

**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 7-25, 2023

TABLE OF CONTENTS

EXECUTIVE SUMMARY	page 3
SECTION I REGIONAL CENTER SELF-ASSESSMENT	page 7
SECTION II REGIONAL CENTER CONSUMER RECORD REVIEW	page 10
SECTION III COMMUNITY CARE FACILITY RECORD REVIEW	page 18
SECTION IV DAY PROGRAM CONSUMER RECORD REVIEW	page 22
SECTION V CONSUMER OBSERVATIONS AND INTERVIEWS	page 25
SECTION VI	
A. SERVICE COORDINATOR INTERVIEWS	page 26
B. CLINICAL SERVICES INTERVIEW	page 28
C. QUALITY ASSURANCE INTERVIEW	page 31
SECTION VII	
A. SERVICE PROVIDER INTERVIEWS	page 32
B. DIRECT SERVICE STAFF INTERVIEWS	page 33
SECTION VIII VENDOR STANDARDS REVIEW.....	page 34
SECTION IX SPECIAL INCIDENT REPORTING.....	page 38
SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS	page 40

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 7-25, 2023, at Regional Center of Orange County (RCOC). The monitoring team members were Fam Chao (Team Leader), Natasha Clay, Kelly Sandoval, Ashley Guletz, Lena Mertz, Bonnie Simmons, Nora Muir, Nadia Flores, and Jenny Mundo from DDS, and Crystal La 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 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 64 1915c HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) two consumers who moved from a developmental center, 2) ten consumers who had special incidents reported to DDS during the review period of May 1, 2022, through April 30, 2023, and 3) six consumers who were enrolled in the HCBS Waiver during the review period were reviewed for documentation that RCOC determined the level of care prior to receipt of HCBS Waiver services.

The monitoring team completed visits to 17 community care facilities (CCF) and 10 day programs. The team reviewed 17 CCF and 11 day program consumer records and interviewed and/or observed 51 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-four sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Two criteria were rated as not applicable for this review. The sample records were 99 percent in overall compliance for this review.

RCOC's records were 98 percent and 97 percent in overall compliance for the collaborative reviews conducted in 2021 and in 2019, respectively.

New Enrollees: Six 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

Seventeen consumer records were reviewed at 17 CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 99 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 2021 and in 2019.

Section IV – Day Program Consumer Record Review

Eleven consumer records were reviewed at 10 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 99 percent in overall compliance for this review.

RCOC's records were 100 percent in overall compliance for the collaborative review conducted in 2019. 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.

Section V – Consumer Observations and Interviews

Fifty-one 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

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. All but one of the service coordinators were familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VI B – Clinical Services Interview

The 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 Assessment and Planning Committee and special incident reporting.

Section VI C – Quality Assurance Interview

A quality assurance 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

Thirteen CCF and six day program 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

Thirteen 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 thirteen CCFs and five day programs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. The reviewed CCFs and day programs 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 64 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 7 of the 10 incidents to RCOC within the required timeframes, and RCOC subsequently transmitted 8 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 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
<p>State conducts level of care need determinations consistent with the need for institutionalization.</p>	<p>The regional center ensures that consumers meet ICF/DD, ICF/DD-H, or ICF/DD-N facility level of care requirements as a condition of initial and annual eligibility for the HCBS Waiver Program.</p> <p>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).</p> <p>The regional center ensures that consumers are eligible for full scope Medi-Cal benefits before enrolling them in the HCBS Waiver.</p>
<p>Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services.</p>	<p>The regional center takes action(s) to ensure consumers' rights are protected.</p> <p>The regional center takes action(s) to ensure that the consumers' health needs are addressed.</p> <p>The regional center ensures that behavior plans preserve the right of the consumer to be free from harm.</p> <p>The regional center maintains a Risk Management, Risk Assessment and Planning Committee.</p> <p>The regional center has developed and implemented a Risk Management/Mitigation Plan.</p> <p>Regional centers and local Community Care Licensing offices coordinate and collaborate in addressing issues involving licensing requirements and monitoring of CCFs pursuant to the MOU between DDS and Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 community care facilities.</p> <p>The regional center reviews each community care facility annually to assure services are consistent with the program design and applicable laws and development and implementation of corrective action plans as needed.</p> <p>The regional center conducts not less than two unannounced monitoring visits to each CCF annually.</p> <p>Service coordinators perform and document periodic reviews (at least annually) to ascertain progress toward achieving IPP objectives and the consumer's and the family's satisfaction with the IPP and its implementation.</p> <p>Service coordinators have quarterly face-to-face meetings with consumers in CCFs, family home agencies, supported living services, and independent living services to review services and progress toward achieving the IPP objectives for which the service provider is responsible.</p> <p>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.</p>

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.	<p>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.</p> <p>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.</p> <p>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.</p> <p>The regional center uses feedback from consumers, families and legal representatives to improve system performance.</p> <p>The regional center documents the manner by which consumers indicate choice and consent.</p>

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-four HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	24
With Family	21
Independent or Supported Living Setting	19

2. The review period covered activity from May 1, 2022–April 30, 2023.

III. Results of Review

The 64 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Two supplemental records were reviewed solely for documentation indicating that the consumer received face-to-face reviews every 30 days after moving from a developmental center for the first 90 days. Additionally, six supplemental records were reviewed for documentation that RCOC determined the level of care prior to receipt of HCBS Waiver services.

- ✓ The sample records were in 100 percent compliance for 24 criteria. There are no recommendations for these criteria. Two 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

Sixty-one of the sixty-four (95 percent) sample consumer records documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in three 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 #16: "disruptive social behavior" and "emotional outbursts". An addendum dated July 3, 2023 was completed to add information supporting the qualifying conditions. Accordingly, no recommendation is required;
2. Consumer #26: "diabetic test". An addendum dated August 21, 2023 was completed to add information supporting this qualifying condition. Accordingly, no recommendation is required; and,
3. Consumer #31: "disruptive social behavior". An addendum dated September 12, 2023 was completed to add information supporting this 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-two of the sixty-four (97 percent) sample consumer records contained IPPs that were signed by RCO and the consumers, or their legal representatives. However, the following consumers' IPPs were not signed by the appropriate individuals:

1. Consumer #56: The IPP dated November 17, 2022 was not signed by the consumer. The IPP was signed on July 18, 2023 by the consumer. Accordingly, no recommendation is required; and,

2. Consumer #57: The IPP dated August 2, 2022 was not signed by the legal representative. The IPP was signed on May 31, 2023 by the legal representative. Accordingly, no recommendation is required.

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

Findings

Sixty-three of the sixty-four (98 percent) sample consumer records contained IPPs that addressed the consumer's qualifying conditions. However, the IPP dated February 10, 2022 for consumer #31 did not address supports for the qualifying condition, "emotional outbursts" in the quarterly reports of progress dated August 13, 2022 and December 13, 2022. An addendum was completed on September 12, 2023, adding "emotional outbursts" to the IPP. Accordingly, no recommendation is required.

- 2.9.b The IPP addresses the special health care requirements. *[WIC §4646.5(a)(2)]*

Findings

Nineteen of the twenty (95 percent) applicable sample consumer IPPs addressed the consumers' special health care requirements. However, the IPP dated January 10, 2023 for consumer #26 did not address the special health care requirement, diabetic test. An addendum was completed on August 21, 2023, adding diabetic test to the IPP. Accordingly, no recommendation is required.

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

Findings

Fifty-five of the sixty-four (86 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by the regional center. However, IPPs for nine consumers did not include RCOE funded services as indicated below:

1. Consumer #2: Supplemental Day Program Support. An addendum was completed on August 21, 2023, addressing the purchased service. Accordingly, no recommendation is required;
2. Consumer #3: Community Integration Program. An addendum was completed on September 7, 2023, 2023, addressing the purchased service. Accordingly, no recommendation is required;

3. Consumer #4: Community Activities Support Service. An addendum was completed on September 7, 2023, addressing the purchased service. Accordingly, no recommendation is required;
4. Consumer #6: Adult Development Center and Supplemental Day Program Support. An addendum was completed on September 7, 2023, addressing the purchased service. Accordingly, no recommendation is required;
5. Consumer #7: Behavior Management Program. An addendum was completed on September 7, 2023 addressing the purchased service. Accordingly, no recommendation is required;
6. Consumer #14: Transportation-Additional Component. An addendum was completed on September 7, 2023, addressing the purchased service. Accordingly, no recommendation is required;
7. Consumer #20: Adult Development Center. An addendum was completed on September 7, 2023, addressing the purchased service. Accordingly, no recommendation is required;
8. Consumer #54: Supported Employment-Individual. An addendum was completed on August 21, 2023, addressing the purchased service. Accordingly, no recommendation is required; and,
9. Consumer #55: Community Activities Support Service. An addendum was completed on September 7, 2023, addressing the purchased service. Accordingly, no recommendation is required.

Regional Center Consumer Record Review Summary						
Sample Size = 64 + 2 Supplemental Records (see Section II, Part III)						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	64		2	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.	64		2	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.	64		2	100	None
2.1.c	The DS 3770 form documents annual recertifications.	64		2	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	1		65	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)]	64		2	100	None
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. (SMM 4442.7), (42 CFR Part 431, Subpart E), [WIC §4710(a)(1)]			66	NA	None

Regional Center Consumer Record Review Summary						
Sample Size = 64 + 2 Supplemental Records (see Section II, Part III)						
	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. <i>(SMM 4442.5), (42 CFR 441.302)</i>	64		2	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. <i>(SMM 4442.5), [42 CFR 441.302(c)], (Title 22, CCR, §51343)</i>	64		2	100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	61	3	2	95	See Narrative
2.6.a	IPP is reviewed <i>(at least annually)</i> by the planning team and modified as necessary in response to the consumer's changing needs, wants or health status. <i>[42 CFR 441.301(b)(1)(I)]</i>	64		2	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. <i>(HCBS Waiver requirement)</i>			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. <i>[WIC §4646(g)]</i>	62	2	2	97	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.	43		23	100	None
2.7.c	The IPP is prepared jointly with the planning team. <i>[WIC §4646(d)]</i>	64		2	100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. <i>[WIC §4646.5(a)]</i>	64		2	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 64 + 2 Supplemental Records (see Section II, Part III)						
	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer's goals and needs. <i>[WIC §4646.5(a)(2)]</i>	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).	63	1	2	98	See Narrative
2.9.b	The IPP addresses special health care requirements.	19	1	46	95	See Narrative
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	24		42	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	33		33	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.	19		47	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	64		2	100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. <i>[WIC §4685(c)(2)]</i>	8		58	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. <i>[WIC §4646.5(a)(4)]</i>	55	9	2	86	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. <i>[WIC §4646.5(a)(5)]</i>	64		2	100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. <i>[WIC §4646.5(a)(5)]</i>	43		23	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. <i>[WIC §4646.5(a)(5)]</i>	64		2	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 64 + 2 Supplemental Records (see Section II, Part III)						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic review and reevaluations of consumer progress are completed (<i>at least annually</i>) 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. <i>[WIC §4646.5(a)(8)]</i>	64		2	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. (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	43		23	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. (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	43		23	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. (<i>WIC §4418.3</i>)	2		64	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

Seventeen consumer records were reviewed at 17 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 18 criteria.

- ✓ A summary of the results of the review is shown in the table at the end of this section.
- ✓ Finding for one criterion is detailed below.

IV. Finding and Recommendation

- 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. *[Title 17, CCR, §56026(b)]*

Finding

Five of the seven (71 percent) applicable sample consumer records contained semiannual reports that address and confirm the consumer's progress toward achieving the IPP objectives. However, the records for two consumers did not meet the requirement as indicated below:

1. The record for consumer #11 at CCF #7 did not address the consumer's progress as identified in the IPP.
2. The record for consumer #12 at CCF #8 did not address the consumer's progress as identified in the IPP.

3.4.b Recommendation	Regional Center Plan/Response
RCOC should ensure that CCF providers #3 and #8 prepare and maintain written semiannual reports that address progress related to the consumer's IPP objectives.	RCOC will provide training/technical assistance to CCF providers #3 and #8 regarding the comprehensive completion of semiannual reports to ensure that each individual's progress related to their IPP objectives is addressed.

Community Care Facility Record Review Summary						
Sample Size = 17						
	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. <i>[Title 17, CCR, §56017(b)], [Title 17, CCR §56059(b)], (Title 22, CCR, §80069)</i>	17			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	17			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	13		4	100	None
3.1.c	The consumer record contains current health information that includes medical, dental and other health needs of the consumer including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	17			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	17			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	17			100	None
3.1.i	Special safety and behavior needs are addressed.	14		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. <i>[Title 17, CCR, §56019(c)(1)]</i>	17			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	17			100	None

Community Care Facility Record Review Summary						
Sample Size = 17						
	Criteria	+	-	N/A	% Met	Follow-up
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. <i>[Title 17, CCR, §56026(b)]</i>	7		10	100	None
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	5	2	10	71	See Narrative
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. <i>[Title 17, CCR, §56026(c)]</i>	10		7	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.	10		7	100	None
3.5.c	Quarterly reports include a summary of data collected. <i>[Title 17, CCR, §56013(d)(4), (Title 17, CCR, §56026)]</i>	10		7	100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. <i>[Title 17, CCR §56026(a)]</i>	17			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	15		2	100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	1		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. <i>(Title 17, CCR, §54327)</i>	1		16	100	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. <i>(Title 17, CCR, §54327)</i>	1		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

Eleven consumer records were reviewed at 10 day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria.

III. Results of Review

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

- ✓ A summary of the results of the review is shown in the table at the end of this section.
- ✓ Finding for one criterion is detailed below.

IV. Finding and Recommendation

- 4.1.g The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.

Finding

Ten of the eleven (91 percent) sample consumer records contained up-to-date case notes reflecting important events or information not documented elsewhere. However, the record for consumer #16 at DP #5 did not contain case notes.

4.1.g Recommendation	Regional Center Plan/Response
RCOC should ensure the record for consumer #16 at DP #5 contains up-to-date case notes reflecting important events or information not documented elsewhere.	RCOC will provide training/technical assistance to DP #5 regarding maintaining case notes/records to ensure current documentation of important life events and other pertinent information related to each individual served by their program. On 05/15/2024, RCOC provided case notes for consumer #16 at DP #5.

Day Program Record Review Summary						
Sample Size = 11						
	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)	11			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.	11			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.	11			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.	11			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.	11			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.	11			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.	11			100	None
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	10	1		91	See Narrative

4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	7		4	100	None
4.2	The day program has a copy of the consumer's current IPP. <i>[Title 17, CCR §56720(b)]</i>	11			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. <i>[Title 17, CCR, §56720(a)]</i>	11			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.	11			100	None
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	11			100	None
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services for which the day program is responsible for implementing.	11			100	None
4.5.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	1		10	100	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	1		10	100	None
4.5.c	There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. <i>(Title 17, CCR, §54327)</i>	1		10	100	None

SECTION V

CONSUMER OBSERVATIONS AND INTERVIEWS

I. Purpose

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

II. Scope of Observations and Interviews

Fifty-one of the 64 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.

- ✓ Twenty-nine consumers agreed to be interviewed by the monitoring teams.
- ✓ Fifteen consumers did not communicate verbally or declined an interview but were observed.
- ✓ Seven interviews were conducted with parents of minors.
- ✓ Thirteen consumers were unavailable for or declined interviews.

III. Results of Observations and Interviews

All 51 consumers/parents of minors indicated satisfaction with their living situation, day program, work activities, health, choice, and regional center services. The appearance for all of the consumers that were interviewed and observed reflected personal choice and individual style.

IV. Finding and Recommendation

None

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 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. All but one of 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. All but one of 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 medical director and online resources for medication.

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

VI. Finding and Recommendation

Service Coordinator Interview, Consumer #26: The service coordinator was not familiar with her consumers or knowledgeable about her role and responsibilities.

Recommendation	Regional Center Plan/Response
RCOC should ensure that all service coordinators are familiar with their consumers and are knowledgeable about their roles and responsibilities.	RCOC will continue to provide ongoing training and oversight to service coordinators regarding their roles and responsibilities to ensure that they know the individuals served on their caseload in order to provide quality person centered service.

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, clinical director, staff physician, psychologists, pharmacist, manager of nursing services, Adult Residential Facility Persons with Special Health Care Needs, nurse consultant, area nurse consultants, Board Certified Behavior Analyst (BCBA) and a 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 up with 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. A BCBA reviews the initial assessment request from the family and makes the referral for the functional behavior assessment. Following the initial assessment, the behavior vendor submits a report of the consumer's

progress every six months, which is also reviewed by a BCBA. BCBAs conduct field observations and hold meetings with consumer, family, and behavior vendor as needed.

4. The clinical team collaborates with community mental health agencies on a case-by-case basis to coordinate services. Referrals are made to UCI psychiatry clinic, Orange County Mental Health or CalOptima, or UCI Down Syndrome clinic for individual cases. RCOC nurses, psychologists, BCBAs, pharmacist, clinical director and medical director are actively involved with consumer issues and provide ongoing support to service coordinators.
5. The team is available to assist SCs with consumer-specific health concerns, including end-of-life issues. Intake/Eligibility & Health Resource Group, Early Start Resource Group/Behavior Service Resource Group/Nurse Consult/Pharmacist Consult, in addition to number of other resource groups that involve a multidisciplinary approach is a provided resource to service coordinators. The clinical team provides training to staff and providers on a variety of health-related topics such as epilepsy, obesity, medications, hypertension, and diabetes through in-services at routine service coordinator meetings, presentations, handouts, and providing helpful health related websites. Clinical team members are also involved in new employee orientation training. The regional center has improved access to health care resources.
6. RCOC has improved access to health care resources through the following programs and services:
 - ✓ SCs, residential service providers and/or families are able to call or email each of the Health Resources Group staff directly;
 - ✓ Vendored nursing assessments;
 - ✓ Vendored physical therapist assessments;
 - ✓ Referrals to various clinics (low cost, county, specialty);
 - ✓ Referral to California Children's Services programs as appropriate;
 - ✓ Resource list of health care providers including dentists;
 - ✓ Padlet resources for SC to share with families;
 - ✓ Fund for psychiatric care;
 - ✓ Referrals to Public Health Department;
 - ✓ Funds for dental care are provided when appropriately needed and current dental insurance will not provide;
 - ✓ Provide instructions to families on how to access generic resources such as phone numbers for CalOptima, types of assessments needed for particular insurance companies;
 - ✓ Participation in RCOC's Healthy Life Happy Life wellness program, as needed;

- ✓ Routine coordinated meetings with CalOptima and other health-care agencies in Orange County;
 - ✓ Routine coordinated meetings with Orange County Health Care Agency (OCHCA) and;
 - ✓ Ongoing collaboration with other funding sources (CalOptima, Kaiser, etc.) to ensure timely access to services.
7. The medical director is a member of the Risk Management, Assessment and Planning Committee and also participates on the Mortality Review Committee. The medical director reviews all information with a special focus on medical/health related issues and makes recommendations, follows up by contacting health care providers and meets with consumers, their families and caregivers if needed and documents his impression and recommendations in the Virtual chart. 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. RCOC staff is consulted immediately for all urgent SIRs. Staff physician is involved in the SIR reviews and mortality committee.

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 19 service providers at 13 community care facilities and six day programs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

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

SECTION VII B

DIRECT SERVICE STAFF INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed 18 direct service staff at 13 community care facilities and five day programs where services are provided to the consumer that was visited by the monitoring team.
2. The interview questions are divided into two categories:
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The direct service staff were familiar with the strengths, needs and preferences of 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 13 CCFs and five day programs.
2. The teams used a monitoring review checklist consisting of 24 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

III. Results of Review

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

IV. Findings and Recommendations

8.2.c Medication Records Non-Pro Re Nada (N-PRN)

Medication records are maintained for all prescribed, non-PRN, medications taken by the consumer.

Finding

Seventeen of the 18 facilities maintained medication records for all prescribed, N-PRN medications taken by the consumers. However, at CCF #10, there were no staff initials for one medication administered to consumer #14 on August 4, 2023.

8.2.c Recommendation	Regional Center Plan/Response
RCOC should ensure that CCF #10 documents all non-PRN medications.	RCOC has provided training/technical assistance to CCF #10 regarding proper documentation of all medications administered. Technical

	assistance provided on 08/14/23 and 08/25/23.
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8.2.e The facility will have a process in place documenting the disposal of expired or discontinued medications. Medication can also be returned to the pharmacy or other approved agency. [Title 22, CCR, §80075(l)(1); Title 22, §82075(m)(1)]

Finding

Seventeen of the 18 facilities maintained records on medication disposal. However, CCF #10 did not keep records for medication disposal.

8.2.e Recommendation	Regional Center Plan/Response
RCOC should ensure that CCF #10 maintains records of medication disposal.	RCOC provided training/technical assistance to CCF #10 regarding proper documentation of all disposed medications. Technical assistance provided on 08/14/23 and 08/25/23; additional follow-up on 10/30/23.

8.3.c Staff responsible for providing direct care and supervision will receive training in first aid from qualified agencies. Adults who supervise consumers using a pool or other body of water that require rescuer’s ability to swim, will have a valid water safety certificate. Water safety certificates are required if the pool/spa is used. [Title 22, CCR, §80065(e); Title 22, CCR, §87923(a)]

Findings

Sixteen of the 18 facilities had first aid certificates on record for staff providing direct care and supervision. However, there were issues at two facilities as indicated below:

1. CCF #5: One direct care staff did not have a current first aid certificate. However, it was completed on August 14, 2023. Accordingly, no recommendation is required.
2. DP #6: Three direct care staff did not have current first aid certificates.

8.3.c Recommendation	Regional Center Plan/Response
RCOC should ensure that the provider at DP #6 has current first aid certificates available for all direct care staff.	RCOC will provide training/technical assistance to DP #6 regarding documentation of all employee trainings and certifications. QA confirmed on 05/08/24 that all first aid certificates for staff were up-to-date

	and on file; technical assistance also provided.
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8.4.a Consumers or an authorized representative will sign for cash given directly to them, either with a signature or mark. If the consumer is unable to sign or make a mark, the provider should document why. Cash kept on the facility premises will be locked in a secure location. *[Title 22, CCR, §80026(h)(A)(B)(j)]*

Findings

Fourteen of the 18 facilities' records had consumers or authorized representatives' signatures or marks for cash disbursements. However, there were issues with four facilities as indicated below:

1. CCF #3: Consumer or an authorized representative did not sign for personal and incidental disbursements.
2. CCF #14: Consumer or an authorized representative did not sign for personal and incidental disbursements.
3. CCF #15: Consumer or an authorized representative did not sign for personal and incidental disbursements.
4. CCF #16: Consumer or an authorized representative did not sign for personal and incidental disbursements.

8.4.a Recommendation	Regional Center Plan/Response
RCOC should ensure that CCFs #3, #14, #15, and #16 have the consumer or an authorized representative sign for disbursements.	RCOC has provided training/technical assistance to CCFs #3, #14, #15, and #16 regarding proper documentation of all P&I disbursements to the individuals served in their care. CCF #3: technical assistance provided 08/17/23; additional follow up on 12/27/23. CCF #14: technical assistance provided 09/26/03; additional follow up on 10/31/23. CCF #15: technical assistance provided 08/24/23; additional follow up on 10/30/23. CCF #16: technical assistance provided 08/24/23; additional follow up on 10/16/23.

8.5.c A statement of rights will be prominently posted in each community care facility and day program. The statement will be in English, Spanish or other appropriate language. *[(Title 17, CCR §50520(1)), (W&I §4503), (W&I §4648(a)(10)(E))]*

Findings

Fourteen of the 18 facilities had a statement of consumer rights prominently posted. However, there were issues with four facilities as indicated below:

1. CCF #4: The facility did not have a statement of rights posted.
2. CCF #5: The facility did not have a statement of rights posted. However, the facility received and posted the statement of rights during the week of August 14, 2023. Accordingly, no recommendation is needed.
3. CCF #15: The facility did not have a statement of rights posted.
4. DP #4: The facility did not have a statement of rights posted.

8.5.c Recommendation	Regional Center Plan/Response
<p>RCOC should ensure that CCFs #4, #15, and DP #4 post a statement of rights.</p>	<p>RCOC has provided training/technical assistance to CCFs #4 and #15 and DP #4 on posting a statement of rights in proper view for all to see. CCF #4: technical assistance provided 08/15/23; additional follow up on 11/08/23. CCF #15: technical assistance provided 08/24/23; additional follow up on 10/30/23. DP #4: technical assistance provided 08/17/23; additional follow up on 12/06/23.</p>

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 64 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 special incidents in the sample of 64 records selected for the HCBS Waiver review to DDS.
3. RCOC's vendors reported 7 of the 10 (70 percent) applicable incidents in the supplemental sample within the required timeframes.
4. RCOC reported 8 of the 10 (80 percent) incidents in the supplemental sample to DDS within the required timeframes.
5. RCOC's follow-up activities on consumer incidents in the supplemental sample were appropriate for the severity of the situations for the 10 incidents.

IV. Findings and Recommendations

SIR #3: The incident occurred on February 1, 2023. However, the vendor did not submit a written report to RCOC until March 3, 2023.

SIR #6: The incident occurred on March 1, 2023. However, the vendor did not submit a written report to RCOC until May 8, 2023.

SIR #7: The incident occurred on February 7, 2023. However, the vendor did not submit a written report to RCOC. RCOC learned of the incident from other entity on February 8, 2023.

SIR #3: The incident was reported to RCOC on March 3, 2023. However, RCOC did not report the incident to DDS until March 16, 2023.

SIR #7: The incident was reported to RCOC on February 8, 2023. However, RCOC did not report the incident to DDS until February 13, 2023.

Recommendations	Regional Center Plan/Response
RCOC should ensure that the vendor for consumers SIR #3, SIR #6, and SIR #7 report special incidents within the required timeframes.	RCOC will provide training/technical assistance to the vendors identified in SIRs #3, #6, and #7. Technical assistance will consist of training on SIR reporting requirements with a focus on reporting timelines.
RCOC should ensure that all special incidents are reported to DDS within the required timeframe.	RCOC will conduct refresher staff training to remind staff of SIR reporting timelines. RCOC scheduled in-person refresher trainings for all service coordinators/management regarding MW to include areas of compliance issues as identified from the recent HCBS Waiver Monitoring Review. There were four training dates offered for 04/03/24, 04/12/24, 04/18/24, and 04/22/24 to accommodate staff's availability. The 04/03/24, 04/12/24 and 04/18/24, and 4/22/24 training dates have been completed.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

#	UCI	CCF	DP
1	XXXXXXXX		1
2	XXXXXXXX		2
3	XXXXXXXX	1	
4	XXXXXXXX	2	
5	XXXXXXXX	3	
6	XXXXXXXX	4	
7	XXXXXXXX		3
8	XXXXXXXX	5	
9	XXXXXXXX	6	
10	XXXXXXXX		4
11	XXXXXXXX	7	
12	XXXXXXXX	8	
13	XXXXXXXX	9	
14	XXXXXXXX	10	
15	XXXXXXXX	11	
16	XXXXXXXX		5
17	XXXXXXXX		
18	XXXXXXXX		6
19	XXXXXXXX	17	
20	XXXXXXXX	12	
21	XXXXXXXX	13	
22	XXXXXXXX	14	
23	XXXXXXXX	15	
24	XXXXXXXX	16	
25	XXXXXXXX		
26	XXXXXXXX		
27	XXXXXXXX		7
28	XXXXXXXX		
29	XXXXXXXX		
30	XXXXXXXX		
31	XXXXXXXX		
32	XXXXXXXX		8
33	XXXXXXXX		
34	XXXXXXXX		
35	XXXXXXXX		
36	XXXXXXXX		
37	XXXXXXXX		

#	UCI	CCF	DP
38	XXXXXXXX		
39	XXXXXXXX		
40	XXXXXXXX		10
41	XXXXXXXX		
42	XXXXXXXX		
43	XXXXXXXX		9
44	XXXXXXXX		
45	XXXXXXXX		
46	XXXXXXXX		
47	XXXXXXXX		
48	XXXXXXXX		1
49	XXXXXXXX		
50	XXXXXXXX		
51	XXXXXXXX		
52	XXXXXXXX		
53	XXXXXXXX		
54	XXXXXXXX		
55	XXXXXXXX		
56	XXXXXXXX		
57	XXXXXXXX		
58	XXXXXXXX		
59	XXXXXXXX		
60	XXXXXXXX		
61	XXXXXXXX		
62	XXXXXXXX		
63	XXXXXXXX		
64	XXXXXXXX		

Supplemental Sample Developmental Center Consumers

#	UCI
DC-1	XXXXXXXX
DC-2	XXXXXXXX

Supplemental New Enrollees Sample

#	UCI
NE-1	XXXXXXXX
NE-2	XXXXXXXX
NE-3	XXXXXXXX
NE-4	XXXXXXXX

NE-5	XXXXXXXX
NE-6	XXXXXXXX

HCBS Waiver Review Service Providers

CCF #	Vendor
1	XXXXXXXX
2	XXXXXXXX
3	XXXXXXXX
4	XXXXXXXX
5	XXXXXXXX
6	XXXXXXXX
7	XXXXXXXX
8	XXXXXXXX
9	XXXXXXXX
10	XXXXXXXX
11	XXXXXXXX
12	XXXXXXXX
13	XXXXXXXX
14	XXXXXXXX
15	XXXXXXXX
16	XXXXXXXX
17	XXXXXXXX

Day Program #	Vendor
1	XXXXXXXX
2	XXXXXXXX
3	XXXXXXXX
4	XXXXXXXX
5	XXXXXXXX
6	XXXXXXXX
7	XXXXXXXX
8	XXXXXXXX
9	XXXXXXXX
10	XXXXXXXX

SIR Review Consumers

#	UCI	Vendor
SIR 1	XXXXXXXX	XXXXXXXX
SIR 2	XXXXXXXX	XXXXXXXX
SIR 3	XXXXXXXX	XXXXXXXX
SIR 4	XXXXXXXX	XXXXXXXX
SIR 5	XXXXXXXX	XXXXXXXX

SIR 6	XXXXXXXX	XXXXXX
SIR 7	XXXXXXXX	XXXXXX
SIR 8	XXXXXXXX	XXXXXX
SIR 9	XXXXXXXX	XXXXXX
SIR 10	XXXXXXXX	XXXXXX