

**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

July 29–August 16, 2024

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EXECUTIVE SUMMARY

The Department of Developmental Services (Department) conducted the federal compliance monitoring review of the Home and Community-Based Services (HCBS) 1915(i) State Plan Amendment (SPA) program from July 29–August 16, 2024, at North Los Angeles County Regional Center (NLACRC). The monitoring team members were Natasha Clay (Team Leader), Kelly Sandoval, Nora Muir, Fam Chao, Deeanna Tran, Amalya Caballery, Crystal La, Janie Hironaka, Dominique Johnson, and Vannessa Fonseca from the Department.

Purpose of the Review

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

Scope of Review

The monitoring team conducted reviewed of a sample of 29 records for individuals served who are on HCBS 1915(i) SPA. In addition, a supplemental sample of records were reviewed for five individuals who had special incidents reported to the Department during the review period of April 1, 2023 through March 31, 2024.

Overall Conclusion

NLACRC is in overall compliance with the federal requirements for the HCBS 1915(i) SPA program. Specific recommendations that require follow-up actions by NLACRC are included in the report findings. The Department 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 Record Review of Individuals Served

Twenty-nine sample records for individuals served on the 1915i SPA were reviewed for 24 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS 1915(i) SPA requirements. Criterion 1.3 was 62 percent in compliance because 11 of the 29 applicable records did not contain documentation of all the required IPPs reviewed annually. Criterion 1.7.a was 79 percent in compliance because 6 of the 29 applicable records did not contain documentation of all the required type and amount of services purchased by the regional center. Criterion 1.9 was 76 percent in compliance because 7 of the 29 applicable records did not contain documentation of all the required periodic reviews of individuals served progress and services completed at least annually. Criterion 1.9.a was 71 percent in compliance because 4 of the 14 applicable records did not contain documentation of all required quarterly face-to-face visits. Criterion 1.9.b was 71 percent in compliance because 4 of the 14 applicable records did not contain documentation of all required quarterly reports of progress. Five criteria were rated as not applicable for this review.

The sample records were 90 percent in overall compliance for this review. NLACRC's records were 95 and 97 percent in overall compliance for the collaborative reviews conducted in 2022 and in 2020, respectively.

Section II – Special Incident Reporting

The monitoring team reviewed 29 records for individuals served who are on the 1915(i) SPA and five supplemental sample records 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 four of the five incidents to NLACRC within the required timeframes, and NLACRC subsequently transmitted four of the five special incidents to DDS within the required timeframes. NLACRC's follow-up activities on incidents were timely and appropriate for the severity of the situation for four of the five special incidents.

SECTION I

REGIONAL CENTER RECORD REVIEW OF INDIVIDUALS SERVED

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, individual choice, notification of proposed action and fair hearing rights, individual program plans and periodic reviews and reevaluations of services. The information obtained about the individuals' needs and services is tracked as a part of the onsite program reviews.

II. Scope of Review

1. Twenty-nine HCBS 1915(i) SPA records of individuals served were selected for the review sample.
2. The review period covered activity from April 1, 2023 to March 31, 2024.

III. Results of Review

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

- ✓ The sample records were in 100 percent compliance for 12 applicable criteria. There are no recommendations for these criteria.
- ✓ Findings for seven 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

- 1.3 The IPP is reviewed (at least annually) by the planning team and modified, as necessary, in response to the individual's changing needs, wants or health status. [42 CFR 441.301(c)(3)]

Finding

Eighteen of the twenty-nine (62 percent) sample records of individuals served contained documentation that the individual's IPP had been reviewed annually by the planning team. However, there was no documentation that the IPPs for 11 individuals were reviewed annually as indicated below:

1. Individual #2: The IPP was dated January 15, 2021. There was no documentation that the IPP was reviewed during the monitoring review period. A new IPP was completed on January 25, 2024. Accordingly, no recommendation is required;
2. Individual #7: The IPP was dated February 4, 2021. There was no documentation that the IPP was reviewed during the year in 2023. A new IPP was completed January 10, 2024. Accordingly, no recommendation is required;
3. Individual #8: The IPP was dated May 18, 2020. There was no documentation that the IPP was reviewed during the monitoring review period. A new IPP was completed on May 7, 2024. Accordingly, no recommendation is required;
4. Individual #9: The IPP was dated September 22, 2022. There was no documentation that the IPP was reviewed during the monitoring review period. A new IPP was completed on July 8, 2024. Accordingly, no recommendation is required;
5. Individual #12: The IPP was dated December 15, 2021. There was no documentation that the IPP was reviewed during the monitoring review period. A new IPP was completed on May 17, 2024. Accordingly, no recommendation is required;
6. Individual #16: The IPP was dated May 18, 2020. There was no documentation that the IPP was reviewed during the monitoring review period. A new IPP was completed on May 20, 2024. Accordingly, no recommendation is required;
7. Individual #18: The IPP was dated September 22, 2020. There was no documentation that the IPP was reviewed during the monitoring review

- period. A new IPP was completed on March 4, 2024. Accordingly, no recommendation is required;
8. Individual #21: The IPP was dated March 28, 2022. There was no documentation that the IPP was reviewed during the monitoring review period. A new IPP was completed on May 17, 2024. Accordingly, no recommendation is required;
 9. Individual #22: The IPP was dated May 10, 2022. There was no documentation that the IPP was reviewed during the monitoring review period;
 10. Individual #25: The IPP was dated April 1, 2021. There was no documentation that the IPP was reviewed during the monitoring review period. A new IPP was completed May 8, 2024. Accordingly, no recommendation is required; and
 11. Individual #27: The IPP was dated January 15, 2020. There was no documentation that the IPP was reviewed during the monitoring review period. A new IPP was completed May 21, 2024. Accordingly, no recommendation is required.

1.3 Recommendations	Regional Center Plan/Response
NLACRC should ensure that the IPP for individual #22 is reviewed at least annually by the planning team.	The importance of timely/annual IPP renewal documentation was discussed at Case Management Leadership Meetings on 8/12/24 and 9/3/24. To ensure future compliance continuous training will be provided to Service Coordinators and Supervisors regarding 1915(i) SPA requirements. Such cases should be monitored similarly to HCBS Waiver requirements. In addition, NLACRC has implemented a tracking data base, Power BI Caseload reports, to assist Case Management with Federal compliance.
In addition, NLACRC should evaluate what actions may be necessary to ensure that IPPs are reviewed at least annually for all applicable individuals served.	The importance of timely/annual IPP renewal documentation was discussed at Case Management Leadership Meetings on 8/12/24 and 9/3/24. To ensure future compliance continuous training will be provided to Service Coordinators and

	Supervisors regarding 1915(i) SPA requirements. Such cases should be monitored similarly to HCBS Waiver requirements. In addition, NLACRC has implemented a tracking data base, Power BI Caseload reports, to assist Case Management with Federal compliance.
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- 1.4.a The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the individual served or, where appropriate, his/her parents, legal guardian, or conservator. [W&I Code §4646(g)]

Findings

Twenty-seven of the twenty-nine (93 percent) sample records of individuals served contained IPPs that were signed by NLACRC and the individuals served, or their legal representatives. However, the following individuals' IPPs were not signed by the appropriate individual:

1. Individual #4: The IPP dated May 19, 2023 was not signed by the individual served. The IPP was signed on June 18, 2024 by the individual served. Accordingly, no recommendation is required; and,
2. Individual #21: The IPP dated March 28, 2022 was not signed by the individual served. The IPP was signed on June 12, 2024 by the individual served. Accordingly, no recommendation is required.

- 1.4.b IPP addenda are signed by an authorized representative of the regional center and the individual served or, where appropriate, his/her parents, legal guardian, or conservator.

Finding

Sixteen of the seventeen (94 percent) applicable sample records of individuals served contained addendums that were signed by NLACRC and the individuals served or their legal representatives. However, for individual #4 the addendum dated May 19, 2023 was not signed by the individual served until June 18, 2024. Accordingly, no recommendation is required.

- 1.7.a The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. [WIC §4646.5(a)(5)]

Findings

Twenty-three of the twenty-nine (79 percent) sample IPPs for individuals served included a schedule of the type and amount of all services and supports

purchased by the regional center. However, IPPs for six individuals did not include NLACRC funded services as indicated below:

1. Individual #8: Activity Center and Transportation was not included for the months covering June 2023 through March 2024 in the IPP dated May 18, 2020 and May 7, 2024;
2. Individual #13: Dentistry was not included for the month covering April 2023 in the IPP dated August 30, 2021;
3. Individual #18: Day Program and Transportation. An addendum was completed June 4, 2024, addressing the purchased services. Accordingly, no recommendation is required;
4. Individual #19: Personal Assistance and Respite. An addendum was completed May 17, 2024, addressing the purchased services. Accordingly, no recommendation is required;
5. Individual #21: Adult Development Center and Transportation. An addendum was completed June 12, 2024 addressing the purchased services. Accordingly, no recommendation is required; and,
6. Individual #27: Adult Development Center and Transportation. A new IPP was completed on May 21, 2024, addressing the purchased services. Accordingly, no recommendation is required.

1.7.a Recommendations	Regional Center Plan/Response
NLACRC should ensure that the IPPs for individuals #8 and #13 include a schedule of the type and amount of all services and supports purchased by NLACRC.	<p>#8 An Addendum was completed 6/14/24 to identify amounts of services and supports purchased by NLACRC, included Activity Center and Transportation.</p> <p>#13 IPP dated 8/30/21 did not include the type and amount of service support purchased by NLACRC, dentist. Addendum completed. (attached) New IPP completed 9/12/24.</p>
In addition, NLACRC should evaluate what actions may be necessary to ensure that all IPPs include a schedule of the type and amount of all services and supports purchased for all applicable individuals served.	<p>NLACRC has implemented a new “Person Centered IPP Writing Refresher Course” to reinforce Case Management knowledge and understanding of writing person centered IPPs in order to achieve Title 17 compliance.</p>

- 1.9 Periodic reviews and reevaluations of progress for the individual served are completed (at least annually) to ascertain that planned services have been provided, that progress has been achieved within the time specified, and the individual and his/her family are satisfied with the IPP and its implementation. [W&I Code §4646.5(a)(6)]

Finding

Twenty-two of the twenty-nine (76 percent) sample records of individuals served contained documentation of periodic review and reevaluation of progress at least annually. However, the records for individuals #8, #9, #12, #16, #21, #22, and #27 did not contain documentation that the individual's progress had been reviewed within the year.

1.9 Recommendations	Regional Center Plan/Response
<p>NLACRC should ensure that a review and reevaluation of progress regarding planned services, timeframes and satisfaction for individual #8, #9, #12, #16, #21, #22, and #27 are completed and documented at least annually.</p>	<p>The importance of review/reevaluation of progress regarding planned services, timeframes, and satisfaction was discussed at Case Management Leadership Meetings on 8/12/24 and 9/3/24. To ensure future compliance continuous training will be provided to Service Coordinators and Supervisors regarding 1915(i) SPA requirements. Such cases should be monitored similarly to HCBS Waiver requirements. In addition, NLACRC has implemented a tracking data base, Power BI Caseload reports, to assist Case Management with Title 17 compliance.</p>
<p>In addition, NLACRC should evaluate what actions may be necessary to ensure that periodic reviews and reevaluations of progress for individuals served are completed at least annually for all applicable individuals served.</p>	<p>The importance of review/reevaluation of progress regarding planned services, timeframes, and satisfaction was discussed at Case Management Leadership Meetings on 8/12/24 and 9/3/24. To ensure future compliance continuous training will be provided to Service Coordinators and Supervisors regarding 1915(i) SPA requirements. Such cases should be monitored similarly to HCBS Waiver requirements. In addition, NLACRC</p>

	has implemented a tracking data base, Power BI Caseload reports, to assist Case Management with Title 17 compliance.
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- 1.9.a Quarterly face-to-face meetings are completed for individuals 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

Ten of the fourteen (71 percent) applicable sample records of individuals served had quarterly face-to-face meetings completed and documented. However, the records for four individuals did not meet the requirement as indicated below:

1. The records for individual #21 contained documentation of one of the four required meetings that were consistent with the quarterly timeline.
2. The record for individuals #12, #16 and #25 did not contain documentation of any of the four required meetings that were consistent with the quarterly timeline.

1.9.a Recommendations	Regional Center Plan/Response
NLACRC should ensure that all future face-to-face meetings are completed and documented each quarter for individuals #12, #16, #21, and #25.	Continuous training regarding the importance of timely quarterlies being provided to Service Coordinators, Supervisors, and Directors at unit meetings and Case Management Leadership Meetings.
In addition, NLACRC should evaluate what actions may be necessary to ensure that quarterly face-to face meetings are completed and documented for all applicable individuals served.	The importance of timely quarterly face-to-face meetings and progress reports discussed at Case Management Leadership Meetings on 8/12/24 and 9/3/24. Supervisors to ensure implementation of monitoring timely completion of meetings and reports during scheduled supervision with each Service Coordinator. Continuous training provided to Service Coordinators and Supervisors regarding the Title 17 monitoring requirement. Floater Service

	<p>Coordinator positions implemented to provide support for uncovered caseloads in an attempt to ensure compliance. Last, NLACRC has implemented a tracking data base, Power BI Caseload Reports, to assist Case Management with waiver compliance.</p>
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- 1.9.b Quarterly reports of progress are completed for individuals 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

Ten of the fourteen (71 percent) applicable sample records of individuals served had quarterly reports of progress completed for individuals living in community out-of-home settings. However, the records for four individuals did not meet the requirement as indicated below:

1. The record for individual #21 contained documentation of one of the four required quarterly reports of progress that were consistent with the quarterly timeline.
2. The records for individuals #12, #16 and #25 did not contain documentation of any of the four required quarterly reports of progress that were consistent with the quarterly timeline.

1.9.b Recommendations	Regional Center Plan/Response
NLACRC should ensure that future quarterly reports of progress are completed for individuals #12, #16, #21, and #25.	Continuous training regarding the importance of timely quarterlies being provided to Service Coordinators, Supervisors, and Directors at unit meetings and Case Management Leadership Meetings.
In addition, NLACRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable individuals served.	The importance of timely quarterly face-to-face meetings and progress reports discussed at Case Management Leadership Meetings on 8/12/24 and 9/3/24. Supervisors to ensure implementation of monitoring timely completion of meetings/reports during scheduled supervision with each Service

	<p>Coordinator. Continuous training provided to Service Coordinators and Supervisors regarding the Title 17 monitoring requirement. Floater Service Coordinator positions implemented to provide support for uncovered caseloads in an attempt to ensure compliance. Last, NLACRC has implemented a tracking data base, Power BI Caseload Reports, to assist Case Management with waiver compliance.</p>
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Summary for Regional Center Record Review of Individuals Served Sample Size = 29 Records						
	Criteria	+	-	N/A	% Met	Follow-up
1.0	The individual is Medi-Cal eligible. (SMM 4442.1)	29			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 individual's initial 1915(i) SPA eligibility certification and annual reevaluation, 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.			29	NA	None
1.1.b	The DS 6027 form indicates that the individual meets the eligibility criteria for the 1915(i) SPA.			29	NA	None
1.1.c	The DS 6027 form documents annual reevaluations.			29	NA	None
1.1.d	The DS 6027 documents short-term absences of 120 days or less, if applicable.			29	NA	None
1.2	There is written notification of a proposed action and documentation that the individual served 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 individual/authorized representative, or the individual/authorized representative does not agree with all, or part, of the components in the IPP. [42 CFR Part 431, Subpart E; WIC §4710(a)(1)]			29	NA	None
1.3	IPP is reviewed (<i>at least annually</i>) by the planning team and modified, as necessary, in response to the individual's changing needs, wants or health status. [42 CFR 441.301(b)(1)(I)]	18	11		62	See Narrative
1.4.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the individual served, or where appropriate, his/her parents, legal guardian, or conservator. [WIC §4646(g)]	27	2		93	See Narrative

Summary for Regional Center Record Review of Individuals Served						
Sample Size = 29 Records						
	Criteria	+	-	N/A	% Met	Follow-up
1.4.b	IPP addendums are signed by an authorized representative of the regional center and the individual, or where appropriate, his/her parents, legal guardian, or conservator.	16	1	12	94	See Narrative
1.4.c	The IPP is prepared jointly with the planning team. [WIC §4646(d)]	29			100	None
1.5	The IPP includes a statement of goals based on the needs, preferences, and life choices of the individual. [WIC §4646.5(a)(2)]	29			100	None
1.6	The IPP addresses the individual's goals and needs. [WIC §4646.5(a)(2)]	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.	5		24	100	None
1.6.b	The IPP addresses the services which the CCF provider is responsible for implementing.	12		17	100	None
1.6.c	The IPP addresses the services which the day program provider is responsible for implementing.	15		14	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.	6		23	100	None
1.6.e	The IPP addresses the individual's goals, preferences, and life choices.	29			100	None
1.6.f	The IPP includes a family plan component if the individual is a minor. [WIC §4685(c)(2)]	2		27	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. [WIC §4646.5(a)(5)]	23	6		79	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. [WIC §4646.5(a)(5)]	29			100	None
1.7.c	The IPP specifies the approximate scheduled start date for new services and supports.	17		12	100	None

Summary for Regional Center Record Review of Individuals Served						
Sample Size = 29 Records						
	Criteria	+	-	N/A	% Met	Follow-up
	<i>[WIC §4646.5(a)(5)]</i>					
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>[WIC §4646.5(a)(4)]</i>	29			100	None
1.9	Periodic reviews and reevaluations are completed (<i>at least annually</i>) to ascertain that planned services have been provided, that progress for the individual served has been achieved within the time specified, and that the individual and his/her family are satisfied with the IPP and its implementation. <i>[WIC §4646.5(a)(8)]</i>	22	7		76	See Narrative
1.9.a	Quarterly face-to-face meetings are completed with individuals living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or receiving supported living and independent living services. (<i>Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement</i>)	10	4	15	71	See Narrative
1.9.b	Quarterly reports of progress are completed for individuals living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or receiving supported living and independent living services. (<i>Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement</i>)	10	4	15	71	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 29 individuals selected for the HCBS 1915(i) State Plan Amendment (SPA) sample were reviewed to determine that all required special incidents were reported to the Department during the review period.
2. A supplemental sample of five individuals who had special incidents reported to the Department 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 individual served is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. NLACRC reported all special incidents in the sample of 29 records selected for the HCBS 1915(i) SPA review to the Department.
2. NLACRC's vendors reported four of the five (80 percent) special incidents in the supplemental sample within the required timeframes.
3. NLACRC reported four of the five (80 percent) incidents in the supplemental sample to the Department within the required timeframes.
4. NLACRC's follow-up activities on incidents in the supplemental sample were appropriate for the severity of the situations for four of the five incidents.

IV. Findings and Recommendations

SIR #2: The incident occurred on August 31, 2023. However, the vendor did not submit a written report to NLACRC until September 6, 2023.

SIR #2: The incident was reported to NLACRC on September 6, 2023. However, NLACRC did not report the incident to the Department until September 11, 2023.

SIR #4: The incident occurred on April 12, 2023. However, NLACRC did not provide follow-up on medical attention or support provided to the individual served.

Recommendations	Regional Center Plan/Response
NLACRC should ensure that vendor for SIR #2 reports special incidents within the required timeframe.	The Risk Assessment team will reach out to the vendor to provide guidance on T-17 reporting guidelines and recommend staff training to ensure compliance.
NLACRC should ensure that all special incidents are reported to the Department within the required timeframe.	<p>The Risk Assessment (RA) team will review, process, and transmit Special Incident Reports (SIRs) within the T-17 reporting window. SIR submission timelines will be reviewed with the RA team, and Case Management will be reminded of the critical importance of promptly informing RA of Special Incidents to ensure compliance with reporting requirements.</p> <p>Email to Vendor: We are reaching out regarding the incident report you submitted for [UCI and/or Consumer Name] on [DATE], which was received outside of the T-17 reporting window. As a reminder, NLACRC must be notified within 24 hours of an incident occurring and a written report must be submitted within 48 hours to ensure compliance with reporting standards and to facilitate a timely response. We</p>

	<p>understand that circumstances may sometimes arise that could lead to delays. However, timely reporting is required and is essential to mitigate risks and ensure that all necessary actions can be taken properly. To help avoid delays in the future, we recommend that your team review and familiarize themselves with the reporting requirements. We suggest providing additional training on the reporting guidelines to ensure that all staff are fully aware of the timelines and procedures. Our Risk Assessment department will be forwarding you T-17 guidelines and we recommend that you review these with your staff. Thank you for your attention to this matter, and for your continued partnership. We appreciate your cooperation in adhering to these reporting guidelines in the future.</p>
<p>NLACRC should ensure that appropriate follow-up is completed for SIR #ALT1.</p>	<p>The incident date 4/12/23 was reviewed; RA followed-up with vendor regarding incident: the individual followed up with his PCP and had stitches removed and is healed completely and stable. Per vendor, there are no reported falls since this incident and there's no outstanding concerns regarding his health or safety. He was transferred from NLACRC to KRC on 9/25/23.</p> <p>This information was added to the SIR in SANDIS and retransmitted as well.</p>

SAMPLE OF INDIVIDUALS SERVED

HCBS 1915(i) State Plan Amendment Review of Individuals Served

#	UCI
1	7874913
2	7891099
3	7878610
4	7423932
5	7833452
6	7860687
7	8110225
8	5762877
9	6097672
10	7893431
11	7881313
12	7888260
13	7815681
14	8110822
15	7873155
16	7881669
17	7831746
18	7886237
19	7413425
20	7893325
21	7892526
22	7895228
23	7856925
24	5643044
25	7869834
26	6606388
27	7872895
28	7801673
29	6068117

SIR Review

#	UCI	Vendor
SIR 1	8363854	PL2107
SIR 2	7699740	HL0552
SIR 3	8112846	PL2002
SIR 4	7856412	HL0648
SIR 5	6630397	PL1139