

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 320, MS 3-9
SACRAMENTO, CA 95814
TDD 654-2054 (For the Hearing Impaired)
(916) 654-1954



January 15, 2016

John Rea, Board President
Harbor Developmental Disabilities Foundation, Inc.
21231 Hawthorne Boulevard
Torrance, CA 90503

Dear Mr. Rea:

Enclosed are the final reports from the joint Department of Developmental Services (DDS) and Department of Health Care Services monitoring review of the Home and Community-Based Services Waiver, Targeted Case Management and Nursing Home Reform programs conducted from February 9-13, 2015, at Harbor Regional Center (HRC). The period of review was December 1, 2013 through November 30, 2014.

The reports discuss the criteria reviewed along with any findings and recommendations and include HRC's responses. DDS has approved HRC's responses to all of the recommendations. If there is a disagreement with the findings of the enclosed reports, a written "Statement of Disputed Issues" should be sent within 30 days of the receipt of the reports to:

Department of Developmental Services
Attn: Erin Paulsen, Chief
Federal Programs Monitoring Section
1600 Ninth Street, Room 330, MS 3-11
Sacramento, CA 95814

The cooperation of HRC's staff in completing the monitoring review is appreciated. If you have questions, please contact Erin Paulsen, at (916) 654-2977.

Sincerely,


JIM KNIGHT

Assistant Deputy Director
Community Services Division

Enclosures

cc: Elizabeth Stroh, HRC
Patricia Del Monico, HRC

"Building Partnerships, Supporting Choices"

**Harbor Regional Center
Targeted Case Management and
Nursing Home Reform
Monitoring Review Report**

Conducted by:

Department of Developmental Services

February 9 - 11, 2015

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	page 3
SECTION I: TARGETED CASE MANAGEMENT	page 4
SECTION II: NURSING HOME REFORM.....	page 6
SAMPLE CONSUMERS	page 7
ATTACHMENT I: TCM AND NHR DISTRIBUTION OF FINDINGS.....	page 8

EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) conducted a federal compliance monitoring review of the Targeted Case Management (TCM) and Nursing Home Reform (NHR) programs from February 9 -11, at Harbor Regional Center (HRC). The monitoring team selected 34 consumer records for the TCM review. A sample of 10 records was selected for consumers who had previously been referred to HRC for a NHR assessment.

Purpose of the Review

Case management services for regional center consumers with developmental disabilities were added as a medical benefit to the Medi-Cal State Plan in 1986 under Title XIX of the Social Security Act. TCM services are those “. . . services which will assist individuals in gaining access to needed medical, social, educational, and other services.” DDS implemented the TCM program statewide on July 1, 1988.

The NHR Pre-Admission Screening/Resident Review (PAS/RR) program involves determining whether an individual in a nursing facility with suspected developmental disabilities is developmentally disabled and requires specialized services.

Overview of the TCM/NHR Compliance Monitoring Protocol

The review criteria for the TCM and NHR programs are derived from federal and state statutes and regulations and the Center for Medicare & Medicaid Services guidelines relating to the provision of these services.

Findings

Section I – Targeted Case Management

Thirty-four consumer records, containing 2,190 units, were reviewed for three criteria. The sample records were 100% in compliance for criterion 1 (TCM service and unit documentation matches the information transmitted to DDS), 99% in compliance for criterion 2 (TCM service documentation is consistent with the definition of TCM service), and 100% in compliance for criterion 3 (TCM service documentation identifies the individual who wrote the note and the date the note was completed).

Section II – Nursing Home Reform

Ten consumer records were reviewed for three criteria. The 10 sample records were 100% in compliance for criterion 1 (records contain evidence of DDS' NHR referrals), 100% in compliance for criterion 2 (reporting disposition of referrals to DDS), and 100% in compliance for criterion 3 (submission of billing claims forms).

SECTION I TARGETED CASE MANAGEMENT

Criterion

1. The Targeted Case Management (TCM) service and unit documentation matches information transmitted to the Department of Developmental Services (DDS).

Finding

HRC transmitted 2,190 TCM units to DDS for the 34 sample consumers. All of the recorded units matched the number of units reported to DDS.

Recommendation

None

2. The TCM service documentation billed to DDS is consistent with the definition of TCM service.

Allowable TCM units are based on services which assist consumers to gain access to needed social, educational, medical or other services and include the following components: 1) assessment and periodic reassessment to determine service needs; 2) development and periodic revision of an individual program plan (IPP) based on the information collected through the assessment or reassessment; 3) monitoring and follow-up activities, including activities and contacts that are necessary to ensure that the IPP is effectively implemented and adequately addresses the needs of the consumer; and 4) referral and related activities to help the consumer obtain needed services. However, it is important to note that TCM does not include the direct provision of these needed services.

Findings

The 34 sample consumer records contained 2,190 billed TCM units. Of this total, 2,167 (99%) of the units contained descriptions that were consistent with the definition of TCM services. Twenty-three of the billed units had descriptions of activities that were not consistent with the definition of TCM services or were not sufficient to determine if the activities could be considered case management. Detailed information on these findings and the specific actions required will be sent under a separate cover letter.

Recommendations	Regional Center Plan/Response
HRC should ensure that the time spent on the identified activities that are inconsistent with TCM services (sent separately) is reversed.	HRC Agrees to reverse all units which were inconsistent with TCM services.

3. The TCM documentation identifies the service coordinator recording the notes and each note is dated.

Finding

The TCM documentation in the 34 sample consumer records identified the service coordinator who wrote the note and the date the service was completed.

Recommendation

None

SECTION II NURSING HOME REFORM

Criterion

1. There is evidence of dispositions for the Department of Developmental Services' (DDS) Nursing Home Reform (NHR) referrals.

Finding

The 10 sample consumer records contained a copy of the Pre-Admission Screening/Resident Review (PAS/RR) Level I form, or NHR automated printout.

Recommendation

None

2. The disposition is reported to DDS.

Finding

The 10 sample consumer records contained a PAS/RR Level II document or written documentation responding to DDS' request for a disposition.

Recommendation

None

3. The regional center submitted a claim for the referral disposition.

Finding

The billing information for all 10 sample consumers had been entered into the AS 400 computer system.

Recommendation

None

**SAMPLE CONSUMERS
TCM Review**

#	UCI	#	UCI
1	6037998	18	7596376
2	7527492	19	4882029
3	7530595	20	4883920
4	7576258	21	5783535
5	5962295	22	7515729
6	7312902	23	4880447
7	7413313	24	5484779
8	7572367	25	5714514
9	7410181	26	7513385
10	5602826	27	7573263
11	4906251	28	7609272
12	7855190	29	7568039
13	6601096	30	7570845
14	7508898	31	7590660
15	7525108	32	7580479
16	7600759	33	7588428
17	7525314	34	7886279

NHR Review

#	UCI
38	5963525
39	5823927
40	6800718
41	6282312
42	7546039
43	5575329
44	5407598
45	4880564
46	7547482
47	7585040

ATTACHMENT I

TCM DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 34 Records Billed Units Reviewed: 2,190	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. The TCM service and unit documentation matches the information transmitted to DDS.	2,190			100	
2. The TCM service documentation billed to DDS is consistent with the definition of TCM service.	2,167	23		99	1
3. The TCM documentation identifies the service coordinator recording the notes and each note is dated.	2,190			100	

NHR DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 10 Records	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. There is evidence of dispositions for DDS NHR referrals.	10			100	
2. Dispositions are reported to DDS.	10			100	
3. The regional center submits claims for referral dispositions.	10			100	

**Harbor Regional Center
Home and Community-Based Services Waiver
Monitoring Review Report**

Conducted by:

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

February 9 – 13, 2015

TABLE OF CONTENTS

EXECUTIVE SUMMARY	page 3
SECTION I REGIONAL CENTER SELF ASSESSMENT	page 7
SECTION II REGIONAL CENTER CONSUMER RECORD REVIEW	page 10
SECTION III COMMUNITY CARE FACILITY RECORD REVIEW	page 19
SECTION IV DAY PROGRAM CONSUMER RECORD REVIEW	page 22
SECTION V CONSUMER OBSERVATIONS AND INTERVIEWS	page 26
SECTION VI	
A. SERVICE COORDINATOR INTERVIEWS	page 27
B. CLINICAL SERVICES INTERVIEW	page 28
C. QUALITY ASSURANCE INTERVIEW	page 30
SECTION VII	
A. SERVICE PROVIDER INTERVIEWS	page 32
B. DIRECT SERVICE STAFF INTERVIEWS	page 33
SECTION VIII VENDOR STANDARDS REVIEW.....	page 34
SECTION IX SPECIAL INCIDENT REPORTING.....	page 35
SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS	page 36

EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the Home and Community-Based Services (HCBS) Waiver from February 9 - 13, 2015, at Harbor Regional Center (HRC). The monitoring team members were Linda Rhoades (Team Leader), Kathy Benson, and Mary Ann Smith from DDS, and Annette Hanson and Raylyn Garrett from DHCS.

Purpose of the Review

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

Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

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

Scope of Review

The monitoring team reviewed a sample of 34 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers who moved from a developmental center, and 2) ten consumers who had special incidents reported to DDS during the review period of December 1, 2013 – November 30, 2014.

The monitoring team completed visits to four community care facilities (CCFs) and 12 day programs. The team reviewed four CCF and 14 day program consumer records and had face-to-face visits and/or interviews with 28 consumers or their parents.

Overall Conclusion

HRC is in substantial compliance with the federal requirements for the HCBS Waiver program. Specific recommendations that require follow-up actions by HRC are included in the report findings. DDS is requesting documentation of follow-up actions taken by HRC 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 HRC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self-assessment criteria.

Section II – Regional Center Consumer Record Review

Thirty-four sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. One criterion was rated as not applicable for this review.

The sample records were 98% in overall compliance for this review. HRC's records were 99% and 98% in overall compliance for the collaborative reviews conducted in 2013 and in 2011, respectively.

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

Four consumer records were reviewed at four CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. Two criteria were rated as not applicable for this review. The sample records were 100% in overall compliance for the applicable criteria.

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

Section IV – Day Program Consumer Record Review

Fourteen consumer records were reviewed at 12 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. Three criteria were rated as not applicable for this review. The sample records were 98% in overall compliance for the applicable criteria.

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

Section V – Consumer Observations and Interviews

Twenty-eight 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.

Section VI A – Service Coordinator Interviews

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

Section VI B – Clinical Services Interview

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

Section VI C – Quality Assurance Interview

A provider relations specialist was interviewed using a standard interview instrument. He responded to informational questions regarding how HRC 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

Four CCF and two day program service providers were interviewed using a standard interview instrument. The service providers responded to questions in the context of the sample consumers regarding their knowledge of the consumer, the annual review process and the monitoring of health issues, medications, progress, safety and emergency preparedness. The service providers were familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interviews

Four CCF and two 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 four CCFs and two day programs utilizing a standard checklist with 24 criteria that are consistent with HCBS Waiver requirements. All of the reviewed vendors were in good repair with no immediate health or safety concerns observed.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 34 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. HRC reported all special incidents for the sample of 34 records selected for the HCBS Waiver review to DDS. For the supplemental sample, the service providers reported all nine applicable incidents to HRC within the required timeframe and HRC subsequently transmitted all ten special incidents to DDS within the required timeframe. HRC's follow-up activities on consumer incidents were timely and appropriate for the severity of the situation.

SECTION I

REGIONAL CENTER SELF ASSESSMENT

I. Purpose

The regional center self-assessment addresses the California 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 Harbor Regional Center's (HRC) 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

HRC 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 HRC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self-assessment criteria.

✓ The full response to the self-assessment is available upon request.

Regional Center Self-Assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
State conducts level of care need determinations consistent with the need for institutionalization	<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>
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services	<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 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>

Regional Center Self-Assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services (cont.)	The regional center ensures that needed services and supports are in place when a consumer moves from a developmental center (DC) to a community living arrangement. 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	The regional center ensures that all HCBS Waiver consumers are offered a choice between receiving services and living arrangements in an institutional or community setting. Regional centers ensure that planning for IPPs includes a comprehensive assessment and information gathering process which addresses the total needs of HCBS Waiver consumers and is completed at least every three years at the time of his/her triennial IPP. The IPPs of HCBS Waiver consumers are reviewed at least annually by the planning team and modified, as necessary, in response to the consumers' changing needs, wants and health status. The regional center uses feedback from consumers, families and legal representatives to improve system performance. The regional center documents the manner by which consumers indicate choice and consent.

SECTION II

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

The review is based upon documentation criteria derived from federal/state statutes and regulations and from the Centers for Medicare & Medicaid Services directives and guidelines relating to the provision of Home and Community-Based Services (HCBS) Waiver services. The criteria address requirements for eligibility, consumer choice, notification of proposed action (NOA) and fair hearing rights, level of care, individual program plans (IPPs) and periodic reviews and reevaluations of services. The information obtained about the consumers' needs and services is tracked as a part of the on-site program reviews.

II. Scope of Review

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

Living Arrangement	# of Consumers
Community Care Facility (CCF)	12
With Family	13
Independent or Supported Living Setting	9

2. The review period covered activity from December 1, 2013 – November 30, 2014.

III. Results of Review

The 34 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 for documentation of face-to-face meetings no less than once every 30 days for the first 90 days following the consumer's move from a developmental center. One criterion was not applicable for this review.

- ✓ The sample records were in 100% compliance for 23 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

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

Thirty-one of the 34 (91%) sample consumer records contained a dated and signed DS 2200 form. However, the DS 2200 forms for consumers #7 and #20, both unconserved adults, and #8 who is a conserved adult were not signed.

2.2 Recommendations	Regional Center Plan/Response
HRC should ensure the DS 2200 forms for consumer #7 and #20 are signed by the consumers. If the consumers do not sign, HRC should ensure that the record addresses what actions were taken to encourage the consumers to sign and the reason why they did not sign. HRC should ensure the DS 2200 form for consumer #8 is signed by her conservator.	Client # 7 & #20 – AGREE. HRC Counselor obtained the client’s signature on choice form. Client # 8 – AGREE. HRC Counselor obtained conservator’s signature on DS2200 form.

2.3 There is a written Notice of Action (NOA) 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. (SMM 4442.7), (42 CFR Part 431, Subpart E), (WIC §4646(g))

Finding

Thirty-three of the 34 sample consumer records were rated not applicable for this criterion. However, the record for consumer #33 did not contain documentation indicating that a Notice of Action (NOA) had been sent to the consumer after being denied a choice of services.

2.3 Recommendation	Regional Center Plan/Response
HRC should ensure that consumer #33 is sent a NOA and fair hearing rights letter.	Client #33 – AGREE. HRC provided mother with NOA and fair hearing rights letter.

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. (WIC §4646(g))

Finding

Thirty-three of the 34 (97%) consumer records contained IPPs that were signed by HRC and the consumers or their legal representatives. However, consumer #7, an adult who is not conserved, did not sign her IPP.

2.7.a Recommendation	Regional Center Plan/Response
HRC should ensure that consumer #7 signs her IPP. If the consumer does not sign, HRC should ensure that the record documents what actions were taken to encourage her to sign.	Client # 7 – AGREE. HRC Counselor obtained client mark on IFSP (HRC IPP) sign-in sheet.

2.9.a The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770). (WIC §4646.5(a)(2))

Finding

Thirty-three of the 34 (97%) sample consumer records contained IPPs that addressed the consumers' qualifying conditions. However, the IPP for consumer #4 did not identify the supports or services that are in place for "running or wandering away", as indicated in the Quarterly Review dated June 17, 2014.

2.9.a Recommendation	Regional Center Plan/Response
HRC should ensure that the IPP for consumer #4 addresses the services and supports in place for "running or wandering away."	Client #4 – AGREE. Qualifier was reflected in the June 2014 Quarterly Report and the Behavioral Support Plan at the licensed home. The HRC Counselor amended the IFSP to address this qualifier. Training was provided to both QMRP and HRC counselor to reduce the likelihood of future errors of this type.

2.10.a The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. (WIC §4646.5(a)(4))

Findings

Thirty-two of the 34 (94%) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by HRC. However, the IPPs for consumers #2 and #17 did not indicate HRC funded dental services.

2.10.a Recommendations	Regional Center Plan/Response
HRC should ensure that the IPPs for consumers #2 and #17 include a schedule of the type and amount of all services and supports purchased by HRC.	<p>Client #2 and # 17 – AGREE.</p> <p>Client #17 – IFSP Addendum completed to reflect dental services funded by RC Denti-Cal Program.</p> <p>Client #2 – 2015 IFSP indicates DentiCal as the generic resource since, RC Denti-Cal program is no longer funding services.</p>

2.13.a Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 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

Nineteen of the 21 (91%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for consumers #24 and #27 contained documentation for three of the required meetings.

2.13.a Recommendations	Regional Center Plan/Response
HRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #24 and #27.	<p># 24 and # 27 – AGREE.</p> <p>HRC Counselors and Program Managers will utilize Virtual Chart task list (internal CM tracking system) to ensure meetings are held in a timely manner.</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

Nineteen of the 21 (91%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for consumers #24 and #27 contained three of the required quarterly progress reports.

2.13.b Recommendations	Regional Center Plan/Response
HRC should ensure that future quarterly reports of progress are completed for consumers #24 and #27.	#24 and # 27 – AGREE HRC Counselors and Program Managers will utilize Virtual Chart tracking system to ensure all future quarterly reports are completed in a timely manner.

Regional Center Consumer Record Review Summary						
Sample Size = 34 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	34			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. (SMM 4442.1), (42 CFR 483.430(a))	Criterion 2.1 consists of four sub-criteria (2.1a-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.	34			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.	34			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	33		1	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	1		33	100	None
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))	31	3		91	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. (SMM 4442.7), (42 CFR Part 431, Subpart E), (WIC §4646(g))		1	33	0	See Narrative

Regional Center Consumer Record Review Summary						
Sample Size = 34 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5), (42 CFR 441.302)	34			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-DDH, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. (SMM 4442.5), (42 CFR 441.302(c)), (Title 22, CCR, §51343)	34			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	34			100	None
2.6.a	IPP is reviewed (<i>at least annually</i>) by the planning team and modified as necessary, in response to the consumer's changing needs, wants or health status. (42 CFR 441.301(b)(1)(I))	34			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. (HCBS Waiver requirement)			34	NA	None
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. (WIC §4646(g))	33	1		97	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.	5		29	100	None
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	34			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. (WIC §4646.5(a))	34			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 34 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer's goals and needs. (WIC §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).	33	1		97	See Narrative
2.9.b	The IPP addresses the special health care requirements.	14		20	100	None
2.9.c	The IPP addresses the services for which the CCF provider is responsible for implementing.	12		22	100	None
2.9.d	The IPP addresses the services for which the day program provider is responsible for implementing.	20		14	100	None
2.9.e	The IPP addresses the services for which the supported living services agency or independent living services provider is responsible for implementing.	9		25	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	34			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	6		28	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. (WIC §4646.5(a)(4))	32	2		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. (WIC §4646.5(a)(4))	34			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	5		29	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. (WIC §4646.5(a)(4))	34			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 34 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic review and reevaluations of consumer progress are completed (<i>at least annually</i>) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. (<i>WIC §4646.5(a)(6)</i>)	34			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</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	19	2	13	91	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</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	19	2	13	91	See Narrative
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. (<i>WIC §4418.3</i>)	3		34	100	None

SECTION III

COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

I. Purpose

The review addresses the requirements for community care facilities (CCFs) 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

Four consumer records were reviewed at four CCFs visited by the monitoring team. The facilities' consumer records were reviewed to determine compliance with 19 criteria.

III. Results of Review

The consumer records were 100% in compliance for 17 of the 19 applicable criteria. Two criteria were rated as not applicable for this review.

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

Community Care Facility Record Review Summary						
Sample Size: Consumers = 4; CCFs = 4						
	Criteria	+	-	N/A	% Met	Follow-up
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. (<i>Title 17, CCR, §56017(b)</i>), (<i>Title 17, CCR §56059(b)</i>), (<i>Title 22, CCR, §80069</i>)	4			100	None
3.1.a	The consumer record contains a statement of ambulatory or non ambulatory status.	4			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	4			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.	4			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	4			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	4			100	None
3.1.i	Special safety and behavior needs are addressed.	4			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>)	4			100	None
3.3	The facility has a copy of the consumer's current IPP. (<i>Title 17, CCR, §56022(c)</i>)	4			100	None
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>)			4	NA	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 4; CCFs = 4						
	Criteria	+	-	N/A	% Met	Follow-up
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.			4	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>)	4			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.	4			100	None
3.5.c	Quarterly reports include a summary of data collected. (<i>Title 17, CCR, §56013(d)(4)</i>), (<i>Title 17, CCR, §56026</i>)	4			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>)	4			100	None
3.6.b	The ongoing notes/information verifies that behavior needs are being addressed.	4			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>)	2		2	100	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>)	2		2	100	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>)	2		2	100	None

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

The review criteria address the requirements for day programs (DP) 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

Fourteen consumer records were reviewed at 12 day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria.

III. Results of Review

The consumer records were 100% in compliance for 11 of the 14 applicable criteria. Three criteria were rated as not applicable for this review.

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

Thirteen of the 14 (93%) sample consumer records contained signed authorizations for emergency medical treatment. However, the record for consumer #7 at DP #2 did not contain an authorization for emergency medical treatment that was signed by the consumer or conservator. During the review an emergency medical treatment authorization was signed by the consumer. Therefore, no recommendation is required.

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

Finding

Thirteen of the 14 (93%) sample consumer records contained documentation that the consumer and/or their authorized representative had been informed of their personal rights. The record for consumer #7 at DP #2 did not contain documentation that the consumer was informed of their personal rights. During the review a personal rights document was signed by the consumer. Therefore, no recommendation is required.

- 4.4.a The day program prepares and maintains written semiannual reports of the consumer's performance and progress. (*Title 17, CCR, § 56720(c)*)

Finding

Twelve of the 13 (92%) applicable consumer records contained written semiannual reports of consumer progress. However, the record for consumer #15 at DP #11 contained only one of the required progress reports.

4.4.a Recommendation	Regional Center Plan/Response
HRC should ensure that day program provider #11 prepare written semiannual reports of consumer progress.	Day Program #11 - AGREE . The semi-annual progress report was done on time (08/2014) but, was missing from client file during the audit visit. The semi-annual progress report was located and has been sent to HRC and DDS.

Day Program Record Review Summary						
Sample Size: Consumers = 14; Day Programs = 12						
	Criteria	+	-	N/A	% Met	Follow-up
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. (Title 17, CCR, §56730)	14			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.	14			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.	14			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.	14			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.	13	1		93	See Narrative
4.1.e	The consumer record contains documentation that the consumer and/or the authorized consumer representative has been informed of his/her personal rights.	13	1		93	See Narrative
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing.	14			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 14; Day Programs = 12						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	14			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	13		1	100	None
4.2	The day program has a copy of the consumer's current IPP. (<i>Title 17, CCR §56720(b)</i>)	14			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>)	14			100	None
4.3.b	The day program's ISP or other program documentation is consistent with the services addressed in the consumer's IPP.	14			100	None
4.4.a	The day program prepares and maintains written semiannual reports. (<i>Title 17, CCR, §56720(c)</i>)	12	1	1	92	See Narrative
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services for which the day program is responsible for implementing.	13		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>)			14	NA	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)			14	NA	None
4.5.c	There is appropriate follow-up to special incidents to resolve the issue and eliminate or mitigate future risk. (<i>Title 17, CCR, §54327</i>)			14	NA	None

SECTION V

CONSUMER OBSERVATIONS AND INTERVIEWS

I. Purpose

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

II. Scope of Observations and Interviews

Twenty-eight of the 34 consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Sixteen adult consumers agreed to be interviewed by the monitoring teams
- ✓ Ten consumers did not communicate verbally or declined an interview, but were observed
- ✓ Two interviews were conducted with parents of minors
- ✓ Six consumers/parents of minors were unavailable for or declined interviews

III. Results of Observations and Interviews

All consumers and parents of minors interviewed indicated satisfaction with their living situation, day program, work activities, health, choices, and regional center services. The consumers' overall appearance 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 six Harbor Regional Center (HRC) 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 HRC's clinical team and internet medication guides as resources.
4. The service coordinators monitor the consumers' services, health and safety during periodic visits. They are aware of the consumers' health issues. The service coordinators were knowledgeable about the special incident report process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed.

SECTION VI B

CLINICAL SERVICES INTERVIEW

I. Purpose

The clinical services interview is used to obtain supplemental information on how the regional center is organized to provide clinical support to consumers and service coordinators. This interview aids in determining what measures the regional center is utilizing to ensure the ongoing health and safety of all Home and Community-Based Services Waiver consumers.

II. Scope of Interview

1. The questions in the interview cover the following topics: routine monitoring of consumers with medical issues; medications 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 and Mitigation Committee and special incident reports (SIRs).
2. The monitoring team interviewed Harbor Regional Center's (HRC) Director of Community Services.

II. Results of Interview

1. The HRC clinical team includes: a physician, clinical psychologists, behaviorists, registered nurses, an occupational therapist, speech therapists, a dental coordinator, and a pharmacist.
2. Registered nurses are assigned as liaisons for homes that have consumers with special health care needs, and for clients who are moving from the state developmental centers. The liaisons will conduct in home trainings on topics such as diabetes, choking precautions and constipation. Nurses are assigned as consultants to day programs to provide preventative training such as universal precautions and health related issues. They are also available to consult with service coordinators regarding hospitalized consumers, and coordination of care following discharge. Nurses' may also visit hospitalized consumers as needed. A consumers' family, service provider or service coordinator may request a medical consultation from the clinical team.
3. The clinical team is active in monitoring consumers' medications. The pharmacist is available for consultation and training with service coordinators, families, consumers, and service providers. The pharmacist participates in a polypharmacy review when requested by the service coordinator. The

- pharmacist may conduct medication training to providers as a result of a special incident related to a medication error.
4. The clinical staff is available to service coordinators for consultation regarding consumers' behaviors or mental health needs. HRC also provides assistance to consumers, families and service providers who may need information, referral and support from the clinical team. These services may be individual consultations with clinicians or assessments by multidisciplinary teams. The pharmacist participates on the mental health committee and provides consultation regarding polypharmacy and psychotropic medications.
 5. The clinical staff provides trainings to HRC staff. Topics include cerebral palsy, epilepsy, medications, autism, behavior management, seizures, constipation, diabetes and hospice services. The clinical team also offers provider training on a variety of health related topics.
 6. HRC has improved access to health care resources through the following programs and services:
 - ✓ Education Outreach classes for parents
 - ✓ Assistive Technology Lab for communication needs
 - ✓ On-site Assistive Technology Assessments
 - ✓ Support groups for parents and siblings
 - ✓ Early Intervention Clinic
 - ✓ University of Los Angeles resident rotation at HRC
 - ✓ Resource Development Team
 - ✓ Speech and Occupational Therapy Clinics
 - ✓ Training CD's for providers on such topics as medications, diabetes, and choking precautions
 7. HRC's dental coordinator performs dental screenings and trainings at community care facilities and day programs. The coordinator assists consumers and families to locate dental resources. HRC has developed "Adopt A Home Dental Program" in collaboration with Cerritos College dental hygienist students.
 8. The clinical team has an active role in the Risk Management and Mitigation Committee at HRC. Members of the clinical team participate in reviewing all medical and behavior SIR's. In addition a clinical team nurse reviews all deaths that occurred under the care of a vendor. The committee uses SIR trend analysis to provide training to regional center staff and providers.
-

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

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

II. Scope of Interview

The monitoring team interviewed a provider relations specialist, who is an integral part of the team responsible for conducting QA activities at Harbor Regional Center (HRC).

III. Results of Interview

1. The provider relations specialist provided specific information about HRC's process for conducting annual Title 17 reviews, unannounced visits and provider training. A provider relations specialist is responsible for conducting the annual Title 17 review. The two unannounced visits are conducted each year; one by the provider relations staff and one by the HRC service coordinator, who is assigned as the facility liaison.
2. When issues of substantial inadequacies are identified, a form is completed and sent to the provider relations specialist. The provider relations specialist investigates to determine whether a Corrective Action Plan will be issued and will conduct the follow up, if any.
3. Provider relations specialists also monitor the day programs and supported living and independent living programs. They conduct annual monitoring reviews and will follow up on special incident reports and family and community complaints.
4. The information obtained from QA activities is compiled and analyzed by the specialists for trends of related issues that need to be addressed with training and/or referrals to appropriate consultants. Case management staff and provider relations specialists meet monthly to discuss trends and develop appropriate vendor training. They also meet on a quarterly basis with Community Care Licensing.
5. The QA program manager participates in the resource development committee. They review and recommend approval on vendor applications for

CCF's, independent living services, supported living services, and day programs.

6. The QA program manager develops trend analysis reports for the Risk Management and Mitigation Committee. The Committee reviews these reports and trends on a semi-annual basis. Information from this committee is shared with the provider relations staff for possible upcoming vendor trainings.

SECTION VII A

SERVICE PROVIDER INTERVIEWS

I. Purpose

The interviews determine how well the service provider knows the consumers, the extent of their assessment process for the annual 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, how they monitor safety and safeguard medications.

II. Scope of Interviews

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

III. Results of Interviews

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

SECTION VII B

DIRECT SERVICE STAFF INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed six direct service staff at four community care facilities (CCF) and two day programs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

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

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

The review ensures that the selected community care facilities (CCFs) and day programs are serving consumers in a safe, healthy and positive environment where their rights are respected. The review also ensures that CCFs are meeting the Home and Community-Based Services (HCBS) Waiver definition of a homelike setting.

II. Scope of Review

1. The monitoring teams reviewed a total of four CCFs and two day programs.
2. The teams used a monitoring review checklist consisting of 24 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

III. Results of Review

All of the CCFs and the day programs were found to be in good condition with no immediate health and safety concerns. Specific findings and recommendations are detailed below.

IV. Finding and Recommendation

8.5 c Statement of Rights

Finding

Day program #12 did not have a statement of rights posted.

8.5 c Recommendation	Regional Center Plan/Response
HRC should ensure that the provider at day program #12 posts a statement of rights.	Day Program # 12 - AGREE . This organization has multiple day program locations in HRC catchment area and their management is aware of this requirement. This particular location was vendored in the fall of 2014 and the posting was overlooked. A Statement of Client Rights has now been posted.

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 the Harbor Regional Center (HRC) was reviewed by comparing deaths entered into the Client Master File for the review period with special incident reports (SIRs) of deaths received by the Department of Developmental Services (DDS).
2. The records of the 34 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 ten 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, and 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. HRC reported all deaths during the review period to DDS.
2. HRC reported all special incidents in the sample of 34 records selected for the HCBS Waiver review to DDS.
3. HRC's vendors reported all nine of the applicable (100%) incidents in the supplemental sample within the required timeframes.
4. HRC reported all 10 (100%) incidents to DDS within the required timeframes.
5. HRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the nine incidents.

IV. Findings and Recommendations

None