

**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**

**June 15-26, 2015**

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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 June 15-26, 2015, at Regional Center of Orange County (RCOC). The monitoring team members were Linda Rhoades (Team Leader), Lisa Miller, Kathy Benson, Sue Chapman, Ray Harris and Jennifer Parsons from DDS, and Annette Hanson and Raylyn Garrett from DHCS.

### Purpose of the Review

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

### Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

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

### Scope of Review

The monitoring team reviewed a sample of 67 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) two consumers who moved from a developmental center, 2) three consumers whose HCBS Waiver eligibility had been previously terminated, and 3) 10 consumers who had special incidents reported to DDS during the review period of April 1, 2014, through March 31, 2015.

The monitoring team completed visits to 10 community care facilities (CCF) and 15 day programs. The team reviewed 11 CCF and 21 day program consumer records and had face-to-face visits and/or interviews with 49 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-seven 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 rated as not applicable for this review.

The sample records were 99 percent in overall compliance for this review. RCOC's records were 99 percent and 98 percent in overall compliance for the collaborative reviews conducted in 2013 and in 2011, respectively.

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

Eleven consumer records were reviewed at 10 CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. Three criteria were rated as not applicable for this review. The sample records were 100 percent in overall compliance for the applicable criteria.

RCOC's records were 100 percent in overall compliance for the collaborative reviews conducted in 2013 and in 2011.

### Section IV – Day Program Consumer Record Review

Twenty-one consumer records were reviewed at 15 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 98 percent in overall compliance for the applicable criteria.

RCOC's records were 100 percent in overall compliance for the collaborative reviews conducted in 2013 and in 2011.

## Section V – Consumer Observations and Interviews

Forty-nine sample consumers, or in the case of minors, their parents were interviewed and/or observed at their CCFs, day programs, or in independent living settings. The monitoring team observed that all of the consumers were in good health and were treated with dignity and respect.

## Section VI A – Service Coordinator Interviews

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

## Section VI B – Clinical Services Interview

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

## Section VI C – Quality Assurance (QA) Interview

A Quality Assurance Coordinator was interviewed using a standard interview instrument. He 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

Nine 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

Nine CCF and four day program direct service staff were interviewed using a standard interview instrument. The direct service staff responded to questions regarding their knowledge of consumers, the IPP, communication, service delivery, procedures for safety, emergency preparedness, and medications. The staff was familiar with the consumers and knowledgeable about their roles and responsibilities.

## Section VIII – Vendor Standards Review

The monitoring team reviewed nine CCFs and one day program utilizing a standard checklist with 24 criteria that are consistent with HCBS Waiver requirements. All of the reviewed vendors were in good repair with no immediate health or safety concerns observed.

## Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 67 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. RCOC reported all special incidents for the sample of 67 records selected for the HCBS Waiver review to DDS. For the supplemental sample, the service providers reported seven incidents to RCOC within the required timeframe, and RCOC subsequently transmitted nine 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 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 RCOC's procedures and practices to verify that there are processes in place to ensure compliance with state and federal laws and regulations, as well as the assurances contained in the HCBS Waiver application approved by the Centers for Medicare and Medicaid Services.

#### II. Scope of Assessment

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.

<b>Regional Center Self-Assessment HCBS Waiver Assurances</b>	
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>The regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meets the federal definition of a Qualified Intellectual Disability Professional (QIDP).</p> <p>The regional center ensures that consumers are eligible for full scope Medi-Cal benefits before enrolling them in the HCBS Waiver.</p>
<p>Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services</p>	<p>The regional center takes action(s) to ensure consumers' rights are protected.</p> <p>The regional center takes action(s) to ensure that the consumers' health needs are addressed.</p> <p>The regional center ensures that behavior plans preserve the right of the consumer to be free from harm.</p> <p>The regional center maintains a Risk Management, Risk Assessment and Planning Committee.</p> <p>The regional center has developed and implemented a Risk Management/Mitigation Plan.</p> <p>Regional centers and local Community Care Licensing offices coordinate and collaborate in addressing issues involving licensing requirements and monitoring of CCFs pursuant to the memorandum of understanding (MOU) between DDS and the Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 community care facilities.</p> <p>The regional center reviews each community care facility annually to assure services are consistent with the program design and applicable laws, and development and implementation of corrective action plans as needed.</p> <p>The regional center conducts not less than two unannounced monitoring visits to each CCF annually.</p> <p>Service coordinators perform and document periodic reviews (at least annually) to ascertain progress toward achieving IPP objectives, and the consumer's and the family's satisfaction with the IPP and its implementation.</p> <p>Service coordinators have quarterly face-to-face meetings with consumers in CCFs, Family Home Agencies, Supported Living Services, and Independent Living Services to review services and progress toward achieving the IPP objectives for which the service provider is responsible.</p>

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

## SECTION II

### REGIONAL CENTER CONSUMER RECORD REVIEW

#### I. Purpose

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

#### II. Scope of Review

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

<b>Living Arrangement</b>	<b># of Consumers</b>
Community Care Facility	23
With Family	22
Independent or Supported Living Setting	22

2. The review period covered activity from April 1, 2014 – March 31, 2015.

#### III. Results of Review

The 67 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 percent compliance for 26 applicable criteria. There are no recommendations for these criteria.
- ✓ Findings for four criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

- 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-two of the sixty-seven (93 percent) sample consumer records contained a dated and signed DS 2200 form. However, the DS 2200 forms for consumers #4 and #12, both conserved, were not signed by the conservators, and the DS 2200 forms for consumers #24, #47 and #49 were purged during conversion to virtual charts.

2.2 Recommendations	Regional Center Plan/Response
RCOC should ensure that the DS 2200 forms for consumers #4 and #12 are signed by their respective conservators, and the DS 2200 forms for consumers #24, #47, and #49 are completed and signed by the consumer. If the consumers do not sign, RCOC should ensure that the record addresses what actions were taken to encourage the consumers to sign and the reason why they did not sign.	For consumers #4 and #12 the DS 2200 has been signed by the appropriate party as of 5/25/2016. The corrected DS 2200 is now on file for consumers #24 and #47. A replacement DS 2200 has been requested for consumer #49.

- 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 sixty-seven (88 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by RCOC. However, the IPPs for eight consumers did not indicate RCOC funded services as indicated below:

1. Consumers #4 and #5: Dental services
2. Consumer #13, #14, #19, #21, and #24: Family training services
3. Consumer #30: Supplemental day support

2.10.a Recommendations	Regional Center Plan/Response
RCOC should ensure that the IPPs for consumers #4, #5, #13, #14, #19, #21, #24, and #30 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.

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

Findings

Forty-two of the forty-five (93 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for three consumers did not meet the requirements as indicated below:

1. The records for consumers #49 and #50 contained documentation of three of the required meetings.
2. The record for consumer #14 contained documentation of two of the required meetings.

2.13.a Recommendations	Regional Center Plan/Response
RCOC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #14, #49 and #50.	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*)

Findings

Forty-two of the forty-five (93 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for three consumers did not meet the requirements as indicated below:

1. The records for consumers #49 and #50 contained documentation of three of the required meetings.
2. The record for consumer #14 contained documentation of two of the required meetings.

2.13.b Recommendations	Regional Center Plan/Response
RCOC should ensure that future quarterly reports of progress are completed for consumers #14, #49 and #50.	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.

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 67 + 5 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	67			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 re-certifications, 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.	67			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.	67			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	61		6	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	1		66	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)]	62	5		93	See Narrative
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. [SMM 4442.7; 42 CFR Part 431, Subpart E; WIC §4646(g)]	3		67	100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 67 + 5 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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)	67			100	None
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in an ICF/DD, ICF/DD-H, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. [SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343]	67			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	67			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)(I)]	67			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)			67	NA	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)]	67			100	None
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	5		62	100	None
2.7.c	The IPP is prepared jointly with the planning team. [WIC §4646(d)]	67			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)]	67			100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 67 + 5 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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).	67			100	None
2.9.b	The IPP addresses the special health care requirements.	34		33	100	None
2.9.c	The IPP addresses the services for which the CCF provider is responsible for implementing.	23		44	100	None
2.9.d	The IPP addresses the services for which the day program provider is responsible for implementing.	38		29	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.	22		45	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	67			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. [WIC §4685(c)(2)]	12		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	8		88	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)]	67			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [WIC §4646.5(a)(4)]	6		61	100	None
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to, vendors, contract providers, generic service agencies and natural supports. [WIC §4646.5(a)(4)]	67			100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 67 + 5 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.12	Periodic review and reevaluations of consumer progress are completed (at least annually) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and that the consumer and his/her family are satisfied with the IPP and its implementation. [ <i>WIC §4646.5(a)(6)</i> ]	67			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 CCFs, family home agencies or supported living and independent living settings. ( <i>Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement</i> )	42	3	22	93	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 CCFs, family home agencies or supported living and independent living settings. ( <i>Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement</i> )	42	3	22	93	See Narrative
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. ( <i>WIC §4418.3</i> )	2		67	100	None

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

#### II. Scope of Review

Eleven consumer records were reviewed at 10 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 of the 19 applicable criteria. Three criteria were rated as not applicable for this review.

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

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 11; CCFs = 10</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. [Title 17, CCR, §56017(b); Title 17, CCR §56059(b); Title 22, CCR, §80069]	11			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	11			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	9		2	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.	11			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	11			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	11			100	None
3.1.i	Special safety and behavior needs are addressed.	10		1	100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17, and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. [Title 17, CCR, §56019(c)(1)]	11			100	None
3.3	The facility has a copy of the consumer's current IPP. [Title 17, CCR, §56022(c)]	11			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)]	2		9	100	None

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 11; CCFs = 10</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	2		9	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. [Title 17, CCR, §56026(c)]	9		2	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.	9		2	100	None
3.5.c	Quarterly reports include a summary of data collected. [Title 17, CCR, §56013(d)(4); Title 17, CCR, §56026]	9		2	100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. [Title 17, CCR §56026(a)]	11			100	None
3.6.b	The ongoing notes/information verifies that behavior needs are being addressed.	11			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)			11	NA	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)			11	NA	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. (Title 17, CCR, §54327)			11	NA	None

## SECTION IV

### DAY PROGRAM CONSUMER RECORD REVIEW

#### I. Purpose

The review criteria address the requirements for day programs to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the IPP that the day program provider is responsible for implementing. The criteria are derived from Title 17, California Code of Regulations.

#### II. Scope of Review

Twenty-one consumer records were reviewed at 15 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 14 of the 17 applicable criteria.

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

#### IV. Findings and Recommendations

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

##### Finding

Twenty of the twenty-one (95 percent) applicable consumer records contained documentation that the consumer and/or their authorized representative had been informed of their personal rights. The record for consumer #40 at day program #2 did not contain documentation that the consumer was informed of their personal rights.

4.1.e Recommendations	Regional Center Plan/Response
RCOC should ensure the record for consumer #40 at day program #2 contains documentation that the consumer has been informed of their personal rights.	RCOC will continue to provide ongoing training and oversight to service coordinators regarding the importance of informing consumers of their personal rights and documenting that it has been done.

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

Findings

Seventeen of the twenty-one (81 percent) applicable consumer records contained a copy of the consumer’s current IPP. However, the records for consumer #7 at day program #2, consumer #13 at day program #4, and consumer #40 at day program #2, did not contain a copy of the current IPP. The IPP for consumer #10 was provided to day program #11 at the time of the review. Accordingly, no recommendation is required

4.2 Recommendations	Regional Center Plan/Response
RCOC should ensure that day program providers #2 and #4 receives a current copy of the IPP for consumers #7, #13 and #40.	RCOC will continue to provide ongoing training and oversight to service coordinators regarding the importance of both residential providers and day program providers to be provided a current copy of the IPP.

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

Findings

Seventeen of the twenty (85 percent) applicable consumer records contained written semiannual reports of consumer progress. However, the records for three consumers, #7 at day program #2, #14 at day program #4, and #40 at day program #2, contained only one of the required progress reports.

4.4.a Recommendations	Regional Center Plan/Response
RCOC should ensure that day program providers #2 and #4 prepare written semiannual reports of consumer progress.	RCOC will continue to provide ongoing training and oversight to day program providers through our Day Program Quality Assurance Coordinator and to service coordinators on the importance of written semiannual reports of consumer progress.

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 21; Day Programs = 15</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. (Title 17, CCR, §56730)	21			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.	21			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.	21			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.	21			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.	21			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.	20	1		95	See Narrative
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.	21			100	None

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 21; Day Programs = 15</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	21			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	16		5	100	None
4.2	The day program has a copy of the consumer's current IPP. [ <i>Title 17, CCR §56720(b)</i> ]	17	4		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> ]	21			100	None
4.3.b	The day program's Individual Service Plan (ISP) or other program documentation is consistent with the services addressed in the consumer's IPP.	21			100	None
4.4.a	The day program prepares and maintains written semiannual reports. [ <i>Title 17, CCR, §56720(c)</i> ]	17	3	1	85	See Narrative
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services for which the day program is responsible for implementing.	19		2	100	None
4.5.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. ( <i>Title 17, CCR, §54327</i> )	1		20	100	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. ( <i>Title 17, CCR, §54327</i> )	1		20	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> )	1		20	100	None

## SECTION V

### CONSUMER OBSERVATIONS AND INTERVIEWS

#### I. Purpose

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

#### II. Scope of Observations and Interviews

Forty-nine of the sixty-seven consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, CCFs, or in independent living settings.

- ✓ Twenty-four adult consumers agreed to be interviewed by the monitoring teams.
- ✓ Seventeen consumers did not communicate verbally or declined an interview, but were observed.
- ✓ Eight interviews were conducted with parents of minors.
- ✓ Eighteen 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 12 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 process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed.

## SECTION VI B

### CLINICAL SERVICES INTERVIEW

#### I. Purpose

The clinical services interview is used to obtain supplemental information on how the regional center is organized to provide clinical support to consumers and service coordinators. This interview aids in determining what measures the regional center is utilizing to ensure the ongoing health and safety of all HCBS Waiver consumers.

#### II. Scope of Interview

1. The monitoring team interviewed 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, a dental coordinator, speech and physical therapists, a geneticist and a clinical pharmacologist.

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 also involved with level of care evaluations and discharge planning for consumers that have been hospitalized. Nurses are available to provide trainings at community care facilities and day programs. In addition, they also provide training to service coordinators, vendors and public school nurses. A physician and the geneticist attend medical rounds at University of California, Irvine Hospital to develop a collaborative relationship between the regional center and the hospital. Nurses and physicians also assist with end of life issues.

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 funds 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 (UC Irvine) Neurodevelopmental Behavior Clinic for evaluation. The findings and recommendations are reported to RCOC, the consumer's primary care physician, psychiatrist and/or the family/care provider.

All behavior assessments and reports are reviewed by a Board Certified Behavior Analyst. Consumer's behavior plans are also 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, ongoing cases, and special incidents to coordinate care and assists consumers with unresolved mental health issues.

The clinical team is available as a resource for service coordinators to discuss a 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 of community and generic resources. The clinical team also offers training on a variety of health-related topics throughout the year. Recent topics have included infectious disease, epilepsy, Down syndrome 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
- ✓ UC 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 are 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 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 Quality Assurance Coordinator who is part of the team responsible for conducting 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 one unannounced visit 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 special incident report (SIR) coordinator participate on the Risk Management Committee. The committee meets every other month to discuss any compliance, consistency, and trends related to 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 13 service providers at nine CCFs and four day programs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories.
  - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
  - ✓ The questions in the second category are related to general areas.

#### III. Results of Interviews

1. The service providers were familiar with the strengths, needs and preferences of their respective consumers.
2. The service providers indicated that they conducted assessments of the consumers, participated in their IPP development, provided the program specific services addressed in the IPPs and attempted to foster the progress of consumers.
3. The service providers monitored consumer health issues and safeguarded medications.
4. The service providers communicated with people involved in the consumers' lives and monitored progress documentation.
5. The service providers were prepared for emergencies, monitored the safety of consumers, and understood special incident reporting and follow-up processes.

## SECTION VII B

### DIRECT SERVICE STAFF INTERVIEWS

#### I. Purpose

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

#### II. Scope of Interviews

1. The monitoring team interviewed thirteen direct service staff at nine CCFs and four day programs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories.
  - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
  - ✓ The questions in the second category are related to general areas.

#### III. Results of Interviews

1. The direct service staff were familiar with the strengths, needs and preferences of their respective consumers.
2. The direct service staff were knowledgeable about their roles and responsibilities for providing the services addressed in the consumers' IPPs.
3. The direct service staff demonstrated that they understood the importance of communication with all individuals concerned with the consumers.
4. The direct service staff were prepared to address safety issues and emergencies, and were familiar with special incident reporting requirements.
5. The direct service staff demonstrated an understanding about emergency preparedness.
6. The direct service staff were knowledgeable regarding safeguarding and assisting with self-administration of medications where applicable.

## SECTION VIII

### VENDOR STANDARDS REVIEW

#### I. Purpose

The review ensures that the selected CCFs and day programs are serving consumers in a safe, healthy and positive environment where their rights are respected. The review also ensures that CCFs are meeting the HCBS Waiver definition of a homelike setting.

#### II. Scope of Review

1. The monitoring teams reviewed a total of nine CCFs and one day program.
2. The teams used a monitoring review checklist consisting of 24 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

#### III. Results of Review

All of the CCFs and the day program were found to be in good condition with no immediate health and safety concerns. Specific findings and recommendations are detailed below.

#### IV. Finding and Recommendation

##### 8.5 c Statement of Rights

##### Finding

At CCF #2, 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 RCOC was reviewed by comparing deaths entered into the Client Master File for the review period with special incident reports of deaths received by DDS.
2. The records of the 67 consumers selected for the HCBS Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of 10 consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

#### III. Results of Review

1. RCOC reported all deaths during the review period to DDS.
2. RCOC reported all special incidents in the sample of 67 records selected for the HCBS Waiver review to DDS.
3. RCOC's vendors reported 7 of the 10 (70 percent) incidents in the supplemental sample within the required timeframes.
4. RCOC reported 9 of the 10 (90 percent) 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 all 10 incidents.

#### IV. Findings and Recommendations

Consumer #73: The incident was reported to RCOC on April 16, 2014. However, RCOC did not report the incident to DDS until April 24, 2014.

Consumer #75: The incident occurred on June 16, 2014. However, the vendor did not submit a written report to RCOC until July 1, 2014.

Consumer #81: The incident occurred on February 19, 2015. However, the vendor did not submit a written report to RCOC until February 23, 2015.

Consumer #82: The incident occurred on March 12, 2015. However, the vendor did not submit a written report to RCOC until April 10, 2015.

Recommendations	Regional Center Plan/Response
RCOC should ensure that the vendors for consumers #73, #75, #81, and #82 report special incidents within the required timeframe.	RCOC will ensure that vendors report special incidents within the required timeframe.
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	6872393	1	
2	5181516	2	
3	5706114		6
4	6213563	4	
5	6800591	3	
6	6808346	10	
7	6810652		2
8	6894675	9	
9	6897674	6	
10	6994100		11
11	6994200	5	
12	7598826	8	
13	6218847		4
14	6808937		4
15	6802841		9
16	5636394		9
17	6807743		10
18	6856423	7	
19	6801091		1
20	6899959		8
21	4937173		1
22	6801115		
23	6802515		5
24	6803151		3
25	6805812	7	
26	6807402		12
27	4874242		4
28	6808856		
29	6869465		
30	6875938		15
31	6890002		
32	4974879		9
33	6894397		
34	6898357		
35	6899549		
36	6808832		
37	7614998		
38	7512064		13

#	UCI	CCF	DP
39	6282174		
40	6808223		2
41	6892349		14
42	1915719		
43	4894002		
44	4972378		7
45	5099080		
46	5181326		
47	5419932		
48	6806911		
49	6810190		
50	6813842		
51	6817877		
52	6870030		
53	6879286		
54	6898309		
55	7512437		
56	6821814		
57	6825190		
58	6828447		
59	6829532		
60	6834172		
61	6836974		
62	6869958		
63	6876260		
64	6879307		
65	6880554		
66	6881309		
67	6898060		

**Supplemental Sample of Terminated Consumers**

#	UCI
68-T	6811038
69-T	6811349
70-T	6899682

**Consumers Developmental Center Movers**

#	UCI
71-DC	6876109
72-DC	1947241

### HCBS Waiver Review Service Providers

<b>CCF #</b>	<b>Vendor</b>
1	HM0577
2	HM0826
3	HM0063
4	HM0888
5	HM1033
6	HM0399
7	HM0687
9	H13824
10	H13714

<b>Day Program #</b>	<b>Vendor</b>
1	HM0388
2	HM0455
3	H23098
4	HM0366
5	HM0830
6	PM1674
7	H22926
8	HM0388
9	HM0231
10	HM0695
11	P42254
12	HM0373
13	HM0373
14	H13748
15	PM1387

### SIR Review Consumers

<b>#</b>	<b>UCI</b>	<b>Vendor</b>
73	1980887	HM0330
74	6871978	PM1310
75	6869488	HM0694
76	7519150	HM0995
77	6836179	NA
78	6894940	H22995
79	6819726	HM0394
80	6809893	PM1880
81	6806975	H13842
82	5418835	HM0531

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

**Conducted by:**

**Department of Developmental Services**

**June 15-18, 2015**

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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 June 15-18, 2015, at Regional Center of Orange County (RCOC). The monitoring team selected 50 consumer records for the TCM review. A sample of 10 records was selected from consumers who had previously been referred to RCOC for an 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 Centers for Medicare and Medicaid Services guidelines relating to the provision of these services.

### Findings

#### Section I – Targeted Case Management

Fifty consumer records, containing 2,286 billed units, were reviewed for three criteria. The sample records were 100 percent in compliance for criterion 1 (TCM service and unit documentation matches the information transmitted to DDS), 99.8 percent in compliance for criterion 2 (TCM service documentation is consistent with the definition of TCM service), and 100 percent 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 10 sample records were 100 percent in compliance for all three criteria.

## SECTION I TARGETED CASE MANAGEMENT

### Criterion

1. The TCM service and unit documentation matches information transmitted to DDS.

### Finding

RCOC transmitted 2,286 TCM units to DDS for the 50 sample consumers. All of the recorded units matched the number of units reported 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.

### Findings

The sample of 50 consumer records contained 2,286 billed TCM units. Of this total, 2,282 (99.8 percent) of the units contained descriptions that were consistent with the definition of TCM services. Four of the 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 claimed on those identified activities that are inconsistent with TCM claimable services (sent separately) is reversed.	RCOC has received the recommendations from DDS. The four units, which had descriptions of activities that were not consistent with the definition of TCM 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 who wrote the note and the date the service was completed.

Recommendation

None

## SECTION II NURSING HOME REFORM

### Criterion

1. There is evidence of dispositions for DDS' NHR referrals.

#### Finding

The 10 sample consumer records contained a copy of the PAS/RR Level I form, or NHR automated printout.

#### Recommendation

None

2. The disposition is reported to DDS.

#### Finding

The 10 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 10 sample consumers had been entered into the AS 400 computer system and electronically transmitted to DDS.

#### Recommendation

None

**SAMPLE CONSUMERS  
TCM Review**

<b>#</b>	<b>UCI</b>
1	6810190
2	6808937
3	5181326
4	4972378
5	6801091
6	6890002
7	6800591
8	6823190
9	6834172
10	5636394
11	6829532
12	6802515
13	6869958
14	5419932
15	4974879
16	6899549
17	6880554
18	7614998
19	6801115
20	6821814
21	6879286
22	6876260
23	6282174
24	7512064
25	7512437
26	7598826
27	6898060
28	6213563
29	6803151
30	6828447
31	6807402
32	6892349
33	1915719
34	6802841
35	5706114
36	6898357
37	6813842
38	4937173
39	6808346
40	6898309
41	6806911

**SAMPLE CONSUMERS**  
**TCM Review**  
**Continued**

<b>#</b>	<b>UCI</b>
42	6899959
43	6875938
44	6836974
45	6807743
46	6869465
47	6894397
48	6870030
49	6808856
50	6808223

**NHR Review**

<b>#</b>	<b>UCI</b>
1	H003912
2	6870936
3	6808591
4	H004096
5	H003860
6	5936166
7	5682935
8	1947480
9	6802322
10	6878600

### TCM DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 50 Records Billed Units Reviewed: 2,286	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. The TCM service and unit documentation matches the information transmitted to DDS.	2,286	0		100	
2. The TCM service documentation billed to DDS is consistent with the definition of TCM service.	2,282	4		99.8	0.2
3. The TCM service documentation is signed and dated by appropriate regional center personnel.	2,286	0		100	

### 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	