

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

**Conducted by:**

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

**October 16–27, 2017**

**TABLE OF CONTENTS**

EXECUTIVE SUMMARY.....page 3

SECTION I REGIONAL CENTER CONSUMER RECORD REVIEW.....page 5

SECTION II SPECIAL INCIDENT REPORTING.....page 9

SAMPLE CONSUMERS.....page 11

## EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the 1915(i) State Plan Amendment (SPA) from October 16–27, 2017, at Inland Regional Center (IRC). The monitoring team members were Ray Harris (Team Leader), Linda Rhoades, Nora Muir, and Corbett Bray from DDS, and Raylyn Garrett and Annette Hanson from DHCS.

### Purpose of the Review

DDS contracts with 21 private, non-profit corporations to operate regional centers, which are responsible under state law for coordinating, providing, arranging or purchasing the services needed for eligible individuals with developmental disabilities in California. All HCBS 1915(i) SPA services are provided through this system. It is the responsibility of DDS to ensure, with the oversight of DHCS, that the HCBS 1915(i) SPA is implemented by regional centers in accordance with Medicaid statute and regulations.

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

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

### Scope of Review

The monitoring team conducted a record review of a sample of 45 1915(i) SPA consumers. In addition, a supplemental sample of consumer records were reviewed for five consumers who had special incidents reported to DDS during the review period of August 1, 2016, through July 31, 2017.

### Overall Conclusion

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

## Major Findings

### Section I – Regional Center Consumer Record Review

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

The sample records were 100 percent in overall compliance for this review.

### Section II – Special Incident Reporting

The monitoring team reviewed the records of the 1915(i) SPA consumers and five supplemental sample consumers for special incidents during the review period. IRC reported all special incidents timely for the sample selected for the 1915(i) SPA review. For the supplemental sample, the service providers reported all of the five incidents to IRC within the required timeframes, and IRC subsequently transmitted two of the five (40 percent) special incidents to DDS within the required timeframes. IRC's follow-up activities on consumer incidents were timely and appropriate for the severity of the situation.

## SECTION I

### REGIONAL CENTER CONSUMER RECORD REVIEW

#### I. Purpose

The review is based upon documentation criteria derived from federal/state statutes and regulations and from the Centers for Medicare & Medicaid Services' directives and guidelines relating to the provision of Home and Community-Based Services (HCBS) 1915(i) State Plan Amendment (SPA) services. The criteria address requirements for eligibility, consumer choice, notification of proposed action and fair hearing rights, IPPs and periodic reviews and reevaluations of services. The information obtained about the consumers' needs and services is tracked as a part of the onsite program reviews.

#### II. Scope of Review

1. Forty-five 1915(i) SPA consumer records were selected for the review sample.
2. The review period covered activity from August 1, 2016, to July 31, 2017.

#### III. Results of Review

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

- ✓ The sample records were in (100 percent) compliance for 20 applicable criteria. There are no recommendations for these criteria.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

Regional Center Consumer Record Review Summary						
Sample Size = 45 Records						
	Criteria	+	-	N/A	% Met	Follow-up
1.0	The consumer is Medi-Cal eligible. <i>(SMM 4442.1)</i>	45			100	None
1.1	Each record contains a “1915(i) State Plan Amendment Eligibility Record” (DS 6027 form), signed by qualified personnel, which documents the date of the consumer’s initial 1915(i) SPA eligibility certification and annual reevaluation, eligibility criteria, and short-term absences. <i>[SMM 4442.1; 42 CFR 483.430(a)]</i>	Criterion 1.1 consists of four sub-criteria (1.1.a-d) that are reviewed and rated independently.				
1.1.a	The DS 6027 is signed and dated by qualified regional center personnel.			45	NA	None
1.1.b	The DS 6027 form indicates that the consumer meets the eligibility criteria for the 1915(i) SPA.	45			100	None
1.1.c	The DS 6027 form documents annual reevaluations.			45	NA	None
1.1.d	The DS 6027 documents short-term absences of 120 days or less, if applicable.			45	NA	None
1.2	There is written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever services or choice of services are denied or reduced without the agreement of the consumer/authorized representative, or the consumer/authorized representative does not agree with all, or part, of the components in the consumer’s IPP. <i>[42 CFR Part 431, Subpart E; WIC §4646(g)]</i>			45	NA	None
1.3	IPP is reviewed ( <i>at least annually</i> ) by the planning team and modified, as necessary, in response to the consumer’s changing needs, wants or health status. <i>[42 CFR 441.301(b)(1)(I)]</i>	45			100	None
1.4.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator. <i>[WIC §4646(g)]</i>	45			100	None

**Regional Center Consumer Record Review Summary**  
**Sample Size = 45 Records**

	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
1.4.b	IPP addendums are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	6		39	100	None
1.4.c	The IPP is prepared jointly with the planning team. [WIC §4646(d)]	45			100	None
1.5	The IPP includes a statement of goals based on the needs, preferences, and life choices of the consumer. [WIC §4646.5(a)(2)]	45			100	None
1.6	The IPP addresses the consumer's goals and needs. [WIC §4646.5(a)(2)]	Criterion 1.6 consists of six sub-criteria (1.6.a-f) that are reviewed independently.				
1.6.a	The IPP addresses the special health care requirements, health status and needs as appropriate.	14		31	100	None
1.6.b	The IPP addresses the services which the CCF provider is responsible for implementing.	1		44	100	None
1.6.c	The IPP addresses the services which the day program provider is responsible for implementing.	21		24	100	None
1.6.d	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	3		42	100	None
1.6.e	The IPP addresses the consumer's goals, preferences, and life choices.	45			100	None
1.6.f	The IPP includes a family plan component if the consumer is a minor. [WIC §4685(c)(2)]	8		37	100	None
1.7.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. [WIC §4646.5(a)(4)]	45			100	None
1.7.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. [WIC §4646.5(a)(4)]	45			100	None
1.7.c	The IPP specifies the approximate scheduled start date for new services and supports. [WIC §4646.5(a)(4)]	6		39	100	None
1.8	The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to, vendors, contract providers, generic service agencies, and natural supports. [WIC §4646.5(a)(4)]	45			100	None

**Regional Center Consumer Record Review Summary**  
**Sample Size = 45 Records**

	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
1.9	Periodic reviews and reevaluations are completed <i>(at least annually)</i> to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and that the consumer and his/her family are satisfied with the IPP and its implementation. <i>[WIC §4646.5(a)(6)]</i>	45			100	None
1.9.a	Quarterly face-to-face meetings with the consumer are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	3		42	100	None
1.9.b	Quarterly reports of progress toward achieving IPP objectives are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	3		42	100	None



## SECTION II

### SPECIAL INCIDENT REPORTING

#### I. Purpose

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

#### II. Scope of Review

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

#### III. Results of Review

1. Inland Regional Center (IRC) reported all (100 percent) special incidents in the sample of 45 records selected for the 1915(i) SPA review to DDS.
2. IRC's vendors reported all of the five (100 percent) special incidents in the supplemental sample within the required timeframes.
3. IRC reported two of the five (40 percent) incidents to DDS within the required timeframes.
4. IRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the five incidents.

#### IV. Findings and Recommendations

Consumer #SIR 3: The incident was reported to IRC on October 26, 2016. However, IRC did not report the incident to DDS until November 1, 2016.

Consumer #SIR 4: The incident was reported to IRC on December 15, 2016. However, IRC did not report the incident to DDS until January 4, 2017.

Consumer #SIR 5: The incident was reported to IRC on February 13, 2007. However, IRC did not report the incident to DDS until February 28, 2017.

Recommendation	Regional Center Plan/Response
IRC should ensure that all special incidents are reported to DDS within the required timeframe.	IRC changed SIR reviewing and inputting in 2017. A new SIR tracking system was developed by the Information Technology(IT) team. The IT team created ways to ensure efficient reporting and inputting practices. IRC is committed to ensuring timeliness in tracking of SIRs to provide proactive technical assistance to staff and vendors.

**SAMPLE CONSUMERS**  
**1915(i) State Plan Amendment Review Consumers**

<b>#</b>	<b>UCI</b>	<b>#</b>	<b>UCI</b>
1	7312399	24	7322769
2	6951157	25	6994987
3	8183104	26	6952310
4	6921445	27	7877116
5	8195208	28	6968042
6	6953228	29	7932947
7	6993743	30	6955866
8	6944454	31	8199271
9	4920435	32	7931963
10	6978855	33	6992041
11	6975205	34	6298822
12	7916232	35	7410690
13	6646380	36	6937621
14	6935768	37	6298425
15	1976361	38	6161843
16	6932571	39	6920172
17	6955594	40	8109811
18	6804522	41	6226566
19	6913192	42	6986264
20	4968574	43	6976380
21	6960376	44	8195907
22	7698438	45	7823081
23	6931964		

**SIR Review Consumers**

<b>#</b>	<b>UCI</b>	<b>Vendor</b>
SIR 1	6980331	H30132
SIR 2	6955730	HJ0736
SIR 3	7410461	HJ0622
SIR 4	6900027	HJ0570
SIR 5	6903273	HJ2766