DEPARTMENT OF DEVELOPMENTAL SERVICES
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October 12, 2020

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

John "Chip" Wright, Board Chair
Regional Center of Orange County
P.O. Box 22010
Santa Ana, CA 92702-2010

Dear Mr. Wright:

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 17, 2019 to June 28, 2019, at Regional Center of Orange County (RCOC). The period of review was April 1, 2018 through March 31, 2019.

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: Reyna Ambriz, 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 Reyna Ambriz, Chief, Federal Programs Monitoring Section, at (916) 651-0364, or by email at reyna.ambriz@dds.ca.gov.

Sincerely,

Original signed by:

MARICRIS ACON
Deputy Director
Federal Programs Division

Enclosures

cc: Larry Landauer, RCOC
Lucille Kowalski, 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 17–28, 2019

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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 17–28, 2019, at Regional Center of Orange County (RCOC). The monitoring team members were Linda Rhoades (Team Leader), Corbett Bray, Ray Harris, Bonnie Simmons, and Kathy Benson from DDS, and Raylyn Garrett and JoAnn Wright 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 69 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; 3) ten consumers who had special incidents reported to DDS during the review period of April 1, 2018 through March 31, 2019; and 4) four consumers who were enrolled in the HCBS Waiver during the review period.

The monitoring team completed visits to 11 community care facilities (CCF) and 14 day programs. The team reviewed 11 CCF and 25 day program consumer records and interviewed and/or observed 59 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

Sixty-nine 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 70 percent in compliance because 21 of the 69 sample consumer records did not contain a signed and dated Choice of Services/Living Arrangements (DS 2200) form. Criterion 2.7.b was 27 percent in compliance because 22 of the 30 applicable sample records did not contain signed IPP addendums. One criterion was rated as not applicable for this review. The sample records were 97 percent in overall compliance for this review.

RCOC's records were 98 percent and 99 percent in overall compliance for the collaborative reviews conducted in 2017 and in 2015, respectively.

New Enrollees: Four sample consumers were reviewed for level-of-care determination prior to receipt of HCBS Waiver services. RCOC's records were 100 percent in overall compliance for this review.

Section III – Community Care Facility Consumer Record Review

Eleven consumer records were reviewed at 11 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 2017 and in 2015.

Section IV – Day Program Consumer Record Review

Twenty-five consumer records were reviewed at 14 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100 percent in overall compliance for this review. Three criteria were not applicable for this review.

RCOC's records were 98 percent in overall compliance for the collaborative reviews conducted in 2017 and in 2015.

Section V – Consumer Observations and Interviews

Fifty-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 consumers were in good health and were treated with dignity and respect. All interviewed consumers/parents indicated that they were satisfied with their services, health and choices.

Section VI A – Service Coordinator Interviews

Fourteen 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

RCOC's Medical Director was interviewed using a standard interview instrument. He 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

A quality assurance (QA) coordinator was interviewed using a standard interview instrument. She 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

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

Section VII B – Direct Service Staff Interviews

Eight CCF and five 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 five day programs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. The reviewed vendors were in good repair with no immediate health or safety concerns observed.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 69 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. RCOC reported all deaths to DDS during this period of time. For the supplemental sample, the service providers reported 8 of the 10 incidents to RCOC within the required timeframes, and RCOC subsequently transmitted all 10 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 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 & 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 oversees development and implementation of corrective action plans as needed. The regional center conducts not less than two unannounced monitoring visits to each CCF annually. Service coordinators perform and document periodic reviews (at least annually) to ascertain progress toward achieving IPP objectives and the consumer's and the family's satisfaction with the IPP and its implementation. Service coordinators have quarterly face-to-face meetings with consumers in CCFs, family home agencies, supported living services, and independent living services to review services and progress toward achieving the IPP objectives for which the service provider is responsible.

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

Living Arrangement	# **of Consumers**
Community Care Facility (CCF)	24
With Family	25
Independent or Supported Living Setting	20

2. The review period covered activity from April 1, 2018 through March 31, 2019.

III. Results of Review

The 69 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.

- ✓ The sample records were 100 percent in compliance for 25 criteria. There are no recommendations for these criteria. One criterion was rated not applicable for this review.

- ✓ Findings for five 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

Forty-eight of the sixty-nine (70 percent) sample consumer records contained a completed DS 2200 form. However, the records for consumers #10, #11, #16, #21, #34, #41, #42 and #54 did not contain a DS 2200 form. The records for consumers #24, #27, #28, and #55 did not contain a dated DS 2200. The records for consumers #4, #9, #12, #13, #32, #39, #43, #44 and #52 did not contain a signed and dated DS 2200 upon turning 18. Subsequent to the monitoring review, consumers #4, #9, #12, #13, #39, and #43 signed and dated the DS 2200. Accordingly, no recommendation is required for these consumers.

2.2 Recommendations	Regional Center Plan/Response
RCOC should ensure that the DS 2200 form for consumers #10, #11, #16, #21, #24, #27, #28, #32, #34, #41, #42, #44, #52, #54, and #55 are properly signed and dated.	RCOC will continue to provide ongoing training and oversight to service coordinators to ensure that the DS 2200 must be obtained prior to enrollment and reactivation. MW workgroups were held to train and support Service Coordinators in auditing their Medicaid Waiver caseload. RCOC will continue to provide ongoing training and oversight to ensure consistency with follow-up of missing or incomplete DS 2200 forms.

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 ICF/DD, ICF/DD-H, or ICF/DD-N facilities are documented in the consumer's CDER and/or other assessments. *(SMM 4442.5*; *42 CFR 441.302(c)*; *Title 22, CCR, §51343)*

Findings

Sixty-seven of the sixty-nine (97 percent) sample consumer records had documented qualifying conditions. However, the DS 3770 for consumers #12 and #22 listed only one qualifying condition. During the monitoring review, RCOC provided a DS 3770 and CDER including two more qualifying conditions

for consumer #22 dated 7/9/19. Accordingly, no recommendation is required for this consumer.

2.5.a Recommendations	Regional Center Plan/Response
RCOC should reevaluate the HCBS Waiver eligibility of consumer #12 to ensure that the consumer meets the level-of-care requirements. If the consumer does not have at least two qualifying conditions that meet the level-of-care requirements, the consumer's HCBS Waiver eligibility should be terminated. If RCOC determines the consumer remains eligible for the waiver, supporting documentation, such as an updated CDER and DS 3770, should be submitted with the response to this report.	DS 3770 was corrected for consumer #12 on 07/09/19. To ensure consistency in meeting the waiver compliance eligibility requirements, only the Medicaid Waiver specialist can process the DS 3770. This procedure went into effect as of September 2019.

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

Sixty-eight of the sixty-nine (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 #24 identified "running/wandering away" 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. During the monitoring review, RCOC provided a DS 3770 dated 3/19/19 removing "running/wandering away" for consumer #24. Accordingly, no recommendation is required.

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.

Findings

Eight out of thirty (27 percent) applicable sample consumer records contained IPP addenda signed by RCOC and the consumer or, where appropriate, his/her parents, legal guardian, or conservator. However, records for 22 consumers did not indicate that the addenda were signed as indicated below:

1. Consumer #3: Addendum dated 10/29/18. During the monitoring review, RCOC provided a signed and corrected addendum dated 6/18/19. Accordingly, no recommendation is required.

2. Consumer #4: Addendum dated 1/29/19.

3. Consumer #10: Addendum dated 10/5/18.

4. Consumer #11: No addendum for "Get Safe."

5. Consumer #12: Addendum dated 8/21/18. During the monitoring review, RCOC provided a corrected IPP dated 3/5/19. Accordingly, no recommendation is required.

6. Consumer #18: No addendum for "Get Safe."

7. Consumer #20: Addendum dated 10/17/18.

8. Consumer #28: Addendum dated 3/19/19.

9. Consumer #32: Addendum dated 8/3/18.

10. Consumer #33: Addendum dated 10/17/18.

11. Consumer #43: Addendum dated 5/24/18.

12. Consumer #44: Addendum dated 2/7/19.

13. Consumer #48: Addendum dated 2/20/19.

14. Consumer #49: Addendum dated 12/28/18. During the monitoring review, RCOC provided a signed and corrected addendum dated 6/14/19. Accordingly, no recommendation is required.

15. Consumer #50: Addendum dated 5/29/18.

16. Consumer #51: Addendum dated 1/30/19.

17. Consumer #52: Addendum dated 2/7/19. During the monitoring review, RCOC provided a signed and corrected addendum dated 6/14/19. Accordingly, no recommendation is required.

18. Consumer #53: Addendum dated 2/5/19.

19. Consumer #56: Addendum dated 1/15/19.

20. Consumer #61: Addendum dated 2/5/19.

21. Consumer #62: Addendum dated 1/17/19. During the monitoring review, RCOC provided a signed and corrected addendum dated 6/14/19. Accordingly, no recommendation is required.

22. Consumer #63: Addendum dated 5/17/18.

2.7.b Recommendations	Regional Center Plan/Response
RCOC should ensure that the IPP addenda for consumers #4, #10, #11, #18, #20, #28, #32, #33, #43, #44, #48, #50, #51, #53, #56, #61, and #63 are signed and dated.	The corrected signed and dated addendum signature pages for all 17 consumers are on file. RCOC will continue to provide ongoing training and oversight to service coordinators regarding the importance of getting the addendum signature page signed and dated.

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 of the sixty-nine (87 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by RCOC. However, IPPs for seven consumers did not indicate RCOC funded services as indicated below:

1. Consumer #8: Individual/family training.

2. Consumer #11: Individual/family training.

3. Consumer #18: Individual/family training.

4. Consumer #26: Individual/family training.

5. Consumer #27: Individual/family training.

6. Consumer #33: Individual/family training.

7. Consumer #40: Individual/family training.

8. Consumer #42: Individual/family training. During the monitoring review, RCOC provided a corrected IPP dated 3/25/19. Accordingly, no recommendation is required.

9. Consumer #53: Personal Assistant. During the monitoring review, RCOC provided a corrected addendum dated 2/5/19. Accordingly, no recommendation is required.

2.10.a Recommendations	Regional Center Plan/Response
RCOC should ensure that the IPPs for consumers #8, #11, #18, #26, #27, #33, and #40 include a schedule of the type and amount of all services and supports purchased by RCOC.	The IPP addendums for #8, #11, #18, #26, #27, #33, and #40 have been completed to 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 addendum.

Regional Center Consumer Record Review Summary Sample Size = 69 + 6 Supplemental Records						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
2.0	The consumer is Medi-Cal eligible. *(SMM 4442.1)*	69			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.	69			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.	69			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	69			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	2		67	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)]*	48	21		70	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		69	100	None

Regional Center Consumer Record Review Summary Sample Size = 69 + 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)*	69			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	2		97	See Narrative
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	68	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)]*	69			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*)			69	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. *[W&I Code §4646(g)]*	69			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.	8	22	39	27	See Narrative
2.7.c	The IPP is prepared jointly with the planning team. *[W&I Code §4646(d)]*	69			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)]*	69			100	None

Regional Center Consumer Record Review Summary Sample Size = 69 + 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).	69			100	None
2.9.b	The IPP addresses special health care requirements.	25		44	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	24		45	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	39		30	100	None
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	20		49	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	69			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. *[W&I Code §4685(c)(2)]*	13		56	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)]*	60	9		87	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)]*	69			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. *[W&I Code §4646.5(a)(4)]*	22		47	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)]*	69			100	None

Regional Center Consumer Record Review Summary Sample Size = 69 + 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)]*	69			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		25	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, §56095; Title 17, CCR, §58680; Contract requirement)*	44		25	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)*	3		69	100	None

SECTION III

COMMUNITY CARE FACILITY
CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

Eleven consumer records were reviewed at 11 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.

- ✓ The sample records were 100 percent in compliance for 16 applicable criteria. There are no recommendations for these criteria.

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

Community Care Facility Record Review Summary Sample Size: Consumers = 11; CCFs = 11						
	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)*	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.	8		3	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.	11			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

Community Care Facility Record Review Summary Sample Size: Consumers = 11; CCFs = 11						
	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)]*	4		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.	4		7	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. *[Title 17, CCR, §56026(c)]*	7		4	100	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	7		4	100	None
3.5.c	Quarterly reports include a summary of data collected. *(Title 17, CCR, §56013(d)(4); Title 17, CCR, §56026)*	7		4	100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. *[Title 17, CCR §56026(a)]*	11			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	10		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)*			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 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-five consumer records were reviewed at 14 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 14 criteria. There are no recommendations for these criteria.

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

Day Program Record Review Summary Sample Size: Consumers = 25; Day Programs = 14						
	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)*	25			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.	25			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.	25			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.	25			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.	25			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.	25			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.	25			100	None
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	25			100	None

Day Program Record Review Summary Sample Size: Consumers = 25; Day Programs = 14						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	18		7	100	None
4.2	The day program has a copy of the consumer's current IPP. *[Title 17, CCR, §56720(b)]*	25			100	None
4.3.a	The day program provider develops, maintains, and modifies, as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. *[Title 17, CCR, §56720(a)]*	25			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.	25			100	None
4.4.a	The day program prepares and maintains written semiannual reports. *[Title 17, CCR, §56720(c)]*	25			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.	25			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)*			25	NA	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)*			25	NA	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)*			25	NA	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, work activities, health, choices, and regional center services.

II. Scope of Observations and Interviews

Fifty-nine of the sixty-nine 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-two consumers agreed to be interviewed by the monitoring teams.
- ✓ Sixteen consumers did not communicate verbally or declined an interview, but were observed.
- ✓ Eleven interviews were conducted with parents of minors.
- ✓ Ten consumers were unavailable for or declined interviews.

III. Results of Observations and Interviews

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

SECTION VI A

SERVICE COORDINATOR INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed 14 Regional Center of Orange County (RCOC) service coordinators.

2. The interview questions are divided into two categories.

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

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

III. Results of Interviews

1. The service coordinators were very familiar with their respective consumers. They were able to relate specific details regarding the consumers' desires, preferences, life circumstances and service needs.

2. The service coordinators were knowledgeable about the IPP/annual review process and monitoring requirements. Service providers and family members provided input on the consumers' needs, preferences and satisfaction with services outlined in the IPP. For consumers in out-of-home placement settings, service coordinators conduct quarterly face-to-face visits and develop written assessments of consumer progress and satisfaction. In preparation for the quarterly visits, service coordinators review their previous progress reports, pertinent case notes, special incident reports, and vendor reports of progress.

3. To better understand issues related to consumers' use of medication and issues related to side effects, the service coordinators utilize RCOC's pharmacist and online resources for medication.

4. The service coordinators monitor the consumers' services, health and safety during periodic visits. They are aware of the consumers' health issues. The service coordinators are knowledgeable about the special incident reporting process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed.

SECTION VI B

CLINICAL SERVICES INTERVIEW

I. Purpose

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

II. Scope of Interview

1. The monitoring team interviewed Regional Center of Orange County's (RCOC) Medical Director.

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, a speech and occupational therapist, a geneticist, and a pharmacist.

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 who have been hospitalized. Nurses are available to provide trainings at community care facilities 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, medication-related SIRs, or a referral from service coordinators. RCOC provides a variety of supports for consumers who

live in independent living settings who have difficulty managing their medications. The pharmacist will review consumers' medications and make recommendations as necessary. When indicated, a referral will be made to UC 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, cerebral palsy, and end-of-life care.

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

- ✓ Benefits specialist;
- ✓ Dental coordination by an RCOC registered nurse;
- ✓ Collaborative relationships with community physicians, health care providers, hospitals and skilled nursing facilities;
- ✓ 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;
- ✓ The pharmacist facilitates RCOC's "Healthy Life, Happy Life" program to encourage healthy eating and living habits for consumers;
- ✓ Collaboration with a local dental hygienist school to provide low-cost cleanings and exams;
- ✓ UC Irvine pediatric resident rotation at RCOC; and,
- ✓ Collaboration with Orange County Public Health Department.

The medical director participates in RCOC's Risk Management Committee. All medical, behavioral and 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 makes recommendations for appropriate follow-up and training, as needed.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

The informational interview with quality assurance (QA) staff ascertains how the regional center has organized itself to conduct Title 17 monitoring of community care facilities, 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 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 that are not on their respective 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 14 service providers at nine community care facilities and five day programs where services are provided to the consumers who 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 thirteen direct service staff at eight community care facilities and five day programs where services are provided to the consumers who 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 consumer.

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

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

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

5. 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 five day programs.

2. The teams used a monitoring review checklist consisting of 23 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

III. Results of Review

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

IV. Finding and Recommendation

8.2.d Pro Re Nata (PRN) Medication Records

Finding

CCF #3 was not documenting the time and consumer's response to a PRN medication.

8.2.d Recommendation	Regional Center Plan/Response
RCOC should ensure CCF #3 properly documents all required PRN medication information.	By August 31, 2020, RCOC's Quality Assurance Coordinator will provide training/technical assistance to the vendor identified for consumer #3. Technical assistance will consist of training on maintaining PRN medication record requirements.

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

2. The records of the 69 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 of the special incident reports in the sample of 69 records selected for the HCBS Waiver review to DDS.

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

4. RCOC reported all ten (100 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 ten incidents.

IV. Findings and Recommendations

Consumer #79: The incident occurred on March 14, 2019. However, the vendor did not submit a written report to RCOC until March 19, 2019.

Consumer #81: The incident occurred on June 4, 2018. However, the vendor did not submit a written report to RCOC until June 7, 2018.

Recommendation	Regional Center Plan/Response
RCOC should ensure that the vendors for consumers #79 and #81 report special incidents within the required timeframes.	By August 31, 2020, RCOC's Risk Management Manager will provide training/technical assistance to the vendors identified in the SIRs reported for consumers #79 and #81. Technical assistance will consist of training on SIR reporting requirements with a focus on reporting timelines.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

#	UCI	CCF	DP
1	6830033	4	
2	6804173	2	
3	6803741	11	
4	6801333	9	
5	5184429	7	
6	6856993	5	
7	6897940	3	
8	6908929	6	
9	6809862	1	
10	6802208	8	
11	6807854		10
12	5638705		10
13	5764204		10
14	6895245		10
15	6897679		10
16	5938022		11
17	5704481		
18	7404778		1
19	6834868		1
20	7501588		9
21	6808406		9
22	6816313		6
23	6840683		3
24	4972642		7
25	5184510		4
26	7610672		1
27	6808468		
28	6281790	10	
29	6215701		2
30	7527591		2
31	6810732		5
32	6895759		8
33	6877773		12
34	6802120		10
35	4824322		10
36	5551940		
37	6804672		2

#	UCI	CCF	DP
38	6898011		
39	7923815		
40	6871437		
41	6896155		13
42	6897554		8
43	6875137		
44	6856505		
45	6809860		14
46	6897335		
47	5936828		
48	6899674		
49	4937009		
50	6809893		
51	6870291		
52	7883475		
53	6807460		
54	5552096		
55	6800421		
56	6811103		
57	6812292		
58	7627649		
59	6833467		
60	6878228		
61	6840329		
62	6826556		
63	6821195		
64	6889141		
65	6837002		
66	6891518		
67	6877149		
68	6885740		
69	6842872		

Supplemental Sample Terminated Waiver Consumers

#	UCI
70-T	6831070
71-T	6893124
72-T	7998254

Supplemental Sample Developmental Center Consumers

#	UCI
73-DC	6806354
74-DC	6808912
75-DC	6807420

Supplemental Sample New Enrollees

#	UCI
76-NE	6861555
77-NE	7144528
78-NE	6833205
79-NE	6842356

HCBS Waiver Review Service Providers

CCF #	Vendor
1	HM0997
2	HM0238
3	HM1112
4	HM0578
5	HM0607
6	HM0527
7	HM0136
8	HM0709
9	HM1048
10	HM0793
11	HM0724

Day Program #	Vendor
1	H22987
2	HM0611
3	H13651
4	HM0830
5	H22676
6	HM0255
7	H13738
8	PM2277
9	HM1252
10	H22774
11	H13748
12	HM0366
13	PM1543
14	HM0386

SIR Review Consumers

#	UCI	Vendor
78	7599956	NA
79	6878195	PM1352
80	6807036	PM1183
81	6816313	PM1183
82	5897103	HM0981
83	6807451	HM0719
84	6808468	H22839
85	6831003	HM0608
86	6889492	HM0578
87	6819482	HM1165

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 17–28, 2019

TABLE OF CONTENTS

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 17–28, 2019, at Regional Center of Orange County (RCOC). The monitoring team members were Linda Rhoades (Team Leader), Ray Harris, Kathy Benson, Bonnie Simmons and Corbett Bray from DDS, and Raylyn Garrett and JoAnn Wright 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 19 HCBS 1915(i) SPA consumers. In addition, a supplemental sample of consumer records were reviewed for five consumers who had special incidents reported to DDS during the review period of April 1, 2018 through March 31, 2019.

Overall Conclusion

RCOC is in substantial compliance with the federal requirements for the HCBS 1915(i) SPA program.

Major Findings

Section I – Regional Center Consumer Record Review

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

The sample records were 100 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 all of the five incidents to RCOC within the required timeframes, and RCOC subsequently transmitted all 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, Individual Program Plans (IPP) 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. Nineteen HCBS 1915(i) SPA consumer records were selected for the review sample.

2. The review period covered activity from April 1, 2018 through March 31, 2019.

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. Five criteria were not applicable for this review.

- ✓ The sample records were 100 percent in compliance for 19 applicable criteria. There are no recommendations for these criteria.

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

IV. Findings and Recommendations

None

Regional Center Consumer Record Review Summary Sample Size = 19 Records						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
1.0	The consumer is Medi-Cal eligible. *(SMM 4442.1)*	19			100	None
1.1	Each record contains a "1915(i) State Plan Amendment Eligibility Record" form (DS 6027), signed by qualified personnel, which documents the date of the consumer's initial 1915(i) SPA eligibility certification and annual re-evaluation, 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.			19	NA	None
1.1.b	The DS 6027 form indicates that the consumer meets the eligibility criteria for the 1915(i) SPA.	19			100	None
1.1.c	The DS 6027 form documents annual reevaluations.			19	NA	None
1.1.d	The DS 6027 documents short-term absences of 120 days or less, if applicable.			19	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)]*			19	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)]*	19			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)]*	19			100	None

Regional Center Consumer Record Review Summary Sample Size = 19 Records						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
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		18	100	None
1.4.c	The IPP is prepared jointly with the planning team. *[W&I Code §4646(d)]*	19			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)]*	19			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.	4		15	100	None
1.6.b	The IPP addresses the services which the CCF provider is responsible for implementing.	1		18	100	None
1.6.c	The IPP addresses the services which the day program provider is responsible for implementing.	8		11	100	None
1.6.d	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	6		13	100	None
1.6.e	The IPP addresses the consumer's goals, preferences, and life choices.	19			100	None
1.6.f	The IPP includes a family plan component if the consumer is a minor. *[W&I Code §4685(c)(2)]*			19	NA	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		1	100	None
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)]*	19			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		18	100	None

Regional Center Consumer Record Review Summary Sample Size = 19 Records						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
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)]*	19			100	None
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)]*	19			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)*	7		12	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)*	7		12	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 19 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. RCOC reported all of the special incidents timely in the sample of 19 records selected for the HCBS 1915(i) SPA review to DDS.

2. RCOC's vendors reported all five (100 percent) special incidents in the supplemental sample within the required timeframes.

3. RCOC reported all five (100 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.

SAMPLE CONSUMERS

HCBS 1915(i) State Plan Amendment Review Consumers

#	UCI	#	UCI
1	6822371	11	6894784
2	6876257	12	6804052
3	6836050	13	6832087
4	6877166	14	6876428
5	6891534	15	6809545
6	6897178	16	6899606
7	6836173	17	7908699
8	6151829	18	6809294
9	6806987	19	6837692
10	6905809		

SIR Review Consumers

#	UCI	Vendor
SIR 1	4939625	HM0603
SIR 2	6810757	HM1157
SIR 3	6864382	NA
SIR 4	6864641	PM1159
SIR 5	6875216	PM1352

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

Conducted by:

Department of Developmental Services

June 17–21, 2019

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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 17–21, 2019, 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 2,810 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 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 2,810 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 2,810 billed TCM units. Of this total, 2,780 (99 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.	All identified activities that are inconsistent with TCM claimable services have been reversed. To ensure future compliance, service coordinators and staff will receive retraining on targeted case management activities/claimable services. Technical assistance will also continue to be provided to all service coordinators and staff regarding TCM issues.

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	7501588	26	4937009
2	6840329	27	6898011
3	6811103	28	6803741
4	5704481	29	5764204
5	7883475	30	6885740
6	6281790	31	6878228
7	5184510	32	5551940
8	5936828	33	6875137
9	6802120	34	6837002
10	6816313	35	6808468
11	7923815	36	6834868
12	6808406	37	7527591
13	6897335	38	6215701
14	6897554	39	5552096
15	6804672	40	6889141
16	4972642	41	5184429
17	6809862	42	6877773
18	6908929	43	6826556
19	6842872	44	6812292
20	6807854	45	6891518
21	6830033	46	4824322
22	6810732	47	6895245
23	6809860	48	6896155
24	6870291	49	7627649
25	6800421	50	6856505

NHR Review

#	UCI
1	6880476
2	6823768
3	6876748
4	6809950
5	6807587
6	7600755
7	6557375
8	6873108
9	5845201
10	7600535

ATTACHMENT I

TCM DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 50 Records Billed Units Reviewed: 2,810	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. The TCM service and unit documentation matches the information transmitted to DDS.	2,810			100	
2. The TCM service documentation billed to DDS is consistent with the definition of TCM service.	2,780	30		99	1
3. The TCM service documentation is signed and dated by appropriate regional center personnel.	2,810			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	