

**South Central Los Angeles Regional Center
Home and Community-Based Services Waiver
Monitoring Review Report**

Conducted by:

**Department of Developmental Services
and
Department of Health Care Services**

March 21–25, 2016

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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 March 21–25, 2016, at South Central Los Angeles Regional Center (SCLARC). The monitoring team members were Kathy Benson (Team Leader), Ray Harris, Mary Ann Smith, and Jennifer Parsons from DDS, and Raylyn Garrett and Annette Hanson from DHCS.

Purpose of the Review

DDS contracts with 21 private, non-profit corporations to operate regional centers, which are responsible under state law for coordinating, providing, arranging or purchasing the services needed for eligible individuals with developmental disabilities in California. All HCBS 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 plan (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 38 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) one consumer who moved from a developmental center, and 2) ten consumers who had special incidents reported to DDS during the review period of January 1 through December 31, 2015.

The monitoring team completed visits to five community care facilities (CCF) and 12 day programs. The team reviewed seven CCF and 13 day program consumer records and had face-to-face visits and/or interviews with 18 consumers or their parents.

Overall Conclusion

SCLARC is in substantial compliance with the federal requirements for the HCBS Waiver program. Specific recommendations that require follow-up actions by SCLARC are included in the report findings. DDS is requesting documentation of follow-up actions taken by SCLARC 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 SCLARC 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

Thirty-eight sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Criterion 2.10.a was 68 percent in compliance because 12 of the 38 sample consumers' IPPs did not include type and amount of all regional center purchase of services. One criterion was rated as not applicable for this review.

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

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

Seven consumer records were reviewed at five CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 98 percent in compliance for 16 applicable criteria. Three criteria were not applicable for this review.

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

Section IV – Day Program Consumer Record Review

Thirteen consumer records were reviewed at 12 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. Three criteria were not applicable for this review.

SCLARC's records were 100 percent and 99 percent in overall compliance for the collaborative reviews conducted in 2013 and 2011, respectively.

Section V – Consumer Observations and Interviews

Eighteen 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 but one of the interviewed consumers/parents indicated they were satisfied with their services, health and choices.

Section VI A – Service Coordinator Interviews

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

Section VI B – Clinical Services Interview

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

Section VI C – Quality Assurance Interview

A quality assurance specialist was interviewed using a standard interview instrument. She responded to questions regarding how SCLARC is organized to conduct Title 17 monitoring reviews, verification of provider qualifications, resource development activities, special incident reporting, and quality assurance activities where there is no regulatory requirement.

Section VII A – Service Provider Interviews

Five CCF and four 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, medications, progress, safety and emergency preparedness. The service providers were familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interviews

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

Section VIII – Vendor Standards Review

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

Section IX – Special Incident Reporting

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

SECTION I

REGIONAL CENTER SELF-ASSESSMENT

I. Purpose

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

The self-assessment obtains information about SCLARC'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

SCLARC 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 SCLARC 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>The regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meets the federal definition of a Qualified Mental Retardation Professional (QMRP).</p> <p>The regional center ensures that consumers are eligible for full-scope Medi-Cal benefits before enrolling them in the HCBS Waiver.</p>
<p>Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services.</p>	<p>The regional center takes action(s) to ensure consumers' rights are protected.</p> <p>The regional center takes action(s) to ensure that the consumers' health needs are addressed.</p> <p>The regional center ensures that behavior plans preserve the right of the consumer to be free from harm.</p> <p>The regional center maintains a Risk Management, Risk Assessment and Planning Committee.</p> <p>The regional center has developed and implemented a Risk Management/Mitigation Plan.</p> <p>Regional centers and local community care licensing offices coordinate and collaborate in addressing issues involving licensing requirements and monitoring of CCFs pursuant to the memorandum of understanding (MOU) between DDS and the Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 CCFs.</p> <p>The regional center reviews each CCF 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 no 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 consumers' 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>

Regional Center Self-Assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services (cont.)	The regional center ensures that needed services and supports are in place when a consumer moves from a developmental center to a community living arrangement. Service coordinators provide enhanced case management to consumers who move from a developmental center 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, IPPs and periodic reviews and reevaluations of services. The information obtained about the consumers' needs and services is tracked as a part of the on-site program reviews.

II. Scope of Review

1. Thirty-eight HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility	14
With Family	15
Independent or Supported Living Setting	9

2. The review period covered activity from January 1 through December 31, 2015.

III. Results of Review

The sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Additionally, one supplemental record was reviewed solely for documentation indicating that the consumer received face-to-face reviews every 30 days after moving from a developmental center. One criterion was not applicable for this review.

- ✓ The sample records were in compliance 100 percent for 28 applicable criteria. There are no recommendations for these criteria.
- ✓ Findings for two criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

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

Twenty-six of the thirty-eight (68 percent) sample consumer records contained IPPs that include all services and supports purchased by the regional center. However, the IPPs for the following consumers did not include the following supports purchased by the regional center:

1. Consumers #1, #2, #4, #7, #8, #9, #10, #13, #30, and #32: Consultant who reviews consumers' Social Security benefits and Long-Term Care Medi-Cal;
2. Consumer #8 and #31: Behavior Analyst;
3. Consumer #31: Dentistry; and,
4. Consumer #35: Dietary Services, Registered Nurse, and Clinical Psychologist.

2.10.a Recommendations	Regional Center Plan/Response
<p>SCLARC should ensure that the IPPs for consumers #1, #2, #4, #7, #8, #9, #10, #13, #30, #31, #32, and #35 include a schedule of the type and amount of all services and supports purchased by the regional center. In addition, SCLARC should evaluate what actions may be necessary to ensure consumers' IPPs include all services and supports purchased by the regional center.</p>	<p>RESPONSE: SCLARC established a new process for consultant billing. Therefore, the assurance that the addendums for the services provided by the clinicians were overlooked.</p> <p>PLAN: SCLARC is submitting the addendums to the IPPs of the consumers mentioned under the 2.10.a findings of this report. Please refer to attached addendum for further details. SCLARC reviewed with service coordinators and program managers the importance of ensuring that the schedule of the type and amount of all consultant services and supports purchased by the regional center are contained in the IPP. Due to this finding, SCLARC updated the POS policy to reflect this requirement.</p>

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

Finding

Twenty-two of the twenty-three (96 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the record for consumer #24 contained documentation of only three of the required meetings.

2.13.a Recommendation	Regional Center Plan/Response
SCLARC should ensure that all future face-to-face meetings are completed and documented each quarter for consumer #24.	<p>RESPONSE: Service coordinator neglected to ID/note her attempts to schedule the quarterly meeting for consumer # 24.</p> <p>PLAN: SCLARC reiterated and provided training sessions to the service coordinators regarding the importance of completing the quarterly face-to-face meeting with consumer. If consumer is not available or service coordinator has difficulty connecting with consumer, service coordinator is required to document all attempts to schedule the meeting with consumer.</p>

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

Finding

Twenty-two of the twenty-three (96 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 #24 contained documentation of only three of the required quarterly reports of progress.

2.13.b Recommendation	Regional Center Plan/Response
SCLARC should ensure that future quarterly reports of progress are completed for consumer #24.	PLAN: Service coordinator and program manager will use the Tickler tracking system in SmartChart to ensure that the quarterly visits are completed and consequently the reports of progress are completed after the visit.

Regional Center Consumer Record Review Summary						
Sample Size = 38 + 1 Supplemental Record						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. <i>(SMM 4442.1)</i>	38			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Mental Retardation Professional (QMRP), which documents the date of the consumer's initial HCBS Waiver eligibility certification, annual recertifications, the consumer's qualifying conditions and short-term absences. <i>[SMM 4442.1; 42 CFR 483.430(a)]</i>	Criterion 2.1 consists of four sub-criteria (2.1.a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Mental Retardation Professional and the title "QMRP" appears after the person's signature.	38			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.	38			100	None
2.1.c	The DS 3770 form documents annual recertifications.	37		1	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	3		35	100	None
2.2	Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). <i>[SMM 4442.7; 42 CFR 441.302(d)]</i>	38			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. <i>[SMM 4442.7; 42 CFR Part 431, Subpart E; WIC §4646(g)]</i>			38	NA	None

Regional Center Consumer Record Review Summary						
Sample Size = 38 + 1 Supplemental Record						
	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>	38			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>	38			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	38			100	None
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>	38			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>	24		14	100	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>	38			100	None
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	6		32	100	None
2.7.c	The IPP is prepared jointly with the planning team. <i>[WIC §4646(d)]</i>	38			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>	38			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 38 + 1 Supplemental Record						
	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).	38			100	None
2.9.b	The IPP addresses the special health care requirements.	21		17	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	14		24	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	24		14	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.	9		29	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	38			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. <i>[WIC §4685(c)(2)]</i>	6		32	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>	26	12		68	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)(4)]</i>	38			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. <i>[WIC §4646.5(a)(4)]</i>	5		33	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)(4)]</i>	38			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 38 + 1 Supplemental Record						
	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 that the consumer and his/her family are satisfied with the IPP and its implementation. <i>[WIC §4646.5(a)(6)]</i>	38			100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement</i>)	22	1	15	96	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement</i>)	22	1	15	96	See Narrative
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. (<i>WIC §4418.3</i>)	1		38	100	None

SECTION III

COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

I. Purpose

The review addresses the requirements for CCFs to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the IPP for which the facility is responsible. The criteria are derived from Title 17, California Code of Regulations.

II. Scope of Review

Seven consumer records were reviewed at five 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 98 percent in compliance for 16 criteria. Three criteria were not applicable for this review.

- ✓ The sample records were 100 percent in compliance for 15 applicable criteria. There are no recommendations for these criteria.
- ✓ Finding for one 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

- 3.6.b The ongoing written notes and/or other information in the facility consumer record verifies that identified behavior needs are being addressed.

Finding

Five of the seven (71 percent) sample consumer records contained ongoing notes/information that verifies behavior needs are being addressed. However, records for consumers #2 and #10 at CCF #3 did not contain any daily notes regarding their behaviors. Starting in January 2016, CCF #3 had started daily tracking of behaviors of consumers #2 and #10. Accordingly, no recommendation is required.

Community Care Facility Record Review Summary						
Sample Size: Consumers = 7; CCFs = 5						
	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>	7			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	7			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	6		1	100	None
3.1.c	The consumer record contains current health information that includes medical, dental and other health needs of the consumer, including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	7			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	7			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	7			100	None
3.1.i	Special safety and behavior needs are addressed.	5		2	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>	7			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	7			100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 7; CCFs = 5						
	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>	5		2	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	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. <i>[Title 17, CCR, §56026(c)]</i>	2		5	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.	2		5	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>	2		5	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>	7			100	None
3.6.b	The ongoing notes/information verifies that behavior needs are being addressed.	5	2		71	See Narrative
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>			7	NA	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>			7	NA	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>			7	NA	None

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

Thirteen sample consumer records were reviewed at 12 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 12 applicable criteria. Three criteria were not applicable for this review.

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

IV. Findings and Recommendations

- 4.1.d The consumer record contains an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative.
(Title 17, CCR, §56730)

Finding

Twelve of the thirteen (92 percent) sample consumer records contained signed authorizations for emergency medical treatment. However, the record for consumer #30 at day program #7 did not contain an authorization for emergency medical treatment. During the review, the authorization for emergency medical treatment was signed by consumer #30 at day program #7. Accordingly, no recommendation is required.

4.3.b The day program’s individual service plan (ISP) or other program documentation is consistent with the consumer’s IPP objectives for which the day program is responsible.

Finding

Twelve of the thirteen (92 percent) sample consumer records contained documentation consistent with the consumer’s IPP objectives for which the day program is responsible. However, the record for consumer #14 at day program #8 did not identify the supports in place to address the consumer’s behavior needs, as stated in the IPP.

4.3.b Recommendation	Regional Center Plan/Response
<p>SCLARC should ensure that the record for consumer #14 at day program #8 identifies supports in place to address the consumer’s behavior needs, as stated in the IPP.</p>	<p>SCLARC will meet with day program #8 to provide technical assistance regarding including documentation that identifies the supports in place to address consumer #14’s behavioral needs. The program will be cited and given 30 days to submit a revised document for regional center review and approval.</p>

Day Program Record Review Summary						
Sample Size: Consumers = 13; Day Programs = 12						
	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)	13			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.	13			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.	13			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.	13			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.	12	1		92	See Narrative
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.	13			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.	13			100	None
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	13			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 13; Day Programs = 12						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	11		2	100	None
4.2	The day program has a copy of the consumer's current IPP. <i>[Title 17, CCR §56720(b)]</i>	13			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>	13			100	None
4.3.b	The day program's ISP or other program documentation is consistent with the services addressed in the consumer's IPP.	12	1		92	See Narrative
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	12		1	100	None
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services which the day program is responsible for implementing.	12		1	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>			13	NA	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>			13	NA	None
4.5.c	There is appropriate follow-up to special incidents to resolve issues and eliminate or mitigate future risk. <i>(Title 17, CCR, §54327)</i>			13	NA	None

SECTION V

CONSUMER OBSERVATIONS AND INTERVIEWS

I. Purpose

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

II. Scope of Observations and Interviews

Thirty-one of the thirty-eight consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, CCFs, or in independent living settings:

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

III. Results of Observations and Interviews

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

IV. Finding and Recommendation

The parent of consumer #35 stated that she would like assistance in locating an afterschool program for her son.

Recommendation	Regional Center Plan/Response
SCLARC should follow up with the parent of consumer #35 regarding her request for an afterschool program.	Consumer #35 is now attending Milestone afterschool program.

SECTION VI A

SERVICE COORDINATOR INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed eight SCLARC 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 SCLARC's clinical team and internet medication guides as resources.
4. The service coordinators monitor the consumers' services, health and safety during periodic visits. They are aware of the consumers' health issues. The service coordinators were knowledgeable about the special incident report process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed.

SECTION VI B

CLINICAL SERVICES INTERVIEW

I. Purpose

The clinical services interview is used to obtain supplemental information on how the regional center is organized to provide clinical support to consumers and service coordinators. This interview aids in determining what measures the regional center is utilizing to ensure the ongoing health and safety of all 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; 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 service coordinators; improved access to preventive health care resources; role in Risk Management Committee and special incident reports.
2. The monitoring team interviewed the Clinical Nurse Manager of SCLARC's clinical team.

III. Results of Interview

SCLARC's clinical services staff includes a variety of disciplines, such as physicians, nurses, a dentist, a pediatrician, a pharmacist, a psychiatrist, a psychologist, behavioral consultants, nutritionist, a geneticist, a speech pathologist, a physical and occupational therapist, a dental assistant/hygienist, an autism liaison and an educational specialist.

The clinical team functions as a resource for the service coordinators and is available to assess consumers with medical, behavioral or psychiatric concerns. The clinical team has developed a checklist for the service coordinators to utilize during their annual review of consumers. The checklist incorporates information that will assist service coordinators to address health issues in the IPP, or to identify potential issues that might benefit from a clinical team referral.

The nurses are responsible to track all hospitalized consumers and communicate with the admitting facility regarding diagnoses, treatment, and discharge plans. A nurse conducts a nursing assessment and/or intervention to ensure health and safety is maintained after discharge.

The clinical team provides training to staff and providers on a variety of topics, such as tuberculosis, nutrition, feeding issues, and restricted health care conditions. The pharmacist is available for consultation and training with service coordinators, providers, consumers and their families. The pharmacist reviews all special incident reports involving medication errors, which may result in onsite training as needed.

Clinical team members collaborate with the Los Angeles County Department of Mental Health's crisis intervention team to improve services for dually diagnosed consumers. SCLARC's behavior consultants provide training and support to residential, day program, and regional center staff. The consultants also review and approve all behavioral intervention plans prior to implementation and evaluate progress reports to ensure that appropriate procedures are utilized. The clinical team psychiatrist participates in discharge planning for all psychiatric hospitalizations.

SCLARC has improved access to preventative health care resources by advocating prevention, education, resource development, and medical treatments for consumers. These include:

- ✓ SCLARC nurse attends L.A. Care Health Maintenance Organization and Health Net quarterly meetings;
- ✓ Assists providers in developing restricted healthcare plans;
- ✓ Dental screening/treatment services;
- ✓ Publications, such as "The Service Coordinator Bulletin" and a quarterly newsletter for providers and families;
- ✓ Health and dental fairs;
- ✓ Mobility clinics;
- ✓ Community outreach autism clinic;
- ✓ Nutritional assessments; and,
- ✓ Human rights committee.

Clinical team members participate in SCLARC's Risk Management and Mitigation Team. All special incident reports that require medical review are referred to the team for further evaluation and follow-up. The regional center utilizes Mission Analytics Group, Inc., the State's risk management contractor, to analyze special incidents for trends. The clinical team uses this information to make recommendations for appropriate follow-up and training as needed. The clinical team also reviews all deaths and reports findings to the mortality review committee.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

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

II. Scope of Interview

The monitoring team interviewed a quality assurance specialist who is part of the team responsible for conducting SCLARC's QA activities.

III. Results of Interview

1. The annual Title 17 visits are conducted by the quality assurance specialists. The two unannounced visits are conducted by the service coordinators, who function as facility liaisons to the CCFs. Any issues or concerns from the facility liaisons are reported to the QA team for follow-up. When substantial inadequacies are identified, a corrective action plan (CAP) is issued. Most allow the vendor 30 days to correct the situation. The QA team will follow up and provide further training to the vendor if necessary. Case managers provide SCLARC's staff orientation training in identifying substantial inadequacies, immediate dangers, and on their roles and responsibilities during visits to CCFs.
2. The special incident report (SIR) coordinator receives all SIRs. SCLARC's QA team will follow up on vendor-related SIRs, while the service coordinator will follow up on any family-related SIRs. The senior QA staff is a member of the Risk Management and Mitigation Team, which meets monthly. The Risk Management and Mitigation Team will recommend additional trainings to be provided to staff and vendors based on SIR trend analysis.
3. The QA team members also monitor day programs annually. In addition, the QA team requires new residential providers to complete Residential Specialist Services Training offered twice a year. This is a six-to-eight-week series of classroom instruction that all new providers are required to complete.

SECTION VII A

SERVICE PROVIDER INTERVIEWS

I. Purpose

The interviews determine how well the service provider knows the consumers, the extent of their assessment process for the annual IPP development and/or review, the extent of their plan participation, how the plan was developed, how service providers ensure accurate documentation, communicate, address and monitor health issues, their preparedness for emergencies, how they monitor safety and safeguard medications.

II. Scope of Interviews

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

III. Results of Interviews

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

SECTION VII B

DIRECT SERVICE STAFF INTERVIEWS

I. Purpose

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

II. Scope of Interviews

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

III. Results of Interviews

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

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

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

II. Scope of Review

1. The monitoring teams reviewed a total of five CCFs and three 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.b Medication Storage

Day program #9 had over-the-counter medications that had been prescribed by a physician; however, the containers were not labeled with identifying information.

8.2.b Recommendation	Regional Center Plan/Response
SCLARC should ensure that day program #9 follows medication labeling requirements.	SCLARC will alert ELARC regarding this issue by 5/31/17. The consumer who was prescribed the over-the-counter medication is not an active consumer with SCLARC. The consumer is an ELARC active consumer.

8.2.c Non-PRN (pro re nata) Medication Records

Day program #3 had incorrect information on the medication administration record (MAR) for three consumers. This information did not match the prescription labels. The MAR was corrected during the monitoring visit. Accordingly, no recommendation is required.

8.2.d PRN Medication Records

Day program #9 was not documenting the time, dosage, name of the medication or consumer's response to PRN medications.

8.2.d Recommendation	Regional Center Plan/Response
SCLARC should ensure day program #9 properly documents all required PRN medication information.	SCLARC will alert ELARC regarding this issue. The consumers involved are not SCLARC's active consumers.

8.3.c First Aid

CCF #1 had one direct care staff that did not have a current first aid certificate. Subsequently, the staff attended First Aid training on April 7, 2016. Accordingly, no recommendation is required.

CCF #4 did not have current first aid certificates for all their direct care staff. However, the administrator, who lives on site, had a current certificate.

8.3.c Recommendation	Regional Center Plan/Response
SCLARC should ensure that the provider at CCF #4 has current first aid certificates for all their direct care staff.	SCLARC's Chief of Community Services will review monitoring procedures regarding first aid certificates with the quality assurance specialist responsible for monitoring the facility. SCLARC has issued a citation to CCF #4. The staff has completed the required training and all first aid certificates are current. SCLARC will be mindful to check all staff first aid certificates during each monitoring visit.

8.5.c Statement of Rights

Day program #9 did not have a statement of consumer rights posted. During the monitoring review, the provider posted a statement of consumer 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 SCLARC was reviewed by comparing deaths entered into the Client Master File for the review period with SIRs of deaths received by DDS.
2. The records of the 38 consumers selected for the HCBS Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of 10 consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, 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. SCLARC reported all deaths during the review period to DDS.
2. SCLARC reported all special incidents in the sample of 38 records selected for the HCBS Waiver review to DDS.
3. SCLARC's vendors reported 8 of the 10 (80 percent) special incidents in the supplemental sample within the required timeframes.
5. SCLARC reported all 10 (100 percent) incidents to DDS within the required timeframes.
5. SCLARC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the 10 incidents.

IV. Findings and Recommendations

Consumer #42-S: The incident occurred on May 15, 2015. However, the vendor did not submit a special incident report to the regional center until May 20, 2015.

Consumer #44-S: The incident occurred on February 11, 2015. However, the vendor did not submit a special incident report to the regional center until February 17, 2015.

Recommendation	Regional Center Plan/Response
SCLARC should ensure that the vendor for consumer #42-S and the vendor for #44-S submit special incident reports within the required timeframe.	SCLARC will provide individualized technical assistance training to the vendor for consumers 42-S and 44-S. SCLARC will have a SIR training available to all residential and day service providers by August 30, 2017.

**SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS
 HCBS Waiver Review Consumers**

#	UCI	CCF	DP
1	4940383	5	
2	5576079	3	
3	5704176		10
4	4945903		6
5	6029011	1	
6	7400520		4
7	7402054		2
8	7403714	2	
9	7403895	5	
10	7408170	3	
11	7409650	4	
12	7580030		
13	7832470		5
14	7926258		8
15	6990091		1
16	7406925		3
17	7410464		9
18	7456539		
19	7464200		11
20	7464982		
21	7495685		
22	7497528		
23	7696310		
24	6043660		
25	6057748		
26	7411426		12
27	7415500		
28	7420244		
29	7496275		10
30	7604230		7
31	7697245		
32	7913404		
33	6043685		
34	7316753		
35	7423597		
36	7437100		
37	7443156		
38	7616121		

Consumer Who Moved from a Developmental Center

#	UCI
DC 1	7437150

HCBS Waiver Review Service Providers

CCF #	Vendor
1	HX0325
2	HX0138
3	H08280
4	H18782
5	H05674

Day Program #	Vendor
1	HX0206
2	H73537
3	H19113
4	H18799
5	H18836
6	HX0120
7	PW0064
8	H73650
9	H26264
10	HX0341
11	HX0471
12	PX0493

SIR Review Consumers

#	UCI	Vendor
SIR 1	7400173	H19549
SIR 2	7604730	HX0562
SIR 3	7404399	HX0638
SIR 4	7454987	No Vendor
SIR 5	5457312	HX0410
SIR 6	7497652	No Vendor
SIR 7	7509763	HX0658
SIR 8	7544810	HX0616
SIR 9	5059019	HX0484
SIR 10	7409692	HX0003