

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

Conducted by:

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

October 8–19, 2018

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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 8–19, 2018, at San Andreas Regional Center (SARC). The monitoring team members were Kathy Benson (Team Leader), Nora Muir, Linda Rhoades, Bonnie Simmons, Corbett Bray, and Christine Bagley from DDS, 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 the 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 62 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers whose HCBS Waiver eligibility had been previously terminated; and 2) ten consumers who had special incidents reported to DDS during the review period of August 1, 2017 through July 31, 2018.

The monitoring team completed visits to eight community care facilities (CCF) and 18 day programs. The team reviewed eight CCF and 26 day program consumer records and interviewed and/or observed 51 selected sample consumers.

Overall Conclusion

SARC is in substantial compliance with the federal requirements for the HCBS Waiver program. Specific recommendations that require follow-up actions by SARC are included in the report findings. DDS is requesting documentation of follow-up actions taken by SARC 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 SARC 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. Two criteria were rated as not applicable for this review. Criterion 2.9.d was 82 percent in compliance because 6 of the 34 applicable records did not address the services which the day program provider is responsible for implementing. Criteria 2.13.a and 2.13.b were 62 percent in compliance because 16 of the 42 applicable records did not contain documentation of all required quarterly face-to-face visits and all required quarterly reports of progress. The sample records were 95 percent in overall compliance for this review.

SARC's records were 94 percent and 97 percent in overall compliance for the collaborative reviews conducted in 2016 and in 2014, respectively.

Section III – Community Care Facility Consumer Record Review

Eight consumer records were reviewed at eight CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 97 percent in overall compliance for the 19 criteria on this review.

SARC's records were 98 percent and 99 percent in overall compliance for the collaborative reviews conducted in 2016 and in 2014, respectively.

Section IV – Day Program Consumer Record Review

Twenty-six consumer records were reviewed at 18 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 this review.

SARC's records were 98 percent in overall compliance for the collaborative reviews conducted in 2016 and in 2014.

Section V – Consumer Observations and Interviews

Fifty-one 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 of the interviewed consumers/parents indicated that they were satisfied with their services, health and choices.

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

A Health Services Coordinator and a Health Services Associate Coordinator were interviewed using a standard interview instrument. They 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 in the Risk Management and Mitigation Committee and special incident reporting.

Section VI C – Quality Assurance Interview

The quality assurance manager was interviewed using a standard interview instrument. She responded to questions regarding how SARC 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

Fourteen service providers at eight CCFs and six 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

Eight CCF and three 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. All but one of the direct service staff demonstrated an understanding about emergency preparedness.

Section VIII – Vendor Standards Review

The monitoring team reviewed eight CCFs and six day programs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. 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. SARC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported all 10 incidents to SARC within the required timeframes, and SARC subsequently transmitted 9 of the 10 special incidents to DDS within the required timeframes. SARC'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 San Andreas Regional Center's (SARC) 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

SARC 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 SARC 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 individual program plan (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 once 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. Sixty-two HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	25
With Family	20
Independent or Supported Living Setting	17

2. The review period covered activity from August 1, 2017 through July 31, 2018.

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 San Andreas Regional Center (SARC) 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.

- ✓ The sample records were in 100 percent compliance for 16 criteria. There are no recommendations for these criteria. Two criteria were not applicable for this review.
- ✓ Findings for 13 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

2.1.c The DS 3770 form documents annual recertifications.

Finding

Sixty-one of the sixty-two (98 percent) sample consumer records contained a timely DS 3770 annual recertification. However, the record for consumer #10 did not contain a current DS 3770 recertification. Subsequent to the monitoring review, a current DS 3770 was completed for consumer #10. Accordingly, there is no recommendation.

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

Sixty of the sixty-two (97 percent) sample consumer records contained a completed DS 2200 form. However, the records for consumer #40 did not contain a DS 2200 form, and for consumer #46 the DS 2200 form was not signed by the consumer. Subsequent to the monitoring review, a new DS 2200 form was completed for consumer #40. Accordingly, no recommendation is required.

2.2 Recommendation	Regional Center Plan/Response
<p>SARC should ensure that the DS 2200 form for consumer #46 is signed by the consumer.</p>	<p>Consumer #46: DS 2200 is signed by the consumer and scanned in the record as an active SARC Medicaid Waiver consumer participant and living at home with family.</p> <p>SARC will endeavor towards 100% compliance in assuring all DS 2200 Choice Statement Forms are completed appropriately and as needed.</p>

- 2.3 There is a written Notice of Action (NOA) 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; W&I Code §4646(g)]

Finding

The record for consumer #T-3 did not contain documentation indicating that the consumer had voluntarily disenrolled or that a NOA had been sent to the consumer prior to the termination of their eligibility from the HCBS Waiver. During the monitoring review, the DS 2200 was signed by the consumer to voluntarily terminate participation in the HCBS Waiver. Accordingly, no recommendation is required.

- 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)

Finding

Sixty-one of the sixty-two (98 percent) sample consumer records contained a CDER that had been reviewed within the last 12 months. However, the record for consumer #14 did not contain documentation that the CDER had been reviewed during the year. Subsequent to the monitoring review period, the CDER was reviewed on 9/25/18. Accordingly, no recommendation is required.

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

Findings

Fifty-nine of the sixty-two (95 percent) sample consumer records documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in three 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. Unless otherwise noted in the list below, the following were identified as qualifying conditions 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.

1. Consumer #2: “Requires constant supervision to prevent injury/harm in unfamiliar settings” is listed as a qualifying condition.
2. Consumer #23: “Takes medication with supervision” is listed as a qualifying condition. During the monitoring review, a new DS 3770 was completed removing the above as a qualifying condition. Accordingly, no recommendation is required.
3. Consumer #24: “Safety awareness” is listed as a qualifying condition.

2.5.b Recommendations	Regional Center Plan/Response
<p>SARC should determine if the items listed above for consumers #2 and #24 are appropriately identified as qualifying conditions. The consumers’ DS 3770 forms should be corrected to ensure that any items that do not represent substantial limitations in the consumers’ ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying conditions. If SARC determines that any of the issues above are correctly identified as qualifying conditions, documentation (updated IPPs, progress reports, etc.) that supports the original determinations should be submitted with the response to this report.</p>	<p>For Consumer #2: “Requires constant supervision to prevent injury/harm in unfamiliar settings” is listed as a qualifying condition.” Was removed as a qualifying condition on the 3770 form and updated in the consumer’s file. See Attached.</p> <p>SARC will endeavor towards assuring DS 3770 only includes services and supports identified in the IPP and supporting documentation.</p> <p>For Consumer #24: “Safety awareness” is listed as a qualifying condition.” This deficit was removed as a qualifying condition from the 3770 and updated in the consumer’s file. See Attached.</p> <p>SARC will endeavor towards assuring DS 3770 only includes services and supports identified in the IPP and supporting documentation.</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 sixty-two (92 percent) sample consumer records contained documentation that the consumer’s IPP had been reviewed annually by the planning team. However, there was no documentation that the IPPs for five consumers were reviewed annually as indicated below:

1. Consumer #28: The IPP was dated 1/8/16. There was no documentation that the IPP was reviewed during the monitoring review period.
2. Consumer #40: The IPP was dated 7/12/16. Subsequent to the monitoring review period, a new IPP was completed on 9/27/18. Accordingly, no recommendation is required.
3. Consumer #44: The IPP was dated 11/23/16. However, there was no annual review completed until 6/15/18. Accordingly, no recommendation is required.
4. Consumer #45: The IPP was dated 8/18/16. However, there was no annual review completed until 2/28/18. Accordingly, no recommendation is required.
5. Consumer #55: The IPP was dated 4/14/17. Subsequent to the monitoring review period, an annual review was completed on 9/13/18. Accordingly, no recommendation is required.

2.6.a Recommendations	Regional Center Plan/Response
<p>SARC should ensure that the IPP for consumer #28 is reviewed at least annually by the planning team.</p>	<p>Consumer #28: A new IPP was completed 03/22/19.</p> <p>This consumer now has a new service coordinator, and IPP requirements have been changed from a triannual IPP to an annual IPP. IPP will be reviewed annually through the use of an annual IPP versus a SARF form.</p> <p>SARC will endeavor towards full compliance of all IPPs being reviewed annually, regardless if the annual review comes in a form of a SARF or a new annual IPP.</p>

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)*

Findings

Twenty-nine of the thirty-four (85 percent) applicable sample consumer records contained a completed SARF. However, records for five consumers did not contain a completed SARF as indicated below:

1. Consumer #28: The IPP was dated 1/8/16.
2. Consumer #40: The IPP was dated 7/12/16. Subsequent to the monitoring review, a new IPP was completed on 9/27/18. Accordingly, no recommendation is required.
3. Consumer #44: The IPP was dated 11/23/16. However there was no SARF completed until 6/15/18. Accordingly, no recommendation is required.
4. Consumer #45: The IPP was dated 8/18/16. However, there was no SARF completed until 2/16/18. Accordingly, no recommendation is required.
5. Consumer #55: The IPP was dated 4/14/17. Subsequent to the monitoring review, a SARF was completed on 9/13/18. Accordingly, no recommendation is required.

2.6.b Recommendations	Regional Center Plan/Response
SARC should ensure that a SARF is completed and signed for consumer #28 during the annual IPP review process.	<p>Consumer #28: A new IPP was completed 03/22/19.</p> <p>This consumer now has a new service coordinator, and IPP requirements have been changed from a triannual IPP to an annual IPP. IPP will be reviewed annually through the use of an annual IPP versus a SARF form. SARC will endeavor towards full compliance of all SARFs being signed annually when a non-annual IPP format is followed.</p>

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, legal guardian, or conservator. *[W&I Code §4646(g)]*

Findings

Sixty of the sixty-two (97 percent) sample consumer records contained IPPs that were signed by SARC and the consumers or their legal representatives. However, the IPP for consumer #18 was not signed by the consumer, and the IPP for consumer #23 was not signed by the consumer and the regional center. Subsequent to the monitoring review, the IPP for consumer #18 was signed by the consumer, and the IPP for consumer #23 was signed by the consumer and the regional center. Accordingly, there is no recommendation.

- 2.9.d The IPP addresses the services which the day program provider is responsible for implementing. [W&I Code §4646.5(a)(2)]

Findings

Twenty-eight of the thirty-four (82 percent) applicable sample consumer records contained IPPs that addressed the consumers’ day program services. However, the IPPs for consumers #4, #10, #12, #19, #24, and #34 did not address the services which the day program provider is responsible for implementing. During the monitoring review, SARC provided an addendum dated 10/5/18 for consumer #19, and an addendum dated 10/8/18 for consumer #24 addressing the services which the day program provider is responsible for implementing. Accordingly, there is no recommendation.

2.9.d Recommendations	Regional Center Plan/Response
<p>1. SARC should ensure that the IPPs for consumers #4, #10, #12, and #34 address the services which the day program provider is responsible for implementing.</p>	<p>Consumer #4: An addendum was created to reflect the services and support the day program is targeting in the IPP.</p> <p>Consumer #10: An addendum was created to reflect the services and support the day program is targeting in the IPP.</p> <p>Consumer #12: An addendum was created to reflect the services and support the day program is targeting in the IPP.</p> <p>Consumer #34: An addendum was created to reflect the services and support the day program is targeting in the IPP.</p>

<p>2. In addition, SARC should evaluate what actions may be necessary to ensure that the IPPs address the services which the day program provider is responsible for implementing for all applicable consumers.</p>	<p>SARC will continue to endeavor towards compliance in assuring all IPP services and supports, including day programs, are addressed in the IPP appropriately. This will be accomplished through continued training for veteran staff as well as new staff during new hire orientation.</p>
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2.10.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)]

Findings

Fifty-six of the sixty-two (90 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by SARC. However, IPPs for six consumers did not indicate SARC funded the services as indicated below:

1. Consumer #11: Transportation company. During the monitoring review, SARC provided an addendum dated 10/16/18, addressing the above purchase of service. Accordingly, no recommendation is required.
2. Consumer #12: Specialized therapeutic services.
3. Consumer #16: Day program and transportation additional component. During the monitoring review, SARC provided an IPP dated 10/9/18, addressing the above purchase of services. Accordingly, no recommendation is required.
4. Consumer #19: Community care facility and specialized therapeutic services. During the monitoring review, SARC provided an addendum dated 10/5/18, addressing the above purchase of services. Accordingly, no recommendation is required.
5. Consumer #24: Day program and transportation additional component. During the monitoring review, SARC provided an addendum dated 10/8/18, addressing day program purchase of service. Accordingly, no recommendation is required for day program purchase of service.
6. Consumer #61: Day care and respite. During the monitoring review, SARC provided an addendum dated 10/9/18, addressing the above purchase of services. Accordingly, no recommendation is required.

2.10.a Recommendations	Regional Center Plan/Response
<p>SARC should ensure that the IPPs for consumers #12 and #24 include a schedule of the type and amount of all services and supports purchased by SARC.</p>	<p>Consumer #12: Service Coordinator has completed an addendum to indicate a start date and amount of services purchased by SARC.</p> <p>Consumer #24: Service Coordinator has completed an addendum to indicate a start date and amount of services purchased by SARC.</p> <p>SARC will endeavor towards continued progress in the area by providing ongoing and new hire IPP training to illustrate the need for clear information regarding schedule and amounts purchased by SARC.</p>

- 2.12 Periodic review and reevaluation of consumer progress are completed (at least annually) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation.
 [W&I Code §4646.5(a)(6)]

Findings

Fifty-eight of the sixty-two (94 percent) sample consumer records contained documentation of periodic review and reevaluation of consumer progress at least annually. However, the records for consumers #44, #45, #51, and #55 did not contain documentation that the consumer’s progress had been reviewed within the year.

2.12 Recommendations	Regional Center Plan/Response
<p>SARC should ensure that a review and reevaluation of progress regarding planned services, timeframes and satisfaction for consumers #44, #45, #51, and #55 are completed and documented at least annually.</p>	<p>Consumer #44: SARC will endeavor to ensure that a review and reevaluation of progress regarding planned services, timeframes, and satisfaction for consumers is completed and documented at least annually. Staff is reminded of this requirement through ongoing unit training as well as new hire trainings.</p> <p>Consumer #45: SARC will endeavor to ensure that a review and reevaluation of progress regarding planned services, timeframes, and satisfaction for consumers is completed and documented at least annually. Staff is reminded of this requirement through ongoing unit training as well as new hire trainings.</p> <p>Consumer #51: SARC will endeavor to ensure that a review and reevaluation of progress regarding planned services, timeframes, and satisfaction for consumers is completed and documented at least annually. Staff is reminded of this requirement through ongoing unit training as well as new hire trainings.</p> <p>Consumer #55: SARC will endeavor to ensure that a review and reevaluation of progress regarding planned services, timeframes, and satisfaction for consumers is completed and documented at least annually. Staff is reminded of this requirement through ongoing unit training as well as new hire trainings.</p>

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

Findings

Twenty-six of the forty-two (62 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for 16 consumers did not meet the requirement as indicated below:

1. The records for consumers #6, #8, #9, #20, #23, #24, #33, #40, #41, and #42 contained documentation of only three of the required meetings.
2. The records for consumers #26, #34, #35, #38, and #39 contained documentation of only two of the required meetings.
3. The record for consumer #28 contained documentation of only one of the required meetings.

2.13.a Recommendations	Regional Center Plan/Response
1. SARC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #6, #8, #9, #20, #23, #24, #26, #28, #33, #34, #35, #38, #39, #40, #41, and #42.	Consumers: #6, #8, #9, #20, #23, #24, #26, #28, #33, #34, #35, #38, #39, #40, #41, and #42: Staff is reminded of the quarterly, face-to-face contact requirements; staff is provided written examples as guides, examples and support on how to document face-to-face contact.
2. In addition, SARC should evaluate what actions may be necessary to ensure that quarterly face-to face meetings are completed and documented for all applicable consumers.	Cases are monitored & selected at random for review by the Associate Directors. Associate Directors assign those selected cases to the district managers to review. After the manager has reviewed the case with his/her staff they are both required to sign off on the case indicating, among other requirements, the face-to-face meeting occurs.

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-six of the forty-two (62 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for 16 consumers did not meet the requirements as indicated below:

1. The records for consumers #6, #8, #9, #20, #23, #33, #40, and #41 contained only three of the required quarterly reports of progress.
2. The records for consumers #24, #26, #34, #35, #38, #39, and #42 contained only two of the required quarterly reports of progress.
3. The record for consumer #28 contained only one of the required quarterly reports of progress.

2.13.b Recommendations	Regional Center Plan/Response
<p>1. SARC should ensure that future quarterly reports of progress are completed for consumers #6, #8, #9, #20, #23, #24, #26, #28, #33, #34, #35, #38, #39, #40, #41, and #42.</p>	<p>Consumers: #6, #8, #9, #20, #23, #24, #26, #28, #33, #34, #35, #38, #39, #40, #41, and #42: Staff is reminded of the quarterly, face-to-face reporting requirements; Staff have been provided written examples as guides in how to document face-to-face contact. Staff will continue to endeavor towards full compliance with quarterly documentation for SARC consumer staff.</p>
<p>2. In addition, SARC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable consumers.</p>	<p>Since the Cycle 11 audit, SARC staff have engaged in required compliance training regarding quarterlies for management, new staff, and ongoing staff. SARC will continue to provide this required training and also continue to work with district managers to improve quarterly compliance with their service coordinators</p>

	<p>In addition, random cases are selected for review by the Associate Directors for the respective district managers to review. After the manager has reviewed the case with his/her staff, they are both required to sign off on the case indicating, among other requirements, the quarterly report is completed.</p>
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Regional Center Consumer Record Review Summary						
Sample Size = 62 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
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 QMRP 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.	61	1		98	See Narrative
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.			62	NA	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)]	60	2		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. [SMM 4442.7; 42 CFR Part 431, Subpart E; W&I Code §4646(g)]	2	1	62	67	See Narrative

Regional Center Consumer Record Review Summary						
Sample Size = 62 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current CDER that has been reviewed within the last 12 months. <i>(SMM 4442.5; 42 CFR 441.302)</i>	61	1		98	See Narrative
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>	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.	59	3		95	See Narrative
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. <i>[42 CFR 441.301(b)(1)(I)]</i>	57	5		92	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. <i>(HCBS Waiver requirement)</i>	29	5	28	85	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. <i>[W&I Code §4646(g)]</i>	60	2		97	See Narrative
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.	5		57	100	None
2.7.c	The IPP is prepared jointly with the planning team. <i>[W&I Code §4646(d)]</i>	62			100	None
2.8	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)]</i>	62			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 62 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer's goals and needs. <i>[W&I Code §4646.5(a)(2)]</i>	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).	62			100	None
2.9.b	The IPP addresses special health care requirements.	13		49	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	25		37	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	28	6	28	82	See Narrative
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	17		45	100	None
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>[W&I Code §4685(c)(2)]</i>	12		50	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>[W&I Code §4646.5(a)(4)]</i>	56	6		90	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>[W&I Code §4646.5(a)(4)]</i>	62			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. <i>[W&I Code §4646.5(a)(4)]</i>	5		57	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. <i>[W&I Code §4646.5(a)(4)]</i>	62			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 62 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic review and reevaluation of consumer progress are completed (at least annually) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. <i>[W&I Code §4646.5(a)(6)]</i>	58	4		94	See Narrative
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>	26	16	20	62	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	26	16	20	62	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>(W&I Code §4418.3)</i>			62	NA	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 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

Eight consumer records were reviewed at eight 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 16 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

- 3.2 A written admission agreement is completed for the consumer that is signed by the consumer or his/her authorized representative, the regional center, and the facility administrator that includes the certifying statements specified in Title 17. [Title 17, CCR, §56019(c)(1)]

Finding

Seven of the eight (88 percent) sample consumer records contained a completed and signed admission agreement. However, the record for consumer #17 at CCF #7 did not have an admission agreement that was signed by the consumer and/or their authorized representative.

3.2 Recommendation	Regional Center Plan/Response
SARC should ensure that CCF #7 has a signed admission agreement by consumer #17 and/or their authorized representative.	Unfortunately Consumer #17 passed away 3/13/2019. SARC has an admission agreement; however, the regional center is identified as the conservator and there is no other authorized representative, see attached. SARC will endeavor to ensure, in future admission agreement transactions, the appropriate authorized representative is properly identified on the signature page.

3.3 The facility has a copy of the consumer’s current IPP. *[Title 17, CCR, §56022(c)]*

Finding

Seven of the eight (88 percent) sample consumer records contained a copy of the consumer’s current IPP. However, the record for consumer #11 at CCF #5 did not have a copy of the current IPP.

3.3 Recommendation	Regional Center Plan/Response
SARC should ensure that the record for consumer #11 at CCF #5 contains a copy of the current IPP.	<p>Consumer #11 at CCF #5: SARC service coordinator and the Service Coordinator’s manager provided the facility with a copy of the consumer’s current IPP.</p> <p>SARC will endeavor to ensure any CCF where a SARC consumer resides has the latest copy of the consumer’s most recent and current IPP.</p>

3.5.a Service Level 4 facilities prepare and maintain written quarterly reports of the consumer’s progress that are completed within 30 days of the end of the quarter. *[Title 17, CCR, §56026(c)]*

Finding

Five of the six (83 percent) applicable sample consumer records contained quarterly reports of the consumer’s progress. However, the record for consumer #11 at CCF #5 did not contain any quarterly reports of consumer’s progress.

3.5.a Recommendation	Regional Center Plan/Response
<p>SARC should ensure that CCF provider #5 completes the required quarterly reports of progress for consumer #11.</p>	<p>Consumer #11, Provider #5: The service coordinator and the service coordinator's manager were alerted of this finding and instructed to ensure all necessary documentation, including quarterly reports from a facility, are available and completed accordingly. Service coordinator will continue to endeavor towards adequate review of all documentation, including quarterly reports from the provider.</p>

Community Care Facility Record Review Summary						
Sample Size: Consumers = 8; CCFs = 8						
	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>	8			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	8			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	3		5	100	None
3.1.c	The consumer record contains current health information that includes medical, dental and other health needs of the consumer, including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	8			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	8			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	8			100	None
3.1.i	Special safety and behavior needs are addressed.	8			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	1		88	See Narrative
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	7	1		88	See Narrative

Community Care Facility Record Review Summary						
Sample Size: Consumers = 8; CCFs = 8						
	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>	2		6	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.	2		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>	5	1	2	83	See Narrative
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.	5		3	100	None
3.5.c	Quarterly reports include a summary of data collected. <i>(Title 17, CCR, §56013(d)(4); Title 17, CCR, §56026)</i>	5		3	100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. <i>[Title 17, CCR, §56026(a)]</i>	8			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	7		1	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>	1		7	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>	1		7	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>	1		7	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 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-six consumer records were reviewed at 18 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 12 criteria.

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

IV. Findings and Recommendations

- 4.1.a The consumer record contains current emergency and personal identification information including the consumer's address and telephone number; the names and telephone numbers of the residential care provider, relatives, and/or guardian or conservator; physician's name(s) and telephone number(s); pharmacy name, address and telephone number; and health plan, if appropriate. [Title 17, CCR, §56730]

Finding

Twenty-five of the twenty-six (96 percent) sample consumer day program records contained consumer's current emergency and personal identification information. However, the record for consumer #25 at day program #14 did not contain any of the consumer's current emergency and personal identification information.

4.1.a Recommendation	Regional Center Plan/Response
<p>SARC should ensure that day program provider #14 has current emergency and personal identification information in the record for consumer #25.</p>	<p>Consumer #25, Provider #14: SARC service coordinator was able to confirm the facility has the most current emergency and personal identification information.</p> <p>SARC will endeavor to ensure that day programs have the most current and up-to-date emergency and personal identification information on hand in case of emergency. This will be done during the IPP review period when the service coordinator reviews day program documentation.</p>

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

Findings

Twenty-three of the twenty-six (89 percent) sample consumer day program records contained signed authorizations for emergency medical treatment. However, the records for consumer #10 at day program #17, consumer #25 at day program #14, and consumer #42 at day program #18 did not contain an authorization for emergency medical treatment signed by the consumer. During the review, consumer #10 signed the authorization. Accordingly, no recommendation is required.

4.1.d Recommendations	Regional Center Plan/Response
<p>SARC should ensure the records for consumer #25 at day program #14 and consumer #42 at day program #18 have an authorization for emergency medical treatment form signed by the consumer.</p>	<p>Consumer #25 at Day Program #14: SARC assured that consumer #25 has an emergency medical treatment form signed by the consumer at the consumer’s day program.</p> <p>Consumer #42 at Day Program #18: SARC assured that consumer #42 has an emergency medical treatment form signed by the consumer at the consumer’s day program.</p>

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

Findings

Twenty-three of the twenty-six (89 percent) sample consumer day program records contained documentation that the consumer and/or their authorized representative had been informed of their personal rights. However, the records for consumers #9 and #10 at day program #17, and consumer #25 at day program #14 did not contain documentation that the consumer and/or their authorized representative were informed of the consumer’s personal rights. During the review, day program #17 provided a rights document signed and dated by consumers #9 and #10. Accordingly, no recommendation is required.

4.1.e Recommendation	Regional Center Plan/Response
<p>SARC should ensure the record for consumer #25 at day program #14 contains documentation that the consumer and/or their authorized representative have been informed of their personal rights.</p>	<p>Consumer #25 at Day Program #14: SARC service coordinator coordinated with day program #14 to ensure day program has documentation demonstrating the consumer has been informed of his personal rights.</p> <p>SARC will continue to ensure all day programs have appropriate documentation demonstrating consumer and family have been informed of their personal rights. This is done through regular monitoring and provider training.</p>

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

Findings

Twenty-one of the twenty-six (81 percent) sample consumer day program records contained a copy of the consumer’s current IPP. However, the records for consumer #3 at day program #15, consumer #4 at day program #11, consumer #9 at day program #17, and consumer #26 at day program #2 did not contain a copy of their current IPP. During the review, the IPP for consumer #4 was provided to day program #11. Accordingly, no recommendation is required.

4.2 Recommendations	Regional Center Plan/Response
<p>SARC should ensure that day program providers #2, #15 and #17 receive a current copy of their consumers' IPPs.</p>	<p>Consumer #26 at Day Program #2 has been provided a copy of the IPP sent by the consumer's service coordinator.</p> <p>SARC will endeavor to ensure all day programs have current IPPs on file for the facilities' records. SARC will continue to train and support service coordinators and their managers in this standard procedure.</p> <p>Consumer #3 at day program #15 has been provided a copy of the IPP sent by the consumer's service coordinator.</p> <p>SARC will endeavor to ensure all day programs have current IPPs on file for the facilities' records. SARC will continue to train and support service coordinators and their managers in this standard procedure.</p> <p>Consumer #9 at day program #17 has been provided a copy of the IPP sent by the consumer's service coordinator.</p> <p>SARC will endeavor to ensure all day programs have current IPPs on file for the facilities' records. SARC will continue to train and support service coordinators and their managers in this standard procedure.</p>

- 4.4.a The day program prepares and maintains written semiannual reports of the consumer's performance and progress. *[Title 17, CCR, §56720(c)]*

Finding

Twenty of the twenty-two (91 percent) applicable sample consumer day program records contained written semiannual reports of consumer progress. However, the records for consumer #33 at day program #5 and consumer #39 at day program #4 contained only one of the required progress reports.

4.4.a Recommendation	Regional Center Plan/Response
<p>SARC should ensure that day program providers #4 and #5 prepare written semiannual reports of consumer progress.</p>	<p>Provider #4 was instructed and reminded by the service coordinator to complete semiannual reports on a timely basis. SARC will address this finding during our quarterly new hire training and at the monthly managers' meeting.</p> <p>SARC will endeavor towards full compliance of appropriate consumer semiannual reports being produced by the vendored SARC day program.</p> <p>Provider #5 was instructed and reminded by the service coordinator to complete semiannual reports on a timely basis. SARC will address this finding during our quarterly new hire training and at the monthly managers' meeting.</p> <p>SARC will endeavor towards full compliance of appropriate consumer semiannual reports being produced by the vendored SARC day program.</p>

Day Program Record Review Summary						
Sample Size: Consumers = 26; Day Programs = 18						
	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)	26			100	None
4.1.a	The consumer record contains current emergency and personal identification information including the consumer's address and 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	1		96	See Narrative
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.	26			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.	26			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.	23	3		89	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.	23	3		89	See Narrative
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.	26			100	None
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	26			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 26; Day Programs = 18						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	23		3	100	None
4.2	The day program has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56720(b)]</i>	21	5		81	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>	26			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.	26			100	None
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	20	2	4	91	See Narrative
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services which the day program is responsible for implementing.	22		4	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>	5		21	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>	5		21	100	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>	5		21	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, choices, and regional center services.

II. Scope of Observations and Interviews

Fifty-one of the sixty-two consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities, or in independent living settings.

- ✓ Twenty-three consumers agreed to be interviewed by the monitoring teams.
- ✓ Nineteen consumers did not communicate verbally or declined an interview, but were observed.
- ✓ Nine interviews were conducted with parents of minors.
- ✓ Eleven consumers were unavailable for or declined interviews.

III. Results of Observations and Interviews

All consumers and parents of minors interviewed indicated satisfaction with their living situation, day program, work activities, health, choices, and regional center services. The consumers' overall appearance reflected personal choice and individual style.

SECTION VI A

SERVICE COORDINATOR INTERVIEWS

I. Purpose

The interviews determine how well the service coordinators know their consumers, the extent of their participation in the 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 12 San Andreas Regional Center (SARC) 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 SARC's clinical team 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 are 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. This interview aids in determining 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 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 (SIR).
2. The monitoring team interviewed the Health Services Coordinator and the Health Services Associate Coordinator at San Andreas Regional Center (SARC).

III. Results of Interview

1. The clinical team at SARC consists of a physician, psychologists, a board-certified behavior analyst (BCBA), registered nurses, an occupational therapist (OT), and a dental coordinator.
2. The clinical team is available to respond to the service coordinator's requests when there are concerns regarding consumers' health or safety issues. The clinical team can assist staff with medication reviews, as needed. The nurses review and approve approximately nine hundred restricted or special health condition care plans for consumers living in community care facilities or attending day programs. The nurses are available to evaluate consumers with medical issues to ensure appropriate placement and respite services. The nurses may be involved in the surgical consent process for consumers who are unable to give informed consent. They also monitor hospitalized consumers, assist with discharge planning and end-of-life issues.

3. A psychologist and BCBA are available for consultation regarding behavior issues and may review behavior plans to assess for appropriateness. Also, the psychologist and BCBA will provide behavior training to regional center staff and vendors.
4. The clinical team provides ongoing training and support to service coordinators, as well as training at new employee orientation. The nurses offer provider training on topics such as medications, SIRs, signs and symptoms, dementia, pressure sores, nutrition, obesity, dysphagia and restricted healthcare plans. Members of the clinical team also complete placement assessments for consumers moving out of developmental centers.
5. SARC has improved health care access for its consumers through the following resources and/or programs:
 - ✓ The SARC dental coordinator provides dental screenings for consumers and reviews dental plans of care. Dentists vendored by SARC are available to provide anesthesia care, as needed. For complex cases, the dental coordinator will assess and help coordinate dental care based on consumer needs.
 - ✓ Six Registered Dental Hygienists-Alternate Practice see a select number of consumers three times per year.
 - ✓ The clinical team works with the local managed care health plan to coordinate care and eligibility for consumers.
 - ✓ Members of the clinical team attend county emergency preparedness meetings to obtain information for staff, consumers and providers.
 - ✓ The OT is available to evaluate consumers for durable medical equipment needs. The OT will also attend fair hearings and write Medi-Cal appeals for denied services.
6. Members of the clinical team participate on the Risk Management and Mitigation Committee by reviewing all death and hospital-related SIRs. Other medically-related SIRs are reviewed, as needed. Trainings may be provided based on SIR findings. The regional center also 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.

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 the QA manager, who leads the team responsible for conducting San Andreas Regional Center's (SARC) QA activities.

III. Results of Interview

1. Service coordinators are responsible for conducting the Title 17 monitoring reviews for the Level 2, 3, and 4A-4H CCF homes. The QA manager monitors all level 4I CCF homes. Clinical staff and the behaviorist are invited to attend, as needed. In addition, two unannounced visits are conducted by service coordinators or other regional center staff, as appropriate. Reviews are generally conducted in the afternoon so that consumers may be interviewed and observed.
2. Results of the Title 17 reviews and unannounced visits are forwarded to the QA manager, who oversees corrective action plans (CAP) using a tracking system. The QA manager oversees activities related to CAPs, special incident reports (SIR) and trends. When issues of substantial inadequacies are identified, service coordinators, with assistance from the QA manager or the district manager, are responsible for developing CAPs and ensuring providers complete the requirements.
3. SARC maintains a Community Services Department that interviews potential providers, reviews applications and program designs and conducts new provider orientation. The QA manager monitors ongoing compliance issues, certifications and updates of continuing educational hours. The Community Services Department investigates CAPs or significant issues for non-licensed vendors and providers where there is no regulatory requirement to monitor. The service coordinators are responsible for issues relating to day programs, supported living services and independent living services.

4. SARC's QA manager, district managers and the SIR coordinator participate on the QA Advisory Committee, which meets monthly. The committee reviews information regarding SIRs, CAPs and trends and makes recommendations and/or conducts trainings for both providers and service coordinators. In addition, the QA manager has developed a committee called, "Let's Talk QA." This committee meets twice a month with service coordinators, district managers and other regional center staff to discuss and remedy relevant issues. The QA manager also attends the Mortality and Morbidity Committee meetings once a month.

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 14 service providers at eight community care facilities (CCF) and six 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 11 direct service staff at eight community care facilities (CCF) and three day programs where services are provided to the consumer that was 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. Ten of the eleven 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.

III. Finding and Recommendation

7.B.2.b Emergency Procedures

Finding

The direct service staff at CCF #7 was unable to answer questions regarding the evacuation site and the disaster plan in case of an emergency.

7.B.2.b Recommendation	Regional Center Plan/Response
SARC should ensure that the direct care staff at CCF #7 knows the evacuation site and disaster plan in case of an emergency.	<p>CCF #7: The director at CCF#7 as well as the SARC liaison to that home were made aware of this finding and are continuously working towards training staff regarding awareness of the current evacuation plan and current emergency procedures to ensure the safety of the consumers and staff.</p> <p>SARC will endeavor towards improved compliance of SARC's CCF's in maintaining client and staff safety by means of routine monitoring of CCF safety plans and emergency procedures.</p>

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 Home and Community-Based Services Waiver definition of a homelike setting.

II. Scope of Review

1. The monitoring team reviewed eight CCFs and six day programs.
2. The teams used a monitoring review checklist consisting of 23 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. Findings and Recommendations

Finding

8.2.c Non-Pro Re Nata (PRN) Medication Records

At day program #14, staff were not routinely keeping a record of medications taken by the consumer.

8.2.c Recommendation	Regional Center Plan/Response
SARC should ensure day program #14 properly documents all required medication information.	Day Program #14 has been informed of this finding. SARC nurses and day program liaison from SARC have been advised to monitor this finding during unannounced visits and monitoring at day program #14.

	SARC will endeavor to continue towards improved compliance with day programs and ensure consumers' medication management is monitored effectively and routinely.
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Finding

8.2.d PRN Medication Records

At CCF #4, it was noted that staff was not documenting consumers' response to PRN medications.

8.2.c Recommendation	Regional Center Plan/Response
SARC should ensure that CCF #4 properly documents all required PRN medication information.	<p>CCF #4: SARC liaison and administrator to CCF#4 has been made aware of the finding from the cycle audit and has been educated on the need to properly and appropriately document all PRN medication information.</p> <p>SARC endeavors towards appropriate medication documentation and compliance by holding regular provider trainings executed by our nursing staff and our director of nursing at our SARC headquarters.</p>

Finding

8.3.c First Aid

Day program #2 had five direct care staff that did not have current first aid certificates.

8.3.c Recommendation	Regional Center Plan/Response
SARC should ensure that the provider at day program #2 have current first aid certificates for all direct care staff.	Day Program #2 provided SARC with current first aid certificates for direct care staff. SARC will ensure all facilities have their direct care staff up to date with active and current first aid certificates.

	Please note, according to day program #2's director, two of the employees who did not have first aid certificates are no longer employed at this day program and left before they were able to renew first aid certificates.
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Finding

8.5.c Statement of Rights

At day program #9, a statement of consumer rights was not posted. During the monitoring review, the provider posted a statement of consumer rights. Accordingly, no recommendation is needed.

SECTION IX

SPECIAL INCIDENT REPORTING

I. Purpose

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

II. Scope of Review

1. Special incident reporting of deaths by San Andreas Regional Center (SARC) 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 62 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. SARC reported all deaths during the review period to DDS.
2. SARC reported all special incidents in the sample of 62 records selected for the HCBS Waiver review to DDS.
3. SARC's vendors reported all 10 (100 percent) applicable incidents in the supplemental sample within the required timeframes.
4. SARC reported nine of the ten (90 percent) incidents to DDS within the required timeframes.
5. SARC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the 10 incidents.

IV. Finding and Recommendation

SIR #5: The incident was reported to SARC on April 25, 2018. However, SARC did not report the incident to DDS until May 1, 2018.

Recommendation	Regional Center Plan/Response
SARC should ensure that all incidents are reported to DDS within the required timeframe.	Service coordinator, manager and SIR Compliance Supervisor were presented this finding. Service coordinator was educated on the need to report incidents on a timely basis. SARC will ensure all new hires, as well as veteran service coordinators, have appropriate SIR compliance trainings. SIR Compliance Supervisor attends unit meetings on a regular basis to ensure proper training is executed as well as development of training material for our new hires.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

#	UCI	CCF	DP
1	8173826	8	
2	4843629		15
3	6564702		15
4	5317821		11
5	5426838		11
6	6500888		11
7	6559421		11
8	6806175		11
9	6318620		17
10	8001209		17
11	6572394	5	
12	6583466	4	
13	6521587	3	
14	6564900	2	
15	6567283	6	
16	5037785	1	
17	8001141	7	
18	6539530		16
19	5063441		8
20	5711460		13
21	6138887		9
22	6504542		10
23	6505952		3
24	6595403		1
25	5063078		14
26	5885918		2
27	5554050		
28	6130330		
29	5807524		
30	6510291		
31	6559942		
32	5905039		7
33	6526313		5
34	6535017		2
35	6541197		
36	6544571		
37	6573986		

#	UCI	CCF	DP
38	6574650		6
39	6597899		4
40	6549422		
41	8115689		
42	6556591		18
43	5062344		1
44	6570251		
45	6571377		
46	6577469		12
47	6580918		
48	6596044		
49	6597915		
50	6598846		
51	6573223		
52	6579298		
53	6584639		
54	6572033		
55	6591322		
56	6591924		
57	6575273		
58	8148591		
59	8149236		
60	6580443		
61	6581886		
62	8164617		

Supplemental Sample Terminated Waiver Consumers

#	UCI
T-1	5410105
T-2	6595346
T-3	8154775

HCBS Waiver Review Service Providers

CCF #	Vendor
1	HS1018
2	HS0431
3	HS0731
4	HS0284
5	HS0390
6	HS0485
7	H10822
8	HS0200

Day Program #	Vendor
1	HS0914
2	HS0182
3	HS0428
4	H18330
5	ZS0999
6	ZS0633
7	HS0931
8	HS0683
9	HS0233
10	HS0261
11	HS0383
12	HS0846
13	H91005
14	HS0135
15	HS0685
16	HS0618
17	HS0277
18	H90945

SIR Review Consumers

#	UCI	Vendor
SIR 1	6560981	ZS0116
SIR 2	6806204	ZS0103
SIR 3	6568042	H83060
SIR 4	7413384	HS0600
SIR 5	6520233	H10822
SIR 6	6547046	HS0270
SIR 7	5063805	ZS0130
SIR 8	6505374	Z18527
SIR 9	6549273	Z18461
SIR 10	5798509	ZS0981