

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

Conducted by:

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

July 12–23, 2021

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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 July 12–23, 2021, at Harbor Regional Center (HRC). The monitoring team members were Nadia Flores (Team Leader), Nora Muir, Kelly Sandoval, and Bonnie Simmons from DDS, and Deeanna Tran, Brent Garbett and Janie Hironaka 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 all services needed for eligible individuals with developmental disabilities in California. All HCBS Waiver services are provided through this system. It is the responsibility of DDS to ensure, with the oversight of 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 (IPP). Specific criteria have been developed for the review sections listed below that are derived from federal/state statutes and regulations and from the Centers for Medicare & Medicaid Services' directives and guidelines relating to the provision of HCBS Waiver services.

Scope of Review

The monitoring team reviewed a sample of 37 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) ten consumers who had special incidents reported to DDS during the review period of April 1, 2020 through March 31, 2021, and 2) three consumers who were enrolled in the HCBS Waiver during the review period.

The monitoring team completed visits to four community care facilities (CCF). The team reviewed 13 CCF consumer records and interviewed and/or observed 28 selected sample consumers.

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-seven sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. The sample records were 99 percent in overall compliance for this review.

HRC's records were 99 percent in overall compliance for the collaborative reviews conducted in 2019 and in 2017, respectively.

New Enrollees: Three sample consumers were reviewed for level-of-care determination prior to receipt of HCBS Waiver services. HRC's records were 100 percent in overall compliance for this review.

Section III – Community Care Facility Consumer Record Review

Thirteen consumer records were reviewed at 12 CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100 percent in overall compliance for 19 criteria on this review.

HRC's records were 100 percent in overall compliance for the collaborative reviews conducted in 2019 and in 2017, respectively.

Section IV – Day Program Consumer Record Review

The closure of day programs due to the COVID-19 pandemic prevented the review of Section IV Day Program records and site visits for the 2021 review. Consequently, Section IV is not included in this report.

HRC's records were 100 percent in overall compliance for the collaborative reviews conducted in 2019 and in 2017, respectively.

Section V – Consumer Observations and Interviews

Thirty-one sample consumers, or in the case of minors, their parents, were interviewed and/or observed at their CCFs, day programs, or in independent living settings. The monitoring team observed that all of the consumers were in good health and were treated with dignity and respect. All of the interviewed consumers/parents indicated that they were satisfied with their services, health and choices.

Section VI A – Service Coordinator Interviews

Seven 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

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

Section VI C – Quality Assurance Interview

A provider relations specialist was interviewed using a standard interview instrument. He responded to 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 service providers at four CCFs were interviewed using a standard interview instrument. The service providers responded to questions regarding their knowledge of the consumer, the annual review process, and the monitoring of health issues, medication administration, progress, safety and emergency preparedness. The staff was familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interviews

Four CCF 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 utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. 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 37 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. HRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported 10 of the 10 incidents to HRC within the required timeframes, and HRC subsequently transmitted 10 of the 10 special incidents to DDS within the required timeframes. HRC's follow-up activities for the 10 consumer incidents were timely and appropriate for the severity of the situation.

SECTION I

REGIONAL CENTER SELF-ASSESSMENT

I. Purpose

The regional center self-assessment addresses the California Home and Community-Based Services (HCBS) Waiver assurances criteria and is designed to provide information about the regional center's processes and practices. The responses are used to verify that the regional center has processes in place to ensure compliance with federal and state laws and regulations.

The self-assessment obtains information about HRC's 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
<p>State conducts level-of-care need determinations consistent with the need for institutionalization.</p>	<p>The regional center ensures that consumers meet ICF/DD, ICF/DD-H, or ICF/DD-N facility level-of-care requirements as a condition of initial and annual eligibility for the HCBS Waiver Program.</p> <p>Regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meet the federal definition of a Qualified Intellectual Disabilities Professional (QIDP).</p> <p>The regional center ensures that consumers are eligible for full-scope Medi-Cal benefits before enrolling them in the HCBS Waiver.</p>
<p>Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver services.</p>	<p>The regional center takes action(s) to ensure consumers' rights are protected.</p> <p>The regional center takes action(s) to ensure that the consumers' health needs are addressed.</p> <p>The regional center ensures that behavior plans preserve the right of the consumer to be free from harm.</p> <p>The regional center maintains a Risk Management, Risk Assessment and Planning Committee.</p> <p>The regional center has developed and implemented a Risk Management/Mitigation Plan.</p> <p>Regional centers and local Community Care Licensing offices coordinate and collaborate in addressing issues involving licensing requirements and monitoring of CCFs pursuant to the MOU between DDS and Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 community care facilities.</p> <p>The regional center reviews each community care facility annually to assure services are consistent with the program design and applicable laws and oversees development and implementation of corrective action plans as needed.</p> <p>The regional center conducts not less than two unannounced monitoring visits to each CCF annually.</p> <p>Service coordinators perform and document periodic reviews (at least annually) to ascertain progress toward achieving IPP objectives and the consumer's and the family's satisfaction with the IPP and its implementation.</p> <p>Service coordinators have quarterly face-to-face meetings with consumers in CCFs, family home agencies, supported living services, and independent living services to review services and progress toward achieving the IPP objectives for which the service provider is responsible.</p> <p>The regional center ensures that needed services and supports are in place when a consumer moves from a developmental center (DC) to a community living arrangement.</p>

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.)	Service coordinators provide enhanced case management to consumers who move from a DC by meeting with them face-to-face every 30 days for the first 90 days they reside in the community.
Only qualified providers serve HCBS Waiver participants.	The regional center ensures that all HCBS Waiver service providers have signed the "HCBS Provider Agreement Form" and meet the required qualifications at the time services are provided.
Plans of care are responsive to HCBS Waiver participant needs.	<p>The regional center ensures that all HCBS Waiver consumers are offered a choice between receiving services and living arrangements in an institutional or community setting.</p> <p>Regional centers ensure that planning for IPPs includes a comprehensive assessment and information-gathering process which addresses the total needs of HCBS Waiver consumers and is completed at least every three years at the time of his/her triennial IPP.</p> <p>The IPPs of HCBS Waiver consumers are reviewed at least annually by the planning team and modified, as necessary, in response to the consumers' changing needs, wants and health status.</p> <p>The regional center uses feedback from consumers, families and legal representatives to improve system performance.</p> <p>The regional center documents the manner by which consumers indicate choice and consent.</p>

SECTION II

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

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

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

2. The review period covered activity from April 1, 2020–March 31, 2021.

III. Results of Review

The 37 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 that HRC determined the level of care prior to receipt of HCBS Waiver services.

- ✓ The sample records were 100 percent in compliance for 25 criteria. There are no recommendations for these criteria. Three criteria were not applicable for this review.
- ✓ 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

- 2.1.b Each record lists the deficits and special health care conditions listed on Medicaid Waiver Eligibility Record (DS 3770) [SMM 4442.1; 42 CFR 483.430(a)]

Finding

Thirty-six of the thirty-seven (97 percent) sample consumer records listed the deficits and special health care conditions on the DS 3770 form. However, the DS 3770 form for consumer #21 did not list any qualifying conditions or special health care conditions.

2.1.b Recommendation	Regional Center Plan/Response
HRC should ensure that the DS 3770 form lists qualifying conditions and special health care conditions.	HRC is in agreement with this finding. However, historically the individual displayed behaviors that made him eligible for MW- the history of verbal aggression, anxiety and depression are discussed in the IPP and he receives services that addressed these behaviors

- 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)]

Finding

Thirty-five out of thirty-seven (95 percent) sample consumer records contained a signed and dated DS 2200 form. However, the DS 2200 for consumers #13 and #32 were not signed as adults.

2.2 Recommendations	Regional Center Plan/Response
HRC should ensure that the form DS 2200 for consumers #13 and #32 are signed as adults.	HRC is in agreement with this finding and will ensure that the proper signatures are obtained when an individual becomes an adult or is conserved.

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

Findings

Thirty-five of the thirty-seven (95 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by HRC. However, IPPs for two consumers did not indicate HRC funded services as indicated below:

1. Consumer #30: "Transportation Public/Rental/Taxi";
2. Consumer #31: "Behavior Management Consultant", and "Individual/Family Training Services."

2.10.a Recommendations	Regional Center Plan/Response
HRC should ensure that the IPPs for consumers #30 and #31 include a schedule of the type and amount of all services and supports purchased by HRC.	HRC is in agreement with these findings and will ensure that IPPs include a schedule of the type and amount of all services and supports purchased

Regional Center Consumer Record Review Summary						
Sample Size = 37 records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. <i>(SMM 4442.1)</i>	37			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Intellectual Disabilities Professional (QIDP), which documents the date of the consumer's initial HCBS Waiver eligibility certification, annual recertifications, the consumer's qualifying conditions and short-term absences. <i>[SMM 4442.1; 42 CFR 483.430(a)]</i>	Criterion 2.1 consists of four sub-criteria (2.1.a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Intellectual Disabilities Professional and the title "QIDP" appears after the person's signature.	37			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.	36	1		97	See Narrative
2.1.c	The DS 3770 form documents annual recertifications.	37			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	1		36	100	
2.2	Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form (DS 2200). <i>[SMM 4442.7; 42 CFR 441.302(d)]</i>	35	2		95	See Narrative
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. <i>[SMM 4442.7; 42 CFR Part 431, Subpart E; W&I Code §4710(a)(1)]</i>			37	NA	None

Regional Center Consumer Record Review Summary						
Sample Size = 37 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. <i>(SMM 4442.5; 42 CFR 441.302)</i>	37			100	None
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level-of-care requirements for care provided in an ICF/DD, ICF/DD-H, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. <i>[SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343]</i>	37			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	37			100	None
2.6.a	IPP is reviewed (at least annually) by the planning team and modified as necessary in response to the consumer's changing needs, wants or health status. <i>[42 CFR 441.301(b)(1)(I)]</i>	37			100	None
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. <i>(HCBS Waiver requirement)</i>			37	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. <i>[W&I Code §4646(g)]</i>	37			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.	11		26	100	None
2.7.c	The IPP is prepared jointly with the planning team. <i>[W&I Code §4646(d)]</i>	37			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. <i>[W&I Code §4646.5(a)]</i>	37			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 37 Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer's goals and needs. [W&I Code §4646.5(a)(2)]	Criterion 2.9 consists of seven sub-criteria (2.9.a-g) that are reviewed independently.				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	37			100	None
2.9.b	The IPP addresses special health care requirements.	9		28	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	13		24	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	22		15	100	None
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	12		25	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	37			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. [W&I Code §4685(c)(2)]	6		31	100	None
2.10.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. [W&I Code §4646.5(a)(4)]	35	2		95	See Narrative
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. [W&I Code §4646.5(a)(5)]	37			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [W&I Code §4646.5(a)(5)]	11		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. [W&I Code §4646.5(a)(5)]	37			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 37 Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic reviews and reevaluations of consumer progress are completed (at least annually) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. <i>[W&I Code §4646.5(a)(8)]</i>	37			100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	25		12	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; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	25		12	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>(W&I Code §4418.3)</i>			37	NA	None

SECTION III

COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

I. Purpose

The review addresses the requirements for community care facilities (CCF) to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the individual program plan (IPP) for which the facility is responsible. The criteria are derived from Title 17, California Code of Regulations.

II. Scope of Review

Thirteen consumer records were reviewed at 12 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 percent in compliance for 19 criteria.

- ✓ The sample records were 100 percent in compliance for 19 applicable criteria. There are no recommendations for these criteria.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Finding and Recommendation

None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 13; CCFs = 12						
	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); Title 17, CCR, §56059(b); Title 22, CCR, §80069]</i>	13			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	13			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	12		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.	13			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	13			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	13			100	None
3.1.i	Special safety and behavior needs are addressed.	12		1	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>	13			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	13			100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 13; CCFs = 12						
	Criteria	+	-	N/A	% Met	Follow-up
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>	2		11	100	None
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	3		10	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>	11		2	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.	11		2	100	None
3.5.c	Quarterly reports include a summary of data collected. <i>[Title 17, CCR, §56013(d)(4); Title 17, CCR, §56026]</i>	13			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>	13			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	12		1	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		8	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		8	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		8	100	None

SECTION IV
DAY PROGRAM
CONSUMER RECORD REVIEW

The closure of day programs due to the COVID-19 pandemic prevented the review of Section IV Day Program records for the 2021 review.

SECTION V

CONSUMER OBSERVATIONS AND INTERVIEWS

I. Purpose

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

II. Scope of Observations and Interviews

Thirty of the thirty-seven consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities (CCF), or in independent living settings.

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

III. Results of Observations and Interviews

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

IV. Finding and Recommendation

None

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 seven 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 medical director and online resources for medication.

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

SECTION VI B

CLINICAL SERVICES INTERVIEW

I. Purpose

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

II. Scope of Interview

1. The 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 (SIR).
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, occupational and speech therapists, early childhood specialist, board specialist, a dental coordinator, a pharmacist, a benefit coordinator and a liaison with the jail.
2. Registered nurses are available to consult with service coordinators in evaluating consumers with medical and/or medication issues on an as-needed basis. In addition, the 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. The registered nurses are available to visit hospitalized consumers and assist in the discharge planning process.
3. The clinical team is active in monitoring consumers' medications. The pharmacist is available for consultation and training for service coordinators and providers. The pharmacist participates in a polypharmacy review when

- requested by the service coordinator. The pharmacist also reviews all medication error SIRs, and provides training as needed.
4. The clinical staff is available to service coordinators for consultation regarding consumer behaviors or mental health needs. A behaviorist is available to review behavior plans and make recommendations as needed. The clinical team also assists consumers, families and service providers who may need information, referral and support. The pharmacist participates on the mental health committee and provides consultation regarding polypharmacy and psychotropic medications. HRC has a mental health liaison who collaborates with local county mental health agencies.
 5. The clinical staff provides trainings to HRC staff. Topics include cerebral palsy, epilepsy, medications, autism, behavior management, seizures, constipation, diabetes, restricted health care plans, and hospice services. The clinical team also offers training to providers and families 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;
 - ✓ Onsite Assistive Technology Lab and Assessments;
 - ✓ Support groups for parents and siblings;
 - ✓ Early Intervention Clinic;
 - ✓ University of Los Angeles resident rotation at HRC;
 - ✓ Resource Development Team;
 - ✓ Online access for training and resources;
 - ✓ Speech, physical and occupational therapy clinics; and
 - ✓ Training CDs for providers on topics such 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 unplanned hospitalization SIRs and other medical and behavioral SIRs as requested. In addition, a nurse or physician reviews all deaths that occurred under the care of a vendor. The regional center utilizes Mission Analytics Group, Inc., the State's risk management contractor, to analyze special incidents for trends, and makes recommendations for appropriate follow-up and training as needed.
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SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

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

II. Scope of Interview

The monitoring team interviewed a provider relations specialist who is part of the team responsible for conducting HRC's QA activities.

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. All visits were done remotely due to the COVID-19 pandemic. They began in-person visits in July of 2021.
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. If there is an issue or circumstance that requires immediate attention, the provider relations specialist will consult with the QA manager to decide an immediate course of action.
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. Day programs have not been open. Day programs were closed due to the COVID-19 pandemic, with six re-opening in the June/July 2021 timeframe. Of the six, only one is open five days a week.
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. They just had their first in-person service provider orientation since the onset of the COVID-19 pandemic. HRC also conducts orientation/training for Residential Care Facilities for the Elderly staff twice a year.

5. The QA program manager participates in the resource development committee. They review and recommend approval on vendor applications for CCFs, independent living services, supported living services, and day programs. The provider relations specialist may also participate in the Forensic Committee.
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.
7. The provider relations specialist, Community Care Services and Clinical team meet with Licensing quarterly to address any changes and/or updates with regulations.

SECTION VII A

SERVICE PROVIDER INTERVIEWS

I. Purpose

The interviews determine how well the service provider knows the consumers; the extent of their assessment process for the individual program plan (IPP) development and/or review; the extent of their plan participation; how the plan was developed; how service providers ensure accurate documentation, communicate, address and monitor health issues; their preparedness for emergencies; and how they monitor safety and safeguard medications.

II. Scope of Interviews

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

III. Results of Interviews

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

SECTION VII B

DIRECT SERVICE STAFF INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed four direct service staff at four community care facilities where services are provided to the consumer who was visited by the monitoring team.
2. The interview questions are divided into two categories:
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

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

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

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

II. Scope of Review

1. The monitoring teams reviewed a total of four CCFs via remote electronic communication. Remote electronic communication was used to conduct service provider, direct staff and consumer interviews, as well as site inspections via remote electronic communications. Remote electronic communications were used to conduct service provider, direct staff and consumer interviews, as well as site inspections.
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 were found to be in good condition with no immediate health and safety concerns. Specific findings and recommendations are detailed below.

III. Findings and Recommendations

None

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 HRC was reviewed by comparing deaths entered into the Client Master File for the review period with special incident reports (SIR) of deaths received by the Department of Developmental Services (DDS).
2. The records of the 37 consumers selected for the Home and Community-Based Services (HCBS) Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of 10 consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. HRC reported all deaths during the review period to DDS.
2. HRC reported all special incidents in the sample of 37 records selected for the HCBS Waiver review to DDS.
3. HRC's vendors reported all (100 percent) applicable incidents in the supplemental sample within the required timeframes.
4. HRC reported all 10 (100 percent) 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 all of the incidents.

IV. Finding and Recommendation

None

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

#	UCI	CCF	DP
1	6028641	4	
2	7406923	8	
3	7405138	10	
4	7004749	5	
5	7595751	1	
6	7605708	13	
7	7538895	11	
8	7517626	3	
9	6034912	7	
10	7526510	6	
11	7400708	12	
12	7597180	2	
13	7595943	9	
14	7567027		
15	5323050		
16	7925919		
17	7699841		
18	7609328		
19	7412445		
20	7516032		
21	5465836		
22	5502729		
23	5748256		
24	6095460		
25	7547466		
26	7524564		
27	7697478		
28	4884056		
29	7493661		
30	5820691		
31	4882204		
32	7581186		
33	7585682		
34	7564673		
35	7624129		
36	7593738		
37	7587748		

HCBS Waiver Review Service Providers

CCF #	Vendor
1	HH1895
2	HH0989
3	HH1889
4	H17339
5	HH1295
6	PH1890
7	H67007
8	HH1242
9	PH2220
10	PH2114
11	HH1889
12	PH2200
13	PH1865

SIR Review Consumers

#	UCI	Vendor
SIR 1	7405138	PH2114
SIR 2	7572122	P66970
SIR 3	6220655	PH1709
SIR 4	6032916	HH1751
SIR 5	4882114	PH0676
SIR 6	7401481	PH2163
SIR 7	5500236	PH1475
SIR 8	7514219	PH1559
SIR 9	7521073	N/A
SIR 10	7801392	PH2346