

**North Los Angeles County Regional Center  
Home and Community-Based Services Waiver  
Monitoring Review Report**

**Conducted by:**

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

**August 13–24, 2018**

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## **EXECUTIVE SUMMARY**

The Department of Developmental Services (DDS) conducted the federal compliance monitoring review of the Home and Community-Based Services (HCBS) Waiver from August 13–24, 2018, at North Los Angeles County Regional Center (NLACRC). The monitoring team members were Linda Rhoades (Team Leader), Corbett Bray, Ray Harris, Kathy Benson, Bonnie Simmons, and Christine Bagley.

### **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 the Department of Health Care Services, that the HCBS Waiver is implemented by regional centers in accordance with Medicaid statute and regulations.

### **Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol**

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

### **Scope of Review**

The monitoring team reviewed a sample of 62 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers whose HCBS Waiver eligibility had been previously terminated; 2) three consumers who moved from a developmental center, and 3) ten consumers who had special incidents reported to DDS during the review period of June 1, 2017 through May 31, 2018.

The monitoring team completed visits to six community care facilities (CCF) and 13 day programs. The team reviewed six CCF and 16 day program consumer records and interviewed and/or observed 53 selected sample consumers.

## Overall Conclusion

NLACRC is in substantial compliance with the federal requirements for the HCBS Waiver program. Specific recommendations that require follow-up actions by NLACRC are included in the report findings. DDS is requesting documentation of follow-up actions taken by NLACRC 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 NLACRC 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-two sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. The sample records were 98 percent in overall compliance for this review.

NLACRC's records were 98 percent and 99 percent in overall compliance for the collaborative reviews conducted in 2016 and in 2014, respectively.

### Section III – Community Care Facility Consumer Record Review

Six consumer records were reviewed at six CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100 percent in overall compliance for the applicable criteria.

NLACRC's records were 100 percent in overall compliance for the collaborative reviews conducted in 2016 and in 2014.

### Section IV – Day Program Consumer Record Review

Sixteen consumer records were reviewed at 13 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.

NLACRC's records were 98 percent and 99 percent in overall compliance for the collaborative reviews conducted in 2016 and in 2014, respectively.

## Section V – Consumer Observations and Interviews

Fifty-three 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

Twelve 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

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

## Section VI C – Quality Assurance (QA) Interview

The community services specialist was interviewed using a standard interview instrument. He responded to questions regarding how NLACRC 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

Ten service providers at six CCFs and four day programs 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 were familiar with the consumers and knowledgeable about their roles and responsibilities.

## Section VII B – Direct Service Staff Interviews

Six 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 six CCFs and four day programs utilizing a standard checklist with 23 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 62 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. NLACRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported all 10 incidents to NLACRC within the required timeframes, and NLACRC subsequently transmitted all 10 special incidents to DDS within the required timeframes. NLACRC'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 North Los Angeles County Regional Center's (NLACRC) 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

NLACRC 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 NLACRC 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.

<b>Regional Center Self-Assessment HCBS Waiver Assurances</b>	
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 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 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 oversees 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>

<b>Regional Center Self-Assessment HCBS Waiver Assurances</b>	
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 once 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-two HCBS Waiver consumer records were selected for the review sample.

<b>Living Arrangement</b>	<b># of Consumers</b>
Community Care Facility (CCF)	16
With Family	27
Independent or Supported Living Setting	19

2. The review period covered activity from June 1, 2017–May 31, 2018.

#### III. Results of Review

The 62 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Three supplemental records were reviewed solely for documentation that NLACRC had either provided the consumer with written notification prior to termination of the consumer's HCBS Waiver eligibility or the consumer had voluntarily disenrolled from the HCBS Waiver. Additionally, three 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.

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

2.2 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)]

Findings

Fifty-six of the sixty-two (90 percent) sample consumer records contained a signed and dated DS 2200 form. There were identified issues regarding the DS 2200 form for the following consumers:

1. Consumer #1: The consumer’s waiver status was reactivated in 2015. A new DS 2200 was not signed and dated.
2. Consumer #4: The DS 2200 form was signed but not dated. A new form was signed and dated 7/31/18. Accordingly, no recommendation is required.
3. Consumer #28: The consumer did not sign and date the DS 2200 upon turning 18. A new form was signed and dated. Accordingly, no recommendation is required.
4. Consumer #36: The consumer did not sign the DS 2200. The form was signed 7/12/18. Accordingly, no recommendation is required.
5. Consumer #37: The consumer did not sign the DS 2200. The form was signed 7/16/18. Accordingly, no recommendation is required.
6. Consumer #49: There was not a DS 2200 form on file.

2.2 Recommendations	Regional Center Plan/Response
NLACRC should ensure that the DS 2200 forms for consumers #1 and #49 are properly signed and dated.	Consumer #1 completed and signed a new DS 2200 during an IPP meeting held on 10/15/18 with CSC.  Consumer #49 completed and signed a new DS 2200 during an observation held on 6/19/19 with CSC.

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

Fifty-eight of the sixty-two (94 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 of 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 #13: “running/ wandering away”;
2. Consumer #18: “supervision with meds”;
3. Consumer #30: “prompts for dressing”; and,
4. Consumer #37: “special diet.”

2.5.b Recommendations	Regional Center Plan/Response
<p>NLACRC should determine if the items listed above are appropriately identified as qualifying conditions. The consumer’s DS 3770 form should be corrected to ensure that any items that do not represent substantial limitations in the consumers’ ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying conditions. If NLACRC determines that the issues are correctly identified as qualifying conditions, documentation (updated IPPs, progress reports, etc.) that supports the original determinations should be submitted with the response to this report.</p>	<p>#13: A review of the 8/14/17 IPP for consumer #13 did not support the qualifying condition indicated on the CDER and DS 3770. Since, an Addendum dated 7/11/18 was completed to include and address the qualifying condition running/wandering away. A copy is attached.</p> <p>#18: A review of the 10/19/16 IPP for consumer #18 supports the qualifying condition indicated on the CDER and DS 3770. The IPP indicates consumer does not take any prescribed medication, but if he were to take any, he would need supervision. Although there are no currently prescribed medications, the 10/19/16 IPP</p>

	<p>accurately describes the consumer's functioning regarding supervision with medications, and we consider the needed support in the event consumer was taking medications as a qualifier. However, the CDER is designed to reflect the "current" functioning, and since consumer is not "currently" taking medications, the qualifier was incorrectly included on the DS 3770 as a result of an inaccurate CDER. This qualifier has been removed from the CDER. A corrected DS 3770 has been placed in the chart.</p> <p>#30: A review of the 6/9/15 IPP and 6/27/18 IPP for consumer #30 did not support the qualifying condition indicated on the CDER and DS 3770. The qualifier was incorrectly included on the DS 3770 as a result of an inaccurate CDER. This qualifier has been removed from the CDER. An addendum dated 8/2/18 was completed to accurately reflect qualifying conditions. A corrected DS 3770 has been placed in the chart.</p> <p>#37: A review of the 1/27/16 IPP and 12/27/18 IPP for consumer #37 did not support the qualifying condition indicated on the CDER and DS 3770. The qualifier was incorrectly included on the DS 3770 as a result of an inaccurate CDER. This qualifier has been removed from the CDER. A corrected DS 3770 has been placed in the chart.</p>
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2.6.b The HCBS Waiver Standardized Annual Review Form (SARF) is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary and that the consumer’s health status and CDER have been reviewed. (HCBS Waiver requirement)

Finding

Forty-two of the forty-three (98 percent) applicable sample consumer records contained a completed SARF. However, the record for consumer #15 contained a SARF dated November 15, 2016.

2.6.b Recommendation	Regional Center Plan/Response
NLACRC should ensure that the SARF for consumer #15 is completed annually.	<p>A quarterly report was erroneously completed in place of required 2017 Annual Review. Subsequently, a SARF was not completed. A new IPP was completed on 8/7/18. A SARF was not required at such time.</p> <p>The importance of timely and accurate face-to-face meetings was discussed at the 9/20/18 Supervisors’ Meeting. Supervisors will ensure implementation of monitoring accurate and 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 this HCBS Waiver requirement.</p>

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)]

Finding

Sixty-one of the sixty-two (98 percent) sample consumer records contained IPPs that were signed by NLACRC and the consumers or their legal representatives. However, the IPP for consumer #25 had not been signed by the consumer.

2.7.a Recommendation	Regional Center Plan/Response
<p>NLACRC should ensure that the IPP for consumer #25 is signed by the consumer.</p>	<p>NLACRC is unable to identify cause of missing signature/mark as CSC is no longer with the agency and IPP was conducted during the CSC's training period. Since, consumer #25 has suffered a massive stroke in 10/2018 causing her to lose all functioning of ADL's and any movement. An Annual Review was completed on 6/3/19 at which time it was confirmed that consumer can only move her neck. Possible conservatorship was discussed with Mother as consumer is currently not conserved. Going forward, CSC will indicate "unable to sign" on all signature pages and provide an explanation.</p>

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

Fifty-four of the 62 (87 percent) sample consumer records contained IPPs that addressed the consumer's qualifying conditions. However, the IPPs for eight consumers did not address supports for qualifying conditions identified in the record as indicated below:

1. Consumer #13: "disruptive outbursts," noted in quarterly report dated 5/14/18;
2. Consumer #20: "requires assistance to take medication," noted in quarterly report dated 3/14/18;
3. Consumer #35: "disruptive social behavior," corrected in an addendum dated 7/12/18. Accordingly, no recommendation is required. "self-injurious behavior," noted in quarterly report dated 8/30/17;
4. Consumer #36: "reminders for dressing," corrected in an addendum dated 7/13/18. Accordingly, no recommendation is required;
5. Consumer #37: "requires assistance to take medication," corrected in an addendum dated April 24, 2018. Accordingly, no recommendation is required;

6. Consumer #38: “assist with personal care” and “self-injurious behavior,” corrected in an addendum dated 7/23/18. Accordingly, no recommendation is required;
7. Consumer #53: “running/wandering away,” noted in a staffing report dated 2/18/17; and,
8. Consumer #54: “toilet training,” noted in annual progress report dated 8/8/17.

2.9.a Recommendations	Regional Center Plan/Response
<p>NLACRC should ensure that the IPPs for consumers #13, #20, #35, #53 and #54 address the services and supports in place for the qualifying conditions identified above.</p>	<p>#13: Addendum completed to include and address “disruptive outbursts” assisted by SLS Agency.</p> <p>#20: Addendum completed to include and address “requires assistance to take medications” provided by CCF Staff.</p> <p>#35: “Self-Injurious behavior” was incorrectly included on the DS 3770. Consumer #35 no longer displays behavior with the additional supports provided by the SLS Agency. This qualifier has been removed, and a corrected DS 3770 has been placed in the chart.</p> <p>#53: Addendums and Annual Review completed to include and address “running/wandering away.”</p> <p>#54: A new IPP completed on 7/14/18 includes and addresses “toilet training” assisted by Mother.</p>

2.9.b The IPP addresses the special health care requirements.  
*[W&I Code §4646.5(a)(2)]*

Finding

Thirty-three of the thirty-four (97 percent) applicable sample consumer IPPs addressed the consumers’ special health care requirements. However, the IPP for consumer #31 did not address the special health care requirements for ostomy equipment.

2.9.b Recommendations	Regional Center Plan/Response
NLACRC should ensure that the IPP for consumer #31 addresses the special health care requirements as noted.	IPP dated 3/23/17 addressed that consumer #31 uses a urinal and bed pan for his elimination needs. The special health care requirements for ostomy equipment were specifically included and addressed in the 4/5/18 Annual Review. IHSS and SLS Staff to provide assistance with ostomy equipment.

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

Findings

Fifty-eight of the sixty-two (94 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by NLACRC. However, the IPPs for the following consumers did not indicate NLACRC funded services as indicated below:

1. Consumer #5: Psychiatrist;
2. Consumer #18: Transportation assistant;
3. Consumer #28: Counseling; corrected with an addendum. Accordingly, no recommendation is required; and,
4. Consumer #37: Dental; corrected with an addendum dated 7/13/18. Accordingly, no recommendation is required.

2.10.a Recommendations	Regional Center Plan/Response
NLACRC should ensure that the IPPs for consumers #5 and #18 include a schedule of the type and amount of all services and supports purchased by NLACRC.	#5: IPP dated 7/7/16 identified type and amounts of all services and supports purchased by NLACRC, including Psychiatrist Dr. Karan. Further clarification was identified in Addendum dated 7/12/18 regarding Psychiatrist services and supports purchased by NLACRC. #18: Addendum completed to identify amounts of services and supports purchased by NLACRC, including transportation assistant.

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

Finding

Thirty-four of the thirty-five (97 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the record for consumer #43 contained documentation of only three of the required meetings.

2.13.a Recommendation	Regional Center Plan/Response
<p>NLACRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumer #43.</p>	<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 face to face meetings was discussed at the 9/20/18 Supervisors' Meeting. To ensure future compliance, continuing training will be provided to Service Coordinators and Supervisors regarding this HCBS Waiver requirement. Additionally, NLACRC has developed and implemented a Floater CSC position to provide support for uncovered caseloads to ensure compliance.</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 community care facilities, family home agencies or supported living and independent living settings. *(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)*

Findings

Thirty-three of the thirty-five (94 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for consumer #21 contained documentation of only two of the required quarterly reports of progress, and the records for consumer #43 contained documentation of only three quarterly reports of progress.

2.13.b Recommendation	Regional Center Plan/Response
<p>NLACRC should ensure that future quarterly reports of progress are completed for consumers #21 and #43.</p>	<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 progress reports was discussed at the 9/20/18 Supervisors' Meeting. Supervisors will 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 this HCBS Waiver requirement. Additionally, NLACRC has developed and implemented a Floater CSC position to provide support for uncovered caseloads to ensure compliance.</p>

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 62 + 6 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.0	The consumer is Medi-Cal eligible. <i>(SMM 4442.1)</i>	62			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.	62			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.	62			100	None
2.1.c	The DS 3770 form documents annual recertifications.	57		5	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	12		50	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>	56	6		90	See Narrative
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; W&amp;I Code §4646(g)]</i>	5		60	100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 62 + 6 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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>	60		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>	62			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	58	4		94	See Narrative
2.6.a	IPP is reviewed (at least annually) by the planning team and modified as necessary in response to the consumer's changing needs, wants or health status. <i>[42 CFR 441.301(b)(1)(I)]</i>	60		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>	42	1	19	98	See narrative
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>[W&amp;I Code §4646(g)]</i>	61	1		98	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.	38		24	100	None
2.7.c	The IPP is prepared jointly with the planning team. <i>[W&amp;I Code §4646(d)]</i>	62			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. <i>[W&amp;I Code §4646.5(a)]</i>	62			100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 62 + 6 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.9	The IPP addresses the consumer's goals and needs. [W&I Code §4646.5(a)(2)]	Criterion 2.9 consists of seven sub-criteria (2.9.a-g) that are reviewed independently.				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	54	8		87	See Narrative
2.9.b	The IPP addresses special health care requirements.	33	1	28	97	See Narrative
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	16		46	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	25		37	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		43	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	62			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. [W&I Code §4685(c)(2)]	17		45	100	None
2.10.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. [W&I Code §4646.5(a)(4)]	58	4		94	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. [W&I Code §4646.5(a)(4)]	62			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [W&I Code §4646.5(a)(4)]	37		25	100	None
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including but not limited to vendors, contract providers, generic service agencies and natural supports. [W&I Code §4646.5(a)(4)]	62			100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 62 + 6 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.12	Periodic reviews and reevaluations of consumer progress are completed (at least annually) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. <i>[W&amp;I Code §4646.5(a)(6)]</i>	60		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; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	34	1	27	97	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	33	2	27	94	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>(W&amp;I Code §4418.3)</i>	3		62	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**

Six consumer records were reviewed at six CCFs visited by the monitoring team. The facilities' consumer records were reviewed to determine compliance with 19 criteria. Five criteria were not applicable for this review.

#### **III. Results of Review**

The consumer records were 100 percent in compliance for the 14 criteria.

- ✓ A summary of the results of the review is shown in the table at the end of this section.

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 6; CCFs = 6</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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>	6			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	6			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			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.	6			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	6			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	6			100	None
3.1.i	Special safety and behavior needs are addressed.	6			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>	6			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	6			100	None

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 6; CCFs = 6</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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>			6	NA	None
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.			6	NA	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. <i>[Title 17, CCR, §56026(c)]</i>	6			100	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	6			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>	6			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>	6			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	6			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>			6	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>			6	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>			6	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 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

Sixteen consumer records were reviewed at 13 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 15 criteria.

- ✓ 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

Fifteen of the sixteen (94 percent) sample consumer records contained signed authorizations for emergency medical treatment. However, the record for consumer #18 at day program #3 did not contain a signed authorization for emergency medical treatment. During the review, an emergency medical treatment authorization was signed by consumer #18 at day program #3. Accordingly, no recommendation is required.

- 4.1.e The consumer record contains documentation that the consumer has been informed of his/her personal rights.

Finding

Fifteen of the sixteen (94 percent) sample consumer records contained documentation that the consumer and/or their authorized representative had been informed of their personal rights. However, the record for consumer #18 at day program #3 did not contain documentation that the consumer was informed of his rights. During the review, the consumer was informed of his personal rights. Accordingly, no recommendation is required.

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 16; Day Programs = 13</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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)	16			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.	16			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.	16			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.	16			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.	15	1		94	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.	15	1		94	See Narrative
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.	16			100	None

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 16; Day Programs = 13</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	16			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	12		4	100	None
4.2	The day program has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56720(b)]</i>	16			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>	16			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.	16			100	None
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	14		2	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.	15		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>	1		15	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		15	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		15	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, work activities, health, choices, and regional center services.

#### II. Scope of Observations and Interviews

Fifty-three of the sixty-two consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities, or in independent living settings.

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

#### III. Results of Observations and Interviews

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

## SECTION VI A

### SERVICE COORDINATOR INTERVIEWS

#### I. Purpose

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

#### II. Scope of Interviews

1. The monitoring team interviewed 12 North Los Angeles County Regional Center (NLACRC) 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 NLACRC's clinical team and online resources for medication.

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

## SECTION VI B

### CLINICAL SERVICES INTERVIEW

#### I. Purpose

The clinical services interview is used to obtain supplemental information on how the regional center is organized to provide clinical support to consumers and service coordinators. 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 monitoring team interviewed a North Los Angeles County Regional Center (NLACRC) Registered Nurse Consultant.
2. 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 service coordinators; improved access to preventive health care resources; role in Risk Management Committee and special incident reports.

#### III. Results of Interview

1. The NLACRC clinical team consists of the Clinical Services Director, Director of Medical Services, physicians, registered nurses, behaviorists, psychologists, a psychiatrist, a dentist and a dental hygienist.
2. Consumers who have significant health problems are referred for a nursing evaluation by the service coordinators. The clinical team and service coordinators work closely with providers and/or families to provide consultation, training, local resources and follow-up, as needed. Nurses also provide staff training on topics such as restricted health care conditions, medications, and falls. The registered nurses are available to visit hospitalized consumers and assist in the discharge planning process. They are also available to collaborate with the consumers' primary physician to assist with coordination of care.
3. The regional center nurses are available to review medication issues upon request from the service coordinator. The nurse reviews all medication Special Incident Reports (SIR) and provides onsite medication training for providers, as needed.

4. The clinical staff assists service coordinators with consumers' behavior and mental health needs. The psychiatrist is available for emergency consultation and follow-up until the consumer is transitioned to community resources. He is also available to review psychotropic medication concerns. The behavioral team reviews behavior plans and makes recommendations to regional center staff, families and providers, as necessary. Onsite behavioral training is also available to providers. A behaviorist is available to participate in parenting groups and provides in-home evaluations and observations, as needed. If generic resources are unavailable, the regional center may provide funds for outpatient and inpatient mental health services.
5. The clinical team supports service coordinators on an ongoing basis. Service coordinators can access team members to assist them with health, dental, and nursing needs. They are also available to assist with coordinating generic resources, nursing, managed care and autism services. The clinical team participates in new employee orientation and offers ongoing trainings to all staff.
6. NLACRC has taken a proactive role in advocating for prevention, education, resource development, and medical treatment for its consumers. These efforts include:
  - ✓ Maintaining a list of Medi-Cal providers;
  - ✓ Conducting multi-disciplinary evaluations;
  - ✓ Funding for physical therapy, adaptive equipment and other needs if no other resources are available;
  - ✓ Resource library available for families and providers;
  - ✓ Dental training for vendors and families;
  - ✓ Partnering with local home health agencies; and,
  - ✓ Providing funding for dental services, as needed.

The Clinical Services Director participates on the Risk Management Committee. Members of the clinical team review health, medication and behavior-related special incidents. All deaths are reviewed by a physician and nurse from the clinical team. The regional center utilizes Mission Analytics Group, Inc., the State's risk management contractor, to analyze special incidents for trends and makes recommendations for appropriate follow-up and training, as needed. Recent trainings have included fall prevention, medication administration, and SIR reporting requirements.

## 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 inquires 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 community services specialist who is an integral part of the team responsible for conducting North Los Angeles County Regional Center's (NLACRC) QA activities.

#### III. Results of Interview

1. The community services specialist conducts the annual Title 17 visits and the two required unannounced visits. QA supervisors and service coordinators are invited to attend, as available. During the visits they review vendor files, Individual Program Plans and behavior plans, perform a walkthrough of the facility, check medication logs, review Special Incident Reports (SIR) and previous corrective action plans (CAP), if any. Additional unannounced visits may result from a service coordinator referral.
2. The resource specialist reviews and approves vendor applications. Service coordinators and the Risk Assessment Unit monitor programs and providers where there is no regulatory authority to ensure the programs are operating per approved program design.
3. The Risk Assessment Unit forwards SIRs that require further investigation to the QA unit. The community services specialist, in collaboration with Community Care Licensing and/or law enforcement, follows up on the SIRs they receive. When issues of substantial inadequacies are identified, the community services specialist is responsible for developing CAPs and completing the follow-up with the vendor.
4. The Risk Assessment Unit maintains statistics on compliance with reporting special incidents and makes the information available to regional center staff. The community services specialist supervisor is a member of the Risk Management Committee which is overseen by the Risk Assessment Unit.

5. The community services specialist conducts trainings for vendors and staff, such as medication training, SIR training, health precautions, rights training and disaster training.

## 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 ten service providers at six community care facilities 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 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 ten direct service staff at six community care facilities 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 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 Home and Community-Based Services Waiver definition of a homelike setting.

#### II. Scope of Review

1. The monitoring teams reviewed a total of six CCFs and four 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.

## 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 North Los Angeles County Regional Center (NLACRC) 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 62 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. NLACRC reported all deaths during the review period to DDS.
2. NLACRC reported all special incidents in the sample of 62 records selected for the HCBS Waiver review to DDS.
3. NLACRC's vendors reported all 10 (100 percent) incidents in the supplemental sample within the required timeframes.
4. NLACRC reported all 10 (100 percent) incidents to DDS within the required timeframes.
5. NLACRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the 10 incidents.

#### IV. Finding and Recommendation

None.

## SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

### HCBS Waiver Review Consumers

#	UCI	CCF	DP
1	6039473	3	
2	7849219	6	
3	7864234	2	
4	5382064	1	
5	5025838	4	
6	6633894	5	
7	7825623		12
8	7828551		12
9	5858196		12
10	7894332		8
11	6220777		
12	7812316		1
13	7820434		
14	4986238		7
15	5028733		13
16	6093394		5
17	7841422		1
18	7864051		3
19	7843717		10
20	7877154		6
21	7926410		4
22	5345103		2
23	5729363		11
24	4870259		
25	5640552		
26	7821200		
27	7874326		
28	7878205		
29	7882233		
30	7888721		
31	4986683		
32	5732102		14
33	5970850		
34	6819340		
35	7302722		
36	7501461		
37	7601506		

#	UCI	CCF	DP
38	7612678		
39	7806052		
40	7810112		
41	7812795		
42	7859069		
43	7883215		
44	7887443		
45	7893605		
46	7897192		
47	7868759		
48	7870965		
49	7873193		
50	7876665		
51	7882850		
52	7891857		
53	8109164		
54	8110738		
55	8120631		
56	8121317		
57	8121868		
58	8134590		
59	8125143		
60	8172336		
61	8192869		
62	8205449		

### Supplemental Sample Terminated Waiver Consumers

#	UCI
T-63	4978078
T-64	5442082
T-65	5762877

### Supplemental Sample Developmental Center Consumers

#	UCI
DC-66	7496044
DC-67	6008965
DC-68	7909505

### HCBS Waiver Review Service Providers

CCF #	Vendor
1	H32772
2	PL0976
3	PL1206
4	HL0228
5	HL0603
6	PL0976

Day Program #	Vendor
1	HL0302
2	HL0419
3	HL0318
4	HL0291
5	PL1498
6	HL0703
7	HL0341
8	HL0044
10	H17994
11	H17994
12	H17803
13	PL1633
14	HL0317

### SIR Review Consumers

#	UCI	Vendor
SIR 69	7883257	HL0011
SIR 70	5887658	PL0797
SIR 71	6601099	PL1073
SIR 72	5862032	HL0552
SIR 73	6602462	H32862
SIR 74	6901607	HL0015
SIR 75	7877357	PL1121
SIR 76	7812290	H01025
SIR 77	8140034	PL1000
SIR 78	5348651	HX0518