

**North Los Angeles County Regional Center  
Home and Community-Based Services Waiver  
Monitoring Review Report**

**Conducted by:**

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

**August 8–18, 2016**

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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 August 8-18, 2016, at North Los Angeles County Regional Center (NLACRC). The monitoring team members were Linda Rhoades (Team Leader), Kathy Benson, Ray Harris, 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 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 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 and Medicaid Services' directives and guidelines relating to the provision of HCBS Waiver services.

### Scope of Review

The monitoring team reviewed a sample of 62 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers who moved from a developmental center, 2) three consumers whose HCBS Waiver eligibility had been previously terminated, and 3) ten consumers who had special incidents reported to DDS during the review period of June 1, 2015, through May 31, 2016.

The monitoring team completed visits to seven community care facilities (CCF) and 20 day programs. The team reviewed seven CCF and 20 day program consumer records and had face-to-face visits and/or interviews with 50 consumers or their parents.

## Overall Conclusion

NLACRC is in substantial compliance with the federal requirements for the HCBS Waiver program. Specific recommendations that require follow-up actions by NLACRC are included in the report findings. DDS is requesting documentation of follow-up actions taken by NLACRC 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 NLACRC 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

Sixty-two 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 98 percent in overall compliance for this review. NLACRC's records were 99 percent in overall compliance for the collaborative reviews conducted in 2014 and in 2012.

### Section III – Community Care Facility Consumer Record Review

Seven consumer records were reviewed at seven CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100 percent in overall compliance for the applicable criteria.

NLACRC's records were 100 percent and 99 percent in overall compliance for the collaborative reviews conducted in 2014 and in 2012, respectively.

### Section IV – Day Program Consumer Record Review

Twenty 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 98 percent in overall compliance for the applicable criteria.

NLACRC's records were 99 percent and 96 percent in overall compliance for the collaborative reviews conducted in 2014 and in 2012, respectively.

## Section V – Consumer Observations and Interviews

Fifty 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

Twelve 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

NLACRC Psychologist and Registered Nurse Consultant were interviewed using a standard interview instrument. They 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 Community Services Specialist was interviewed using a standard interview instrument. He responded to informational questions regarding how NLACRC 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

Six CCF and four 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 four 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 was familiar with the consumers and knowledgeable about their roles and responsibilities.

## Section VIII – Vendor Standards Review

The monitoring team reviewed six CCFs and three 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 62 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. NLACRC reported all special incidents for the sample of 62 records selected for the HCBS Waiver review to DDS. For the supplemental sample, the service providers reported nine incidents to NLACRC within the required timeframe, and NLACRC subsequently transmitted all ten special incidents to DDS within the required timeframe. NLACRC'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 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 NLACRC's 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 and Medicaid Services.

#### II. Scope of Assessment

NLACRC 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 NLACRC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self-assessment criteria.

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

<b>Regional Center Self-Assessment HCBS Waiver Assurances</b>	
<b>HCBS Waiver Assurances</b>	<b>Regional Center Assurances</b>
<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>The regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meets the federal definition of a Qualified Intellectual Disability Professional (QIDP).</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 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 community care facilities.</p> <p>The regional center reviews each community care facility annually to assure services are consistent with the program design and applicable laws, and development and implementation of corrective action plans as needed.</p> <p>The regional center conducts not less than two unannounced monitoring visits to each CCF annually.</p> <p>Service coordinators perform and document periodic reviews (at least annually) to ascertain progress toward achieving IPP objectives, and the consumer's and the family's satisfaction with the IPP and its implementation.</p> <p>Service coordinators have quarterly face-to-face meetings with consumers in CCFs, Family Home Agencies, Supported Living Services, and Independent Living Services to review services and progress toward achieving the IPP objectives for which the service provider is responsible.</p>

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

## SECTION II

### REGIONAL CENTER CONSUMER RECORD REVIEW

#### I. Purpose

The review is based upon documentation criteria derived from federal/state statutes and regulations and from the Centers for Medicare and Medicaid Services' directives and guidelines relating to the provision of 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. Sixty-two HCBS Waiver consumer records were selected for the review sample.

<b>Living Arrangement</b>	<b># of Consumers</b>
Community Care Facility	16
With Family	26
Independent or Supported Living Setting	20

2. The review period covered activity from June 1, 2015, through May 31, 2016.

#### III. Results of Review

The 62 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Three supplemental records were reviewed solely for documentation that NLACRC 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 developmental center.

- ✓ The sample records were in 100 percent compliance for 19 applicable criteria. There are no recommendations for these criteria.
- ✓ Findings for 12 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)]

Findings

Fifty-seven of the sixty-two (92 percent) sample consumer records contained a dated and signed DS 2200 form. However, the DS 2200 form for consumers #2, #14, #52, #54 and #57 were not dated. However, during the review, the DS 2200 forms were dated for consumers #2, #52, #54 and #57. Therefore, no recommendation is required.

2.2 Recommendations	Regional Center Plan/Response
NLACRC should ensure that the DS 2200 form for consumer #14 is dated.	<b>Consumer #14 completed and signed a new DS 2200 during a quarterly meeting held on 9/26/16 with CSC.</b>

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

Finding

Sixty-one of the sixty-two (98 percent) 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 for consumer #2 did not support the determination that all of the issues identified in the CDER and DS 3770 could be considered qualifying conditions. “Personal care”, “assist with dressing,” and “running and wandering away” were identified as a qualifying condition on the DS 3770 but there was no supporting information in the consumers’ records (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports.

2.5.b Recommendation	Regional Center Plan/Response
<p>NLACRC should determine if the items listed above are appropriately identified as qualifying conditions for consumer #2. The consumer's DS 3770 form should be corrected to ensure that any items that do not represent substantial limitations in the consumer's ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying conditions. If NLACRC determines that the issue is correctly identified as a qualifying condition, documentation (updated IPPs, progress reports, etc.) that supports the original determination should be submitted with the response to this report.</p>	<p>A review of the 5/25/16 IPP for consumer #2 did not support the qualifying deficits indicated on the CDER and DS 3770. The deficits were incorrectly included on the DS 3770 as a result of an inaccurate CDER. However, the 2016 IPP discussed ILS provider assisting with compliance of consumers Diversion Plan (e.g. pursue psychiatric/psychotherapist services). Since, a 30-day IPP was completed and the CDER was updated to reflect current functioning on 4/25/17. The 2017 IPP indicated a history of behavioral issues, including occasional aggression and minor property destruction. Consumer #2 has shown suicidal threats/gestures on two occasions within the past year and was prescribed medication in August 2016 but refused to take the prescribed medication. Effective 3/31/17, consumer #2 was terminated from the HCBS Waiver due to an ineligible residential type.</p>

2.6.a The IPP is reviewed (*at least annually*) by the planning team and modified as necessary in response to the consumer's changing needs, wants or health status. [42 CFR 441.301(b)(1)(I)]

Findings

Fifty-seven of the fifty-nine (97 percent) applicable sample consumer records contained documentation that the consumers' IPP had been reviewed annually by the planning team. However, for consumers #15 and #25 there was no documentation that the IPPs were reviewed during the monitoring review period.

2.6.a Recommendation	Regional Center Plan/Response
NLACRC should ensure that the IPPs for consumers #15 and #25 be reviewed at least annually by the planning team.	The importance of timely/annual IPP review documentation (from the date of the IPP, not necessarily the birth month) was discussed at the 8/18/16 supervisors' meeting. To ensure future compliance, continuing training will be provided to service coordinators and supervisors regarding this HCBS Waiver requirement.

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

Finding

Thirty-nine of the forty (98 percent) applicable sample consumer records contained a completed SARF. However, the record for consumer #34 contained an incomplete SARF dated January 17, 2016.

2.6.b Recommendation	Regional Center Plan/Response
NLACRC should ensure that a SARF is completed for consumer #34, if the annual review does not include the completion of a new IPP.	CSC has fully completed the 1/17/16 SARF.  Continued training regarding the importance of SARF completion for Annual Reviews not including the completion of a new IPP will be provided to CSCs and supervisors at upcoming unit meetings.

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

Findings

Fifty-nine of the sixty-one (97 percent) applicable sample consumer records contained IPPs that addressed the consumers' qualifying conditions. However, the IPPs for the consumers listed below did not identify the supports or services that are in place to address all of the consumers' qualifying conditions:

1. Consumer #28: The IPP does not indicate what services and supports are in place to address the consumer's need for assistance with personal care, as stated in the Annual Review dated April 4, 2015.

2. Consumer #62: The IPP does not indicate what services and supports are in place to address the consumer’s need for assistance with medication, as stated in the Annual Review dated December 4, 2015.

2.9.a Recommendations	Regional Center Plan/Response
<p>NLACRC should ensure that the IPPs for consumers #28 and #62 address the services and supports in place for the issues identified above.</p>	<p>#28 Addendum completed to include the need for reminders with personal care provided by SLS Agency.</p> <p>#62 A review of the 12/4/15 Annual Review did not reveal an inconsistency regarding the need for assistance with medication. The 12/4/15 Annual Review indicated consumer #62 is not prescribed medication, but if consumer is prescribed a medication (e.g. antibiotics) the doctor recommended mom administer. Requires assistance to take medication was incorrectly included on 3770. This qualifier has been removed and a corrected copy was printed for the chart.</p>

2.9.e The IPP addresses the services for which the supported living services (SLS) agency or independent living services (ILS) provider is responsible for implementing.

Findings

Eighteen of the twenty (90 percent) applicable sample consumer records contained IPPs that addressed the consumers’ SLS or ILS services. However, the IPPs for consumer #38 and #43 did not address the services for which the SLS or ILS provider is responsible for implementing. An IPP was completed for consumer #38 on January 27, 2016, that addressed the SLS services. Therefore, no recommendation is required.

2.9.e Recommendation	Regional Center Plan/Response
NLACRC should ensure that the IPP for consumer #43 addresses the services for which the ILS provider is responsible for implementing.	IPP dated 11/18/15 addressed a portion of services which the ILS provider is responsible for implementing. An Addendum will be completed to address all services implemented by ILS provider as identified in ILS provider's progress report dated 11/1/15.

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)]

Finding

Sixty-one of the sixty-two (98 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by NLACRC. However, the IPP for consumer #15 did not indicate NLACRC funded services for transportation. Subsequent to the review period, a new IPP was completed June 23, 2016, for consumer #15 which addressed transportation. Therefore, no recommendation is required.

2.10.c The IPP specifies the approximate scheduled start date for new services and supports. [WIC §4646.5(a)(4)]

Finding

Thirty-two of the thirty-three (97 percent) applicable sample records specified the approximate scheduled start date for new services and supports. However, the IPP for consumer #29 did not identify the approximate start date for the day program.

2.10.c Recommendation	Regional Center Plan/Response
NLACRC should ensure that the IPP for consumer #29 identifies the start date for the day program.	New IPP development to identify the start date for the day program.  Staff training being provided to remind of the importance to identify start date for RC-funded services.

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 CCFs, 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

Twenty-nine of the thirty-six (81 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for seven consumers did not meet the requirements as indicated below:

1. The records for consumers #1, #7, #26, #27, and #47 contained documentation of three of the required meetings.
2. The record for consumers #12 and #39 contained documentation of two of the required meetings.

2.13.a Recommendations	Regional Center Plan/Response
NLACRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #1, #7, #12, #26, #27, #39 and #47.	Continued training regarding the importance of timely quarterly reviews (QR) will be provided to CSCs and supervisors at upcoming unit meetings.
NLACRC should determine what changes are needed to ensure all face-to-face meetings are completed timely for all applicable consumers.	The importance of face-to-face meetings was discussed at the 8/18/16 supervisors meeting. Supervisors to implement monitoring of timely completion of reports during scheduled supervision with each CSC. Additionally, the IT Department is working to develop a system to better monitor quarterly meeting. To ensure future compliance, continuing training will be provided to service coordinators and supervisors regarding this HCBS Waiver requirement.

- 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

Twenty-nine of the thirty-six (81 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for seven consumers did not meet the requirements as indicated below:

1. The records for consumers #1, #7, #26, #27 and #47 contained documentation of three of the required reports of progress.

2. The record for consumers #12 and #39 contained documentation of two of the required reports of progress.

2.13.b Recommendations	Regional Center Plan/Response
NLACRC should ensure that future quarterly reports of progress are completed for consumers #1, #7, #12, #26, #27, #39 and #47.	Continued training regarding the importance of timely QRs will be provided to CSCs and supervisors at upcoming unit meetings.
NLACRC should determine what changes are needed to ensure all quarterly reports of progress are completed for all applicable consumers.	The importance of quarterly face-to-face progress reports was discussed at the 8/18/16 Supervisors' meeting. Supervisor to implement monitoring of timely completion of reports during scheduled supervision with each CSC. Additionally, the IT Department is working to develop a system to better monitor quarterly meeting. To ensure future compliance, continuing training will be provided to service coordinators and supervisors regarding this HCBS Waiver requirement.

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 62 + 6 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	62			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Mental Retardation Professional (QMRP), which documents the date of the consumer's initial HCBS Waiver eligibility certification, annual recertifications, the consumer's qualifying conditions and short-term absences. (SMM 4442.1), [42 CFR 483.430(a)]	Criterion 2.1 consists of four sub-criteria (2.1.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.	62			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.	62			100	None
2.1.c	The DS 3770 form documents annual recertifications.	57		5	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	9		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)]	57	5		92	See Narrative
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. (SMM 4442.7), (42 CFR Part 431, Subpart E), [WIC §4646(g)]	3		62	100	None

Regional Center Consumer Record Review Summary Sample Size = 62 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5), (42 CFR 441.302)	62			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. (SMM 4442.5), [42 CFR 441.302(c)], (Title 22, CCR, §51343)	62			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	61	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. [42 CFR 441.301(b)(1)(I)]	57	2	3	97	See Narrative
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. (HCBS Waiver requirement)	39	1	22	98	See narrative
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. [WIC §4646(g)]	62			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.	33		29	100	None
2.7.c	The IPP is prepared jointly with the planning team. [WIC §4646(d)]	62			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. [WIC §4646.5(a)]	62			100	None
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.				

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 62 + 6 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	59	2	1	97	See Narrative
2.9.b	The IPP addresses special health care requirements.	35		27	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	18		44	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	30		32	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.	18	2	42	90	See Narrative
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	62			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. <i>[WIC §4685(c)(2)]</i>	15		47	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. <i>[WIC §4646.5(a)(4)]</i>	61	1		98	See Narrative
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. <i>[WIC §4646.5(a)(4)]</i>	62			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. <i>[WIC §4646.5(a)(4)]</i>	32	1	29	97	See Narrative
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. <i>[WIC §4646.5(a)(4)]</i>	61	1		98	See Narrative

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 62 + 6 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.12	Periodic review and reevaluations of consumer progress are completed ( <i>at least annually</i> ) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. <i>[WIC §4646.5(a)(6)]</i>	61		1	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</i> ), ( <i>Title 17, CCR, §56095</i> ), ( <i>Title 17, CCR, §58680</i> ), ( <i>Contract requirement</i> )	29	7	26	81	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. ( <i>Title 17, CCR, §56047</i> ), ( <i>Title 17, CCR, §56095</i> ), ( <i>Title 17, CCR, §58680</i> ), ( <i>Contract requirement</i> )	29	7	26	81	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		62	100	None

## 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 IPP for which the facility is responsible. The criteria are derived from Title 17, California Code of Regulations.

#### II. Scope of Review

Seven consumer records were reviewed at seven 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.

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 7; CCFs = 7</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. <i>[Title 17, CCR, §56017(b); Title 17, CCR §56059(b); Title 22, CCR, §80069]</i>	7			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	7			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	4		3	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.	7			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	7			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	7			100	None
3.1.i	Special safety and behavior needs are addressed.	6		1	100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17, and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. <i>[Title 17, CCR, §56019(c)(1)]</i>	7			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	7			100	None
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. <i>[Title 17, CCR, §56026(b)]</i>	1		6	100	None

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 7; CCFs = 7</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	1		6	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>	6		1	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.	6		1	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>	6		1	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>	7			100	None
3.6.b	The ongoing notes/information verifies that behavior needs are being addressed.	7			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>	2		5	100	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>	2		5	100	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>	2		5	100	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 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 consumer records were reviewed at 20 day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria. Three criteria were not applicable for this review.

#### III. Results of Review

The consumer records were 100 percent in compliance for 11 of the 14 applicable criteria.

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

#### IV. Findings and Recommendations

- 4.1.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*)

##### Finding

Nineteen of the twenty (95 percent) sample consumer records contained signed authorizations for emergency medical treatment. However, the record for consumer #28 at day program #2 did not contain an authorization for emergency medical treatment that was signed by the consumer. During the review, an emergency medical treatment authorization was signed by the consumer. Therefore, no recommendation is required.

- 4.1.g The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere. (*Title 17, CCR, §56730*)

Finding

Nineteen of the twenty (95 percent) sample consumer records contained case notes of important events and information. The record for consumer #19 at day program #9 did not contain on-going case notes. Staff indicated that they have not used case notes since 2010.

4.1.g Recommendation	Regional Center/Plan Response
NLACRC should ensure that day program provider #9 maintains up-to-date case notes for consumer #19.	Community Services will provide technical assistance to provider #9 and training on maintaining current files to ensure the day program is in line with regulatory requirements. Furthermore, if this remains an issue, a plan of improvements will be developed with the provider.

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

Findings

Seventeen of the twenty (85 percent) sample consumer records contained a copy of the consumer’s current IPP. However, the records for consumer #21 at day program #3, consumer #28 at day program #2, and consumer #29 at day program #10 did not contain a copy of the current IPP. The IPP for consumers #21 and #28 were provided to day program #3 and #2 at the time of the review. Accordingly, no recommendation is required.

4.2 Recommendations	Regional Center Plan/Response
NLACRC should ensure that day program provider #10 receives a current copy of the IPP for consumer #29.	Day Program #10 was provided a copy of the current IPP for consumer #29. NLACRC will review procedures for forwarding IPPs to day programs to prevent further occurrences. Vendor and CSC trainings will ensure future compliance with this requirement. During the annual review conducted by Community Services in September 2016, technical assistance was afforded to provider #10. Part of the technical assistance was reviewing the need for maintaining current IPPs in order to adhere to regulatory requirements.

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 20; Day Programs = 20</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. <i>(Title 17, CCR, §56730)</i>	20			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.	20			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.	20			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.	20			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.	19	1		95	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.	20			100	None
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing.	20			100	None
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	19	1		95	See Narrative

4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	10		10	100	None
4.2	The day program has a copy of the consumer's current IPP. <i>[Title 17, CCR §56720(b)]</i>	17	3		85	See Narrative
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>	20			100	None
4.3.b	The day program's Individual Service Plan (ISP) or other program documentation is consistent with the services addressed in the consumer's IPP.	20			100	None
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	19		1	100	None
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services for which the day program is responsible for implementing.	19		1	100	None
4.5.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	0		20	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>	0		20	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>	0		20	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

Fifty of the 62 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.

- ✓ Thirty-two adult consumers agreed to be interviewed by the monitoring teams.
- ✓ Nine consumers did not communicate verbally or declined an interview, but were observed.
- ✓ Nine interviews were conducted with parents of minors.
- ✓ Twelve 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.

Consumer #37 wished to express her extreme gratitude to the regional center for the services she receives. She is currently receiving supported living and in-home supportive services. She expressed that she feels truly blessed to receive such wonderful assistance.

## 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 12 NLACRC 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 NLACRC'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 monitoring team interviewed the North Los Angeles County Regional Center's (NLACRC) Psychologist and Registered Nurse Consultant.
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 NLACRC clinical team consists of the Clinical Services Director, Director of Medical Services, physicians, registered nurses, behaviorists, psychologists, psychiatrist, dentist and dental hygienist, pharmacist, and autism coordinator.
2. Consumers who have significant health problems are referred for a nursing evaluation by the service coordinators. The clinical team and service coordinators work closely with providers and/or families to provide consultation, training, local resources and follow-up, as needed. Nurses also provide staff training on topics such as restricted health care conditions, medications, and falls. The registered nurses are available to visit hospitalized consumers and assist in the discharge planning process. They are also available to collaborate with the consumers' primary physician to assist with coordination of care.
3. The regional center pharmacist and nurses are available to review medication issues upon request from the service coordinator. The pharmacist reviews all medication Special Incident Reports (SIR) and provides onsite medication training for providers, as needed.
4. The clinical staff assists service coordinators with consumers' behavior and mental health needs. The psychiatrist is available for emergency consultation and follow-up until the consumer is transitioned to community resources. He is also available to review psychotropic medication concerns. The behavioral

team reviews behavior plans and makes recommendations to regional center staff, families and providers, as necessary. Onsite behavioral training is also available to providers. A behaviorist is available to participate in parenting groups and provides in-home evaluations and observations, as needed. If generic resources are unavailable, the regional center may provide funds for outpatient and inpatient mental health services. Members of the clinical team collaborate with county mental health providers in coordination of care.

5. The clinical team supports service coordinators on an ongoing basis. Service coordinators can access team members to assist them with health, dental, and nursing needs. They are also available to assist with coordinating generic resources, nursing, managed care and autism services. The clinical team participates in new employee orientation and offers ongoing trainings to all staff.
6. NLACRC has taken a proactive role in advocating for prevention, education, resource development, and medical treatment for its consumers. These efforts include:
  - ✓ Maintaining a list of Medi-Cal providers
  - ✓ Conducting multi-disciplinary evaluations
  - ✓ Funding for physical therapy, adaptive equipment and other needs if no other resources are available
  - ✓ Resource library available for families and providers
  - ✓ Dental training for vendors and families
  - ✓ Partnering with local home health agencies
  - ✓ Provide funding for dental services, as needed
  - ✓ County Mental Health Liaison

The Clinical Services Director participates on the Risk Management Committee. Members of the clinical team review health, medication and behavior-related special incidents. All deaths are reviewed by a physician and nurse from the clinical team. The regional center utilizes Mission Analytics Group, Inc., the State's risk management contractor, to analyze special incidents for trends and makes recommendations for appropriate follow-up and training, as needed. Recent trainings have included fall prevention, medication administration, and SIR reporting requirements.

## 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 quality assurance monitoring.

#### II. Scope of Interview

The monitoring team interviewed a community services specialist who is an integral part of the team responsible for conducting QA activities at North Los Angeles County Regional Center (NLACRC).

#### III. Results of Interview

1. The community services specialist conducts the annual Title 17 visits and the two required unannounced visits. QA supervisors and service coordinators are invited to attend, as available. During the visits they review vendor files, Individual Program Plans (IPP) and behavior plans, perform a walkthrough of the facility, check medication logs, review Special Incident Reports (SIR) and previous corrective action plans (CAP), if any. Additional unannounced visits may result from a service coordinator referral.
2. The resource specialist reviews and approves vendor applications. Service coordinators and the Risk Assessment Unit monitor programs and providers where there is no regulatory authority to ensure the programs are operating per approved program design.
3. The Risk Assessment Unit forwards SIRs that require further investigation to the QA unit. The community services specialist, in collaboration with Community Care Licensing and/or law enforcement, follows up on the SIRs they receive. When issues of substantial inadequacies are identified, the community services specialist is responsible for developing CAPs and completing the follow-up with the vendor.
4. The Risk Assessment Unit maintains statistics on compliance with reporting special incidents and makes the information available to regional center staff. The community services specialist supervisor is a member of the Risk Management Committee which is overseen by the Risk Assessment Unit.
5. The community service specialist conducts trainings for vendors and staff, such as medication training, SIR training, health precautions and disaster training.

## SECTION VII A

### SERVICE PROVIDER INTERVIEWS

#### I. Purpose

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

#### II. Scope of Interviews

1. The monitoring team interviewed 10 service providers at six CCFs and four 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, 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 eight direct service staff at four CCFs and four 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 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 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 six CCFs and three 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

##### 8.4.a Money

At CCF #7, neither consumer #4 nor the staff were signing for cash disbursements. If the consumer is unwilling to sign, a statement should be included on the ledger.

8.4.a Recommendation	Regional Center Plan/Response
NLACRC should ensure that consumer #4 and staff at CCF #7 sign for all cash disbursements.	Community Services is conducting annual P&I trainings for residential providers (Administrators and Licensees) to ensure that consumer funds and records are handled, disbursed and maintained in accordance with regulatory requirements. This particular provider attended a training on P&I in October 2016. Furthermore, Quality Assurance staff assigned to the facility will provide technical assistance of P&I and cash handling if there are any further concerns. If necessary, there will be a Corrective Action Plan (CAP) developed with the provider if any P&I ledger and/or cash disbursement discrepancies cannot be accounted for.

**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 NLACRC 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 62 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. NLACRC reported all deaths during the review period to DDS.
2. NLACRC reported all special incidents in the sample of 62 records selected for the HCBS Waiver review to DDS.
3. NLACRC's vendors reported 9 of the 10 (90 percent) incidents in the supplemental sample within the required timeframes.
4. NLACRC reported all 10 (100 percent) incidents to DDS within the required timeframes.
5. NLACRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for all 10 incidents.

II. Finding and Recommendation

Consumer #76: The incident occurred on March 16, 2016. However, the vendor did not submit a written report to NLACRC until June 30, 2016.

Recommendation	Regional Center Plan/Response
<p>NLACRC should ensure that the vendor for consumer #76 report special incidents within the required timeframe.</p>	<p>In August 2016, the Risk Assessment (RA) Unit and Community Services Department agreed to the following: RA Unit will forward a copy of incident reports that were submitted outside of the regulatory timeline for reporting (48 hours) to Community Services (CS) for follow-up with the vendors. Community Services will issue either a Corrective Action Plan (CAP) or Plan of Improvement, depending upon the type of provider. This process was implemented effective August 2016. Additionally, RA has notified the vendor community that both RA and CS will be closely monitoring the providers' compliance with their regulatory requirements related to incident reporting (please see attached). Last, RA and CS provide training to the vendor community on an annual basis regarding the regulatory requirements for reporting special incidents. No further follow-up is required.</p>

## SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

### HCBS Waiver Review Consumers

#	UCI	CCF	DP
1	7304813	2	
2	7424126		
3	5580725	6	
4	5381322	7	
5	7838865	3	
6	7852825	1	
7	7857154	5	
8	7874388	4	
9	6000756		1
10	6037386		5
11	7828452		8
12	7832280		13
13	7839921		16
14	7851702		11
15	7871653		19
16	8155123		12
17	5580519		4
18	5673199		17
19	7811771		9
20	7881582		
21	7891907		3
22	7892896		3
23	8116822		
24	5348651		6
25	5730635		
26	5731484		14
27	7853054		18
28	6603153		2
29	7811821		10
30	7824220		15
31	7895269		7
32	4870028		20
33	7875620		
34	7877059		
35	7899828		
36	4985883		
37	5715370		
38	5830815		

#	UCI	CCF	DP
39	6056490		
40	7407585		
41	7610907		
42	7840259		
43	7865004		
44	7874553		
45	7877885		
46	7881606		
47	7894168		
48	7865768		
49	6049763		
50	7872816		
51	7880877		
52	7887371		
53	7890856		
54	8107392		
55	8109113		
56	8109861		
57	8118379		
58	8118718		
59	8121520		
60	8133138		
61	8155446		
62	8171209		

**Supplemental Sample of Terminated Consumers**

#	UCI
63-T	5530951
64-T	5870167
65-T	6320477

**Consumers Who Moved from a Developmental Center**

#	UCI
66-DC	7602382
67-DC	7884597
68-DC	7817448

### HCBS Waiver Review Service Providers

<b>CCF #</b>	<b>Vendor</b>
1	PL1261
2	HL0604
3	HL0259
4	HL0669
5	HL0550
6	HL0682
7	HL0435

<b>Day Program #</b>	<b>Vendor</b>
1	HL0291
2	HL0318
3	HL0287
4	H17782
5	HL0315
6	HL0291
7	H32900
8	H01025
9	H17803
10	PL1205
11	HL0302
12	HL0516
13	HL0447
14	PL0974
15	H32661
16	H17777
17	HL0044
18	HL0032
19	H17623
20	PL0016

### SIR Review Consumers

<b>#</b>	<b>UCI</b>	<b>Vendor</b>
70	7309613	HL0459
71	7818156	PL0797
72	7812423	P24909
73	7898401	HL0346
74	7816952	P24739
75	7886814	HL0471
76	6289582	HL0575
77	7830664	PL1074
78	7830284	PL1073
79	5732102	P33026