title 17, CCR, §56720 (c))

Finding

Two of the three (67%) sample consumer records contained semiannual reports which documented consumer performance and progress toward achieving IPP objectives for which the day program is responsible. The IPP indicates that the provider at day program #1 will assist consumer #4 in managing his emotional

outburst, personal care and safety awareness. However, the semiannual report does not address personal care.

4.4.b. Recommendation	Regional Center Plan/Response
RCRC should ensure that the semiannual reports of progress for consumer #4 documents consumer progress specific to the objectives outlined in the IPP.	<b>SC for consumer \$4 at Day Program #1 has been advised to ensure that the need for assistance for personal care is in the semiannual reports of progress.. In addition, the RCRC Community Resource staff have advised day program #1 of the need for semiannual reports of progress to be consistent with the IPP's for consumers served. Documentation available upon request</b>

**Day Program Record Review Summary**  
**Sample Size: Consumers = 3; Day Programs = 3**

	<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)	3			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.	3			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.	3			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.	3			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.	3			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.	2	1		67	See Narrative
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing.	3			100	None

**Day Program Record Review Summary**  
**Sample Size: Consumers = 3; Day Programs = 3**

	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	3			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	3			100	None
4.2	The day program has a copy of the consumer's current IPP. ( <i>Title 17, CCR §56720(b)</i> )	3			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> )	3			100	None
4.3.b	The day program's ISP or other program documentation is consistent with the services addressed in the consumer's IPP.	2	1		67	See Narrative
4.4.a	The day program prepares and maintains written semiannual reports. ( <i>Title 17, CCR, §56720(c)</i> )	3			100	None
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.	2	1		67	See Narrative
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		1	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		1	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		1	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 20 consumers were interviewed and/or observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Eleven adult consumers agreed to be interviewed by the monitoring teams.
- ✓ Two consumers did not communicate verbally, but were observed.
- ✓ Five adult consumers and parents of two minors were unavailable for or declined interviews.

#### III. Results of Observations and Interviews

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

## SECTION VI A

### SERVICE COORDINATOR INTERVIEWS

#### I. Purpose

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

#### II. Scope of Interviews

1. The monitoring team interviewed four 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 clinical team and website, "Web MD" as resources for medication. RCRC offers periodic trainings on new and commonly used medications along with related health topics.

4. The service coordinators monitor the consumers' services, health and safety during periodic visits. They are aware of the consumers' health issues. The service coordinators were knowledgeable about the special incident report (SIR) process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed. Service coordinators are briefed on SIR trends that may affect their caseloads.

## 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. Redwood Coast Regional Center's (RCRC) Director of Clinical Services provided information to the monitoring team.
2. The questions in the interview cover the following topics: routine monitoring of consumers with medical issues: medications; behavior plans; coordination of medical and mental health care for consumers; circumstances under which actions are initiated for medical or behavior issues; clinical supports to assist service coordinators; improved access to preventive health care resources; role in the risk management, assessment and planning committee; and special incident reports.

#### III. Results of Interview

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

The clinical team monitors consumers with medical issues identified during development of the individual program plan (IPP) or through referrals made to the clinical team by service coordinators. As a result, consumer specific plans may be developed which may 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 for any recommendations.

The clinical staff monitors consumers with potential or known medication related issues. Each consumer's case is considered individually and results in a consumer specific plan, which may include monitoring as appropriate. The clinical team monitors alerts published by medication manufacturers and also MEDWATCH, the Food and Drug Administration's Safety Information and Adverse Event Reporting Program. Clinical staff also reviews the periodic polypharmacy report from Mission Analytics Group, DDS risk management contractor, and implements appropriate follow-up actions as needed.

The clinical team has numerous supports in place to assist service coordinators to carry out their responsibilities. This includes training to ensure that medical issues are identified and addressed as part of the IPP process. Some of these supports also include video-conference presentations, and “Noon Time Talks.” The clinical staff maintains a library of tapes/DVDs that can be loaned out to consumers, families, vendors, and regional center staff.

The clinical team is involved with consumers’ behavioral plans and mental health issues. A behaviorist is available to coordinate implementation of behavior plans, and provides support 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 the IPP process or by referrals from service coordinators.

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

- ✓ Education and training for RCRC staff, consumers, families, and service providers
- ✓ Advocacy for consumers with local health care providers
- ✓ Development of community based services with emphasis on behavior, mental health and psychiatry
- ✓ Expand dental services via a grant from the University of the Pacific
- ✓ Specialty pediatric clinics including nutrition, ophthalmology, psychiatry, neuromuscular and cardiology.

Clinical team members participate in RCRC’s Risk Management, Assessment and Planning Committee. Clinical staff review special incidents on an as needed basis, providing feedback, recommendations and if necessary increased clinical services. Staff may follow up with service providers regarding specific incidents or trends, and provide training or technical assistance as needed. The team also participates in RCRC’s mortality review committee.

## SECTION VI C

### QUALITY ASSURANCE INTERVIEW

#### I. Purpose

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

#### II. Scope of Interview

The monitoring team interviewed a community resource manager and a service coordinator who are part of the team responsible for conducting RCRC's QA activities.

#### III. Results of Interview

1. The annual Title 17 visits are conducted by service coordinators who function as facility liaisons to CCFs. They also conduct a minimum of two unannounced visits annually. The community resource manager may conduct additional unannounced visits to facilities with identified issues that require further follow-up review.
2. Service coordinators and the community resource manager investigate special incident reports (SIRs) 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. Additionally, 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 round table forums for providers. Topics have included the quality review process and SIR training.

## SECTION VII A

### SERVICE PROVIDER INTERVIEWS

#### I. Purpose

The interviews determine how well the service provider knows the consumers, the extent of their assessment process for the annual IPP development and/or review, the extent of their plan participation, how the plan was developed, how service providers ensure accurate documentation, communicate, address and monitor health issues, their preparedness for emergencies, how they monitor safety and safeguard medications.

#### II. Scope of Interviews

1. The monitoring team interviewed the 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 the sample consumer 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 the consumer at the facility.
2. The service provider indicated that she conducted assessments of the consumer, participated in the IPP development, provided the program specific services addressed in the IPP and attempted to foster the progress of the 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 documentation.
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 knows the consumers and their understanding of the IPP and service delivery requirements, how they communicate, and their level of preparedness to address safety issues, their understanding of emergency preparedness, and knowledge about safeguarding medications.

#### II. Scope of Interviews

1. The monitoring team interviewed the 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 the sample consumer 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 the consumer at the facility.
2. The direct service staff was knowledgeable about her role and responsibility for providing the services addressed in the consumer's IPP.
3. The direct service staff demonstrated that she 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.

## **SECTION VIII**

### **VENDOR STANDARDS REVIEW**

#### **I. Purpose**

The review ensures that the selected community care facilities (CCFs) and day programs are serving consumers in a safe, healthy and positive environment where their rights are respected.

#### **II. Scope of Review**

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

#### **III. Results of Review**

The CCF was found to be in good condition with no immediate health and safety concerns.

**SECTION IX**  
**SPECIAL INCIDENT REPORTING**

I. Purpose

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

II. Scope of Review

1. Special incident reporting of deaths by Redwood Coast Regional Center (RCRC) was reviewed by comparing deaths entered into the Client Master File for the review period with special incident reports (SIRs) of deaths received by the Department of Developmental Services (DDS).
2. The records of the 20 consumers selected for the Home and Community-based Services (HCBS) Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of ten consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. RCRC reported all deaths during the review period to DDS.
2. RCRC reported all special incidents in the sample of 20 records selected for the HCBS Waiver review to DDS.
3. RCRC's vendors reported nine of the ten (90%) incidents in the supplemental sample within the required timeframes.
4. RCRC reported nine of the ten (90%) 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

Consumer #26: The incident occurred on May 16, 2011. However, the vendor did not submit a written report to RCRC until May 20, 2011.

Consumer #30: The incident was reported to RCRC on August 24, 2010. However, RCRC did not report the incident to DDS until September 28, 2010.

Recommendations	Regional Center Plan/Response
RCRC should ensure that the vendor for consumer #26 reports special incidents within the required timeframes.	<b>Community Resource Manager has been advised to contact the vendor regarding SIR timelines. RCRC's SIR training DVD and materials will be provided.</b>
RCRC should ensure that all special incidents are reported to DDS within the required timeframes	<b>RCRC will continue to strive to meet timelines for reporting SIRs. We are continually working on identifying the reasons behind late reporting and working with staff to correct these issues.</b>

**SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS**

**HCBS Waiver Review Consumers**

<b>#</b>	<b>UCI</b>	<b>CCF</b>	<b>DP</b>
1	6810282		
2	7003841	1	
3	7003924		2
4	5720727		1
5	7028289		
6	6138697		
7	6412435		
8	7028953		
9	7020787		
10	7178136		
11	7099375		
12	5310219		
13	5310386		
14	5990122		
15	6194081		
16	7010499		
17	7010713		3
18	7018021		
19	6398978		
20	7029830		

### Supplemental Sample of Terminated Consumers

#	UCI
21	4843637
22	7001605
23	7092829

### HCBS Waiver Review Service Providers

CCF #	Vendor
1	H11357

Day Program #	Vendor
1	H79366
2	P20700
3	H79527

### SIR Review Consumers

#	UCI	Vendor
24	5088939	HR0228
25	8022107	HR0347
26	5314158	PA1379
27	7018708	P20287
28	7173123	HR0013
29	6408003	H07977
30	5990171	PN0385
31	7001548	HR0323
32	7096742	HR0133
33	7012511	HR0228