

**Inland Regional Center
Home and Community-Based Services Waiver
Monitoring Review Report**

Conducted by:

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

October 16–27, 2017

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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 16–27, 2017, at Inland Regional Center (IRC). The monitoring team members were Ray Harris (Team Leader), Linda Rhoades, Nora Muir, Corbett Bray and Jennifer Parsons 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 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 (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 HCBS Waiver services.

Scope of Review

The monitoring team reviewed a sample of 85 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) 10 consumers who had special incidents reported to DDS during the review period of August 1, 2016, through July 31, 2017.

The monitoring team completed visits to 19 community care facilities (CCF) and 20 day programs. The team reviewed 19 CCF and 25 day program consumer records and interviewed and/or observed 77 selected sample consumers.

Overall Conclusion

IRC is in substantial compliance with the federal requirements for the HCBS Waiver 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 Self-Assessment

The self-assessment responses indicated that IRC 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

Eighty-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.

IRC's records were 99 percent and 100 percent in overall compliance for the collaborative reviews conducted in 2016 and in 2014.

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

Nineteen consumer records were reviewed at 19 CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100 percent in overall compliance for 19 criteria on this review.

IRC's records were 100 percent in overall compliance for the collaborative reviews conducted in 2016 and in 2014.

Section IV – Day Program Consumer Record Review

Twenty-five consumer records were reviewed at 20 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100 percent in overall compliance for this review.

IRC's records were 99 percent in overall compliance for the collaborative reviews conducted in 2016 and in 2014.

Section V – Consumer Observations and Interviews

Seventy-seven of the eighty-five sample consumers, or in the case of minors, their parents, were interviewed and/or observed at their CCFs, day programs, or in independent living settings. The monitoring team observed that all of the consumers were in good health and were treated with dignity and respect. All interviewed consumers/parents indicated that they were satisfied with their services, health and choices.

Section VI A – Service Coordinator Interviews

Seventeen 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 Clinical Services Manager was interviewed using a standard interview instrument. She responded to questions regarding the monitoring of consumers with medical issues, medications, behavior plans, the coordination of medical and mental health care for consumers, clinical supports to assist service coordinators, and the clinical team's role on the Risk Management and Mitigation Committee and special incident reporting.

Section VI C – Quality Assurance Interview

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

Section VII A – Service Provider Interviews

Eighteen service providers at 13 CCFs and five day programs were interviewed using a standard interview instrument. The service providers responded to questions regarding their knowledge of the consumer, the annual review process, and the monitoring of health issues, medication administration, progress, safety and emergency preparedness. The staff was familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interviews

Thirteen 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 13 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 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. IRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported all 10 applicable incidents to IRC within the required timeframes, and IRC subsequently transmitted 5 of the 10 special incidents to DDS within the required timeframes. IRC's follow-up activities for the 10 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 Inland Regional Center's (IRC) 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

IRC 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 IRC 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 oversees 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> <p>The regional center ensures that needed services and supports are in place when a consumer moves from a developmental center (DC) to a community living arrangement.</p>

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

SECTION II

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

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

Living Arrangement	# of Consumers
Community Care Facility (CCF)	34
With Family	37
Independent or Supported Living Setting	14

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 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Three criteria were rated not applicable for this review.

- ✓ The sample records were in 100 percent compliance for 26 criteria. There are no recommendations for these criteria.
- ✓ Findings for two criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

2.2 Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form (DS 2200). [SMM 4442.7; 42 CFR 441.302(d)]

Finding

Eighty-two of the eighty-five (97 percent) sample consumer records contained a signed and dated DS 2200 form. There were identified issues regarding the DS 2200 form for the following consumers:

1. Consumer #24: This consumer signed the DS 2200 form; however, the document was not dated.
2. Consumer #51: The consumer did not sign the DS 2200 form. Since the client has recently expired, no further action is necessary.
3. Consumer #76: The consumer’s conservator signed the DS 2200 form; however, the document was not dated.

2.2 Recommendations	Regional Center Plan/Response
IRC should ensure that the DS 2200 for consumers #24 and #76 are properly dated.	QIDP dated the DS 2200 for consumers #24 and #76 upon DDS recommendation at the time of findings.

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]

Findings

Eighty-three of the eighty-five (98 percent) consumer records documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in two consumer records (detailed below) did not support the determination that all of the issues identified in the CDER and DS 3770 could be considered qualifying conditions.

1. Consumer #73: “Reminders to take medication” is listed as a qualifying condition. However, the IPP dated December 7, 2016, states, “It is reported that she administers her own medications and has a pill box to set them up.” Subsequently, IRC completed an addendum dated September 26, 2017, and the revisions address SLS support related to this issue. Therefore, no further action is necessary.

2. Consumer #83: “Supervision”, “Disruptive Behaviors”, “Outbursts” are listed as a qualifying conditions. However, the IPP dated May 18, 2016, states “She does not exhibit disruptive social behavior, aggressive social behavior, running or wandering away nor emotional outbursts.” Additionally, the IPP mentions the following: “She does not require supervision to prevent injury/harm.” Subsequently, IRC completed a new IPP dated May 22, 2017, and an addendum approved on October 5, 2017, that specify the need for supervision and detail behaviors and outbursts. Therefore, no further action is necessary.

Regional Center Consumer Record Review Summary						
Sample Size = 85 Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. <i>(SMM 4442.1)</i>	85			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. <i>[SMM 4442.1; 42 CFR 483.430(a)]</i>	Criterion 2.1 consists of four sub-criteria (2.1.a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Mental Retardation Professional and the title "QMRP" appears after the person's signature.	85			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.	85			100	None
2.1.c	The DS 3770 form documents annual recertifications.	85			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	4		81	100	None
2.2	Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). <i>[SMM 4442.7; 42 CFR 441.302(d)]</i>	82	3		97	See Narrative
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. <i>[SMM 4442.7; 42 CFR Part 431, Subpart E; WIC §4646(g)]</i>			85		NA

Regional Center Consumer Record Review Summary						
Sample Size = 85 Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. <i>(SMM 4442.5; 42 CFR 441.302)</i>	85			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>	85			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	83	2		98	See Narrative
2.6.a	IPP is reviewed <i>(at least annually)</i> by the planning team and modified as necessary in response to the consumer's changing needs, wants or health status. <i>[42 CFR 441.301(b)(1)(I)]</i>	85			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>			85		NA
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>	85			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.	7		78	100	None
2.7.c	The IPP is prepared jointly with the planning team. <i>[WIC §4646(d)]</i>	85			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>	85			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 85 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).	85			100	None
2.9.b	The IPP addresses special health care requirements.	36		49	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	33		52	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	54		31	100	None
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	14		71	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	85			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. [WIC §4685(c)(2)]	17		68	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)]	85			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)]	85			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [WIC §4646.5(a)(4)]	7		78	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)]	85			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 85 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>	85			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>)	47			100	None
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>)	47		38	100	None
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>)			85		NA

SECTION III

COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

Nineteen consumer records were reviewed at 19 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 all 19 criteria.

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

Community Care Facility Record Review Summary						
Sample Size: Consumers = 19; CCFs = 19						
	Criteria	+	-	N/A	% Met	Follow-up
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. <i>(Title 17, CCR, §56017(b); Title 17, CCR §56059(b); Title 22, CCR, §80069)</i>	19			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	19			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	13		6	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.	19			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	19			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	19			100	None
3.1.i	Special safety and behavior needs are addressed.	13			100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17 and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. <i>[Title 17, CCR, §56019(c)(1)]</i>	19			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	19			100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 19; CCFs = 19						
	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>	4		15	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.	4		15	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>	15		4	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.	15		4	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>	15		4	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>	19			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	19			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>	3			16	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>	3			16	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>	3			16	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

Twenty-five consumer records were reviewed at 20 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 17 criteria.

- ✓ 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 = 25; Day Programs = 20						
	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)	25			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.	25			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.	25			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.	25			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.	25			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.	25			100	None
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP which the day program provider is responsible for implementing.	25			100	None
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	25			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 25; Day Programs = 20						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	20		5	100	None
4.2	The day program has a copy of the consumer's current IPP. <i>[Title 17, CCR §56720(b)]</i>	25			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>	25			100	None
4.3.b	The day program's individual service plan or other program documentation is consistent with the services addressed in the consumer's IPP.	25			100	None
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	25			100	None
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services which the day program is responsible for implementing.	25			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>	1		24	100	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	1		24	100	None
4.5.c	There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. <i>(Title 17, CCR, §54327)</i>	1		24	100	None

SECTION V

CONSUMER OBSERVATIONS AND INTERVIEWS

I. Purpose

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

II. Scope of Observations and Interviews

Seventy-seven of the eighty-five consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities (CCF), or in independent living settings.

- ✓ Forty-four consumers agreed to be interviewed by the monitoring teams.
- ✓ Twenty consumers did not communicate verbally or declined an interview but were observed.
- ✓ Thirteen interviews were conducted with parents of minors.
- ✓ Eight consumers were unavailable for or declined interviews.

III. Results of Observations and Interviews

All consumers and parents of minors indicated satisfaction with their living situation, day program, work activities, health, choice, and regional center services. The appearance for all of the consumers that were interviewed and observed reflected personal choice and individual style.

SECTION VI A

SERVICE COORDINATOR INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed 17 Inland Regional Center (IRC) 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 IRC's medical director and online resources for medication.

4. The service coordinators monitor the consumers' services, health and safety during periodic visits. They are aware of the consumers' health issues. The service coordinators were knowledgeable about the special incident reporting process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed.

SECTION VI B

CLINICAL SERVICES INTERVIEW

I. Purpose

The Clinical Services interview is used to obtain supplemental information on how the regional center is organized to provide clinical support to consumers and service coordinators. The interview with Clinical Services helps to understand what measures the regional center is utilizing to ensure the ongoing health and safety of all Home and Community-Based Services Waiver consumers.

II. Scope of Interview

1. The monitoring team interviewed Inland Regional Center's (IRC) Clinical Services Manager.
2. The questions in the interview cover the following topics: routine monitoring of consumers with medical issues, medications and 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 Risk Management Committee and special incident reports.

III. Results of Interview

1. The IRC clinical team consists of the Clinical Services Manager, a physician, nurses, psychologists, a psychiatrist, the behavior specialist team, a dietician, occupational, speech and physical therapists, a pharmacologist, a neurologist, and a dental hygienist.
2. The clinical team provides support in the management of clients with health care issues. The team meets weekly to discuss medical, medication and/or behavioral concerns. The clinical team members support the service coordinators by providing consultation, training, referrals, and follow-up when needed. Guidelines were developed to assist service coordinators to address consumer health needs when developing the Individual Program Plan.

The dental hygienist locates dental providers and assists with treatment authorization requests. The hygienist also coordinates outpatient dental services through Loma Linda School of Dentistry, Redlands Dental Surgery Center and other local providers. The hygienist is available to do desensitization training and attend dental appointments with consumers.

3. The clinical team participates in the monitoring of consumers' medications. The pharmacologist is available for consultation and training with service coordinators, families, consumers, and service providers. He is also available to conduct a polypharmacy review when requested. The pharmacologist may provide medication training to providers as a result of a special incident related to a medication error.
4. The clinical team is involved in the coordination of mental health and behavior needs. The program managers and the behavior specialist team review behavior plans and monitor services received by consumers. IRC conducts a mental health clinic where service coordinators can present consumer specific mental health/behavior issues for evaluation. In addition, IRC participates with Riverside and San Bernardino Mental Health Departments to coordinate care.
5. IRC has improved access to preventive health care resources for consumers by:
 - ✓ Referrals & consultation with a geneticist;
 - ✓ Health education;
 - ✓ On line resource library;
 - ✓ Occupational and physical therapy clinic;
 - ✓ Psychiatric and neurological clinic;
 - ✓ PRUCOL (Person Residing Under Color of Law) Clinic provides assistance to undocumented consumers applying for Medi-Cal;
 - ✓ Managed care liaisons;
 - ✓ Tots and toys clinic; and,
 - ✓ Assistance with communication technology.
6. Members of the clinical team participate in the Risk Management Committee. Team members will review medical and death special incident reports as requested. 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 interview with quality assurance (QA) staff ascertains how the regional center has organized itself to conduct Title 17 monitoring of community care facilities (CCF), two unannounced visits to CCFs, and service provider training. The interview also inquires about verification of provider qualifications, resource development activities, and QA among programs and providers where there is no regulatory requirement to conduct QA monitoring.

II. Scope of Interview

The monitoring team interviewed a quality assurance specialist who is part of the team responsible for conducting Inland Regional Center's (IRC) QA activities.

III. Results of Interview

1. QA staff are responsible for conducting Title 17 monitoring reviews for all residential facilities. Additional unannounced visits are scheduled and conducted at least twice a year. Each review utilizes standardized report forms and checklists based on Title 17 regulations. The dates of the reviews are tracked in a database, to ensure that all have been completed, which is monitored by management.
2. Results of the Title 17 reviews and unannounced visits are forwarded to the QA manager who oversees corrective action plans (CAP). Technical assistance is provided during these visits. When substantial inadequacies are identified, CAPs are issued. Most CAPs allow the vendor 30 days to correct the situation. The QA team will follow up and provide further training to the vendor as necessary.
3. The special incident report (SIR) coordinator receives all SIRs. The coordinator is responsible for investigation and follow-up. She is a member of the Risk Management team which meets quarterly. Risk Management will recommend trainings be provided to staff and vendors based on SIR trend analysis.
4. IRC maintains a Resource Development Department, which handles the vendorization process. Staff is responsible for interviewing potential providers, reviewing applications, program designs, and conducting new provider orientations.

SECTION VII A

SERVICE PROVIDER INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed 18 service providers at 13 community care facilities (CCF) 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 consumer.
2. The service providers indicated that they conducted assessments of the consumer, participated in their IPP development, provided the program-specific services addressed in the IPPs and attempted to foster the progress of their consumer.
3. The service providers monitored the consumer's health issues and safeguarded medications.
4. The service providers communicated with people involved in the consumer's life and monitored progress.
5. The service providers were prepared for emergencies, monitored the safety of the consumer, and understood special incident reporting and follow-up processes.

SECTION VII B

DIRECT SERVICE STAFF INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed 18 direct service staff at 13 community care facilities (CCF) and 5 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 direct service staff were familiar with the strengths, needs and preferences of their consumer.
2. The direct service staff were knowledgeable about their roles and responsibilities for providing the services addressed in the consumer's IPP.
3. The direct service staff demonstrated that they understood the importance of communication with all individuals concerned with the consumer.
4. The direct service staff 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 community care facilities (CCF) and day programs are serving consumers in a safe, healthy and positive environment where their rights are respected. The review also ensures that CCFs are meeting the HCBS Waiver definition of a homelike setting.

II. Scope of Review

1. The monitoring teams reviewed a total of 13 CCFs and five day programs.
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 day programs were found to be in good condition with no immediate health and safety concerns. Specific findings and recommendations are detailed below.

IV. Finding and Recommendation

8.2.d Pro Re Nata (PRN) Medication Records

CCF #7 and day program #15 were not documenting the time or consumer's response to PRN medications.

8.2.d Recommendation	Regional Center Plan/Response
IRC should ensure that CCF #7 and day program #15 properly document all required PRN medication information.	IRC CPL provided the administrator helpful tips on how to avoid such oversight issues. Some effective ways to correct such oversight and measures were provided to prevent similar incidents from occurring in the future. IRC CPL suggested that best practice for the home is to have a checklist in each staff member's file showing each certification the staff has completed and which ones have expired. Also, before a new staff

	<p>member begins employment with the home, it is necessary for all required trainings and certificates to be completed and appropriately documented in each staff member's file kept at the facility. The administrator will communicate with the IRC CPL to ensure that all requirements are met for each staff member in the home.</p>
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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 Inland Regional Center (IRC) was reviewed by comparing deaths entered into the Client Master File for the review period with special incident reports (SIR) of deaths received by the Department of Developmental Services (DDS).
2. The records of the 85 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 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, 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. IRC reported all deaths during the review period to DDS.
2. IRC reported all (100 percent) special incidents in the sample of 85 records selected for the HCBS Waiver review to DDS.
3. IRC's vendors reported all 10 (100 percent) of the 10 special incidents in the supplemental sample within the required timeframes.
4. IRC reported 5 of the 10 (50 percent) incidents to DDS within the required timeframes.
5. IRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the 10 incidents.

IV. Findings and Recommendation

Consumer #91: The incident was reported to IRC on December 5, 2016. However, IRC did not report the incident to DDS until December 19, 2016.

Consumer #94: The incident was reported to IRC on October 4, 2016. However, IRC did not report the incident to DDS until October 11, 2016.

Consumer #95: The incident was reported to IRC on November 17, 2016. However, IRC did not report the incident to DDS until November 30, 2016.

Consumer #96: The incident was reported to IRC on January 3, 2017. However, IRC did not report the incident to DDS until January 23, 2017.

Consumer #97: The incident was reported to IRC on February 16, 2017. 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 AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

#	UCI	CCF	DP
1	6929214		
2	6932710		
3	6934047		
4	6934827		
5	6942225		
6	6944382		
7	6946110		
8	6946808		
9	6952035		
10	6964740		
11	6968531		
12	6971928		
13	6975127		
14	7908103		
15	7908768		
16	7913431		
17	7999092		
18	1972066		
19	4922092		5
20	5563226		17
21	6900204		9
22	6904107		3
23	6909300		6
24	6911626		6
25	6922290		
26	6922831		2
27	6951621		
28	6954086		13
29	6954616		
30	6977165		
31	6991353		
32	6994826		
33	6997870		4
34	7411767		14
35	7415242		10
36	7423558		
37	7881235		

#	UCI	CCF	DP
38	4818233	15	
39	4865093	8	
40	4968848	9	
41	4969184	16	
42	5029921	4	
43	5234448	1	
44	5751839	18	
45	5938733		
46	6142806	19	
47	6283705		7
48	6601430		19
49	6638319		20
50	6803474	6	
51	6895632		
52	6901248		16
53	6902124		
54	6903392	14	
55	6904277	5	
56	6905092		15
57	6905511	17	
58	6909515		18
59	6910198	10	
60	6951156		1
61	6989988	13	
62	6990526	11	
63	6991971	7	
64	6993437		8
65	6997366	12	
66	7110288		4
67	7313283		12
68	7400128		11
69	7401007		12
70	7509955	2	
71	7693753	3	
72	1979690		
73	5393087		
74	5400288		9
75	5776893		
76	5797592		1
77	5997515		

#	UCI	CCF	DP
78	6902312		
79	6910764		
80	6920175		
81	6929410		
82	6954520		
83	6999240		
84	7301488		
85	7562766		

HCBS Waiver Review Service Providers

CCF #	Vendor
1	HJ0240
2	HJ0645
3	HJ0702
4	HJ0458
5	HJ0086
6	H01083
7	HJ2602
8	HJ0697
9	HJ0813
10	HJ2787
11	HJ0741
12	HJ0850
13	HJ0579
14	HJ0936
15	H62592
16	HJ0177
17	HJ0118
18	H42681
19	HJ2564

Day Program #	Vendor
1	H71167
2	HJ0866
3	HJ0557
4	HJ0863
5	HJ0658
6	HJ0566
7	HJ0565
8	H59152
9	H12688
10	H96306
11	HJ0173
12	HJ0501
13	H25658
14	H25908
15	H96639
16	HJ2580
17	HJ0342
18	H96666
19	H25658
20	H43126

SIR Review Consumers

#	UCI	Vendor
SIR 89	7402789	HJ0249
SIR 90	8013242	NA
SIR 91	5997424	H62678
SIR 92	6977049	HJ0873
SIR 93	5723705	H57328
SIR 94	7899960	HJ0444
SIR 95	6900696	HJ0317
SIR 96	7920253	HJ2561
SIR 97	6905833	HJ0626
SIR 98	6906108	HJ2525