Regional Center of Orange County
Home and Community-based Services Waiver
Monitoring Review Report

Conducted by:

Department of Developmental Services
and
Department of Health Care Services

September 9-19, 2013

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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 September 9 - 19, 2013, at Regional Center of Orange County (RCOC). The monitoring team members were Linda Rhoades (Team Leader), Ray Harris, Corbett Bray, and Kathy Benson from DDS, and Raylyn Garrett, Annette Hanson, and Jalal Haddad from DHCS.

Purpose of the Review

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

Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

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

Scope of Review

The monitoring team reviewed a sample of 65 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers whose HCBS Waiver eligibility had been previously terminated; 2) two consumers who moved from a developmental center, and 3) ten consumers who had special incidents reported to DDS during the review period of July 1, 2012 – June 30, 2013.

The monitoring team completed visits to twelve community care facilities (CCFs) and eight day programs. The team reviewed twelve CCF and ten day program consumer records and had face-to-face visits and/or interviews with 52 consumers or their parents.

Overall Conclusion

RCOC is in substantial compliance with the federal requirements for the HCBS Waiver program. Specific recommendations that require follow-up actions by RCOC are included in the report findings. DDS is requesting documentation of follow-up actions taken by RCOC 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 RCOC 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-five sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. One criterion was not applicable for this review.

The sample records were 99% in overall compliance for this review. RCOC's records were 99% and 98% in overall compliance for the collaborative reviews conducted in 2009 and in 2011, respectively.

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

Twelve consumer records were reviewed at twelve CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations.

The sample records were 100% in overall compliance for the 19 criteria. RCOC's records were 100% in overall compliance for the collaborative reviews conducted in 2011 and in 2009.

Section IV – Day Program Consumer Record Review

Ten consumer records were reviewed at eight day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. Three criteria were not applicable for this review.

The sample records were 100% in overall compliance for 14 applicable criteria. RCOC's records were 100% and 99% in overall compliance for the collaborative reviews conducted in 2011 and in 2009, respectively.

Section V – Consumer Observations and Interviews

Fifty-two 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. The interviewed consumers/parents indicated that they were satisfied with their services, health and choices.

Section VI A – Service Coordinator Interviews

Thirteen service coordinators were interviewed using a standard interview instrument. The service coordinators responded to questions regarding their knowledge of the consumer, the IPP/annual review process, the monitoring of services, health issues, and safety. The service coordinators were very familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VI B – Clinical Services Interview

The Chief Medical Officer and Nurse Consultant were interviewed using a standard interview instrument. The medical officer and nurse both responded to informational questions regarding the monitoring of consumers with medical issues, medications, behavior plans, the coordination of medical and mental health care for consumers, the provision of clinical supports to service coordinators, and the clinical team's participation in the Risk Management Committee.

Section VI C – Quality Assurance Interview

A quality assurance specialist was interviewed using a standard interview instrument. She responded to informational questions regarding how RCOC 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

Eight CCF and four day program service providers were interviewed using a standard interview instrument. The service providers responded to questions in the context of the sample consumers regarding their knowledge of the consumer, the annual review process and the monitoring of health issues, medications, progress, safety and emergency preparedness. The service providers were familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interviews

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.

Section VIII – Vendor Standards Review

The monitoring team reviewed eight CCFs and four day programs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. All of the reviewed vendors were in good repair with no immediate health or safety concerns observed.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 65 HCBS Waiver consumers and ten supplemental sample consumers for special incidents during the review period. RCOC reported all but one of the special incidents for the sample of 65 records selected for the HCBS Waiver review to DDS. For the supplemental sample, the service providers reported seven of the ten incidents to RCOC within the required timeframe and RCOC subsequently transmitted eight of the ten special incidents to DDS within the required timeframe. RCOC's follow-up activities on consumer incidents were timely and appropriate for the severity of the situation.

SECTION I

REGIONAL CENTER SELF ASSESSMENT

I. Purpose

The regional center self-assessment addresses the California 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 Regional Center of Orange County's (RCOC) 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

RCOC 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 RCOC 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
State conducts level of care need determinations consistent with the need for institutionalization	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. 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). The regional center ensures that consumers are eligible for full scope Medi-Cal benefits before enrolling them in the HCBS Waiver.
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services	The regional center takes action(s) to ensure consumer's rights are protected. The regional center takes action(s) to ensure that the consumer's health needs are addressed. The regional center ensures that behavior plans preserve the right of the consumer to be free from harm. The regional center maintains a Risk Management, Risk Assessment and Planning Committee. The regional center has developed and implemented a Risk Management/Mitigation Plan. 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. The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 community care facilities. The regional center reviews each community care facility annually to assure services are consistent with the program design and applicable laws, and development and implementation of corrective action plans as needed. The regional center conducts not less than two unannounced monitoring visits to each CCF annually. Service coordinators perform and document periodic reviews [at least annually] to ascertain progress toward achieving IPP objectives, and the consumer's and the family's satisfaction with the IPP and its implementation. 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.

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

SECTION II

REGIONAL CENTER
CONSUMER RECORD REVIEW

I. Purpose

The review is based upon documentation criteria derived from federal/state statutes and regulations and from the Centers for Medicare & 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 (NOA) and fair hearing rights, level of care, individual program plans (IPPs) and periodic reviews and reevaluations of services. The information obtained about the consumers' needs and services is tracked as a part of the on-site program reviews.

II. Scope of Review

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

Living Arrangement	# **of Consumers**
Community Care Facility (CCF)	22
With Family	19
Independent or Supported Living Setting	24

2. The review period covered activity from July 1, 2012 – June 30, 2013.

III. Results of Review

The 65 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 RCOC 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. Two supplemental records were reviewed for documentation of face-to-face meetings no less than once every 30 days for the first 90 days following the consumer's move from a developmental center. One criterion was not applicable for this review.

- ✓ The sample records were in 100% compliance for 24 applicable criteria. There are no recommendations for these criteria.
- ✓ Findings for six 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

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

Finding

Sixty-four of the 65 (99%) sample consumer records contained IPPs that addressed the consumers' qualifying conditions. However, the IPP for consumer #51 did not identify the supports or services that are in place to address the consumer's need for diabetic testing.

2.9.a Recommendation	Regional Center Plan/Response
RCOC should ensure that the IPP for consumer #51 addresses the services and supports in place for diabetic testing.	Consumer #51 has non-insulin dependent diabetes that is controlled by diet. This consumer is not tested for diabetes except during routine medical appointments. "Diabetic testing" has been removed from the IPP.

2.10.a The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. (*WIC §4646.5(a)(4)*)

Findings

Fifty-nine of the 65 (91%) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by RCOC. However, the IPPs for six consumers did not indicate RCOC funded services as indicated below:

1. Consumers #5, #9, #18, and #24: Dental services.

2. Consumer #8 and #13: Family Training Services.

2.10.a Recommendations	Regional Center Plan/Response
RCOC should ensure that the IPPs for consumers #5, #8, #9, #13, #18, and #24 include a schedule of the type and amount of all services and supports purchased by RCOC.	RCOC will continue to provide ongoing training and oversight to ensure that the type and amount of all supports and services purchased for a consumer by RCOC will be included on each IPP or addendum.

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

Finding

Five of the six (83%) applicable sample records specified the approximate scheduled start day for new services and supports. However, the IPP for consumer #37 did not identify the approximate start date for in-home respite services.

2.10.c Recommendation	Regional Center Plan/Response
RCOC should ensure that the IPP for consumer #37 identifies the start date for in-home respite services.	RCOC will continue to provide ongoing training and oversight to service coordinators regarding the inclusion of start dates for all RCOC funded services on all IPPs.

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*)

Finding

Forty-four of the 45 (98%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the record for consumer #20 contained documentation of two of the required meetings.

2.13.a Recommendation	Regional Center Plan/Response
RCOC should ensure that all future face-to-face meetings are completed and documented each quarter for consumer #20.	RCOC will continue to provide ongoing training and oversight to service coordinators regarding the comprehensive completion of all IPPs and documentation including quarterly face-to-face visits for all consumers living in community out-of-home settings.

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*)

Finding

Forty-four of the 45 (98%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the record for consumer #20 contained two of the required quarterly progress reports.

2.13.b Recommendation	Regional Center Plan/Response
RCOC should ensure that future quarterly reports of progress are completed for consumer #20.	RCOC will continue to provide ongoing training and oversight to service coordinators regarding the comprehensive completion of quarterly reports for all consumers living in community out-of-home settings.

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. (*WIC §4418.3*)

Finding

One of the two (50%) applicable sample consumer records documented face-to-face reviews every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. However, the record for consumer #69-DC did not contain documentation of one of the required face-to-face meetings for the first 90 days.

2.14 Recommendation	Regional Center Plan/Response
RCOC should ensure that face-to-face reviews are completed at least once every 30 days for the first 90 days with consumers who have moved from a developmental center to a community living arrangement.	RCOC will continue to provide ongoing training and oversight to Developmental Center Service Coordinators regarding the completion and documentation of face-to-face reviews at least once every 30 days for the first 90 days for consumers who moved from a developmental center to a community living arrangement.

Regional Center Consumer Record Review Summary Sample Size = 65 + 5 Supplemental Records						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
2.0	The consumer is Medi-Cal eligible. (*SMM 4442.1*)	65			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 (2.1a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Mental Retardation Professional and the title "QMRP" appears after the person's signature.	65			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.	65			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	64		1	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	3		62	100	None
2.2	Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). (*SMM 4442.7*), (*42 CFR 441.302(d)*)	65			100	None
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all, or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. (*SMM 4442.7*), (*42 CFR Part 431, Subpart E*), (*WIC §4646(g)*)	3		65	100	None

Regional Center Consumer Record Review Summary Sample Size = 65 + 5 Supplemental Records						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (*SMM 4442.5*), (*42 CFR 441.302*)	65			100	None
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in an ICF-DD, ICF-DDH, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. (*SMM 4442.5*), (*42 CFR 441.302(c)*), (*Title 22, CCR, §51343*)	65			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	65			100	None
2.6.a	IPP is reviewed (*at least annually*) by the planning team and modified as necessary, in response to the consumer's changing needs, wants or health status. (*42 CFR 441.301(b)(1)(l)*)	65			100	None
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. (*HCBS Waiver requirement*)			65	N/A	None
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. (*WIC §4646(g)*)	65			99	None
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	6		59	100	None
2.7.c	The IPP is prepared jointly with the planning team. (*WIC §4646(d)*)	65			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. (*WIC §4646.5(a)*)	65			100	None

Regional Center Consumer Record Review Summary Sample Size = 65 + 5 Supplemental Records						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
2.9	The IPP addresses the consumer's goals and needs. (*WIC §4646.5(a)(2)*)	Criterion 2.9 consists of seven sub-criteria (2.9 a-g) that are reviewed independently				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	64	1		99	See Narrative
2.9.b	The IPP addresses the special health care requirements.	37		28	100	None
2.9.c	The IPP addresses the services for which the CCF provider is responsible for implementing.	23		42	100	None
2.9.d	The IPP addresses the services for which the day program provider is responsible for implementing.	39		26	100	None
2.9.e	The IPP addresses the services for which the supported living services agency or independent living services provider is responsible for implementing.	24		42	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	65			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (*WIC §4685(c)(2)*)	10		55	100	None
2.10.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. (*WIC §4646.5(a)(4)*)	59	6		91	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. (*WIC §4646.5(a)(4)*)	65			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (*WIC §4646.5(a)(4)*)	5	1	59	83	See Narrative
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to vendors, contract providers, generic service agencies and natural supports. (*WIC §4646.5(a)(4)*)	65			100	None

Regional Center Consumer Record Review Summary Sample Size = 65 + 5 Supplemental Records						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
2.12	Periodic review and reevaluations 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. (*WIC §4646.5(a)(6)*)	65			100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (*Title 17, CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement)*	45	1	19	98	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. (*Title 17, CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement)*	45	1	19	98	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. (*WIC §4418.3*)	1	1	65	50	See Narrative

SECTION III

COMMUNITY CARE FACILITY
CONSUMER RECORD REVIEW

I. Purpose

The review addresses the requirements for community care facilities (CCFs) 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

Twelve consumer records were reviewed at twelve 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% in compliance for the 19 criteria.

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

Community Care Facility Record Review Summary Sample Size: Consumers = 12; CCFs = 12						
	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. (*Title 17, CCR, §56017(b)*), (*Title 17, CCR §56059(b)),* (*Title 22, CCR, §80069*)	12			100	None
3.1.a	The consumer record contains a statement of ambulatory or non ambulatory status.	12			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	8		4	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.	12			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	12			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	12			100	None
3.1.i	Special safety and behavior needs are addressed.	10		2	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. (*Title 17, CCR, §56019(c)(1)*)	12			100	None
3.3	The facility has a copy of the consumer's current IPP. (*Title 17,CCR, §56022(c)*)	12			100	None
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. (*Title 17, CCR, §56026(b)*)	4		8	100	None

Community Care Facility Record Review Summary Sample Size: Consumers = 12; CCFs = 12						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	4		8	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. (*Title 17, CCR, §56026(c)*)	8		4	100	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	8		4	100	None
3.5.c	Quarterly reports include a summary of data collected. (*Title 17, CCR, §56013(d)(4)*), (*Title 17, CCR, §56026*)	8		4	100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. (*Title 17, CCR §56026(a)*)	12			100	None
3.6.b	The ongoing notes/information verifies that behavior needs are being addressed.	10		2	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. (*Title 17, CCR, §54327*)	1		11	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. (*Title 17, CCR, §54327*)	1		11	100	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. (*Title 17, CCR, §54327*)	1		11	100	None

SECTION IV

DAY PROGRAM
CONSUMER RECORD REVIEW

I. Purpose

The review criteria address the requirements for day programs (DP) 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

Ten sample consumer records were reviewed at eight 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% in compliance for 14 applicable criteria. Three criteria were not applicable for this review.

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

Day Program Record Review Summary Sample Size: Consumers = 10; Day Programs = 8						
	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*)	10			100	None
4.1.a	The consumer record contains current emergency and personal identification information including the consumer's address, telephone number, names and telephone numbers of residential care provider, relatives, and/or guardian or conservator, physician name(s) and telephone number(s), pharmacy name, address and telephone number and health plan, if appropriate.	10			100	None
4.1.b	The consumer record contains current health information that includes current medications, known allergies, medical disabilities, infectious, contagious, or communicable conditions, special nutritional needs, and immunization records.	10			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.	10			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.	10			100	None
4.1.e	The consumer record contains documentation that the consumer and/or the authorized consumer representative has been informed of his/her personal rights.	10			100	None
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing.	10			100	None
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	10			100	None

Day Program Record Review Summary Sample Size: Consumers = 10; Day Programs = 8						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	4		6	100	None
4.2	The day program has a copy of the consumer's current IPP. (*Title 17, CCR §56720(b)*)	10			100	None
4.3.a	The day program provider develops, maintains, and modifies as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. (*Title 17, CCR, §56720(a)*)	10			100	None
4.3.b	The day program's ISP or other program documentation is consistent with the services addressed in the consumer's IPP.	10			100	None
4.4.a	The day program prepares and maintains written semiannual reports. (*Title 17, CCR, §56720(c)*)	9		1	100	None
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services for which the day program is responsible for implementing.	9		1	100	None
4.5.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. (*Title 17, CCR, §54327*)			10	N/A	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. (*Title 17, CCR, §54327*)			10	N/A	None
4.5.c	There is appropriate follow-up to special incidents to resolve the issue and eliminate or mitigate future risk. (*Title 17, CCR, §54327*)			10	N/A	None

SECTION V

CONSUMER OBSERVATIONS AND INTERVIEWS

I. Purpose

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

II. Scope of Observations and Interviews

Fifty-two of the 65 consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Thirty-four adult consumers agreed to be interviewed by the monitoring teams
- ✓ Thirteen consumers did not communicate verbally or declined an interview, but were observed
- ✓ Five interviews were conducted with parents of minors
- ✓ Thirteen consumers/parents of minors were unavailable for or declined interviews

III. Results of Observations and Interviews

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

SECTION VI A

SERVICE COORDINATOR INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed thirteen Regional Center of Orange County (RCOC) 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 RCOC's clinical team and internet medication guides as resources.

4. The service coordinators monitor the consumers' services, health and safety during periodic visits. They are aware of the consumers' health issues. The service coordinators were knowledgeable about the special incident report (SIR) 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 monitoring team interviewed Regional Center of Orange County (RCOC) Chief Medical Officer and Nurse Consultant.

2. The questions in the interview cover the following topics: routine monitoring of consumers with medical issues, medications, behavior plans, coordination of medical and mental health care for consumers, circumstances under which actions are initiated for medical or behavior issues, clinical supports available to assist service coordinators, improved access to preventive health care resources, and their role in the Risk Management Committee and the special incident report (SIR) process.

III. Results of Interview

The RCOC Clinical team includes physicians, psychologists, behavior analysts, nurses, dental coordinator, speech and physical therapists.

The clinical team monitors consumers with medical issues identified through SIR's or referrals from service coordinators. The clinical team performs assessments and completes health care plans for individuals with special health conditions. Nurses are available to provide trainings at community care facilities and day programs when indicated. Nurses are also involved with level of care evaluations and discharge planning for consumers that have been hospitalized.

The team monitors consumers' medications through chart and individual case reviews. Medication reviews are also completed for consumers who have had a recent psychiatric hospitalization, SIRs involving medication, or a referral from service coordinators. RCOC fund automated medication dispensers for consumers who live independently or in supported living that have difficulty managing their medications.

Consumers taking two or more psychotropic medications are referred to the University of California Irvine (UCI) Neurodevelopmental Behavior Clinic for

evaluation. Their findings and recommendations are reported to RCOC, the consumer's primary care physician, psychiatrist and/or the family/care provider.

Consumer's behavior plans are reviewed in response to special incident reports, psychiatric hospitalizations, and requests by parents, vendors or service coordinators. Behavior services staff are available to vendors and service coordinators to offer on-site consumer observations and staff training as needed. RCOC has a mental health resolution committee that reviews new referrals, on-going cases and special incidents to coordinate care and assists consumers with unresolved mental health issues. In addition, RCOC may refer consumers to University of California Irvine (UCI) for a second opinion when appropriate.

The clinical team is available as a resource for service coordinators to discuss consumer's health or medication issues. Service coordinators have access to the Health Resource Manual which contains information related to medical, dental, psychiatric conditions, and a list community and generic resources. The clinical team also offers training on a variety of health-related topics throughout the year. Recent topics have included seizures, medications and end of life issues.

RCOC has improved consumer access to preventative health care resources by providing:

- ✓ Benefits specialist
- ✓ Dental coordinator
- ✓ Collaboration with community physicians and hospitals
- ✓ Relationship with Cal Optima (Orange County Medi-Cal Managed Care Program)
- ✓ Funding of psychiatric care when generic resources are unavailable
- ✓ Relationship with California Children's' Services
- ✓ Collaboration with a local dental hygienist school to provide low/no cost cleanings and exams
- ✓ University of Irvine pediatric resident rotation at RCOC

Clinical team members participate in RCOC's Risk Management Committee facilitated by Mission Analytics Group. All medical, behavioral or psychiatric SIRs are reviewed and recommendations provided. All deaths are reviewed and any findings are reported to the Risk Management Committee.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

The informational interview with quality assurance (QA) staff ascertains how the regional center has organized itself to conduct Title 17 monitoring of community care facilities (CCFs), two unannounced visits to CCFs, service provider training, verification of provider qualifications, resource development activities, and quality assurance among programs and providers where there is no regulatory requirement to conduct quality assurance monitoring.

II. Scope of Interview

The monitoring team interviewed a QA Specialist who is part of the team responsible for conducting Regional Center of Orange County's (RCOC) QA activities.

III. Results of Interview

1. Members of the QA team are assigned residential facilities where they conduct the annual Title 17 monitoring reviews. Each review utilizes standardized report forms and checklists based on Title 17 regulations. QA staff conducts unannounced annual reviews at each facility. Service coordinators are responsible for conducting two unannounced visits at the CCFs on their caseloads.

2. Results of QA team reviews are submitted to the Living Options Coordinator who tracks facility visits and sends monthly reports to the unit supervisors. When issues of substantial inadequacies are identified, the QA staff is responsible for developing corrective action plans (CAPs) and ensuring providers complete the CAP requirements. The QA team meets weekly to discuss any CAPs. The QA team maintains a database for all CAPs which are reviewed by the QA supervisor.

3. RCOC's QA supervisor and SIR coordinator participate on the Risk Management Committee. The committee meets every other month to discuss any compliance, consistency, and trends related to special incident reports (SIRs). Vital trends and important information are relayed to staff.

4. The SIR coordinator receives all SIRs and ensures that follow-up is completed. Service coordinators typically handle the follow up activities. QA is responsible for the closing of any open or unresolved issues.

5. The Resource Development unit is responsible for verifying qualifications of providers. QA will visit a new provider prior to the completion of the vendorization process.

SECTION VII A

SERVICE PROVIDER INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed twelve service providers at eight community care facilities (CCFs) and four day programs where services are provided to the consumers that were visited by the monitoring team.

2. The interview questions are divided into two categories.

   - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.

   - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The service providers were familiar with the strengths, needs and preferences of their respective consumers.

2. The service providers indicated that they conducted assessments of the consumers, participated in their IPP development, provided the program specific services addressed in the IPPs and attempted to foster the progress of consumers.

3. The service providers monitored consumer health issues and safeguarded medications.

4. The service providers communicated with people involved in the consumers' lives and monitored progress documentation.

5. The service providers were prepared for emergencies, monitored the safety of consumers, and understood special incident reporting and follow-up processes.

SECTION VII B

DIRECT SERVICE STAFF INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed eleven direct service staff at eight community care facilities (CCF) and three day programs where services are provided to the consumers that were visited by the monitoring team.

2. The interview questions are divided into two categories.

   - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.

   - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The direct service staff were familiar with the strengths, needs and preferences of their respective consumers.

2. The direct service staff were knowledgeable about their roles and responsibilities for providing the services addressed in the consumers' IPPs.

3. The direct service staff demonstrated that they understood the importance of communication with all individuals concerned with the consumers.

4. The direct service staff were prepared to address safety issues and emergencies, and were familiar with special incident reporting requirements.

5. The direct service staff demonstrated an understanding about emergency preparedness.

6. The direct service staff were knowledgeable regarding safeguarding and assisting with self-administration of medications where applicable.

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

The review ensures that the selected community care facilities (CCFs) and day programs are serving consumers in a safe, healthy and positive environment where their rights are respected.

II. Scope of Review

1. The monitoring teams reviewed a total of eight CCFs and four 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.

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 the Regional Center of Orange County (RCOC) was reviewed by comparing deaths entered into the Client Master File for the review period with special incident reports (SIRs) of deaths received by the Department of Developmental Services (DDS).

2. The records of the 65 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 ten consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. RCOC reported all deaths during the review period to DDS.

2. RCOC reported all but one of the special incidents in the sample of 65 records selected for the HCBS Waiver review to DDS.

3. RCOC's vendors reported seven of the ten (70%) applicable incidents in the supplemental sample within the required timeframes.

4. RCOC reported eight of the ten (80%) incidents to DDS within the required timeframes.

5. RCOC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the ten incidents.

IV. Findings and Recommendations

Consumer #40: The medication error incident was reported to RCOC on September 26, 2012. However, RCOC did not report the incident to DDS.

Consumer #72: The incident occurred on September 12, 2012. However, the vendor did not submit a written report to RCOC until September 17, 2012.

Consumer #78: The incident occurred on April 1, 2013. However, the vendor did not submit a written report until April 17, 2013. Additionally, RCOC did not report the incident to DDS until April 24, 2013.

Consumer #79: The incident occurred on May 20, 2013. However, the vendor did not submit a written report until May 29, 2013. Additionally, RCOC did not report the incident to DDS until June 3, 2013.

Recommendations	Regional Center Plan/Response
RCOC should ensure that the vendors for consumers #72, #78, and #79 report special incidents within the required timeframes.	RCOC will ensure that vendors report special incidents within the required timeframes.
RCOC should ensure that all special incidents are reported to DDS within the required timeframe.	RCOC will ensure that all special incidents are reported to DDS within the required timeframe.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

#	UCI	CCF	DP
1	6819691	1	
2	5223813	4	
3	6800604	12	
4	6803800		
5	6809017	2	
6	6871365	6	
7	6892991	11	
8	6893591		
9	6895806	8	
10	7305631	9	
11	5704952	7	
12	5021811		
13	5024401		6
14	5220876		2
15	6896925		1
16	6801311	10	
17	6803108		
18	6807574		3
19	6892746	5	
20	5683354		
21	6893608		
22	6913547	3	
23	7305543		
24	7610672		
25	4881150		
26	5554373		
27	6288246		
28	6810863		
29	6892310		
30	6897585		
31	5682851		4
32	6855734		7
33	4937934		
34	5180039		
35	5321690		
36	5765458		
37	5936885		
38	6603786		

#	UCI	CCF	DP
39	6802005		
40	6803065		
41	6804111		
42	6804188		
43	6806474		8
44	6806898		
45	6809984		
46	6809995		
47	6810225		
48	6816782		
49	5550058		8
50	6872993		8
51	6806872		
52	6811468		
53	6856648		
54	6895794		5
55	7614998		
56	6828252		
57	6869209		
58	6869958		
59	6870936		
60	6874957		
61	6876967		
62	6882085		
63	6883224		
64	7575004		
65	7905222		

Supplemental Sample of Terminated Consumers

#	UCI
66-T	5684394
67-T	6804740
68-T	6896023

Consumers Developmental Center Movers

#	UCI
69-DC	7926358
70-DC	6805817

HCBS Waiver Review Service Providers

CCF #	Vendor
1	HM0833
2	HM0803
3	HM0472
4	HM0015
5	H03341
6	HM0461
7	HM0102
8	HM0010
9	HM0478
10	HM0744
11	HM0151
12	HM0724

Day Program #	Vendor
1	H22987
2	HM0366
3	HM0243
4	H13738
5	HM0373
6	H13718
7	H23083
8	H13748

SIR Review Consumers

#	UCI	Vendor
71	6803327	HM0797
72	6807426	HM0980
73	6912661	HM0923
74	6869841	P42164
75	6893912	HM0681
76	6807539	P42164
77	7926358	PM1352
78	6888846	PM1610
79	6804851	HM0009
80	5223870	HM0358

Regional Center of Orange County
Targeted Case Management and
Nursing Home Reform
Monitoring Review Report

Conducted by:

Department of Developmental Services

September 9–12, 2013

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EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) conducted a federal compliance monitoring review of the Targeted Case Management (TCM) and Nursing Home Reform (NHR) programs from September 9 - 12, 2013 at Regional Center of Orange County (RCOC). The monitoring team selected 50 consumer records for the TCM review. A sample of ten records was selected for consumers who had previously been referred to RCOC for a NHR assessment.

Purpose of the Review

Case management services for regional center consumers with developmental disabilities were added as a medical benefit to the Medi-Cal State Plan in 1986 under Title XIX of the Social Security Act. TCM services are those " . . . services which will assist individuals in gaining access to needed medical, social, educational, and other services." DDS implemented the TCM program statewide on July 1, 1988.

The NHR Pre-Admission Screening/Resident Review (PAS/RR) program involves determining whether an individual in a nursing facility with suspected developmental disabilities is developmentally disabled and requires specialized services.

Overview of the TCM/NHR Compliance Monitoring Protocol

The review criteria for the TCM and NHR programs are derived from federal and state statutes and regulations and the Center for Medicare & Medicaid Services guidelines relating to the provision of these services.

Findings

Section I – Targeted Case Management

Fifty consumer records, containing 2,908 billed units, were reviewed for three criteria. The sample records were 100% in compliance for criterion 1 (TCM service and unit documentation matches the information transmitted to DDS), 96% in compliance for criterion 2 (TCM service documentation is consistent with the definition of TCM service), and 100% in compliance for criterion 3 (TCM service documentation identifies the individual who wrote the note and the date the note was completed).

Section II – Nursing Home Reform

Ten consumer records were reviewed for three criteria. The ten sample records were 100% in compliance for the three criteria.

SECTION I
TARGETED CASE MANAGEMENT

Criterion

1. The Targeted Case Management (TCM) service and unit documentation matches information transmitted to the Department of Developmental Services (DDS).

   Finding

   TCM service and unit documentation matches the information transmitted to DDS.

   Recommendation

   None.

2. The TCM service documentation billed to DDS is consistent with the definition of TCM service.

   Allowable TCM units are based on services which assist consumers to gain access to needed social, educational, medical or other services and include the following components: 1) assessment and periodic reassessment to determine service needs; 2) development and periodic revision of an individual program plan (IPP) based on the information collected through the assessment or reassessment; 3) monitoring and follow-up activities, including activities and contacts that are necessary to ensure that the IPP is effectively implemented and adequately addresses the needs of the consumer; and 4) referral and related activities to help the consumer obtain needed services. However, it is important to note that TCM does not include the direct provision of these needed services.

   Finding

   The sample of 50 consumer records contained 2,908 billed TCM units. Of this total, 2,803 (96%) of the units contained descriptions that were consistent with the definition of TCM services. One hundred and five of the billed units had descriptions of activities that were not consistent with the definition of TCM services. Detailed information on these findings and the actions required will be sent under a separate cover letter.

Recommendation	Regional Center Plan/Response
RCOC should ensure that the time spent on the identified activities that are inconsistent with TCM claimable services (sent separately) is reversed.	RCOC has received the recommendations from DDS. All identified activities that are inconsistent with TCM claimable services have been reversed.

3. The TCM documentation identifies the service coordinator recording the notes and each note is dated.

   Finding

   The TCM documentation in the 50 sample consumer records identified the service coordinator or other individual who wrote the note and the date the service was provided.

   Recommendation

   None.

SECTION II
NURSING HOME REFORM

Criterion

1. There is evidence of dispositions for the Department of Developmental Services' (DDS) Nursing Home Reform (NHR) referrals.

   Finding

   The ten sample consumer records contained a copy of the Pre-Admission Screening/Resident Review (PAS/RR) Level I form, or NHR automated printout.

   Recommendation

   None.

2. The disposition is reported to DDS.

   Finding

   The ten sample consumer records contained a PAS/RR Level II document or written documentation responding to the Level I referral.

   Recommendation

   None.

3. The regional center submitted a claim for the referral disposition.

   Finding

   The billing information for the ten sample consumers had been entered into the AS 400 computer system.

   Recommendation

   None.

SAMPLE CONSUMERS

TCM Review

#	UCI	#	UCI
1	6807574	26	6913547
2	6806898	27	6872993
3	6892746	28	6806474
4	6811468	29	6804111
5	5220876	30	6874957
6	6869958	31	4937934
7	5223813	32	6803065
8	6801311	33	6870936
9	7614998	34	6800604
10	6893608	35	7575004
11	5550058	36	6804188
12	6603786	37	5021811
13	7305543	38	6876967
14	7610672	39	6816782
15	6856648	40	7905222
16	5704952	41	6802005
17	5765458	42	6810863
18	6892991	43	6892310
19	6819691	44	6809995
20	6869209	45	6871365
21	5554373	46	6828252
22	6895806	47	6803800
23	6896925	48	6882085
24	6803108	49	7305631
25	6809017	50	6883224

NHR Review

#	UCI
1	H003449
2	5717467
3	5766811
4	6806452
5	7411318
6	6411921
7	6911763
8	H003426
9	6801456
10	6806348

ATTACHMENT I

TCM DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 50 Records Billed Units Reviewed: 2,908	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. The TCM service and unit documentation matches the information transmitted to DDS.	2908	0		100	0
2. The TCM service documentation billed to DDS is consistent with the definition of TCM service.	2803	105		96	4
3. The TCM documentation identifies the service coordinator recording the notes and each note is dated	2,908	0		100	0

NHR DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 10 Records	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. There is evidence of dispositions for DDS NHR referrals.	10	0		100	
2. Dispositions are reported to DDS.	10	0		100	
3. The regional center submits claims for referral dispositions.	10	0		100	