

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

Conducted by:

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

April 15-19, 2013

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EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the Home and Community-based Services (HCBS) Waiver from April 15-19, 2013, at Harbor Regional Center (HRC). The monitoring team members were Kathy Benson (Team Leader), Ray Harris, and Mary Ann Smith from DDS, and Annette Hanson 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 February 1, 2012 – January 31, 2013.

The monitoring team completed visits to five community care facilities (CCFs) and 12 day programs. The team reviewed five CCF and 16 day program consumer records and had face-to-face visits and/or interviews with 29 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. Two criteria were rated as not applicable for this review. The sample records were 97 -100% in compliance for 28 of the 29 applicable criteria. Criterion 2.5.b was 85% in compliance because five of the 34 sample consumer records identified level-of-care qualifying conditions that were not consistent with other information in the record.

The sample records were 99% in overall compliance for this review. HRC's records were 98% and 99% in overall compliance for the collaborative reviews conducted in 2011 and in 2009, respectively.

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

Five consumer records were reviewed at five CCFs for 19 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 100% in compliance for the 16 applicable criteria.

HRC's records were 99% and 100% in overall compliance for the collaborative reviews conducted in 2011 and in 2009, respectively.

Section IV – Day Program Consumer Record Review

Sixteen consumer records were reviewed at 12 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100% in overall compliance for the 17 criteria. HRC's records were 99% and 100% in overall compliance for the collaborative reviews conducted in 2011 and in 2009, respectively.

Section V – Consumer Observations and Interviews

Twenty-nine 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. The interviewed consumers/parents indicated that they were satisfied with their services, health and choices.

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. The director 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 and Mitigation 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

Five 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

Five 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 five CCFs and one day program utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. All of the reviewed vendors were in good repair with no immediate health or safety concerns observed.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 34 HCBS Waiver consumers and ten 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 ten 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>
Necessary	The regional center ensures that needed services and supports are

Regional Center Self-Assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services (cont.)	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 February 1, 2012 – January 31, 2013.

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. Two criteria were not applicable for this review.

- ✓ The sample records were in 100% compliance for 26 criteria. There are no recommendations for these criteria.
- ✓ Findings for three criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

- 2.5.b The consumer's qualifying conditions documented in the Client Development Evaluation Report (CDER) are consistent with information contained in the consumer's record. (*SMM 4442.5*), (*42 CFR 441.302(c)*), (*Title 22, CCR, §51343*)

Findings

Twenty-nine of the 34 (85%) sample consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in five consumer records (detailed below) did not support the determination that all of the issues identified in the CDER and DS 3770 could be considered qualifying conditions. The following were identified as qualifying conditions on the DS 3770 but there was no supporting information in the consumers' records (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports.

1. Consumer #2: "Dressing."
2. Consumer #18: "Taking prescription medication."
3. Consumer #19: "Self-injurious behavior." Subsequent to the review period, the DS 3770 was corrected.
4. Consumer #29: "Safety awareness."
5. Consumer #32: "Dressing."

2.5.b Recommendations	Regional Center Plan/Response
<p>1. HRC should determine if the items listed above are appropriately identified as qualifying conditions. The consumers' DS 3770 forms should be corrected to ensure that any items that do not represent substantial limitations in the consumers' ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying conditions.</p>	<p>Consumer #2: The "dressing" qualifier is not supported in the client's IFSP (HRC IPP) for same time period. HRC has removed the dressing from the DS3770. Training will be provided to Counselors to assure all qualifiers are supported. The client has sufficient qualifiers to remain on the waiver.</p> <p>Consumer #18: The qualifier "taking prescription medication" is not supported in the client's IFSP (HRC IPP) for same time period. This qualifier has been removed from the DS3770. And will provide training to HRC counselor for future reporting requirements. The client has a sufficient number of other qualifying deficits which represent substantial limits therefore; the client can remain on the waiver program.</p> <p>Consumer # 19: The "SIB" qualifier is supported in the client's IFSP (HRC IPP addendum dated 07/22/11) when client was initially added to the waiver on 02/01/12. However, the finding is correct in that "SIB" on the 04/01/12 DS3770 was not supported in the IFSP for that recertification period. The qualifier has been removed from the DS3770 in the recertification 04/01/13.</p> <p>Consumer #29: The "safety awareness" qualifier is not supported in client's IFSP (HRC IPP). The client has other qualifiers which are supported to remain on the waiver.</p> <p>Consumer #32: The "dressing" qualifier is not supported in client's IFSP (HRC IPP) report. The client other qualifiers which are supported to remain on the waiver.</p>

<p>2. HRC should determine what steps are necessary to ensure that only issues determined to represent substantial limitations in consumers' ability to perform activities of daily living and/or participate in community activities are identified as qualifying conditions on DS 3770 forms.</p>	<p>HRC's Service Coordination Quality Manager will provide additional training and oversight the Qualified Mental Retardation Professionals who are responsible for completing annual waiver re-certifications.</p>
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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))

Findings

Thirty-three of 34 (97%) sample consumer records contained IPPs that addressed the consumers' qualifying conditions. However, the IPP for consumer #9 did not identify the supports or services that are in place for "diabetic monitoring", as indicated in the Community Care Facility's Quarterly Report dated February 2013.

2.9.a Recommendations	Regional Center Plan/Response
<p>HRC should ensure that the IPP for consumer #9 address the services and supports in place for "diabetic monitoring."</p>	<p>Consumer #9: IFSP (HRC IPP) will be revised to more clearly describe funded supports to address the waiver qualifiers consistent with the SLS service provider report.</p>

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))

Finding

Thirty-three of the 34 (97%) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by HRC. However, the IPP for consumer #3 did not indicate HRC funded individual/family planning services.

2.10.a Recommendation	Regional Center Plan/Response
<p>HRC should ensure that the IPP for consumer #3 includes a schedule of the type and amount of all services and supports purchased by HRC.</p>	<p>Consumer #3: IFSP (HRC IPP) dated 01/06/12 will be amended to include purchase of Family Behavior Services from 10/01/12 to 12/31/12.</p>

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))	34			100	None
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))			34	NA	None

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.	29	5		85	See Narrative
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))	34			100	None
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.	8		26	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.	13		21	100	None
2.9.c	The IPP addresses the services for which the CCF provider is responsible for implementing.	13		21	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))	7		27	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))	33	1		97	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))	8		26	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>)	21		13	100	None
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>)	21		13	100	None
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

Five consumer records were reviewed at five 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 16 criteria. Three criteria were 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 = 5; CCFs = 5						
	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>)	5			100	None
3.1.a	The consumer record contains a statement of ambulatory or non ambulatory status.	5			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		1	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.	5			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	5			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	5			100	None
3.1.i	Special safety and behavior needs are addressed.	5			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>)	5			100	None
3.3	The facility has a copy of the consumer's current IPP. (<i>Title 17, CCR, §56022(c)</i>)	5			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>)	1		4	100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 5; CCFs = 5						
	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.	1		4	100	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		1	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		1	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		1	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>)	5			100	None
3.6.b	The ongoing notes/information verifies that behavior needs are being addressed.	5			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>)			5	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>)			5	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>)			5	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

Sixteen 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 the 17 criteria.

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

Day Program Record Review Summary						
Sample Size: Consumers = 16; 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)	16			100	None
4.1.a	The consumer record contains current emergency and personal identification information including the consumer's address, telephone number, names and telephone numbers of residential care provider, relatives, and/or guardian or conservator, physician name(s) and telephone number(s), pharmacy name, address and telephone number and health plan, if appropriate.	16			100	None
4.1.b	The consumer record contains current health information that includes current medications, known allergies, medical disabilities, infectious, contagious, or communicable conditions, special nutritional needs, and immunization records.	16			100	None
4.1.c	The consumer record contains any medical, psychological, and social evaluations identifying the consumer's abilities and functioning level, provided by the regional center.	16			100	None
4.1.d	The consumer record contains an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative.	14		2	100	None
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.	16			100	None
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.	16			100	None
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	16			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 16; Day Programs = 12						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	15		1	100	None
4.2	The day program has a copy of the consumer's current IPP. (<i>Title 17, CCR §56720(b)</i>)	16			100	None
4.3.a	The day program provider develops, maintains, and modifies as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. (<i>Title 17, CCR, §56720(a)</i>)	16			100	None
4.3.b	The day program's ISP or other program documentation is consistent with the services addressed in the consumer's IPP.	16			100	None
4.4.a	The day program prepares and maintains written semiannual reports. (<i>Title 17, CCR, §56720(c)</i>)	14		2	100	None
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services for which the day program is responsible for implementing.	14		2	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>)	2		14	100	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)	2		14	100	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>)	2		14	100	None

SECTION V

CONSUMER OBSERVATIONS AND INTERVIEWS

I. Purpose

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

II. Scope of Observations and Interviews

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

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

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 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 (SIR) 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; behavior plans; coordination of medical and mental health care for consumers; circumstances under which actions are initiated for medical or behavior issues; clinical supports to assist service coordinators; improved access to preventive health care resources; role in Risk Management Committee and special incident reports (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: physicians, 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 consumer's 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, training, and clinical meetings with service coordinators, families, consumers, and service providers. Based on referrals from service coordinators, the pharmacist participates in a polypharmacy review with the clinical team. 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 challenges, seizures, constipation, and fragile X syndrome.
 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
 - ✓ Community outreach programs with local insurance and health care providers
 - ✓ 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 is involved in locating dental resources, and also assists consumers in locating low or no cost dental services. 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 special incident reports (SIR's). The committee uses SIR trend analysis to provide training to regional center staff and providers.
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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 part of the team responsible for conducting Harbor Regional Center's (HRC) QA activities.

III. Results of Interview

1. The interviewed staff 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 staff. The provider relations staff investigates to determine whether a Corrective Action Plan (CAP) will be issued and will conduct the follow up, if any.
3. Provider relations staff also monitors the day programs and supported living and independent living programs. They conduct annual monitoring reviews and will follow up on SIRs 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 staff 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 vendor applications for CCF's, independent living services, supported living services, and day programs.

6. The 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 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 seven service providers at five 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 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 seven direct service staff at five 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.

II. Scope of Review

1. The monitoring teams reviewed a total of five CCFs and one day program.
2. The teams used a monitoring review checklist consisting of 23 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 program 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

8.4.c Appropriate Expenditures

At CCF #5, consumer #2's P&I record indicated money was withdrawn from the fund to pay for dental services in May 2012. However, consumer's IPP dated February 23, 2012 stated that HRC will fund for dental services.

8.4.c Recommendation	Regional Center Plan/Response
HRC should determine if the previous use of P&I funds for dental services was appropriate and if reimbursement to the consumer's account is warranted.	HRC has verified that the client's P&I funds were not used to pay for dental services in May 2012.

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 ten (100%) incidents in the supplemental sample within the required timeframes.
4. HRC reported all ten (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 ten incidents.

IV. Findings and Recommendations

None

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

#	UCI	CCF	DP
1	5042726		1
2	5257100	5	
3	5259936		5
4	5362272	3	
5	6043169		3
6	6217776		10
7	6901549		5
8	7510142		6
9	7526262	4	
10	7526320	1	
11	7528466	2	
12	7547946		1
13	5372529		9
14	5824842		6
15	6032809		11
16	7572591		12
17	7575907		5
18	7594104		
19	7599975		
20	4882312		
21	5503875		
22	4880715		
23	7412940		4
24	7526940		8
25	7531577		2
26	7541436		
27	7568015		
28	7575644		7
29	6750832		
30	7420091		
31	7570162		
32	7574043		
33	7578698		
34	7582732		

Consumers Developmental Center Movers

#	UCI
35-DC	7514219
36-DC	7538788
37-DC	7512106

HCBS Waiver Review Service Providers

CCF #	Vendor
1	HH0764
2	HH0075
3	PH0375
4	HH1102
5	HH1044

Day Program #	Vendor
1	H66976
2	PH1629
3	PH0375
4	PH1394
5	PH1342
6	HH0764
7	PH0735
8	PH1430
9	H17280
10	PH1173
11	PH0621
12	PH1346

SIR Review Consumers

#	UCI	Vendor
38-S	7529472	HX0459
39-S	7516636	PH0369
40-S	4880003	HH0237
41-S	7525603	HH0128
42-S	7544489	PH1421
43-S	7545437	HH1441
44-S	7534407	HH1308
45-S	7537806	HH0957
46-S	6801949	H17137
47-S	5834932	PH1329