

**South Central Los Angeles Regional Center
Home and Community-Based Services
1915(i) State Plan Amendment
Monitoring Review Report**

Conducted by:

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

March 9–12, 2020

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EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the Home and Community-Based Services (HCBS) 1915(i) State Plan Amendment (SPA) program from March 9–12, 2020, at South Central Los Angeles Regional Center (SCLARC). The monitoring team members were Natasha Clay (Team Leader), Corbett Bray, Nora Muir, Bonnie Simmons, Linda Rhoades, and Kelly Sandoval from DDS and JoAnn Wright, Kevin Phomthevy and Janie Hironaka from DHCS.

Purpose of the Review

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

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

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

Scope of Review

The monitoring team conducted a record review of a sample of 18 HCBS 1915(i) SPA consumers. In addition, a supplemental sample of consumer records was reviewed for five consumers who had special incidents reported to DDS during the review period of January 1 through December 31, 2019.

Overall Conclusion

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

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

The sample records were 100 percent in overall compliance for this review. SCLARC's records were 100 percent in overall compliance for the collaborative review conducted in 2018.

Section II – Special Incident Reporting

The monitoring team reviewed the records of the HCBS 1915(i) SPA consumers and five supplemental sample consumers for special incidents during the review period. SCLARC reported all special incidents timely for the sample selected for the HCBS 1915(i) SPA review. For the supplemental sample, the service providers reported four of the five incidents to SCLARC within the required timeframes, and SCLARC subsequently transmitted four of the five 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 CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

1. Eighteen HCBS 1915(i) SPA consumer records were selected for the review sample.
2. The review period covered activity from January 1–December 31, 2019.

III. Results of Review

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

- ✓ The sample records were 100 percent in compliance for 18 applicable criteria. There are no recommendations for these criteria.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

None.

Regional Center Consumer Record Review Summary						
Sample Size = 18 Records						
	Criteria	+	-	N/A	% Met	Follow-up
1.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	18			100	None
1.1	Each record contains a “1915(i) State Plan Amendment Eligibility Record” form (DS 6027), signed by qualified personnel, which documents the date of the consumer’s initial 1915(i) SPA eligibility certification and annual re-evaluation, eligibility criteria, and short-term absences. [SMM 4442.1; 42 CFR 483.430(a)]	Criterion 1.1 consists of four sub-criteria (1.1.a-d) that are reviewed and rated independently.				
1.1.a	The DS 6027 is signed and dated by qualified regional center personnel.			18	NA	None
1.1.b	The DS 6027 form indicates that the consumer meets the eligibility criteria for the 1915(i) SPA.	18			100	None
1.1.c	The DS 6027 form documents annual reevaluations.			18	NA	None
1.1.d	The DS 6027 documents short-term absences of 120 days or less, if applicable.			18	NA	None
1.2	There is written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever services or choice of services are denied or reduced without the agreement of the consumer/authorized representative, or the consumer/authorized representative does not agree with all, or part, of the components in the consumer’s IPP. [SMM 4442.7; 42 CFR Part 431, Subpart E; W&I Code §4710(a)(1)]			18	NA	None
1.3	IPP is reviewed (at least annually) by the planning team and modified, as necessary, in response to the consumer’s changing needs, wants or health status. [42 CFR 441.301(b)(1)(I)]	16		2	100	None
1.4.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator. [W&I Code §4646(g)]	18			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 18 Records						
	Criteria	+	-	N/A	% Met	Follow-up
1.4.b	IPP addendums are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	8		10	100	None
1.4.c	The IPP is prepared jointly with the planning team. <i>[W&I Code §4646(d)]</i>	18			100	None
1.5	The IPP includes a statement of goals based on the needs, preferences, and life choices of the consumer. <i>[W&I Code §4646.5(a)(2)]</i>	18			100	None
1.6	The IPP addresses the consumer's goals and needs. <i>[W&I Code §4646.5(a)(2)]</i>	Criterion 1.6 consists of six sub-criteria (1.6.a-f) that are reviewed independently.				
1.6.a	The IPP addresses the special health care requirements, health status and needs as appropriate.			18	NA	None
1.6.b	The IPP addresses the services which the CCF provider is responsible for implementing.			18	NA	None
1.6.c	The IPP addresses the services which the day program provider is responsible for implementing.	5		13	100	None
1.6.d	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	1		17	100	None
1.6.e	The IPP addresses the consumer's goals, preferences, and life choices.	18			100	None
1.6.f	The IPP includes a family plan component if the consumer is a minor. <i>[W&I Code §4685(c)(2)]</i>	12		6	100	None
1.7.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. <i>[W&I Code §4646.5(a)(4)]</i>	18			100	None
1.7.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. <i>[W&I Code §4646.5(a)(4)]</i>	18			100	None
1.7.c	The IPP specifies the approximate scheduled start date for new services and supports. <i>[W&I Code §4646.5(a)(4)]</i>	8		10	100	None

Regional Center Consumer Record Review Summary
Sample Size = 18 Records

	Criteria	+	-	N/A	% Met	Follow-up
1.8	The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to, vendors, contract providers, generic service agencies, and natural supports. <i>[W&I Code §4646.5(a)(4)]</i>	18			100	None
1.9	Periodic reviews and reevaluations are completed (at least annually) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and that the consumer and his/her family are satisfied with the IPP and its implementation. <i>[W&I Code §4646.5(a)(8)]</i>	16		2	100	None
1.9.a	Quarterly face-to-face meetings with the consumer are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	1		17	100	None
1.9.b	Quarterly reports of progress toward achieving IPP objectives are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	1		17	100	None

SECTION II

SPECIAL INCIDENT REPORTING

I. Purpose

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

II. Scope of Review

1. The records of the 18 consumers selected for the HCBS 1915(i) State Plan Amendment (SPA) sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
2. A supplemental sample of five consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. SCLARC reported all of the special incidents timely in the sample of 18 records selected for the HCBS 1915(i) SPA review to DDS.
2. SCLARC's vendors reported four of the five (80 percent) special incidents in the supplemental sample within the required timeframes.
3. SCLARC reported four of the five (80 percent) incidents to DDS within the required timeframes.
4. SCLARC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the five incidents.

IV. Findings and Recommendations

Consumer #SIR 1: The incident occurred on March 4, 2019. However, the vendor did not submit a special incident report to the regional center until March 21, 2019.

Consumer #SIR 5: The vendor reported the incident to SCLARC on July 22, 2019. However, SCLARC did not report the incident to DDS until August 15, 2019.

Recommendations	Regional Center Plan/Response
SCLARC should ensure that the vendor for consumer #SIR 1 submit special incident reports within the required timeframe.	SCLARC will provide SIR training to the vendor to review the Title 17, CCR 54327 requirement that they are required to submit a written report of the special incident to the regional center within 48 hours after the occurrence of the special incident.
SCLARC should ensure that all special incidents are reported to DDS within the required timeframe.	SCLARC will ensure adequate coverage when the SIR Coordinator is out of the office. SCLARC will provide a refresher training session regarding the regional center's timeframe of submitting the initial report to DDS within two working days following receipt of the report or within two working days of learning of the occurrence of the incident.

SAMPLE CONSUMERS

HCBS 1915(i) State Plan Amendment Review Consumers

#	UCI	#	UCI
1	7449616	10	7496015
2	7409998	11	7452186
3	7438342	12	7451977
4	7429212	13	7406669
5	7581442	14	6858784
6	6043231	15	7427254
7	7496133	16	7452213
8	7464745	17	7461547
9	7462146	18	7426912

SIR Review Consumers

#	UCI	Vendor
SIR 1	395	HX0503
SIR 2	7400631	HX0670
SIR 3	7413171	HX0791
SIR 4	7918955	HX0441
SIR 5	7402090	HX0556