

Draft Report

Tri-Counties Regional Center Home and Community-Based Services Waiver Monitoring Review Report

Conducted by:

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

January 11-22, 2016

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	page 3
SECTION I REGIONAL CENTER SELF-ASSESSMENT.....	page 7
SECTION II REGIONAL CENTER CONSUMER RECORD REVIEW.....	page 10
SECTION III COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW....	page 17
SECTION IV DAY PROGRAM CONSUMER RECORD REVIEW.....	page 20
SECTION V CONSUMER OBSERVATIONS AND INTERVIEWS.....	page 25
SECTION VI	
A. SERVICE COORDINATOR INTERVIEWS.....	page 26
B. CLINICAL SERVICES INTERVIEW.....	page 27
C. QUALITY ASSURANCE INTERVIEW.....	page 29
SECTION VII	
A. SERVICE PROVIDER INTERVIEWS.....	page 30
B. DIRECT SERVICE STAFF INTERVIEWS.....	page 31
SECTION VIII VENDOR STANDARDS REVIEW.....	page 32
SECTION IX SPECIAL INCIDENT REPORTING.....	page 33
SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS.....	page 35

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 January 11-22, 2016, at Tri-Counties Regional Center (TCRC). The monitoring team members were Ray Harris (Team Leader), Lisa Miller, and Linda Rhoades from DDS, and Annette Hanson and Raylyn Garrett from DHCS.

Purpose of the Review

DDS contracts with 21 private, non-profit corporations to operate regional centers, which are responsible under state law for coordinating, providing, arranging or purchasing the services needed for eligible individuals with developmental disabilities in California. All HCBS Waiver 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 and Medicaid Services directives and guidelines relating to the provision of HCBS Waiver services.

Scope of Review

The monitoring team reviewed a sample of 55 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers who moved from a developmental center, 2) two consumers whose HCBS Waiver eligibility had been previously terminated, and 3) 10 consumers who had special incidents reported to DDS during the review period of November 1, 2014, through October 31, 2015.

The monitoring team completed visits to 6 community care facilities (CCFs) and 12 day programs. The team reviewed 6 CCF and 15 day program consumer records and had face-to-face visits and/or interviews with 38 consumers or their parents.

Overall Conclusion

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

Major Findings

Section I – Regional Center Self-Assessment

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

Section II – Regional Center Consumer Record Review

Fifty-five 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 99 percent in overall compliance for this review. TCRC's records were 98 percent and 97 percent in overall compliance for the collaborative reviews conducted in 2014 and in 2012, respectively.

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

Six consumer records were reviewed at six CCFs for 19 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 percent in overall compliance for the applicable criteria.

TCRC's records were 100 percent in overall compliance for the collaborative reviews conducted in 2014 and in 2012.

Section IV – Day Program Consumer Record Review

Fifteen consumer records were reviewed at 12 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 96 percent in overall compliance for the applicable criteria.

TCRC's records were 99 percent in overall compliance for the collaborative reviews conducted in 2014 and in 2012.

Section V – Consumer Observations and Interviews

Thirty-eight 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.

Section VI A – Service Coordinator Interviews

Eleven service coordinators were interviewed using a standard interview instrument. The service coordinators responded to questions regarding their knowledge of the consumer, the IPP/annual review process, the monitoring of services, health issues, and safety. The service coordinators were very familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VI B – Clinical Services Interview

The Director of Clinical Services was interviewed using a standard interview instrument. He responded to informational questions regarding the monitoring of consumers with medical issues, medications, behavior plans, the coordination of medical and mental health care for consumers, the provision of clinical supports to service coordinators, and the clinical team's participation in the Risk Management Committee.

Section VI C – Quality Assurance (QA) Interview

A lead quality assurance specialist was interviewed using a standard interview instrument. She responded to informational questions regarding how TCRC is organized to conduct Title 17 monitoring reviews, verification of provider qualifications, resource development activities, special incident reporting, and QA activities where there is no regulatory requirement.

Section VII A – Service Provider Interviews

Four CCF and five day program service providers were interviewed using a standard interview instrument. The service providers responded to questions in the context of the sample consumers regarding their knowledge of the consumer, the annual review process and the monitoring of health issues, medications, progress, safety and emergency preparedness. The service providers were familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interviews

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

Section VIII – Vendor Standards Review

The monitoring team reviewed four CCFs and five day programs utilizing a standard checklist with 24 criteria that are consistent with HCBS Waiver requirements. All of the reviewed vendors were in good repair with no immediate health or safety concerns observed.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 55 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. TCRC reported all special incidents for the sample of 55 records selected for the HCBS Waiver review to DDS. For the supplemental sample, the service providers reported all but one of the incidents to TCRC within the required timeframes, and TCRC subsequently transmitted all special incidents to DDS within the required timeframes. TCRC's follow-up activities on consumer incidents were timely and appropriate for the severity of the situation.

SECTION I

REGIONAL CENTER SELF-ASSESSMENT

I. Purpose

The regional center self-assessment addresses the California Home and Community-Based Services (HCBS) Waiver assurances criteria and is designed to provide information about the regional center's processes and practices. The responses are used to verify that the regional center has processes in place to ensure compliance with federal and state laws and regulations.

The self-assessment obtains information about TCRC procedures and practices to verify that there are processes in place to ensure compliance with state and federal laws and regulations as well as the assurances contained in the HCBS Waiver application approved by the Centers for Medicare & Medicaid Services.

II. Scope of Assessment

TCRC is asked to respond to questions in four categories that correspond to the HCBS Waiver assurances with which the regional center is responsible for complying. The questions are shown at the end of this section.

III. Results of Assessment

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

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

Regional Center Self-Assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
State conducts level of care need determinations consistent with the need for institutionalization	<p>The regional center ensures that consumers meet ICF/DD, ICF/DD-H, or ICF/DD-N facility level of care requirements as a condition of initial and annual eligibility for the HCBS Waiver program.</p> <p>The 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 memorandum of understanding (MOU) between DDS and the Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 CCFs.</p> <p>The regional center reviews each CCF 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 and 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, IPPs and periodic reviews and reevaluations of services. The information obtained about the consumers' needs and services is tracked as a part of the on-site program reviews.

II. Scope of Review

1. Fifty-five HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	10
With Family	16
Independent or Supported Living Setting	29

2. The review period covered activity from November 1, 2014, through October 31, 2015.

III. Results of Review

The 55 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Two supplemental records were reviewed solely for documentation that TCRC had either provided the consumer with written notification prior to termination of the consumer's HCBS Waiver eligibility or the consumer had voluntarily disenrolled from the HCBS Waiver. Three supplemental records were reviewed for documentation of face-to-face meetings no less than once every 30 days for the first 90 days following the consumer's move from a DC.

- ✓ The sample records were in 100 percent compliance for 27 applicable criteria. There are no recommendations for these criteria.
- ✓ Findings for four criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

- 2.5.b The consumer’s qualifying conditions documented in the 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]

Fifty-four of the fifty-five (98 percent) of the sample consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in the record of consumer #55 did not support the determination that “dressing” identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770) could be considered a qualifying condition. The consumer’s record did not contain any documentation indicating the consumer required any assistance with dressing.

2.5.b Recommendation	Regional Center Plan/Response
TCRC should review the record for consumer #55, to determine if the consumer’s issues are correctly identified as qualifying conditions. Documentation of actions taken by TCRC as a result of this review should be submitted with the response to this report. Specifically, updated CDER and DS 3770 reflecting that the identified issue is no longer included as qualifying conditions or updated IPPs, progress reports, etc., that support the original determination.	

- 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

Twenty-eight of the twenty-nine (97 percent) applicable sample consumer records contained IPP addenda signed by an authorized TCRC representative and the consumer or their legal representative. The record for consumer #8 contained an IPP addendum for health related services, dated June 28, 2015, which was not signed by the consumer.

2.7.b Recommendation	Regional Center Plan/Response
TCRC should ensure that consumer #8 signs the IPP addendum.	

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

Findings

Thirty-seven of the thirty-nine (95 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for two consumers did not meet the requirements as indicated below:

1. The records for consumers #45 and #47 contained documentation of three of the required meetings.

2.13.a Recommendation	Regional Center Plan/Response
TCRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #45 and #47.	

2.13.b Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (*Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement*)

Findings

Thirty-seven of the thirty-nine (95 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for two consumers did not meet the requirements as indicated below:

1. The records for consumers #45 and #47 contained documentation of three of the required reports.

2.13.b Recommendation	Regional Center Plan/Response
TCRC should ensure that future quarterly reports of progress are completed for consumers #45 and #47.	

Regional Center Consumer Record Review Summary						
Sample Size = 55 + 5 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	55			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 re-certifications, 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.	55			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.	55			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	55			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	2		53	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)]	55			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)]	2		55	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 55 + 5 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current CDER that has been reviewed within the last 12 months. <i>(SMM 4442.5; 42 CFR 441.302)</i>	55			100	None
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in an ICF/DD, ICF/DD-H, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. <i>[SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343]</i>	55			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	54	1		98	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. <i>[42 CFR 441.301(b)(1)(I)]</i>	54		1	100	None
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. <i>(HCBS Waiver requirement)</i>	41		14	100	None
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. <i>[WIC §4646(g)]</i>	55			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.	27	1	27	97	See Narrative
2.7.c	The IPP is prepared jointly with the planning team. <i>[WIC §4646(d)]</i>	55			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. <i>[WIC §4646.5(a)]</i>	55			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 55 + 5 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 DS 3770.	55			100	None
2.9.b	The IPP addresses the special health care requirements.	22		33	100	None
2.9.c	The IPP addresses the services for which the CCF provider is responsible for implementing.	10		45	100	None
2.9.d	The IPP addresses the services for which the day program provider is responsible for implementing.	25		30	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.	28		27	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	55			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. [WIC §4685(c)(2)]	9		46	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)]	55			100	None
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. [WIC §4646.5(a)(4)]	55			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [WIC §4646.5(a)(4)]	28		27	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)]	55			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 55 + 5 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
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 that the consumer and his/her family are satisfied with the IPP and its implementation. [<i>WIC §4646.5(a)(6)</i>]	55			100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. [<i>Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement</i>)]	37	2	16	95	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement</i>)	37	2	16	95	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>)	3		55	100	None

SECTION III

COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

Six consumer records were reviewed at six 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 percent in compliance for the 16 applicable criteria. Three 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.

IV. Findings and Recommendations

None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 6; CCFs = 6						
	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]	6			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	6			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		5	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.	6			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	6			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	6			100	None
3.1.i	Special safety and behavior needs are addressed.	4		2	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)]	6			100	None
3.3	The facility has a copy of the consumer's current IPP. [Title 17, CCR, §56022(c)]	6			100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 6; CCFs = 6						
	Criteria	+	-	N/A	% Met	Follow-up
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. [<i>Title 17, CCR, §56026(b)</i>]	3		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		3	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>]	3		3	100	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	3		3	100	None
3.5.c	Quarterly reports include a summary of data collected. [<i>Title 17, CCR, §56013(d)(4); Title 17, CCR, §56026</i>]	3		3	100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. [<i>Title 17, CCR §56026(a)</i>]	6			100	None
3.6.b	The ongoing notes/information verifies that behavior needs are being addressed.	6			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>)			6	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>)			6	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>)			6	NA	None

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

The review criteria address the requirements for day programs (DP) to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the individual program plan (IPP) that the DP provider is responsible for implementing. The criteria are derived from Title 17, California Code of Regulations.

II. Scope of Review

Fifteen consumer records were reviewed at 12 day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria.

III. Results of Review

The consumer records were 100 percent in compliance for 13 of the 17 applicable criteria.

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

IV. Findings and Recommendations

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

Findings

Thirteen of the fifteen (87 percent) sample consumer records contained authorizations for emergency medical treatment. The records for consumers #32 and #43 at DP #4 did not contain authorizations for emergency medical treatment signed by the consumers. Subsequent to the review, DP #4 provided signed authorizations for emergency medical treatment for consumers #32 and #43. Accordingly, no recommendation is required.

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

Findings

Thirteen of the fifteen (87 percent) applicable consumer records contained documentation that the consumer and/or their authorized representative had been informed of their personal rights. The records for consumer #26 at DP #11 and consumer #43 at DP #4 did not contain documentation that the consumers were informed of their personal rights. During the review, rights documents were provided to the consumers and recorded to the file. Accordingly, no recommendation is required.

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

Findings

Twelve of the fifteen (80 percent) applicable consumer records contained a copy of the consumer’s current IPP. However, the records for consumer #27 at DP #10, and consumers #32 and #43 at DP #4 did not contain a copy of the current IPP. The IPP for each consumer was provided to the service providers at the time of the review. Accordingly, no recommendation is required

- 4.4.a Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. [Title 17, CCR, §56026(b)]

Findings

Thirteen of the fifteen (87 percent) sample consumer records contained semiannual reports of consumer progress. The records for consumers #32 and #43 at DP #4 contained only one of the required reports.

4.4.a Recommendation	Regional Center Plan/Response
TCRC should assess what further action may be necessary to ensure that the provider at DP #4 prepares reports of progress semiannually for consumers #32 and #43.	

As noted above, the monitoring team identified a number of documentation issues at DP #4. The provider indicated that significant staff and management turnover in the previous 18 months led to difficulties in maintaining updated consumer documentation. TCRC reported that technical assistance and increased oversight is being provided to

track DP #4's progress in meeting requirements and determine if further action is needed.

Recommendation	Regional Center Plan/Response
TCRC should report on the status and results of the increased monitoring at DP #4 and if further steps may be necessary.	

Day Program Record Review Summary						
Sample Size: Consumers = 15; Day Programs = 12						
	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)	15			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.	15			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.	15			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.	15			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.	13	2		87	See Narrative
4.1.e	The consumer record contains documentation that the consumer and/or the authorized consumer representative has been informed of his/her personal rights.	13	2		87	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.	15			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 15; Day Programs = 12						
	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.	15			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	12		3	100	None
4.2	The DP has a copy of the consumer's current IPP. [<i>Title 17, CCR §56720(b)</i>]	12	3		80	See Narrative
4.3.a	The DP 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>]	15			100	None
4.3.b	The DP's Individual Service Plan (ISP) or other program documentation is consistent with the services addressed in the consumer's IPP.	13		2	100	None
4.4.a	The DP prepares and maintains written semiannual reports. [<i>Title 17, CCR, §56720(c)</i>]	13	2		87	See Narrative
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services for which the day program is responsible for implementing.	13		2	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>)			15	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>)			15	NA	None
4.5.c	There is appropriate follow-up to special incidents to resolve the issue and eliminate or mitigate future risk. (<i>Title 17, CCR, §54327</i>)			15	NA	None

SECTION V

CONSUMER OBSERVATIONS AND INTERVIEWS

I. Purpose

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

II. Scope of Observations and Interviews

Thirty-eight of the fifty-five consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, CCFs, or in independent living settings.

- ✓ Twenty-six adult consumers agreed to be interviewed by the monitoring teams.
- ✓ Four consumers did not communicate verbally or declined an interview, but were observed.
- ✓ Eight interviews were conducted with parents of minors.
- ✓ Seventeen consumers/parents of minors were unavailable for or declined interviews.

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 11 TCRC service coordinators.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to the consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The service coordinators were very familiar with their respective consumers. They were able to relate specific details regarding the consumers' desires, preferences, life circumstances and service needs.
2. The service coordinators were knowledgeable about the IPP/annual review process and monitoring requirements. Service providers and family members provided input on the consumers' needs, preferences and satisfaction with services outlined in the IPP. For consumers in out-of-home placement settings, service coordinators conduct quarterly face-to-face visits and develop written assessments of consumer progress and satisfaction. In preparation for the quarterly visits, service coordinators review their previous progress reports, pertinent case notes, special incident reports, and vendor reports of progress.
3. To better understand issues related to consumers' use of medication and issues related to side-effects, the service coordinators utilize TCRC's clinical team and internet medication guides as resources.
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 process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed.

SECTION VI B

CLINICAL SERVICES INTERVIEW

I. Purpose

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

II. Scope of Interview

1. The interview questions cover the following topics: routine monitoring of consumers with medical issues; medications; behavior plans; coordination of medical and mental health care for consumers; circumstances under which actions are initiated for medical or behavior issues; clinical supports to assist service coordinators; improved access to preventive health care resources; role in the Risk Management Committee and special incident reports (SIRs).
2. The monitoring team interviewed the Director of Clinical Services at TCRC.

III. Results of Interview

1. The TCRC clinical team consists of physicians, psychologists, a psychopharmacologist, psychiatrists, an autism coordinator, and a registered nurse.
2. The TCRC service coordinators are instrumental in identifying and requesting support and/or review of potential medical issues from the clinical team. These issues can be presented at weekly planning team meetings, or the service coordinator can request individual appointments. The clinical team is also available to assist service providers regarding consumer medical issues or concerns. When needed, members of the clinical team are available to collaborate with the consumers' physician.
3. Consumers' medications are reviewed during the annual review by the service coordinators. The clinical team is available for medication issues, and will assess, evaluate and make referrals as needed. In addition, the psychopharmacologist plays an active role in monitoring consumer medications. This includes medication review, on-site visits for observation and evaluation, and attending physician appointments when requested.

4. Behavior plans are reviewed quarterly by a psychologist. The service coordinators can contact the clinical team regarding consumers' behavioral needs. The psychologist is available to do on-site visits with families and providers regarding behavior issues when requested.
5. When service coordinators identify mental health issues, they are able to utilize the services of the team psychologist. Meetings are conducted between the regional center and county mental health to assist in coordinating psychological, psychiatric and counseling services. The regional center provides psychiatric clinics that offer evaluation and treatment for consumers with unmet psychiatric needs. The psychiatrist is also available to conduct emergency on-site assessments.
6. The clinical team provides training to staff and providers on a variety of topics, such as mental illness, dual diagnosis, relaxation/meditation, diabetes, and autism. In addition, the psychopharmacologist provides medication training to residential providers, staff and family members. Clinical team members are also involved in new employee orientation training.
7. TCRC has taken a proactive role in advocating for prevention, education, resource development, and medical treatments for consumers. These efforts include, but are not limited to:
 - ✓ Clinician Referral Guidelines and Checklist – This tool assists service coordinators to screen for possible polypharmacy issues.
 - ✓ Multi-disciplinary intake evaluations
 - ✓ Participation in health and wellness conferences
 - ✓ Autism coordinator organizes classes for parents
 - ✓ Collaborates with community physicians to assist with autism diagnosis
8. A psychologist and a nurse participate on the Risk Management Committee, and a physician is also available as needed. Medical and mental health SIRs are reviewed as requested by service coordinators or the SIR coordinator. A clinical team physician reviews all deaths and participates on the morbidity and mortality review committee. The regional center utilizes Mission Analytics Group Inc., the State's risk management contractor, to analyze special incidents for trends. The clinical team uses this information to make recommendations for appropriate follow-up and training as needed.

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 CCFs, two unannounced visits to CCFs, service provider training, verification of provider qualifications, resource development activities, and quality assurance among programs and providers where there is no regulatory requirement to conduct QA monitoring.

II. Scope of Interview

The monitoring team interviewed the Lead Quality Assurance Specialist who is part of the team responsible for conducting TCRC QA activities.

III. Results of Interview

1. TCRC conducts one comprehensive annual Title 17 monitoring review and two unannounced visits to CCFs per year. Members of the QA team are assigned residential facilities and they invite other TCRC staff on these monitoring reviews. Each review utilizes standardized report forms and checklists based on Title 17 regulations. The scope of activities includes a review of records, medications, consumer funds, first aid certificates, and a safety walk-through. In addition, staff monitors day programs, independent living, and supported living agencies.
2. Results of QA team reviews are tracked and reviewed by QA management. When issues of substantial inadequacies are identified, the QA staff is responsible for developing corrective action plans (CAPs) and ensuring providers complete the CAP requirements. The QA team meets weekly to discuss any CAPs. The QA team maintains a database for all CAPs which are reviewed by the QA supervisor.
3. TCRC's QA supervisor and special incident report (SIR) coordinator participate on the Risk Management Committee. The committee meets every other month to discuss any compliance, consistency, and trends related to SIRs. TCRC's Information Systems department generate reports and important information are relayed to staff. The SIR coordinator receives all SIRs and ensures that follow-up is completed. Service coordinators typically handle the follow up activities. QA is responsible for the closing of any open or unresolved issues.
4. The Resource Development unit is responsible for verifying qualifications of providers. In addition, they provide training and technical assistance. QA will visit a new provider prior to the completion of the vendorization process.

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 nine service providers at four CCFs and five day programs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

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

SECTION VII B

DIRECT SERVICE STAFF INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed nine direct service staff at four CCFs and five DPs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

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

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

The review ensures that the selected CCFs and DPs 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 a total of four CCFs and five DPs.
2. The teams used a monitoring review checklist consisting of 24 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

III. Results of Review

All of the CCFs and the DP were found to be in good condition with no immediate health and safety concerns. Specific findings and recommendations are detailed below.

IV. Findings and Recommendations

8.4 a Money

At CCF #3, consumer #7 was not signing for cash disbursements.

8.4 a Recommendation	Regional Center Plan/Response
TCRC should ensure that consumer #7 at CCF #3 signs for all cash disbursements.	

8.5 c Statement of Rights

At DP #2, a statement of consumer rights was not posted. During the monitoring review, the provider posted a statement of consumer rights. Accordingly, no recommendation is needed.

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 TCRC was reviewed by comparing deaths entered into the Client Master File for the review period with special incident reports of deaths received by DDS.
2. The records of the 55 consumers selected for the HCBS Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of 10 consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. TCRC reported all deaths during the review period to DDS.
2. TCRC reported all special incidents in the sample of 55 records selected for the HCBS Waiver review to DDS.
3. TCRC's vendors reported nine of the ten (90 percent) incidents in the supplemental sample within the required timeframes.
4. TCRC reported all of the 10 (100 percent) incidents to DDS within the required timeframes.
5. TCRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for all 10 incidents.

IV. Finding and Recommendation

Consumer #8: The incident occurred on November 20, 2014. However, the vendor did not submit a written report to TCRC until November 28, 2014.

Recommendation	Regional Center Plan/Response
TCRC should ensure that the vendor for consumer #8 report special incidents within the required timeframes.	

