

**North Los Angeles County 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**

August 13–24, 2018

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	page 3
SECTION I REGIONAL CENTER CONSUMER RECORD REVIEW.....	page 5
SECTION II SPECIAL INCIDENT REPORTING.....	page 11
SAMPLE CONSUMERS.....	page 12

EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the Home and Community-Based Services (HCBS) 1915(i) State Plan Amendment (SPA) program from August 13–24, 2018, at North Los Angeles County Regional Center (NLACRC). The monitoring team members were Linda Rhoades (Team Leader), Nora Muir, and Bonnie Simmons from DDS, and Raylyn Garrett 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 30 HCBS 1915(i) SPA consumers. In addition, a supplemental sample of consumer records was reviewed for four consumers who had special incidents reported to DDS during the review period of June 1, 2017 through May 31, 2018.

Overall Conclusion

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

Major Findings

Section I – Regional Center Consumer Record Review

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

The sample records were 99 percent in overall compliance for this review.

Section II – Special Incident Reporting

The monitoring team reviewed the records of the HCBS 1915(i) SPA consumers and four supplemental sample consumers for special incidents during the review period. NLACRC reported all special incidents timely for the sample selected for the HCBS 1915(i) SPA review. For the supplemental sample, the service providers reported three of the four incidents to NLACRC within the required timeframes, and NLACRC subsequently transmitted all four special incidents to DDS within the required timeframes. NLACRC'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. Thirty HCBS 1915(i) SPA consumer records were selected for the review sample.
2. The review period covered activity from June 1, 2017 through May 31, 2018.

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. Four criteria were not applicable for this review.

- ✓ The sample records were 100 percent in compliance for 17 applicable criteria. There are no recommendations for these criteria.
- ✓ The findings for three 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

- 1.7.a The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. *[W&I Code §4646.5(a)(4)]*

Finding

Twenty-nine of the thirty (97 percent) sample consumer records contained IPPs that include all services and supports purchased by the regional center. However, the IPP for consumer #7 did not include dental services purchased by the regional center.

1.7.a Recommendation	Regional Center Plan/Response
NLACRC should ensure that the IPP for consumer #7 includes the type and amount of all services and supports purchased by the regional center.	Addendum completed to identify the type and amounts of all services and supports purchased by NLACRC, including dental services.

- 1.9.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)*

Findings

Three of the five (60 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for consumers #16 and #23 contained documentation of only three of the required meetings.

1.9.a Recommendation	Regional Center Plan/Response
NLACRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #16 and #23.	<p>Continued training regarding the importance of timely quarterlies will be provided to CSCs and Supervisors at upcoming unit meetings.</p> <p>The importance of timely quarterly face to face meetings was discussed at the 9/20/18 Supervisors' Meeting. Additionally, 1915(i) SPA consumers have been "blindly" added by DDS and as a result all cases should be monitored similarly to HCBS Waiver requirements. Supervisors will ensure implementation of monitoring timely completion of reports during scheduled supervision with each CSC. To ensure future compliance,</p>

	continuing training will be provided to Service Coordinators and Supervisors regarding the 1915(i) SPA monitoring requirements.
--	---

- 1.9.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)*

Findings

Three of the five (60 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for consumers #16 and #23 contained documentation of only three of the required quarterly reports of progress.

1.9.b Recommendation	Regional Center Plan/Response
NLACRC should ensure that future quarterly reports of progress are completed for consumers #16 and #23.	<p>Continued training regarding the importance of timely quarterlies will be provided to CSCs and Supervisors at upcoming unit meetings.</p> <p>The importance of timely quarterly face to face meetings was discussed at the 9/20/18 Supervisor’s Meeting. Additionally, 1915(i) SPA consumers have been “blindly” added by DDS and as a result all cases should be monitored similarly to HCBS Waiver requirements. Supervisors to ensure implementation of monitoring timely completion of reports during scheduled supervision with each CSC. To ensure future compliance, continuing training will be provided to Service Coordinators and Supervisors regarding the 1915(i) SPA monitoring requirements.</p>

Regional Center Consumer Record Review Summary						
Sample Size = 30 Records						
	Criteria	+	-	N/A	% Met	Follow-up
1.0	The consumer is Medi-Cal eligible. <i>(SMM 4442.1)</i>	30			100	None
1.1	Each record contains a “1915(i) State Plan Amendment Eligibility Record” (DS 6027 form), signed by qualified personnel, which documents the date of the consumer’s initial 1915(i) SPA eligibility certification and annual re-evaluation, eligibility criteria, and short-term absences. <i>[SMM 4442.1; 42 CFR 483.430(a)]</i>	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.			30	NA	None
1.1.b	The DS 6027 form indicates that the consumer meets the eligibility criteria for the 1915(i) SPA.	30			100	None
1.1.c	The DS 6027 form documents annual re-evaluations.			30	NA	None
1.1.d	The DS 6027 documents short-term absences of 120 days or less, if applicable.			30	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. <i>[42 CFR Part 431, Subpart E; W&I Code §4646(g)]</i>			30	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. <i>[42 CFR 441.301(b)(1)(I)]</i>	28		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. <i>[W&I Code §4646(g)]</i>	30			100	None
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.	19		11	100	None

Regional Center Consumer Record Review Summary
Sample Size = 30 Records

	Criteria	+	-	N/A	% Met	Follow-up
1.4.c	The IPP is prepared jointly with the planning team. <i>[W&I Code §4646(d)]</i>	30			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>	30			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.	3		27	100	None
1.6.b	The IPP addresses the services which the CCF provider is responsible for implementing.	1		29	100	None
1.6.c	The IPP addresses the services which the day program provider is responsible for implementing.	11		19	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.	9		21	100	None
1.6.e	The IPP addresses the consumer's goals, preferences, and life choices.	30			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>	14		16	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>	29	1		97	See Narrative
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>	30			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>	19		11	100	None
1.8	The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to, vendors, contract providers, generic service agencies, and natural supports. <i>[W&I Code §4646.5(a)(4)]</i>	28		2	100	None

Regional Center Consumer Record Review Summary
Sample Size = 30 Records

	Criteria	+	-	N/A	% Met	Follow-up
1.9	Periodic reviews and reevaluations are completed (at least annually) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and that the consumer and his/her family are satisfied with the IPP and its implementation. <i>[W&I Code §4646.5(a)(6)]</i>	30			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>	3	2	25	60	See Narrative
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>	3	2	25	60	See Narrative

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 30 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 four 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. NLACRC reported all of the special incidents timely in the sample of 30 records selected for the HCBS 1915(i) SPA review to DDS.
2. NLACRC's vendors reported three of the four (75 percent) special incidents in the supplemental sample within the required timeframes.
3. NLACRC reported all four (100 percent) incidents to DDS within the required timeframes.
4. NLACRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the five incidents.

II. Finding and Recommendation

Consumer #1: The incident occurred on June 15, 2017. However, the vendor did not submit a written report to NLACRC until June 18, 2017.

Recommendation	Regional Center Plan/Response
<p>NLACRC should ensure that the vendor for consumer #1 report special incidents within the required timeframe.</p>	<p>Upon receiving the SIR, Community Services Specialist QA sent provider, TASC, the SIR form letter outlining reporting requirements. In addition, Community Services Specialist QA provided the TASC Management and Direct Care Staff with technical support training on special incident reporting and reviewed the following: SIR form, DDS' Special Incident Report Questions, and reporting requirements (see attached). Last, the Community Services Department provided a Risk Mitigation Training, which included SIR reporting for management level staff. This provider attended (see attached). Case Management, Risk Assessment, and Community Services will continue to collaborate on reviewing SIRs submitted to NLACRC for reporting compliance and risk mitigation. Community Services will continue to provide technical assistance and vendor trainings on regulatory reporting requirements.</p>

SAMPLE CONSUMERS

HCBS 1915(i) State Plan Amendment Review Consumers

#	UCI	#	UCI
1	8210517	16	7535024
2	5187448	17	4949517
3	8200493	18	7858269
4	7594260	19	8178407
5	8214403	20	7893689
6	8108276	21	7575310
7	7838675	22	7873965
8	8168365	23	6285244
9	6699005	24	7844632
10	7883401	25	8118847
11	7889915	26	8162815
12	7698870	27	7854193
13	8192767	28	7885568
14	5583372	29	7879560
15	7893336	30	7818008

SIR Review Consumers

#	UCI	Vendor
SIR 1	7895965	PL0052
SIR 2	7824725	H17623
SIR 5	6094887	PL1000
ALT 7	6601148	PL1000