

FINAL

**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 7 - 11, 2013

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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 7-11, 2013 at Redwood Coast Regional Center (RCRC). The monitoring team members were Corbett Bray (Team Leader), Kathy Benson, and Mary Ann Smith 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, 2) one consumer who moved from a developmental center, and 2) ten consumers who had special incidents reported to DDS during the review period of August 1, 2012 through July 31, 2013.

The monitoring team completed visits to two community care facilities (CCFs) and three day programs. The team reviewed three CCF and four day program consumer records and interviewed and/or observed 19 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. The sample records were 80 -100% in compliance for 29 of the criteria. Criterion 2.13b was 75% in compliance because four of the 16 applicable consumer records did not contain quarterly documentation of progress.

The sample records were 96% in overall compliance for this review. RCRC's records were 95% and 97% in overall compliance for the collaborative reviews conducted in 2011 and in 2009, respectively.

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

Three consumer records were reviewed at two CCFs 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 records were 97% in overall compliance for the 13 applicable criteria on this review.

RCRC's records were 100% and 97% in overall compliance for the collaborative reviews conducted in 2011 and in 2009, respectively.

Section IV – Day Program Consumer Record Review

Four consumer records were reviewed at three day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. Three criteria were rated as not applicable for this review. The sample records were 100% in overall compliance for the 14 applicable criteria on this review.

RCRC's records were 94% and 96% in overall compliance for the collaborative reviews conducted in 2011 and in 2009 respectively.

Section V – Consumer Observations and Interviews

Nineteen 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, Assessment and Planning Committee.

Section VI C – Quality Assurance Interview

A community resource manager was interviewed using a standard interview instrument. She 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 – Service Provider Interview

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 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 all ten incidents to RCRC within the required timeframes, and RCRC subsequently transmitted all 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.

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

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

SECTION II

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

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

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

2. The review period covered activity from August 1, 2012 – July 31, 2013.

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. Additionally, one supplemental record was reviewed solely for documentation indicating that the consumer received face-to-face reviews every thirty days after moving from a developmental center.

- ✓ The sample records were in 100% compliance for 23 criteria. There are no recommendations for these criteria.
- ✓ Findings for eight criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

- 2.4 Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5), (42 CFR 441.302)

Finding

Nineteen of the 20 (95%) consumer records contained a CDER that had been reviewed annually. However, the CDER for consumer #8 had not been reviewed within the period reviewed by the monitoring team.

2.4 Recommendation	Regional Center Plan/Response
RCRC should ensure that a CDER for consumer #8 is completed during the annual IPP review process.	Training on annual CDER review (including IPP year) has been done with all SCs at Unit meetings. CDER for Client # 8 has been updated and will be reviewed annually.

- 2.5.b The consumer's qualifying conditions documented in the Client Development Evaluation Report (CDER) are consistent with information contained in the consumer's record. (SMM 4442.5), (42 CFR 441.302(c)), (Title 22, CCR, §51343)

Finding

Nineteen of the 20 (95%) sample consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in one consumer record did not support the determination that all of the issues identified in the CDER and DS 3770 could be considered qualifying conditions. For consumer #14, "self-injurious behavior" was identified as a qualifying condition on the DS 3770, but there was no supporting information in the consumers' records (IPP, progress reports, vendor reports, etc.) that described the impact of the identified condition or need for services and supports.

2.5.b Recommendation	Regional Center Plan/Response
RCRC should determine if the item listed above is appropriately identified as a qualifying condition. The consumers' DS 3770 form should be corrected to ensure that any items that do not represent substantial limitations in the consumers' ability to perform activities of daily living and/or participate	RCRC is in agreement with this finding. The SC has revised the CDER/IPP to reflect current qualifiers. The 3770 has been adjusted to reflect current qualifiers.

<p>in community activities are no longer identified as qualifying conditions. If RCRC determines that the issue 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.</p>	
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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 #20 did not contain documentation that the consumer's IPP had been reviewed.

2.6.a Recommendation	Regional Center Plan/Response
<p>RCRC should ensure the IPP for consumer #20 is reviewed at least annually.</p>	<p>SC and Client Services Manager are aware of this finding for consumer #20. SC will be reviewing the IPP annually. (Last review in 9/2013, next one will be 7/2014)</p>

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

Sixteen of the 20 (80%) sample consumer records contained IPPs that addressed the consumers' qualifying conditions. However, the IPPs for four consumers did not identify the supports or services that are in place to address all of the consumers' qualifying conditions as indicated below:

1. Consumer #5: The IPP did not address the supports in place for the consumer's need for supervision with medication, and assistance with toileting, personal care, and dressing, as indicated in the quarterly progress report dated February 22, 2013.
2. Consumer #10: The IPP did not address the supports in place for the consumer's outbursts as indicated in the supported living service plan dated February 29, 2012.

3. Consumer #12: The IPP did not address the supports in place for the consumer's safety needs as indicated in the supported living service assessment dated October 31, 2012.
4. Consumer #15: The IPP did not address the supports in place for the consumer's outbursts and disruptive behavior as indicated in the supported living service quarterly report dated August 2012.

2.9.a Recommendations	Regional Center Plan/Response
RCRC should ensure that the IPPs for consumers #5, #10, #12, and #15 address the services and supports in place for the issues identified above.	SCs for consumers #5, #10, #12 and #15 are aware of the findings, are reviewing the IPPs, and have made or are making the appropriate changes to the IPPs either by addendum or at new IPP meetings.

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

Sixteen of the 20 (80%) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by RCRC. However, the IPPs for four consumers did not indicate RCRC funded services as indicated below:

Consumer #5: In-home respite, homemaker program

Consumer #10: Transportation

Consumer #12: Independent living specialist

Consumer #13: Community integration training

2.10.a Recommendations	Regional Center Plan/Response
RCRC should ensure that the IPPs for consumers' #5, #10, #12 and #13 include the amount of all services and supports purchased by RCRC.	All SC's have been notified of the changes to be made and have made them either by addendum or will be making them at next IPP review.

- 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 #20 did not contain documentation that the consumer's 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 #20 is completed and documented at least annually.	SC and Client Services Manager have been notified of the finding. A review and reevaluation of progress regarding planned services, timeframes and satisfaction will be completed and documented annually.

- 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

Fourteen of the 16 (88%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for consumers #7 and #12 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 #7 and #12.	The SCs for consumers #7 and # 12 have been made aware of the findings and are completing required quarterlies. RCRC Client Services Managers continue to utilize Sandis reports to monitor compliance with quarterly visits. In addition, Manager of Special Programs communicates to Client Services Managers and SCs

	regarding late quarterlies at the time of waiver recertification.
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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

Twelve of the 16 (75%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for consumers #7, #9, #12, and #13 contained documentation of three of the four required reports of progress.

2.13.b Recommendations	Regional Center Plan/Response
RCRC should ensure that future quarterly reports of progress are completed for consumers #7, #9, #12, and #13.	The SCs for consumers #7, #9, # 12 and #13 have been made aware of the findings and are completing required quarterlies. RCRC Client Services Managers continue to utilize Sandis reports to monitor compliance with quarterly visits. In addition, Manager of Special Programs communicates to Client Services Managers and SC's regarding late quarterlies at the time of recertification.

Regional Center Consumer Record Review Summary Sample Size = 20 + 4 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
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.	19		1	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	1		19	100	None
2.2	Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). (SMM 4442.7), (42 CFR 441.302(d))	20			100	None
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all, or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. (SMM 4442.7), (42 CFR Part 431, Subpart E), (WIC §4646(g))	3		20	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 20 + 4 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. (SMM 4442.5), (42 CFR 441.302)	19	1		95	See Narrative
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in an ICF-DD, ICF-DDH, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. (SMM 4442.5), (42 CFR 441.302(c)), (Title 22, CCR, §51343)	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.	19	1		95	See Narrative
2.6.a	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))	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)	12		8	100	None
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. (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.	3		17	100	None
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 + 4 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer's goals and needs. (WIC §4646.5(a)(2))	Criterion 2.9 consists of seven sub-criteria (2.9 a-g) that are reviewed independently				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	16	4		80	See Narrative
2.9.b	The IPP addresses the special health care requirements.	12		8	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.	9		11	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))	16	4		80	See Narrative
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. (WIC §4646.5(a)(4))	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))	20			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 20 + 4 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic review and reevaluations of consumer progress are completed (<i>at least annually</i>) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. (<i>WIC §4646.5(a)(6)</i>)	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>)	14	2	4	88	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>)	12	4	4	75	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>)	1		20	100	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

Three consumer records were reviewed at two CCFs visited by the monitoring team. The facilities' consumer records were reviewed to determine compliance with 19 criteria.

III. Results of Review

The consumer records were 100% in compliance for 11 of the 12 applicable criteria. Seven criteria were rated as not applicable for this review.

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

IV. Findings and Recommendations

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

Finding

Two of the three (67%) sample consumer records contained a copy of the consumer's current IPP. The record for consumer #1 at CCF #1 did not have a copy of the consumer's current IPP.

3.3 Recommendation	Regional Center Plan/Response
RCRC should ensure that the provider at CCF #1 has a current IPP for consumer #1.	SC has provided CCF #1 with a copy of the IPP for consumer #1.

Community Care Facility Record Review Summary						
Sample Size: Consumers = 3; CCFs = 2						
	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. (Title 17, CCR, §56017(b)), (Title 17, CCR §56059(b)), (Title 22, CCR, §80069)	3			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	3			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.			3	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.	3			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	3			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	3			100	None
3.1.i	Special safety and behavior needs are addressed.	3			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. (Title 17, CCR, §56019(c)(1))	3			100	None
3.3	The facility has a copy of the consumer's current IPP. (Title 17, CCR, §56022(c))	2	1		67	See Narrative

Community Care Facility Record Review Summary						
Sample Size: Consumers = 3; CCFs = 2						
	Criteria	+	-	N/A	% Met	Follow-up
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. (Title 17, CCR, §56026(b))	3			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.	3			100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. (Title 17, CCR, §56026(c))			3	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.			3	NA	None
3.5.c	Quarterly reports include a summary of data collected. (Title 17, CCR, §56013(d)(4)), (Title 17, CCR, §56026)			3	NA	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. (Title 17, CCR §56026(a))	3			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	3			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. (Title 17, CCR, §54327)			3	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. (Title 17, CCR, §54327)			3	NA	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. (Title 17, CCR, §54327)			3	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

Four 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 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.

Day Program Record Review Summary						
Sample Size: Consumers = 4; Day Programs = 3						
	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)	4			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.	4			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.	4			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.	4			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.	4			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.	4			100	None
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing.	4			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 4; Day Programs = 3						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	4			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	4			100	None
4.2	The day program has a copy of the consumer's current IPP. (<i>Title 17, CCR §56720(b)</i>)	4			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>)	4			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.	4			100	None
4.4.a	The day program prepares and maintains written semiannual reports. (<i>Title 17, CCR, §56720(c)</i>)	3		1	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.	3		1	100	None
4.5.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)			4	NA	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)			4	NA	None
4.5.c	There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. (<i>Title 17, CCR, §54327</i>)			4	NA	None

SECTION V

CONSUMER OBSERVATIONS AND INTERVIEWS

I. Purpose

The consumer observations are conducted to verify that the consumers appear to be healthy and have good hygiene. Interview questions focus on the consumers' satisfaction with their living situation, day program and work activities, health, choice, and regional center services.

II. Scope of Observations and Interviews

Nineteen of the 20 consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Fourteen adult consumers agreed to be interviewed by the monitoring teams.
- ✓ Three consumers did not communicate verbally or declined an interview, but were observed.
- ✓ Two interviews were conducted with parents of minors.
- ✓ One consumer declined an 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 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 the 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, 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 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 multi-disciplinary clinical services to consumers and their families via videoconferencing. The TACT team is available to provide ongoing support and follow up as needed.

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.

The clinical team has numerous supports in place to assist service coordinators to carry out their responsibilities. RCRC provides continuing education for staff and services providers on topics such as medication management and medical issues. Some of these supports also include video-conference presentations at all RCRC offices. 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 review all 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:

- ✓ 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 University of the Pacific
- ✓ Specialty pediatric clinics including nutrition, psychiatry, neuromuscular and cardiology.

Clinical team members participate in RCRC's Risk Management, Assessment and Planning Committee. Clinical staff review all health and death special incidents, 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 who is 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

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 Interview

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 Interview

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 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. The review also ensures that CCFs are meeting the HCBS 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 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 all ten (100%) incidents in the supplemental sample within the required timeframes.
4. RCRC reported all ten (100%) 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.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

#	UCI	CCF	DP
1	6467007	1	
2	7005358	1	
3	7021934	2	
4	6530000		2
5	7012412		
6	5769237		
7	6215571		3
8	6503890		
9	7000540		
10	7005234		
11	7013865		
12	7017569		
13	7028563		
14	7092101		
15	7096789		
16	7097643		4
17	7176137		3
18	7179247		
19	7027326		
20	7099311		

Supplemental Sample of Terminated Consumers

#	UCI
T-1	5596077
T-2	7002934
T-3	7098086

Consumer Developmental Center Movers

#	UCI
DC-1	7021298

HCBS Waiver Review Service Providers

CCF #	Vendor
1	H79676
2	HR0323

Day Program #	Vendor
1	NA
2	HR0219
3	H53324
4	HR0266

SIR Review Consumers

#	UCI	Vendor
30	5991997	HR0320
31	7096981	HR0193
32	6503890	HR0021
33	6395964	HR0081
34	5088591	HR0320
35	7184049	P20287
36	7096882	HR0347
37	5240130	HR0320
38	6139984	HR0183
39	7092640	HR0274

FINAL

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

Conducted by:

Department of Developmental Services

October 7 - 8, 2013

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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 October 7 - 8, 2013 at Redwood Coast Regional Center (RCRC). The monitoring team selected 20 consumer records for the TCM review. A sample of four records was selected from consumers who had previously been referred to RCRC for a 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

Twenty consumer records, containing 1,191 billed units, were reviewed for three criteria. The sample records were 100% in compliance for criterion 1 (TCM service and unit documentation matches the information transmitted to DDS), 97% in compliance for criterion 2 (TCM service documentation is consistent with the definition of TCM service), and 100% 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

Four consumer records were reviewed for three criteria. The four sample records were 100% 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).

Findings

RCRC transmitted 1,191 TCM units to DDS for the 20 sample consumers. All of the recorded units matched the number of units reported to DDS.

Recommendations

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 20 consumer records contained 1,191 billed TCM units. Of this total, 1,161 (97%) of the units contained descriptions that were consistent with the definition of TCM services. Thirty of the units had descriptions of activities that were not consistent with the definition of TCM services. Detailed information on these findings and the actions required will be sent under a separate cover letter.

Recommendations	Regional Center Plan/Response
RCRC should ensure that the time claimed on those identified activities that are inconsistent with TCM claimable services (sent separately) is reversed.	RCRC will reverse all TCM units identified as 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 20 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 four 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 four 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 four sample consumers had been entered into the AS 400 computer system and electronically transmitted to DDS.

Recommendation

None.

SAMPLE CONSUMERS

TCM Review

#	UCI
1	6467007
2	7005358
3	7021934
4	6530000
5	7012412
6	5769237
7	6215571
8	6503890
9	7000540
10	7005234
11	7013865
12	7017569
13	7028563
14	7092101
15	7096789
16	7097643
17	7176137
18	7179247
19	7027326
20	7099311

NHR Review

#	UCI
1	H003435
2	H003459
3	7015837
4	7092526

ATTACHMENT I

TCM DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 20 Records Billed Units Reviewed: 1,191	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. The TCM service and unit documentation matches the information transmitted to DDS.	1,191	0		100	
2. The TCM service documentation billed to DDS is consistent with the definition of TCM service.	1,161	30		97	3
3. The TCM service documentation is signed and dated by appropriate regional center personnel.	1,191	0		100	

NHR DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 4 Records	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. There is evidence of dispositions for DDS NHR referrals.	4	0		100	
2. Dispositions are reported to DDS.	4	0		100	
3. The regional center submits claims for referral dispositions.	4	0		100	