

**North Los Angeles County Regional Center
Home and Community-Based Services
1915(i) State Plan Amendment
Monitoring Review Report**

Conducted by:

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

August 3–14, 2020

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	page 3
SECTION I REGIONAL CENTER CONSUMER RECORD REVIEW.....	page 5
SECTION II SPECIAL INCIDENT REPORTING.....	page 12
SAMPLE CONSUMERS.....	page 14

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) 1915(i) State Plan Amendment (SPA) program from August 3–14, 2020, at North Los Angeles County Regional Center (NLACRC). The monitoring team members were Hope Beale (Team Leader), Nora Muir, Corbett Bray, Natasha Clay, Kelly Sandoval, and Bonnie Simmons from DDS, and JoAnn Wright, Kevin Phomthevy, and Janie Hironaka from DHCS.

Purpose of the Review

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

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

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

Scope of Review

The monitoring team conducted a record review of a sample of 28 HCBS 1915(i) SPA consumers. In addition, a supplemental sample of consumer records was reviewed for five consumers who had special incidents reported to DDS during the review period of May 1, 2019 through April 30, 2020.

Overall Conclusion

NLACRC is in substantial compliance with the federal requirements for the HCBS 1915(i) SPA 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 Consumer Record Review

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

The sample records were 97 percent in overall compliance for this review.

Section II – Special Incident Reporting

The monitoring team reviewed the records of the 28 HCBS 1915(i) SPA consumers and five supplemental sample consumers for special incidents during the review period. NLACRC reported all special incidents timely for the sample selected for the HCBS 1915(i) SPA review. For the supplemental sample, the service providers reported all five special incidents to NLACRC within the required timeframes, and NLACRC subsequently transmitted three of the five special incidents to DDS within the required timeframes. NLACRC's follow-up activities on consumer incidents were timely and appropriate for the severity of the situation.

SECTION I

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

1. Twenty-eight HCBS 1915(i) SPA consumer records were selected for the review sample.
2. The review period covered activity from May 1, 2019 through April 30, 2020.

III. Results of Review

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

- ✓ The sample records were 100 percent in compliance for 16 applicable criteria. There are no recommendations for these criteria.
- ✓ The findings for four criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

- 1.4.a The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator. *[W&I Code §4646(g)]*

Finding

Twenty-seven of the twenty-eight (96 percent) sample consumer records contained IPPs that were signed by NLACRC and the consumers or their legal representatives. However, the IPP for consumer #1 was not signed by the consumer.

1.4.a Recommendation	Regional Center Plan/Response
NLACRC should ensure that the IPP for consumer #1 is signed.	NLACRC is unable to identify cause of missing signature/mark as CSC is no longer with agency. A new face-to-face IPP was completed on 4/5/22 with consumer's signature.

- 1.7.a The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. *[W&I Code §4646.5(a)(4)]*

Finding

Twenty-four of the twenty-eight (86 percent) sample consumer records contained IPPs that include all services and supports purchased by the regional center. However, the IPPs for the following consumers did not include the following services and supports purchased by the regional center:

1. Consumer #1: Dentistry.
2. Consumer #3: Dentistry.
3. Consumer #20: Adaptive Skills Trainer. NLACRC provided an addendum dated July 15, 2020, addressing the purchase service. Accordingly, no recommendation is required.
4. Consumer #23: Residential and Adult Day Health Service. NLACRC provided addenda dated July 24, 2020, adding the purchased services. Accordingly, no recommendation is required.

1.7.a Recommendation	Regional Center Plan/Response
NLACRC should ensure that the IPPs for consumers #1 and #3 include the type and amount of all services and supports purchased by the regional center.	<p>#1 Addendum completed to identify amounts of services and supports purchased by NLACRC, including dental services.</p> <p>#3 A review of 11/12/19 IPP did not include the type and amount of all services and supports purchased by NLACRC, dental services. Addendum completed to identify amounts of services and supports purchased by NLACRC, including dental services.</p>

1.9.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

Eleven of the fourteen (79 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the IPPs for the following consumers did not contain documentation of required face-to-face meetings;

1. Consumer #14: The record was missing one face-to-face quarterly meeting.
2. Consumer #24: The record was missing one face-to-face quarterly meeting.
3. Consumer #25: The record was missing two face-to-face quarterly meetings.

1.9.a Recommendation	Regional Center Plan/Response
NLACRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #14, #24, and #25.	Continued training regarding the importance of timely quarterlies being provided to CSC's, Supervisors, and Directors at unit meetings and Case Management Leadership Huddles.

	<p>The importance of timely quarterly face to face meetings and progress reports discussed at 8/12/20 Supervisor’s Meeting. Additionally, 1915(i) SPA consumers have been added by DDS and as a result all cases should be monitored similarly to HCBS Waiver requirements. Supervisors to ensure implementation of monitoring timely completion of meetings/reports during scheduled supervision with each CSC. Continued training provided to Service Coordinators and Supervisors regarding this 1915(i) SPA monitoring requirement.</p>
--	--

- 1.9.b Quarterly reports of progress 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

Eleven of the fourteen (79 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for the following consumers did not contain documentation of required quarterly reports:

1. Consumer #14: The record was missing one quarterly progress report.
2. Consumer #24: The record was missing one quarterly progress report.
3. Consumer #25: The record was missing two quarterly progress reports.

1.9.b Recommendation	Regional Center Plan/Response
NLACRC should ensure that future quarterly reports of progress are completed for consumers #14, #24, and #25.	Continued training regarding the importance of timely quarterlies being provided to CSC’s, Supervisors, and Directors at unit meetings and Case Management Leadership Huddles.

	<p>The importance of timely quarterly face to face meetings and progress reports discussed at 8/12/20 Supervisor’s Meeting. Additionally, 1915(i) SPA consumers have been added by DDS and as a result all cases should be monitored similarly to HCBS Waiver requirements. Supervisors to ensure implementation of monitoring timely completion of meetings/reports during scheduled supervision with each CSC. Continued training provided to Service Coordinators and Supervisors regarding this 1915(i) SPA monitoring requirement.</p>
--	--

Regional Center Consumer Record Review Summary						
Sample Size = 28 Records						
	Criteria	+	-	N/A	% Met	Follow-up
1.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	28			100	None
1.1	Each record contains a “1915(i) State Plan Amendment Eligibility Record” (DS 6027 form), signed by qualified personnel, which documents the date of the consumer’s initial 1915(i) SPA eligibility certification and annual reevaluation, eligibility criteria, and short-term absences. [SMM 4442.1; 42 CFR 483.430(a)]	Criterion 1.1 consists of four sub-criteria (1.1.a-d) that are reviewed and rated independently.				
1.1.a	The DS 6027 is signed and dated by qualified regional center personnel.			28	NA	None
1.1.b	The DS 6027 form indicates that the consumer meets the eligibility criteria for the 1915(i) SPA.	28			100	None
1.1.c	The DS 6027 form documents annual reevaluations.			28	NA	None
1.1.d	The DS 6027 documents short-term absences of 120 days or less, if applicable.			28	NA	None
1.2	There is written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever services or choice of services are denied or reduced without the agreement of the consumer/authorized representative, or the consumer/authorized representative does not agree with all, or part, of the components in the consumer’s IPP. [42 CFR Part 431, Subpart E; W&I Code §4710(a)(1)]			28	NA	None
1.3	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)]	28			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 28 Records						
	Criteria	+	-	N/A	% Met	Follow-up
1.4.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator. <i>[W&I Code §4646(g)]</i>	27	1		96	See Narrative
1.4.b	IPP addendums are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	15		13	100	None
1.4.c	The IPP is prepared jointly with the planning team. <i>[W&I Code §4646(d)]</i>	28			100	None
1.5	The IPP includes a statement of goals based on the needs, preferences, and life choices of the consumer. <i>[W&I Code §4646.5(a)(2)]</i>	28			100	None
1.6	The IPP addresses the consumer's goals and needs. <i>[W&I Code §4646.5(a)(2)]</i>	Criterion 1.6 consists of six sub-criteria (1.6.a-f) that are reviewed independently.				
1.6.a	The IPP addresses the special health care requirements, health status and needs as appropriate.	1		27	100	None
1.6.b	The IPP addresses the services which the CCF provider is responsible for implementing.	2		26	100	None
1.6.c	The IPP addresses the services which the day program provider is responsible for implementing.	10		18	100	None
1.6.d	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	11		17	100	None
1.6.e	The IPP addresses the consumer's goals, preferences, and life choices.	28			100	None
1.6.f	The IPP includes a family plan component if the consumer is a minor. <i>[W&I Code §4685(c)(2)]</i>	8		20	100	None
1.7.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. <i>[W&I Code §4646.5(a)(5)]</i>	24	4		86	See Narrative

Regional Center Consumer Record Review Summary						
Sample Size = 28 Records						
	Criteria	+	-	N/A	% Met	Follow-up
1.7.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. <i>[W&I Code §4646.5(a)(5)]</i>	24		4	100	None
1.7.c	The IPP specifies the approximate scheduled start date for new services and supports. <i>[W&I Code §4646.5(a)(5)]</i>	14		14	100	None
1.8	The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to, vendors, contract providers, generic service agencies, and natural supports. <i>[W&I Code §4646.5(a)(4)]</i>	28			100	None
1.9	Periodic reviews and reevaluations are completed (<i>at least annually</i>) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and that the consumer and his/her family are satisfied with the IPP and its implementation. <i>[W&I Code §4646.5(a)(8)]</i>	26		2	100	None
1.9.a	Quarterly face-to-face meetings with the consumer are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement</i>)	11	3	14	79	See Narrative
1.9.b	Quarterly reports of progress toward achieving IPP objectives are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement</i>)	11	3	14	79	See Narrative

SECTION II

SPECIAL INCIDENT REPORTING

I. Purpose

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

II. Scope of Review

1. The records of the 28 consumers selected for the HCBS 1915(i) State Plan Amendment (SPA) sample were reviewed to determine that all required special incidents were reported to Department of Developmental Services (DDS) during the review period.
2. A supplemental sample of five consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. NLACRC reported all special incidents in the sample of 28 records selected for the HCBS 1915(i) SPA review to DDS.
2. NLACRC's vendors reported all five (100 percent) special incidents in the supplemental sample within the required timeframes.
3. NLACRC reported three of the five (80 percent) incidents to DDS within the required timeframes.
4. NLACRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the five incidents.

IV. Findings and Recommendations

SIR 4: The incident was reported to NLACRC on February 13, 2020. However, NCLARC did not report the incident to DDS until February 18, 2020.

SIR 5: The incident was reported to NLACRC on May 13, 2020. However, NCLARC did not report the incident to DDS until May 21, 2020.

Recommendation	Regional Center Plan/Response
NLACRC should ensure that all special incidents are reported to DDS within the required timeframe.	Continued training regarding the importance of timely submission to DDS within the required timeframe of all special incidents being provided to Risk Assessment Specialist/Unit.

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

#	UCI	#	UCI
1	7869858	15	7872433
2	7823016	16	8235245
3	6990397	17	7889348
4	7594260	18	5382072
5	7874498	19	7894684
6	8359250	20	7882361
7	8137479	21	8200959
8	5805775	22	8178134
9	7865806	23	7801178
10	5531074	24	7493598
11	7882645	25	7896839
12	8264505	26	7874788
13	8360348	27	8114052
14	5025838	28	8118545

SIR Review Consumers

#	UCI	Vendor
SIR 1	7877651	H32834
SIR 2	6097562	@00124
SIR 3	7692485	PL0965
SIR 4	6099867	@10912
SIR 5	5079140	PLO284