State of California—Health and Human Services Agency
Department of Developmental Services
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NANCY BARGMANN
DIRECTOR

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GOVERNOR

August 13, 2023

Larry Landauer, Executive Director
Regional Center of Orange County
P.O. Box 22010
Santa Ana, CA 92702-2010

Dear Mr. Landauer:

Thank you for submitting Regional Center or Orange County's (RCOC) response to the Department of Developmental Services' (DDS) Home and Community-Based Services Waiver, 1915(i) State Plan Amendment, Targeted Case Management, and Nursing Home Reform draft reports for the monitoring review conducted from August 2-13, 2021.

DDS has approved RCOC's responses to the recommendations made in the draft reports. RCOC's responses are incorporated in the final reports to be sent to your Board of Directors.

If you have questions, please contact Bonnie Simmons, Chief, HCBS Monitoring Section, at (916) 654-6850 or bonnie.simmons@dds.ca.gov.

Sincerely,

DocuSigned by:
Vicki Smith
EB2EDE524F294E0...

VICKI SMITH, Ph.D.
Deputy Director
Policy and Program Development Division

cc: Nelly Kim, 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

August 2–13, 2021

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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 August 2–13, 2021, at Regional Center of Orange County (RCOC). The monitoring team members were Natasha Clay (Team Leader), Fam Chao, Nora Muir, Kelly Sandoval and Bonnie Simmons from DDS, and Brent Garbett and Deeanna Tran 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 66 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers who were enrolled in the HCBS Waiver during the review period of May 1, 2020 through April 30, 2021, and 2) ten consumers who had special incidents reported to DDS.

The monitoring team completed visits to 23 community care facilities. The team reviewed 23 CCF consumer records and interviewed and/or observed 49 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-six sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Criterion 2.5.b was 73 percent in compliance because the qualifying conditions for 46 of the 63 consumer records that were documented in the Client Development Evaluation Report (CDER) addressed special health care conditions in the IPP. Criterion 2.9.b was 75 percent in compliance because 15 of the 20 applicable records addressed the special health care requirements included in the IPP.

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

RCOC's records were 97 percent and 98 percent in overall compliance for the collaborative reviews conducted in 2019 and in 2017, respectively.

New Enrollees: Three 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

Twenty-three consumer records were reviewed at 23 CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100 percent in overall compliance for 19 criteria on this review.

RCOC's records were 100 percent in overall compliance for the collaborative reviews conducted in 2019 and in 2017, respectively.

Section IV – Day Program Consumer Record Review

The closure of day programs due to the COVID-19 pandemic prevented the review of Section IV Day Program records and site visits for the 2021 review.

RCOC's records were 100 percent and 98 percent in overall compliance for the collaborative reviews conducted in 2019 and in 2017, respectively.

Section V – Consumer Observations and Interviews

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

Section VI A – Service Coordinator Interviews

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

Section VI B – Clinical Services Interview

RCOC's Medical Director was interviewed using a standard interview instrument. She responded to questions regarding the monitoring of consumers with medical issues, medications, behavior plans, the coordination of medical and mental health care for consumers, clinical supports to assist service coordinators, and the clinical team's role in the Risk Management and Mitigation Committee and special incident reporting.

Section VI C – Quality Assurance Interview

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

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

Section VIII – Vendor Standards Review

The monitoring team reviewed eight CCFs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. The reviewed CCF's 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 66 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. RCOC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported all 10 incidents to RCOC within the required timeframes, and RCOC subsequently transmitted all 10 of the 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 Intellectual Disabilities Professional (QIDP). 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. 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. Sixty-six HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# **of Consumers**
Community Care Facility (CCF)	23
With Family	23
Independent or Supported Living Setting	20

2. The review period covered activity from May 1, 2020–April 30, 2021.

III. Results of Review

The 66 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 for documentation that RCOC determined the level of care prior to receipt of HCBS Waiver services.

- ✓ The sample records were 100 percent in compliance for 22 criteria. There are no recommendations for these criteria. Four criteria were 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

2.5.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]*

Findings

Forty-six of the sixty-three (73 percent) sample consumer records documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in 17 consumer records (detailed below) did not support the determination that all the issues identified in the CDER and the Medicaid Waiver Eligibility Record (DS 3770) could be considered qualifying conditions. The following were identified as qualifying conditions on the DS 3770, but there was no supporting information in the consumer's records (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports:

1. Consumer #2: "manual wheelchair." Subsequent to the monitoring review, a new DS 3770 was completed removing the above as a qualifying condition. Accordingly, no recommendation is required.

2. Consumer #3: "running or wandering away." Subsequent to the monitoring review, a new DS 3770 was completed removing the above as a qualifying condition. Accordingly, no recommendation is required.

3. Consumer #4: "braces/splints/cast/orthopedic shoe." Subsequent to the monitoring review, a new addendum to the IPP dated August 12, 2021, was completed. Accordingly, no recommendation is required.

4. Consumer #6: "using a wheelchair: manual wheelchair." Subsequent to the monitoring review, a new DS 3770 was completed removing the above as a qualifying condition. Accordingly, no recommendation is required.

5. Consumer #12: "special chair." Subsequent to the monitoring review, a new DS 3770 was completed removing the above as a qualifying condition. Accordingly, no recommendation is required.

6. Consumer #27: "other health requirement." Subsequent to the monitoring review, a new DS 3770 was completed removing the above as a qualifying condition. Accordingly, no recommendation is required.

7. Consumer #31: "braces/splints/cast/orthopedic shoe." Subsequent to the monitoring review, a new DS 3770 was completed removing the above as a qualifying condition. Accordingly, no recommendation is required.

8. Consumer #32: "head and protective device" and "other health care requirement not listed." Subsequent to the monitoring review, a new DS 3770 was completed removing the above as a qualifying condition. Accordingly, no recommendation is required.

9. Consumer #34: "other health care requirement." Subsequent to the monitoring review, a new DS 3770 was completed removing the above as a qualifying condition. Accordingly, no recommendation is required.

10. Consumer #39: "special chair" and "other health requirement." Subsequent to the monitoring review, a new DS 3770 was completed removing the above as a qualifying condition. Accordingly, no recommendation is required.

11. Consumer #41: "other respiratory needs." Subsequent to the monitoring review, a new DS 3770 was completed removing the above as a qualifying condition. Accordingly, no recommendation is required.

12. Consumer #42: "other mobility." Subsequent to the monitoring review, a new DS 3770 was completed removing the above as a qualifying condition. Accordingly, no recommendation is required.

13. Consumer #46: "disruptive social behavior." Subsequent to the monitoring review, a new DS 3770 was completed removing the above as a qualifying condition. Accordingly, no recommendation is required.

14. Consumer #52: "disruptive social behavior." Subsequent to the monitoring review, a new DS 3770 was completed removing the above as a qualifying condition. Accordingly, no recommendation is required.

15. Consumer #53: "other health care requirement not listed." Subsequent to the monitoring review, a new DS 3770 was completed removing the above as a qualifying condition. Accordingly, no recommendation is required.

16. Consumer #55: "disruptive social behavior." Subsequent to the monitoring review, a new DS 3770 was completed removing the above as a qualifying condition. Accordingly, no recommendation is required.

17. Consumer #60: "special diet." Subsequent to the monitoring review, a new DS 3770 was completed removing the above as a qualifying condition. Accordingly, no recommendation is required.

2.7.a The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer or, where appropriate, his/her parents, legal guardian, or conservator. *[W&I Code §4646(g)]*

Findings

Sixty-three of the sixty-six (96 percent) sample consumer records contained IPPs that were signed by RCOC and the consumers, conservators, or their legal representatives. However, the following consumers' IPP's were not signed by the appropriate individual:

1. IPP for consumer #21 was not signed by RCOC. During the monitoring review period, the IPP for consumer #21 was signed by RCOC. Accordingly, no recommendation is required.

2. IPP for consumer #34 was not signed by the consumer. During the monitoring review, the IPP for consumer #34 was signed by the consumer. Accordingly, no recommendation is required.

3. IPP for consumer #51 was not signed by the legal representative. Subsequent to the monitoring review, the IPP for consumer #51 was signed by the legal representative. Accordingly, no recommendation is required.

2.9.b The IPP addresses the special healthcare requirements, health status and needs as appropriate.

Findings

Fifteen of the twenty (75 percent) sample consumer records contained IPPs that addressed the consumers' special health care requirements, health status and needs as appropriate. However, the IPPs for consumers #4, #12, #34, #41, and #53 did not address special health care requirements and current health conditions identified in the record as indicated below:

1. Consumer #4: "braces/splints/cast/orthopedic shoe." During the monitoring review, RCOC provided a signed and corrected addendum dated August 12, 2021. Accordingly, no recommendation is required.

2. Consumer #12: "special chair." During the monitoring review, RCOC provided a signed and corrected addendum dated August 12, 2021. Accordingly, no recommendation is required.

3. Consumer #34: "other health care requirement." Subsequent to the monitoring review, RCOC provided a signed and corrected addendum dated August 17, 2021. Accordingly, no recommendation is required.

4. Consumer #41: "other respiratory needs." During the monitoring review, RCOC provided a signed and corrected addendum dated August 13, 2021. Accordingly, no recommendation is required.

5. Consumer #53: "other health care requirement not listed." Subsequent to the monitoring review, RCOC provided a signed and corrected addendum dated August 16, 2021. Accordingly, no recommendation is required.

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

Finding

Forty-two of the forty-three (98 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the record for consumer #29 did not meet the requirement and contained documentation of three of the required meetings.

2.13.a Recommendation	Regional Center Plan/Response
RCOC should ensure that all future face-to-face meetings are completed and documented each quarter for consumer #29.	RCOC will continue to provide ongoing training and oversight to service coordinators regarding the comprehensive completion of all IPPs and documentation, including quarterly face-to-face visits for all consumers living in community out-of-home settings.

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

Finding

Forty-two of the forty-three (98 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the record for consumer #29 did not meet the

requirement and contained documentation of only three of the required quarterly reports of progress.

2.13.b Recommendation	Regional Center Plan/Response
RCOC should ensure that future quarterly reports of progress are completed for consumer #29.	RCOC will continue to provide ongoing training and oversight to service coordinators regarding the comprehensive completion of quarterly reports for all consumers living in community out-of-home settings.

Regional Center Consumer Record Review Summary Sample Size = 66 Records						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
2.0	The consumer is Medi-Cal eligible. *(SMM 4442.1)*	66			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Intellectual Disabilities Professional (QIDP), 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 Intellectual Disabilities Professional and the title "QIDP" appears after the person's signature.	66			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.	66			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	66			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.			66	NA	None
2.2	Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). *[SMM 4442.7; 42 CFR 441.302(d)]*	66			100	None
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. *[SMM 4442.7; 42 CFR Part 431, Subpart E; W&I Code §4710(a)(1)]*			66	NA	None

Regional Center Consumer Record Review Summary Sample Size = 66						
	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)*	66			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]*	66			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	46	17	3	73	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)]*	66			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*)			66	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)]*	63	3		96	See Narrative
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	39		27	100	None
2.7.c	The IPP is prepared jointly with the planning team. *[W&I Code §4646(d)]*	66			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)]*	66			100	None

Regional Center Consumer Record Review Summary Sample Size = 66						
	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).	62		4	100	None
2.9.b	The IPP addresses special health care requirements.	15	5	46	75	See Narrative
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	23		43	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	31		35	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		46	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	66			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. *[W&I Code §4685(c)(2)]*	12		54	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)]*	66			100	None
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)(5)]*	66			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. *[W&I Code §4646.5(a)(5)]*	37		29	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)(5)]*	66			100	None

Regional Center Consumer Record Review Summary Sample Size = 66 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)(8)]*	66			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)*	42	1	23	98	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. *(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)*	42	1	23	98	See Narrative
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. *(W&I Code §4418.3)*			66	NA	None

SECTION III

COMMUNITY CARE FACILITY
CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

Twenty-three consumer records were reviewed at twenty-three 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 the 19 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

NA

Community Care Facility Record Review Summary Sample Size: Consumers = 23; CCFs = 23						
	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]*	23			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	23			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	21		2	100	None
3.1.c	The consumer record contains current health information that includes medical, dental and other health needs of the consumer, including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	23			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	23			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	23			100	None
3.1.i	Special safety and behavior needs are addressed.	20		3	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)]*	23			100	None
3.3	The facility has a copy of the consumer's current IPP. *[Title 17, CCR, §56022(c)]*	23			100	None

Community Care Facility Record Review Summary Sample Size: Consumers = 23; CCFs = 23						
	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)]*	6		17	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.	6		17	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. *[Title 17, CCR, §56026(c)]*	17		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.	17		6	100	None
3.5.c	Quarterly reports include a summary of data collected. *[Title 17, CCR, §56013(d)(4); Title 17, CCR, §56026]*	17		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)]*	23			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	18		5	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)*	7		16	100	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. *(Title 17, CCR, §54327)*	7		16	100	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. *(Title 17, CCR, §54327)*	7		16	100	None

SECTION IV

DAY PROGRAM
CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

The closure of day programs due to the COVID-19 pandemic prevented the review of Section IV Day Program records and remote site visits.

III. Results of Review

NA

IV. Findings and Recommendations

NA

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

49 of the 66 consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities (CCF), or in independent living settings.

- ✓ Thirty-one consumers agreed to be interviewed by the monitoring teams.
- ✓ Nine consumers did not communicate verbally or declined an interview but were observed.
- ✓ Nine interviews were conducted with parents of minors.
- ✓ Seventeen 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 who 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 medical director, clinical team and online resources for medication.

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

SECTION VI B

CLINICAL SERVICES INTERVIEW

I. Purpose

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

II. Scope of Interview

1. The questions in the interview cover the following topics: routine monitoring of consumers with medical issues, medications and behavior plans; coordination of medical and mental health care for consumers; circumstances under which actions are initiated for medical or behavior issues; clinical supports to assist SCs; improved access to preventive health care resources; role on the Risk Management Assessment and Planning Committee and Special Incident reports (SIR).

2. The monitoring team interviewed the Medical Director at RCOC.

III. Results of Interview

1. The clinical team at RCOC consists of the Medical Director, staff physician, psychologists, pharmacist, Manager of Nursing Services, Adult Residential Facility Persons with Special Health Care Needs (ARFPSHN) Nurse Consultant, area nurses, Board Certified Behavior Analyst (BCBA) and speech pathologist.

2. Members of the clinical team will participate in the consumer's planning team meeting when needed and monitor consumers for medical issues. RCOC's physicians collaborate with local health care providers when indicated to ensure that consumers' health care needs are met. In addition, physicians are available to sign consents for medical treatment when needed. The clinical team assists with discharge planning when requested. Nurses may also visit hospitalized consumers and will follow consumers with complex medical needs.

3. The clinical team provides support for consumers with behavior challenges. A psychologist is available to review behavior plans and requests for services as needed. The clinical team collaborates with community mental health agencies on a case-by-case basis to coordinate services. The clinical team provides ongoing support to SCs.

4. The team is available to assist SCs with consumer-specific health concerns, including end-of-life issues. The clinical team provides training to staff and providers on a variety of health-related topics such as epilepsy, obesity, medications, hypertension, and diabetes. Clinical team members are also involved in new employee orientation training. The regional center has improved access to health care resources.

5. RCOC has improved access to healthcare resources through the following programs: SCs, Residential Service Providers and/or families call or email each of the Health Resources Group staff directly. The clinical staff collaborates with CCS therapists when needed, calls treating providers, provides referrals to various clinics (low cost, county, specialty), refers when appropriate to the Public Health Department, constructs a resource list of health care providers including dentists, funds for psychiatric care, makes preventive health recommendations, staffs physician and registered nurses, evaluates consumers for CCS eligibility and facilitates management of vendored nursing and physical therapist assessments, sets up pharmacist consults, automates CDER change request, funds automatic medication dispensers for consumers who live independently or in supported living who require assistance with taking their medications as prescribed and visits facilities for observation/consultation and reviewing health care plans and medical records.

6. The Medical Director is a member of the Risk Management, Assessment and Planning Committee and also participates on the Mortality Review Committee. Special incidents involving medical issues may be referred to a clinical team physician or nurse for review and coordination of follow-up, and includes 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 enquires 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 quality assurance coordinator who is part of the team responsible for conducting RCOC's QA activities.

III. Results of Interview

Service coordinators are assigned as liaisons to residential facilities and are responsible for conducting the two unannounced visits at each CCF. QA specialists are responsible for conducting the annual Title 17 monitoring reviews of the residential facilities. Each review utilizes standardized report forms and checklists based on Title 17 regulations. The dates of the reviews are tracked in a database monitored by the QA supervisor.

When substantial inadequacies are identified, corrective action plans (CAP) are developed by the QA specialist. The QA specialist also takes the lead in conducting the follow-up review for the CAPs, with assistance from the facility liaisons as needed.

RCOC's QA team members are assigned the Special Incident Report (SIR). QA team reviews information such as background and historical information, conducts investigation/follow-up of unannounced visits as quickly as possible, interviews parties confidentially, gathers pertinent records and completes the investigation. Information obtained goes into case notes, gets dispersed to other agencies such as Community Care Licensing, Adult Protective Services, and Child Protective Services. All deficiencies are tracked in Virtual Chart.

RCOC's QA supervisor participates on the Risk Management Assessment and Planning Committee. The committee meets quarterly to discuss any trends related to SIRs. In addition to vendor-specific training provided in response to findings from annual monitoring, recent training topics have included prevention of medication errors, reporting abuse, and special incident reporting requirements and expectations.

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 eight service providers at eight community care facilities 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 eight direct service staff at eight community care facilities where services are provided to the consumer who was visited by the monitoring team.

2. The interview questions are divided into two categories:

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

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

III. Results of Interviews

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

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

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

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

5. 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 eight CCFs via remote electronic communication. Remote electronic communication was used to conduct service provider, direct staff and consumer interviews, as well as site inspections.

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 were found to be in good condition with no immediate health and safety concerns. Specific findings and recommendations are detailed below.

IV. Findings and Recommendations

8.2.d Pro Re Nata (PRN) Medication Records

At CCF #2 for consumer #3, it was observed that the medication administration record was missing documentation of the medication name, dosage, time, and consumer's response for the PRN medications. Subsequent to the monitoring review, the provider developed written procedures and conducted staff training for the PRN medications. Accordingly, no recommendation is required.

8.5.c Statement of Rights

At CCF #3 for consumer #9, it was observed that there was not a statement of rights posted. Subsequent to the monitoring review, the provider for CCF #3 posted a statement of rights. Accordingly, no recommendation is required.

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 66 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 but two deaths during the review period to DDS.

2. RCOC reported all special incidents in the sample of 66 records selected for the HCBS Waiver review to DDS.

3. RCOC's vendors reported all 10 (100 percent) applicable incidents in the supplemental sample within the required timeframes.

4. RCOC reported all 10 (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 10 incidents.

IV. Findings and Recommendations

Unreported Death: The incidents occurred on December 6, 2020, and February 2, 2021. However, RCOC did not submit written reports to DDS. Upon request, DDS received written reports for the incidents on July 26, 2021. Accordingly, no recommendation is required.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

#	UCI	CCF	DP
1	5364344	1	
2	6803140	3	
3	6819115	9	
4	5021233	12	
5	6704800	15	
6	5024583	18	
7	7404778	19	
8	6838048	22	
9	6893540	23	
10	6805869	2	
11	6897674	4	
12	6878406	5	
13	6855382	6	
14	6892737	7	
15	7574480	8	
16	6809950	10	
17	6954912	11	
18	5844659	13	
19	6802309	14	
20	7511033	16	
21	6803049	17	
22	5224472	20	
23	6220911	21	
24	6804876		
25	6895503		
26	5704515		
27	6806213		
28	6808374		
29	6808834		
30	6810561		
31	7926272		
32	6805233		
33	7302653		
34	6809893		
35	6535231		
36	6879286		
37	6843666		

#	UCI	CCF	DP
38	6804903		
39	5763743		
40	6895476		
41	5608559		
42	7309645		
43	6856423		
44	6856218		
45	6898934		
46	4881335		
47	6989803		
48	6815297		
49	6899350		
50	6880322		
51	6898561		
52	6879506		
53	5607296		
54	6877764		
55	6894882		
56	6834511		
57	6817428		
58	6825399		
59	6886993		
60	6891081		
61	6842949		
62	6883574		
63	6830588		
64	6840757		
65	6836990		
66	6845437		

Supplemental New Enrollees Sample

#	UCI
NE-1	1902295
NE-2	1918481
NE-3	5095617

HCBS Waiver Review Service Providers

CCF #	Vendor
1	HM0720
2	HM0908
3	HM0471
4	HM0399
5	HM0063
6	HM1067
7	HM0777
8	HM1112
9	H13824
10	HM0690
11	HM1157
12	H13969
13	HM1271
14	HM1092
15	HM1215
16	HM1039
17	HM1383
18	HM1271
19	HM1330
20	H13679
21	HM1373
22	HM1030
23	HM0995

SIR Review Consumers

#	UCI	Vendor
SIR 1	6806805	HM0350
SIR 2	6892722	H22631
SIR 3	6856739	N/A
SIR 4	1916543	PM1352

SIR 5	6863235	N/A
SIR 6	6097257	HM0086
SIR 7	5842513	HM0482
SIR 8	7315383	HM1094
SIR 9	6844951	HM0996
SIR 10	6879203	N/A

DRAFT

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

August 2–13, 2021

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 August 2–13, 2021, at Regional Center or Orange County (RCOC). The monitoring team members were Natasha Clay (Team Leader), Fam Chao, Nora Muir, Kelly Sandoval and Bonnie Simmons from DDS, and Brent Garbett and Deeanna Tran 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 was reviewed for five consumers who had special incidents reported to DDS during the review period of May 1, 2020 through April 30, 2021.

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

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. Criterion 1.4.a was 74 percent in compliance because 14 of the 19 applicable records for the IPP were 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. Five 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 100 and 98 percent in overall compliance for the collaborative reviews conducted in 2019 and 2017, respectively.

Section II – Special Incident Reporting

The monitoring team reviewed the records of the 19 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 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. Nineteen HCBS 1915(i) SPA consumer records were selected for the review sample.

2. The review period covered activity from May 1, 2020 to April 30, 2021.

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 18 applicable criteria. There are no recommendations for these criteria.

- ✓ Finding for 1 criterion is 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

1.4.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)]*

Finding

Fourteen of the nineteen (74 percent) sample consumer records contained IPPs that were signed by RCOC and the consumers or their legal representatives. However, the following consumers' IPPs were not signed by the appropriate individual:

1. The IPPs for consumer #12 dated September 16, 2020, and consumer #13 dated May 5, 2020, were not signed by their legal representative. Subsequent to the monitoring review, the IPPs for consumers #12 and #13 were signed by the legal representative. Accordingly, no recommendation is required.

2. The IPP for consumer #14 dated February 23, 2021, was not signed by the consumer. Subsequent to the monitoring review, the IPP for consumer #14 was signed by the consumer. Accordingly, no recommendation is required.

3. The IPP for consumer #15 dated January 22, 2021, and the IPP for consumer #16 dated April 7, 2021, were not signed by the consumer. Subsequent to the monitoring review, the IPPs for consumers #15 and #16 were signed by the consumer. Accordingly, no recommendation is required.

Regional Center Consumer Record Review Summary Sample Size = 19						
	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" (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.			19	NA	None
1.1.b	The DS 6027 form indicates that the consumer meets the eligibility criteria for the 1915(i) SPA.			19	NA	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 §4710(a)(1)]*	1		18	100	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)]*	14	5		74	See Narrative
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.	9		10	100	None

Regional Center Consumer Record Review Summary Sample Size = 19						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
	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.			19	NA	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.	10		9	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.	4		15	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)]*	1		18	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)(5)]*	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)(5)]*	18		1	100	None
1.7.c	The IPP specifies the approximate scheduled start date for new services and supports. *[W&I Code §4646.5(a)(5)]*	8		11	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)]*	19			100	None

Regional Center Consumer Record Review Summary Sample Size = 19						
	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)(8)]*	14		5	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)*	4		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)*	4		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 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 the Department of Developmental Services (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
1	5764881
2	6899963
3	6897781
4	6823425
5	6869599
6	6813408
7	6856312
8	5636030
9	6807048
10	6827182
11	6476492
12	6880422
13	8249732
14	7542335
15	6836018
16	6807058
17	7932934
18	5707856
19	5362439

SIR Review Consumers

#	UCI	Vendor
SIR 1	6897524	NA
SIR 2	6875216	PM1352
SIR 3	6882805	NA
SIR 4	6895932	P20658
SIR 5	6828868	PM2337

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

Conducted by:

Department of Developmental Services

August 2–13, 2021

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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 August 2–13, 2021, at Regional Center of Orange County (RCOC). The monitoring team selected 50 consumer records for the TCM review for the review period of May 1, 2020, through April 30, 2021. 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 program involves determining whether an individual in a nursing facility with suspected developmental disabilities has a developmental disability 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 2,674 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 2,674 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 2,674 billed TCM units. Of this total, 2,638 (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	4881335	26	6883574
2	6891081	27	5704515
3	5021233	28	6806213
4	5024583	29	6808374
5	5364344	30	6808834
6	6803140	31	5763743
7	6819115	32	6895476
8	6704800	33	5608559
9	7404778	34	7309645
10	6838048	35	6856423
11	6893540	36	6856218
12	6805869	37	6898934
13	6897674	38	6989803
14	6878406	39	6815297
15	6855382	40	6899350
16	6892737	41	6880322
17	7574480	42	6898561
18	6809950	43	6879506
19	6954912	44	5607296
20	5844659	45	6877764
21	6834511	46	6894882
22	6825399	47	6817428
23	6803049	48	6886993
24	6220911	49	6842949
25	6804876	50	6830588

NHR Review

#	UCI
1	6806436
2	6810380
3	6803147
4	7920630
5	6000251
6	5180385
7	6908165
8	6807007
9	7827827
10	6895039

ATTACHMENT I

TCM DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 50 Records Billed Units Reviewed: 2,674	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. The TCM service and unit documentation matches the information transmitted to DDS.	2,674			100	
2. The TCM service documentation billed to DDS is consistent with the definition of TCM service.	2,638	36		99	1
3. The TCM service documentation is signed and dated by appropriate regional center personnel.	2,674			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	