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Confidential Client Information
See California Welfare and Institutions Code Sections 4514 and 5328

November 27, 2018

Alan Martin, Board Chair
Regional Center of Orange County, Inc.
P.O. Box 22010
Santa Ana, CA 92702-2010

Dear Mr. Martin:

Enclosed are the final reports from the joint Department of Developmental Services' (DDS) and Department of Health Care Services' monitoring review of the Home and Community-Based Services Waiver, 1915(i) State Plan Amendment, Targeted Case Management and Nursing Home Reform programs conducted from June 12–23, 2017, at Regional Center of Orange County (RCOC). The period of review was April 1, 2016 through March 31, 2017.

The reports discuss the criteria reviewed along with any findings and recommendations and include RCOC's responses. DDS has approved RCOC's responses to all of the recommendations. If there is a disagreement with the findings of the enclosed reports, a written "Statement of Disputed Issues" should be sent within 30 days from the date of this letter to:

Department of Developmental Services
Attn: Erin Paulsen, Chief
Federal Programs Monitoring Section
1600 9th Street, Room 320, MS 3-11
Sacramento, CA 95814

The cooperation of RCOC's staff in completing the monitoring review is appreciated. If you have questions, please contact Erin Paulsen, Chief, Federal Programs Monitoring Section, at (916) 654-2977.

Sincerely,

Original signed by:

JIM KNIGHT
Assistant Deputy Director
Community Services Division

Enclosures

cc: Larry Landauer, RCOC
Patrick Ruppe, RCOC

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 12–23, 2017

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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 12–23, 2017, at Regional Center of Orange County (RCOC). The monitoring team members were Linda Rhoades (Team Leader), Nora Muir, Ray Harris, and Kathy Benson from DDS, and Raylyn Garrett and Annette Hanson from DHCS.

Purpose of the Review

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

Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

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

Scope of Review

The monitoring team reviewed a sample of 71 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) three consumers who moved from a developmental center, and 3) ten consumers who had special incidents reported to DDS during the review period of April 1, 2016, through March 31, 2017.

The monitoring team completed visits to 12 community care facilities (CCF) and 16 day programs. The team reviewed 12 CCF and 22 day program consumer records and interviewed and/or observed 53 selected sample consumers.

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

Seventy-one sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Criterion 2.2 was 79 percent in compliance because 56 of the 71 sample records did not contain a completed DS 2200 form.

The sample records were 98 percent in overall compliance for this review. RCOC's records were 99 percent in overall compliance for the collaborative reviews conducted in 2015 and in 2013.

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

Twelve consumer records were reviewed at 12 CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100 percent in overall compliance for 16 criteria on this review. Three criteria were rated as not applicable for this review.

RCOC's records were 100 percent in overall compliance for the collaborative reviews conducted in 2015 and in 2013.

Section IV – Day Program Consumer Record Review

Twenty-two consumer records were reviewed at 16 day programs for 17 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 98 percent in overall compliance for this review.

RCOC's records were 98 percent and 100 percent in overall compliance for the collaborative reviews conducted in 2015 and 2013, respectively.

Section V – Consumer Observations and Interviews

Fifty-three 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

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 medical director and nurse consultant were interviewed using a standard interview instrument. They responded to questions regarding the monitoring of consumers with medical issues, medications, behavior plans, the coordination of medical and mental health care for consumers, clinical supports to assist service coordinators, and the clinical team's role on the Risk Management Committee and special incident reporting.

Section VI C – Quality Assurance Interview

The quality assurance (QA) coordinator and QA manager were interviewed using a standard interview instrument. They responded to 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

Thirteen service providers at nine CCFs and four day programs were interviewed using a standard interview instrument. The service providers responded to questions regarding their knowledge of the consumer, the annual review process, and the monitoring of health issues, medication administration, progress, safety and emergency preparedness. The staff were familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interviews

Seven 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 were familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VIII – Vendor Standards Review

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

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. RCOC reported all but one of the special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported 8 of the 10 applicable incidents to RCOC within the required timeframes, and RCOC subsequently transmitted 9 of the10 special incidents to DDS within the required timeframes. RCOC's follow-up activities for the 10 consumer incidents were timely and appropriate for the severity of the situation.

SECTION I

REGIONAL CENTER SELF-ASSESSMENT

I. Purpose

The regional center self-assessment addresses the California Home and Community-Based Services (HCBS) Waiver assurances criteria and is designed to provide information about the regional center's processes and practices. The responses are used to verify that the regional center has processes in place to ensure compliance with federal and state laws and regulations.

The self-assessment obtains information about 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 consumers' rights are protected. The regional center takes action(s) to ensure that the consumers' 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 develop and implement 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. 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.

Regional Center Self-Assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services (cont.)	Service coordinators provide enhanced case management to consumers who move from a DC by meeting with them face-to-face every 30 days for the first 90 days they reside in the community.
Only qualified providers serve HCBS Waiver participants.	The regional center ensures that all HCBS Waiver service providers have signed the "HCBS Provider Agreement Form" and meet the required qualifications at the time services are provided.
Plans of care are responsive to HCBS Waiver participant needs.	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 & Medicaid Services' directives and guidelines relating to the provision of Home and Community-Based Services (HCBS) Waiver services. The criteria address requirements for eligibility, consumer choice, notification of proposed action and fair hearing rights, level of care, individual program plans (IPP) and periodic reviews and reevaluations of services. The information obtained about the consumer's needs and services is tracked as a part of the onsite program reviews.

II. Scope of Review

1. Seventy-one HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# **of Consumers**
Community Care Facility (CCF)	23
With Family	26
Independent or Supported Living Setting	22

2. The review period covered activity from April 1, 2016 through March 31, 2017.

III. Results of Review

The 71 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. Additionally, three supplemental records were reviewed solely for documentation indicating that the consumer received face-to-face reviews every 30 days for the first 90 days after moving from a developmental center. One criterion was not applicable for this review.

- ✓ The sample records were 100 percent in compliance for 23 criteria. There are no recommendations for these criteria.

- ✓ Findings for seven criteria are detailed below.

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

IV. Findings and Recommendations

2.2 Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form (DS 2200). *[SMM 4442.7; 42 CFR 441.302(d)]*

Findings

Fifty-six of the seventy-one (79 percent) sample consumer records contained a completed DS 2200 form. However, consumers #12, #16, #17, #20, #23, #26, #34, #35, #42, #45, #49, #51, #55, #56, and #65 did not have signed DS 2200 forms in their record. Subsequent to the monitoring review, the DS 2200 forms were signed by consumers #12, #17, #23, #26, #34, and #55. Accordingly, no recommendation is required for consumers #12, #17, #23, #26, #34, and #55.

2.2 Recommendations	Regional Center Plan/Response
RCOC should ensure that the DS 2200 forms for consumers #16, #20, #35, #42, #45, #49, #51, #56 and #65 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.	A review of the records indicates that the individuals identified in this section (consumers #16, #20, #35, #42, #45, #49, #51, #56 and #65) do not have a valid DS 2200 on record. RCOC service coordinators that serve these individuals will be directed to obtain DS 2200s for these individuals by 10/31/18. Additionally, RCOC will provide additional training to all SCs to ensure that valid DS 2200s are obtained when a person is added to the HCBS Waiver and when a child on the Waiver turns 18. Staff will also be trained to document their attempts to obtain the DS 2200 and any issues that prevent the person served, or their legal representative, from signing the DS 2200.

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

Finding

Seventy of the seventy-one (99 percent) sample consumer records documented level-of-care qualifying conditions that were consistent with information found

elsewhere in the record. The record for consumer #54 identified "emotional outbursts" on the DS 3770. However, there was no supporting information in the consumer's record (IPP, progress reports, vendor reports, etc.) that described the impact of the identified condition or need for services and supports.

2.5.b Recommendation	Regional Center Plan/Response
RCOC should determine if the item listed above is appropriately identified as a qualifying condition for consumer #54. The consumer's DS 3770 form should be corrected to ensure that any items that do not represent substantial limitations in the consumer's ability to perform activities of daily living and/or participate in community activities are no longer identified as a qualifying condition. If RCOC determines that the issue is correctly identified as a qualifying condition, documentation (updated IPPs, progress reports, etc.) that supports the original determination should be submitted with the response to this report.	Consumer #54: The DS 3770 has been modified to remove "emotional outbursts" as a deficit. Per the IPP dated 12/6/16, there is a history of unacceptable social behaviors, but there were no current issues with "emotional outbursts."

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

Finding

Seventy of the seventy-one (99 percent) sample consumer records contained IPPs that addressed the consumer's qualifying conditions. However, the IPP for consumer #42 did not address services and supports for diabetic injections identified in the record.

2.9.a Recommendation	Regional Center Plan/Response
RCOC should ensure that the IPP for consumer #42 addresses the services and supports in place for diabetic injections.	RCOC agrees with this recommendation. RCOC will conduct a nursing assessment on the identified Restricted Health Condition (RHC). The nursing assessment with also include an individualized healthcare plan (HCP). Once the nursing assessment is completed, the HCP will be incorporated into the individual IPP. Additionally, training on the RHC

	will be provided to the vendored staff that work directly with the consumer.

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

Findings

Thirty-four of the thirty-six (94 percent) applicable sample consumer records contained IPPs that addressed the consumers' day program services. However, the IPPs for consumers #5 and #30 did not address the services which the day program provider is responsible for implementing.

2.9.a Recommendations	Regional Center Plan/Response
RCOC should ensure that the IPPs for consumers #5 and #30 address the services which the day program provider is responsible for implementing.	The IPPs for consumers #5 and #30 will be updated to reflect services which the day program is providing to the individual consumer.

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

Findings

Sixty-eight of the seventy-one (96 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by RCOC. However, IPPs for three consumers did not indicate RCOC-funded services as indicated below:

1. Consumer #13: "Individual or Family Training Service";

2. Consumer #17: "Dentistry"; and,

3. Consumer #19: "Transportation-Public."

2.10.a Recommendations	Regional Center Plan/Response
RCOC should ensure that the IPPs for consumers #13, #17, and #19 include a schedule of the type and amount of all services and supports purchased by RCOC.	Effective July 1, 2018, RCOC will implement a new process to ensure that all POSs completed subsequent to the completion of the IPP document are captured in an IPP addendum. All addendums will be sent/mailed to the person served, and when appropriate, to the legal representative of the person served.

2.11 The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to, vendors, contracted providers, generic service agencies, and natural supports. *[W&I Code §4646.5(a)(4)]*

Findings

Sixty-three of the seventy-one (89 percent) sample consumer records contained IPPs that identified the provider or providers responsible for implementing services. However, eight IPPs did not indicate the provider of the RCOC-funded services indicated below:

1. Consumer #2: "Personal Assistant";
2. Consumer #10: "Individual or Family Training Services";
3. Consumer #14: "Get Safe" consumer training session;
4. Consumer #15: "Get Safe" consumer training session;
5. Consumer #16: "Individual or Family Training Services";
6. Consumer #22: "RN Provider";
7. Consumer #26: "Individual or Family Training Service"; and,
8. Consumer #29: "Get Safe" consumer training session.

2.11 Recommendation	Regional Center Plan/Response
RCOC should ensure the IPPs for consumers #2, #10, #14, #15, #16, #22, #26 and #29 identify the providers for the services listed.	All services noted in this section were initiated after the completion of that year's IPPs. Effective July 1, 2018, RCOC will implement a new process to ensure that all POSs completed subsequent to the completion of the IPP document are captured in an IPP addendum. All addendums will be sent/mailed to the person served, and when appropriate, to the legal representative of the person served.

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. *(W&I Code §4418.3)*

Findings

One of the three (33 percent) sample consumer records confirmed face-to-face meetings were conducted 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. The records for consumers 75-DC and 76-DC contained evidence of only two of the required meetings.

2.14 Recommendations	Regional Center Plan/Response
RCOC should ensure that face-to-face meetings are conducted no less than once every 30 days for the first 90 days for all consumers moving from a developmental center to a community living arrangement.	In May 2017, RCOC implemented a specialized team of service coordinators to manage the individuals transitioning out of Fairview Developmental Center. All staff members on this team have been trained to complete visits at a minimum of once every 30 days for the first 90 days after transitioning to a community living arrangement.

Regional Center Consumer Record Review Summary Sample Size = 71 + 6 Supplemental Records						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
2.0	The consumer is Medi-Cal eligible. *(SMM 4442.1)*	71			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Mental Retardation Professional (QMRP), which documents the date of the consumer's initial HCBS Waiver eligibility certification, annual recertifications, the consumer's qualifying conditions and short-term absences. *[SMM 4442.1; 42 CFR 483.430(a)]*	Criterion 2.1 consists of four sub-criteria (2.1.a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Mental Retardation Professional and the title "QMRP" appears after the person's signature.	71			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.	71			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	70		1	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	2		69	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)]*	56	15		79	See Narrative
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. *[SMM 4442.7; 42 CFR Part 431, Subpart E; W&I Code §4646(g)]*	3		71	100	None

Regional Center Consumer Record Review Summary Sample Size = 71 + 6 Supplemental Records						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. *(SMM 4442.5; 42 CFR 441.302)*	71			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)*	71			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	70	1		99	See Narrative
2.6.a	IPP is reviewed (at least annually) by the planning team and modified as necessary in response to the consumer's changing needs, wants or health status. *[42 CFR 441.301(b)(1)(l)]*	71			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)*			71	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. *[W&I Code §4646(g)]*	71			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.	2		69	100	None
2.7.c	The IPP is prepared jointly with the planning team. *[W&I Code §4646(d)]*	71			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. *[W&I Code §4646.5(a)]*	71			100	None

Regional Center Consumer Record Review Summary Sample Size = 71 + 6 Supplemental Records						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
2.9	The IPP addresses the consumer's goals and needs. *[W&I Code §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).	70	1		99	See Narrative
2.9.b	The IPP addresses special health care requirements.	24		47	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	23		48	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	34	2	35	94	See Narrative
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	21		50	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	71			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. *[W&I Code §4685(c)(2)]*	16		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. *[W&I Code §4646.5(a)(4)]*	68	3		96	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. *[W&I Code §4646.5(a)(4)]*	71			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. *[W&I Code §4646.5(a)(4)]*	1		70	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. *[W&I Code §4646.5(a)(4)]*	63	8		89	See Narrative

Regional Center Consumer Record Review Summary Sample Size = #71+ 6 Supplemental Records						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
2.12	Periodic reviews 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. *[W&I Code §4646.5(a)(6)]*	71			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)*	44		27	100	None
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, §58680; Contract requirement)*	44		27	100	None
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*. (W&I Code §4418.3)*	1	2	71	33	See Narrative

SECTION III

COMMUNITY CARE FACILITY
CONSUMER RECORD REVIEW

I. Purpose

The review addresses the requirements for community care facilities (CCF) to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the individual program plan (IPP) for which the facility is responsible. The criteria are derived from Title 17, California Code of Regulations.

II. Scope of Review

Twelve consumer records were reviewed at 12 CCFs visited by the monitoring team. The facilities' consumer records were reviewed to determine compliance with 19 criteria.

III. Results of Review

The consumer records were 100 percent in compliance for 16 criteria. 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.

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 nonambulatory 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.	11		1	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.	11		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)]*	12			100	None
3.3	The facility has a copy of the consumer's current IPP. *[Title 17, CCR, §56022(c)]*	12			100	None

Community Care Facility Record Review Summary Sample Size: Consumers = 12; CCFs = 12						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. *[Title 17, CCR, §56026(b)]*	5		7	100	None
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	5		7	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. *[Title 17, CCR, §56026(c)]*	1		6	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.	1		6	100	None
3.5.c	Quarterly reports include a summary of data collected. *(Title 17, CCR, §56013(d)(4); Title 17, CCR, §56026)*	1		6	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 verify that behavior needs are being addressed.	11		1	100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. *(Title 17, CCR, §54327)*			12	N/A	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)*			12	N/A	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. *(Title 17, CCR, §54327)*			12	N/A	None

SECTION IV

DAY PROGRAM
CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

Twenty-two consumer records were reviewed at 16 day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria. Three criteria were not applicable for this review.

III. Results of Review

The consumer records were 100 percent in compliance for 13 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.

- ✓ Finding for one criterion is detailed below.

IV. Finding and Recommendation

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

Finding

Twenty-one of the twenty-two (96 percent) sample consumer records contained a copy of the consumer's current IPP. However, the records for consumer #29 at day program #7 did not contain a copy of their current IPP. The IPP for consumer #29 was provided to day program #7 at the time of the review. Accordingly, no recommendation is required.

Day Program Record Review Summary Sample Size: Consumers = 22; Day Programs = 16						
	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)*	22			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.	22			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.	22			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.	22			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.	22			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.	22			100	None
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP which the day program provider is responsible for implementing.	22			100	None

Day Program Record Review Summary Sample Size: Consumers = 22; Day Programs = 16						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	22			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	19		2	100	None
4.2	The day program has a copy of the consumer's current IPP. *[Title 17, CCR, §56720(b)]*	21	1		96	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. *[Title 17, CCR, §56720(a)]*	22			100	None
4.3.b	The day program's individual service plan or other program documentation is consistent with the services addressed in the consumer's IPP.	22			100	None
4.4.a	The day program prepares and maintains written semiannual reports. *[Title 17, CCR, §56720(c)]*	22			100	None
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services which the day program is responsible for implementing.	22			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)*			22	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)*			22	N/A	None
4.5.c	There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. *(Title 17, CCR, §54327)*			22	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, choices, and regional center services.

II. Scope of Observations and Interviews

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

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

III. Results of Observations and Interviews

All consumers/parents of minors indicated satisfaction with their living situation, day program, work activities, health, choices, and regional center services. The appearance for all of the consumers that were interviewed and observed reflected personal choice and individual style.

SECTION VI A

SERVICE COORDINATOR INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed 13 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 guidelines 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 are knowledgeable about the special incident reporting process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed.

SECTION VI B

CLINICAL SERVICES INTERVIEW

I. Purpose

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

II. Scope of Interview

1. The monitoring team interviewed Regional Center of Orange County's (RCOC) Medical Director 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, board-certified behavior analysts, nurses, speech therapists, a geneticist, a pharmacist, and an occupational therapist.

The clinical team monitors consumers with medical issues identified through SIRs 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 when indicated. In addition, they also provide training to service coordinators, vendors and public school nurses. A physician and the geneticist attend medical rounds at UC 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.

The pharmacist will review consumers' medications and make recommendations as necessary. When indicated, a referral will be made to the University of Irvine for additional evaluation.

A board-certified behavior analyst reviews all behavior assessments and reports. Consumers' behavior plans are also reviewed in response to special incident reports, psychiatric hospitalizations, and requests by parents, vendors or service coordinators. Clinical staff are available to vendors and service coordinators to offer onsite 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 consumers' health or medication issues. Service coordinators have access to an online health resource guide, 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, dental health, Down's syndrome and sexually transmitted diseases.

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

- ✓ Benefits specialist;
- ✓ Dental coordination by an RCOC registered nurse;
- ✓ 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; and,
- ✓ Collaboration with Orange County Public Health Department.

Clinical team members participate in RCOC's Risk Management Committee. 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. The regional center utilizes Mission Analytics Group, Inc., the State's risk management contractor, to analyze special incidents for trends and make recommendations for appropriate follow-up and training, as needed.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

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

II. Scope of Interview

The monitoring team interviewed a QA coordinator and a QA manager who are 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 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 (CAP) and ensuring providers complete the CAP requirements. The QA team meets at least 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 manager and special incident report (SIR) coordinator participate on the Risk Management Committee. The committee meets every other month to discuss 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 the 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 individual program plan (IPP) development and/or review; the extent of their plan participation; how the plan was developed; how service providers ensure accurate documentation, communicate, address and monitor health issues; their preparedness for emergencies; and how they monitor safety and safeguard medications.

II. Scope of Interviews

1. The monitoring team interviewed 13 service providers at nine community care facilities 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 consumer.

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

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

4. The service providers communicated with people involved in the consumer's life and monitored progress.

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

SECTION VII B

DIRECT SERVICE STAFF INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed 11 direct service staff at seven community care facilities and four day programs where services are provided to the consumer that was visited by the monitoring team.

2. The interview questions are divided into two categories:

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

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

III. Results of Interviews

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

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

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

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

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

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

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

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

II. Scope of Review

1. The monitoring teams reviewed a total of nine CCFs and two day programs.

2. The teams used a monitoring review checklist consisting of 24 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

III. Results of Review

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

IV. Finding and Recommendation

8.4.a Money

At CCF #10, consumer #6 was not signing for cash disbursements.

8.4.a Recommendation	Regional Center Plan/Response
RCOC should ensure that consumer #6 at CCF #10 signs for all cash disbursements.	RCOC agrees with this recommendation and will have the IPP for consumer #6 modified to reflect that that person served signs for all cash disbursements.

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 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 (SIR) of deaths received by the Department of Developmental Services (DDS).

2. The records of the 71 consumers selected for the Home and Community-Based Services (HCBS) Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.

3. A supplemental sample of 10 consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

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

2. RCOC reported all but one special incident in the sample of 71 records selected for the HCBS Waiver review to DDS.

3. RCOC's vendors reported eight of the ten (80 percent) applicable incidents in the supplemental sample within the required timeframes.

4. RCOC reported nine of the ten (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 the 10 incidents.

IV. Findings and Recommendations

Consumer #22: RCOC did not report a monetary theft reported by the vendor on April 25, 2016.

Recommendation	Regional Center Plan/Response
An incident occurred where money was taken from consumer #22. This is reportable to DDS based on Title 17, section 54327(b)(1)(B)(3), fiduciary abuse. RCOC should report to DDS the incident dated April 25, 2016, for consumer #22.	RCOC has filed a SIR for the incident dated April 25, 2016, for consumer #22.

Consumer #81: The incident was reported to RCOC on June 15, 2016. However, RCOC did not report the incident to DDS until June 28, 2016.

Consumer #85: The incident occurred on January 27, 2017. However, the vendor did not submit a written report to RCOC until February 1, 2017.

Consumer #87: The incident occurred on March 1, 2017. However, the vendor did not submit a written report to RCOC until April 5, 2017.

Recommendations	Regional Center Plan/Response
RCOC should ensure that the vendors for consumers #85 and #87 report special incidents within the required timeframe.	By October 31, 2018, RCOC's Risk Management Manager will provide training/technical assistance to the vendors identified in the SIRs reported for consumers #85 and #87. Technical assistance will consist of training on SIR reporting requirements with a focus on reporting timelines.
RCOC should ensure that all special incidents are reported to DDS within the required timeframe.	During this review period, RCOC's SIR department had an unexpected staff departure. Since this reporting period, the SIR department's staffing level has been adjusted to ensure that in the event of another departure, we could maintain compliance with the SIR reporting timeline.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

#	UCI	CCF	DP
1	7910333	1	
2	4823258	2	
3	5181516	4	
4	5767454	3	
5	6002836	11	
6	6218741	10	
7	5307635	8	
8	6803016	7	
9	6871678	6	
10	6892722	9	
11	6898371	5	
12	7932122	12	
13	6809201		10
14	6838705		10
15	7549439		10
16	6895332		10
17	6810307		13
18	6808015		13
19	6801533		16
20	6893108		16
21	5884473		6
22	6804110		6
23	5681598		9
24	6803084		4
25	6806594		3
26	7703994		12
27	5524939		2
28	5636725		15
29	5706464		7
30	6871001		14
31	6893854		1
32	6881317		11
33	6803008		8
34	4972303		
35	6829123		
36	6895793		
37	7495285		

#	UCI	CCF	DP
38	1916063		5
39	4937058		
40	5099080		
41	5181326		
42	5706338		
43	5763743		
44	6801485		
45	6803768		
46	6808487		
47	6809602		
48	6810338		
49	6834519		
50	6889937		
51	6893577		
52	6894940		
53	6895934		
54	6896558		
55	7311034		
56	7861917		
57	6822961		
58	6826076		
59	6828189		
60	6829959		
61	6833820		
62	6813597		
63	6842592		
64	6843818		
65	6874325		
66	6875415		
67	6876108		
68	6883900		
69	6818657		
70	6888430		
71	6889166		

Supplemental Sample Terminated Waiver Consumers

#	UCI
72-T	6800642
73-T	6819916
74-T	6870785

Supplemental Sample Developmental Center Consumers

#	UCI
75-DC	6801865
76-DC	6805028
77-DC	6804971

HCBS Waiver Review Service Providers

CCF #	Vendor
1	HM0577
2	HM0034
3	HM0015
4	HM0826
5	HM0719
6	H13969
7	H02808
8	HM1180
9	H22631
10	HM1094
11	HM0970
12	HM0009

Day Program #	Vendor
1	H22691
2	H13651
3	H22926
4	HM0830
5	PM1543
6	HM0369
7	HM0231
8	HM0388
9	PM2337
10	H22690
11	HM0373
12	H22820
13	H22774
14	HM0366
15	H13964
16	H23098

SIR Review Consumers

#	UCI	Vendor
78	4865937	HM0719
79	6891607	H13740
80	1948629	HM0909
81	6810534	HM0565
82	6808035	PM1544
83	6856619	H22748
84	6808848	PM1880
85	6609055	H13842
86	6810363	PM2261
87	6893455	H22952

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

Conducted by:

Department of Developmental Services

June 12–15, 2017

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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 12–16, 2017, 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 & Medicaid Services' guidelines relating to the provision of these services.

Findings

Section I – Targeted Case Management

Fifty consumer records, containing 3,109 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), 94 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 Targeted Case Management (TCM) service and unit documentation matches information transmitted to the Department of Developmental Services (DDS).

   Finding

   RCOC transmitted 3,109 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 3,109 billed TCM units. Of this total, 2,926 (94 percent) of the units contained descriptions that were consistent with the definition of TCM services.

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 reviewed the identified cases and reversed or modified the time documented in the notes identified in this review.

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 the Department of Developmental Services' (DDS) Nursing Home Reform (NHR) referrals.

   Finding

   The 10 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 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

#	UCI #	#	UCI #
1	5181516	26	6895793
2	5767454	27	1916063
3	6002836	28	4937058
4	6218741	29	5099080
5	6803016	30	5181326
6	6871678	31	5706338
7	5307632	32	5763743
8	6892722	33	6803768
9	7932122	34	6809602
10	6809201	35	6810338
11	6838705	36	6834519
12	7549439	37	6889937
13	6810307	38	6893577
14	6801533	39	6894940
15	5884473	40	6895934
16	6804110	41	7311034
17	5681598	42	7861917
18	6803084	43	6822961
19	6806594	44	6826076
20	7703994	45	6828189
21	5636725	46	6842592
22	6871001	47	6843818
23	6881317	48	6876108
24	6803008	49	6813597
25	4972303	50	6889166

NHR Review

#	UCI
1	6214481
2	4880615
3	5024195
4	6803566
5	6802224
6	6801627
7	4823258
8	7508872
9	6801002
10	6640005

ATTACHMENT I

TCM DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 50 Records Billed Units Reviewed: 3,109	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. The TCM service and unit documentation matches the information transmitted to DDS.	3,109			100	
2. The TCM service documentation billed to DDS is consistent with the definition of TCM service.	2,926	183		94	6
3. The TCM service documentation is signed and dated by appropriate regional center personnel.	3,109			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			100	
2. Dispositions are reported to DDS.	10			100	
3. The regional center submits claims for referral dispositions.	10			100	

Regional Center of Orange County
Home and Community-Based Services
1915(i) State Plan Amendment
Monitoring Review Report

Conducted by:

Department of Developmental Services
and
Department of Health Care Services

June 12–23, 2017

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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) 1915(i) State Plan Amendment (SPA) program from June 12–23, 2017, at Regional Center of Orange County (RCOC). The monitoring team members were Linda Rhoades (Team Leader), Nora Muir, Ray Harris, and Kathy Benson from DDS, and Raylyn Garrett and Annette Hanson from DHCS.

Purpose of the Review

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

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

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

Scope of Review

The monitoring team conducted a record review of a sample of 20 HCBS 1915(i) SPA consumers. In addition, a supplemental sample of consumer records was reviewed for five consumers who had special incidents reported to DDS during the review period of April 1, 2016 through March 31, 2017.

Overall Conclusion

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

Twenty sample consumer records were reviewed for 24 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS 1915(i) SPA requirements. Criterion 1.6.c was 85 percent in compliance because 11 of the 13 applicable sample consumer records contained IPPs that addressed the day program services for which providers were responsible. Criterion 1.7.a was 90 percent in compliance because 18 of the 20 sample consumer records contained IPPs that include all services and supports purchased by the regional center. Four criteria were rated as not applicable for this review.

The sample records were 98 percent in overall compliance for this review.

Section II – Special Incident Reporting

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

SECTION I

REGIONAL CENTER
CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

1. Twenty HCBS 1915(i) SPA consumer records were selected for the review sample.

2. The review period covered activity from April 1, 2016 through March 31, 2017.

III. Results of Review

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

- ✓ The sample records were 100 percent in compliance for 18 applicable criteria. There are no recommendations for these criteria.

- ✓ Findings for two criteria are detailed below.

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

IV. Findings and Recommendations

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

Findings

Eleven of the thirteen (85 percent) applicable sample consumer records contained IPPs that addressed the consumers' day program services. The IPPs for consumers #9 and #11 did not address the services which the day program provider is responsible for implementing.

1.6.c Recommendation	Regional Center Plan/Response
RCOC should ensure that the IPPs for consumers #9 and #11 address the services which the day program provider is responsible for implementing.	1. Consumer #9: Purchase of service (POS) for the day program was incorrectly labeled to indicate that the service was addressing the behavioral health section of the IPP. The day program's duties are correctly listed in the School/Program/Employer section of the IPP. By October 31, 2018, RCOC will conduct staff training to ensure that service coordinators are consistent in identifying what area of the IPP is being addressed by a POS. 2. Consumer #11: The POS for the day programs was implemented after the individual's IPP was completed. Effective July 1, 2018, RCOC will implement a new process to ensure that all POSs completed subsequent to the completion of the IPP document are captured in an IPP addendum. All addendums will be sent/mailed to the person served, and when appropriate, to the legal representative of the person served.

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

Findings

Eighteen of the twenty (90 percent) sample consumer records contained IPPs that include all services and supports purchased by the regional center. However, the IPPs for the following consumers did not include the following supports purchased by the regional center:

1. Consumer #10: Individual or family training services; and,

2. Consumer #14: Day program services.

1.7.a Recommendations	Regional Center Plan/Response
RCOC should ensure that the IPPs for consumers #10 and #14 include a schedule of the type and amount of all services and supports purchased by the regional center. In addition, RCOC should evaluate what actions may be necessary to ensure consumers' IPPs include all services and supports purchased by the regional center.	1. Consumer #10: POSs were completed after the IPP was completed. Effective July 1, 2018, RCOC will implement a new process to ensure that all POSs completed subsequent to the completion of the IPP document are captured in an IPP addendum. All addendums will be sent/mailed to person served, and when appropriate, to the legal representative of the person served. 2. Consumer #14: Day program was moved to a 1:1 program subsequent to the completion of the annual IPP. The 7/21/16 IPP was completed 8/29/16, and the POS was completed on 1/25/17. Planned actions: RCOC has developed a process to ensure that IPP addendums are developed on a consistent basis. The addendums will be sent/mailed to person served, and when appropriate, to the legal representative of the person served. This process will be effective July 1, 2018.

Regional Center Consumer Record Review Summary Sample Size = 20 Records						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
1.0	The consumer is Medi-Cal eligible. *(SMM 4442.1)*	20			100	None
1.1	Each record contains a "1915(i) State Plan Amendment Eligibility Record" (DS 6027 form), signed by qualified personnel, which documents the date of the consumer's initial 1915(i) SPA eligibility certification and annual reevaluation, eligibility criteria, and short-term absences. *[SMM 4442.1*; *42 CFR 483.430(a)]*	Criterion 1.1 consists of four sub-criteria (1.1.a-d) that are reviewed and rated independently.				
1.1.a	The DS 6027 is signed and dated by qualified regional center personnel.			20	NA	None
1.1.b	The DS 6027 form indicates that the consumer meets the eligibility criteria for the 1915(i) SPA.	20			100	None
1.1.c	The DS 6027 form documents annual reevaluations.			20	NA	None
1.1.d	The DS 6027 documents short-term absences of 120 days or less, if applicable.			20	NA	None
1.2	There is written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever services or choice of services are denied or reduced without the agreement of the consumer/authorized representative, or the consumer/authorized representative does not agree with all, or part, of the components in the consumer's IPP. *[42 CFR Part 431, Subpart E*; *W&I Code §4646(g)]*			20	NA	None
1.3	IPP is reviewed (at least annually) by the planning team and modified, as necessary, in response to the consumer's changing needs, wants or health status. *[42 CFR 441.301(b)(1)(l)]*	20			100	None
1.4.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator. *[W&I Code §4646(g)]*	20			100	None
1.4.b	IPP addendums are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	1		19	100	None

Regional Center Consumer Record Review Summary Sample Size = 20 Records						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
1.4.c	The IPP is prepared jointly with the planning team. *[W&I Code §4646(d)]*	20			100	None
1.5	The IPP includes a statement of goals based on the needs, preferences, and life choices of the consumer. *[W&I Code §4646.5(a)(2)]*	20			100	None
1.6	The IPP addresses the consumer's goals and needs. *[W&I Code §4646.5(a)(2)]*	Criterion 1.6 consists of six sub-criteria (1.6.a-f) that are reviewed independently.				
1.6.a	The IPP addresses the special health care requirements, health status and needs as appropriate.	6		14	100	None
1.6.b	The IPP addresses the services which the CCF provider is responsible for implementing.	1		19	100	None
1.6.c	The IPP addresses the services which the day program provider is responsible for implementing.	11	2	7	85	See Narrative
1.6.d	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	3		17	100	None
1.6.e	The IPP addresses the consumer's goals, preferences, and life choices.	20			100	None
1.6.f	The IPP includes a family plan component if the consumer is a minor. *[W&I Code §4685(c)(2)]*	5		15	100	None
1.7.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. *[W&I Code §4646.5(a)(4)]*	18	2		90	See Narrative
1.7.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. *[W&I Code §4646.5(a)(4)]*	20			100	None
1.7.c	The IPP specifies the approximate scheduled start date for new services and supports. *[W&I Code §4646.5(a)(4)]*	1		19	100	None
1.8	The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to, vendors, contract providers, generic service agencies, and natural supports. *[W&I Code §4646.5(a)(4)]*	20			100	None

Regional Center Consumer Record Review Summary Sample Size = 20 Records						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
1.9	Periodic reviews and reevaluations 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. *[W&I Code §4646.5(a)(6)]*	20			100	None
1.9.a	Quarterly face-to-face meetings with the consumer are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or supported living and independent living settings. *(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)*	5		15	100	None
1.9.b	Quarterly reports of progress toward achieving IPP objectives are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or supported living and independent living settings. *(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)*	5		15	100	None

SECTION II

SPECIAL INCIDENT REPORTING

I. Purpose

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

II. Scope of Review

1. The records of the twenty consumers selected for the HCBS 1915(i) State Plan Amendment (SPA) sample were reviewed to determine that all required special incidents were reported to DDS during the review period.

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

III. Results of Review

1. Regional Center of Orange County (RCOC) reported all special incidents in the sample of 20 records selected for the HCBS 1915(i) SPA review to DDS.

2. RCOC's vendors reported only two of the five (40 percent) special incidents in the supplemental sample within the required timeframes.

3. RCOC reported only three of the five (60 percent) incidents to DDS within the required timeframes.

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

IV. Findings and Recommendations

Consumer #SIR 1: The incident occurred on February 3, 2017. However, the vendor did not submit a special incident report to the regional center until March 14, 2017. Additionally, RCOC did not report the incident to DDS until March 23, 2017.

Consumer #SIR 3: The incident occurred on May 12, 2016. However, the vendor did not submit a special incident report to the regional center until May 17, 2016.

Consumer #SIR 4: The incident was reported to RCOC on September 9, 2016. However, RCOC did not report the incident to DDS until September 14, 2016.

Consumer #SIR 5: The incident occurred on July 15, 2016. However, the vendor did not submit a special incident report to the regional center until July 18, 2016.

Recommendation	Regional Center Plan/Response
RCOC should ensure that all special incidents are reported to DDS within the required timeframe.	RCOC has a policy to ensure that all SIRs are reports verbally within 24 hours, and in writing within 48 hours of the incident. All RCOC staff are trained in this protocol. RCOC will provide a refresher training to all service coordinators prior to October 31, 2018.
RCOC should ensure that the vendors for consumers #SIR 1, #SIR 3, and #SIR 5 submit special incidents within the required timeframe.	RCOC has reviewed the SIRs for consumers #1, #3, and #5. The vendors providing services to these individuals failed to report SIRs to RCOC within the required timelines. By October 31, 2018, RCOC's Risk Management Manager will provide training in SIR reporting timelines to the vendors' administrators.

SAMPLE CONSUMERS

HCBS 1915(i) State Plan Amendment Review Consumers

#	UCI	#	UCI
1	6841986	11	6233924
2	6834616	12	6877567
3	6896386	13	6818328
4	5764675	14	6891661
5	6933403	15	5767660
6	6973900	16	5964564
7	6894125	17	7901166
8	6214088	18	6815318
9	6895746	19	6870676
10	4882824	20	6800535

SIR Review Consumers

#	UCI	Vendor
SIR 1	6805295	HM1058
SIR 2	6808897	HM0209
SIR 3	6894620	PM0948
SIR 4	6833354	NA / Parent
SIR 5	6892850	PM1386