



**Harbor Regional Center
Service Reviews**

Licensed Living Options

First Meeting – February 26th, 2019 (Torrance A4):

During this first meeting, our objective is to present a brief overview of HRC's policy on Licensed Living Options. We will also review the definition of licensed living facilities and the different levels of homes. We will share our expectations for licensed homes that provide services to people with developmental disabilities. In addition, we will review publications available to our families who are starting the process of looking at licensed living options.

Second Meeting - March 26th, 2019 (Torrance A4):

During this meeting we will share data with you on the number of individuals that we support who live in licensed homes and other pertinent information regarding individuals who live in these settings. We will discuss how rates are set for these types of living options and policy level issues that affect these rates. We will review the different roles and responsibilities for: Community Care Licensing staff, HRC Service Coordinator and HRC Provider Relations.

Third Meeting – May 28th, 2019 (Long Beach LB1):

This meeting will be dedicated to presentations by a group home administrator and staff and a family member whose adult son resides in a group home. The group home will discuss how they recruit and train their staff and how they implement HRC's expectations. The family will discuss their journey in making the decision to have their adult family member move into a group home.

Fourth Meeting – June 25th, 2019 (Torrance A4):

In this meeting we will facilitate a discussion among those that have attended and participated in the prior three meetings. Based upon the HRC policy and practices we hope to identify those things that are working well and those areas where we might recommend modifications. We hope to have a robust discussion which will form the basis for any changes or modifications we may make.

Note: The agenda for each service review meeting is very full and we recognize that there may be a need to schedule additional review sessions in order to complete a comprehensive review. We will remain flexible and as sessions as needed.

Licensed Living Options

Service Review
Harbor Regional Center
Session #2
March 26, 2109

Welcome!

- Family Resource Center presentation
- Data on HRC licensed living options
- Roles of:
 1. Community Care Licensing
 2. HRC department of Community Services and Provider Relations Specialist
 3. HRC Service Coordinator
- Group Home Development
- Issues affecting licensed homes

Family Resource Center



- **Presenter –Maria Elena Walsh, Assistant Manager of the FRC**

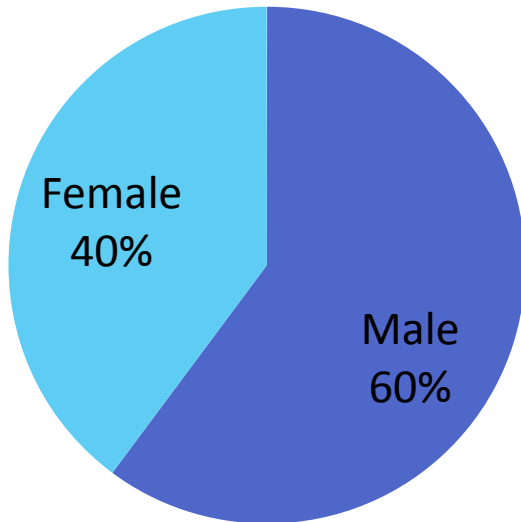
Data



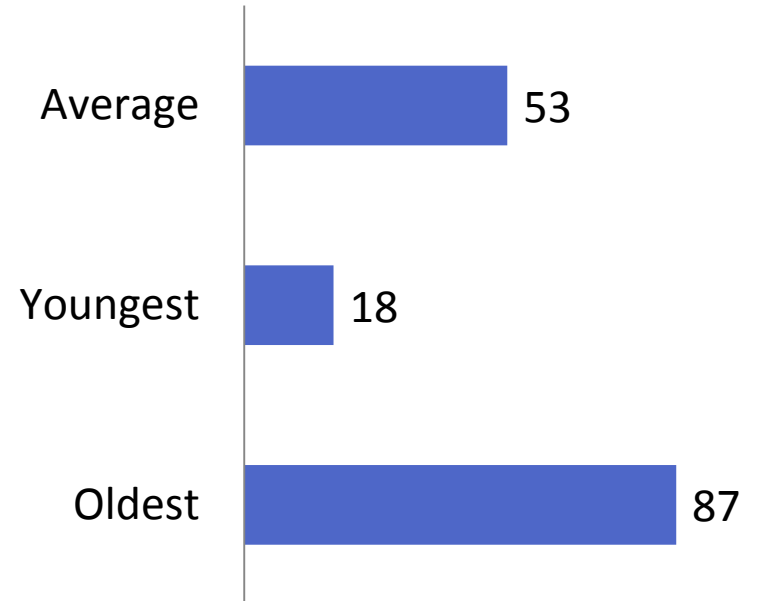
- **Presenter –Judy Wada , CFO at Harbor Regional Center**

Demographics

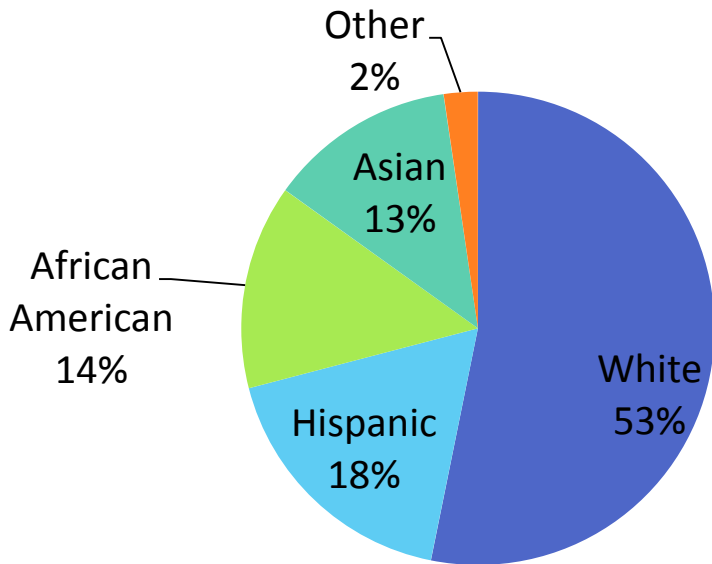
Gender



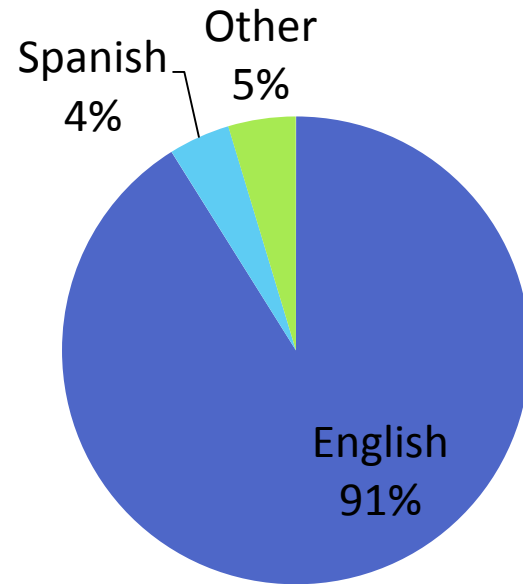
Age



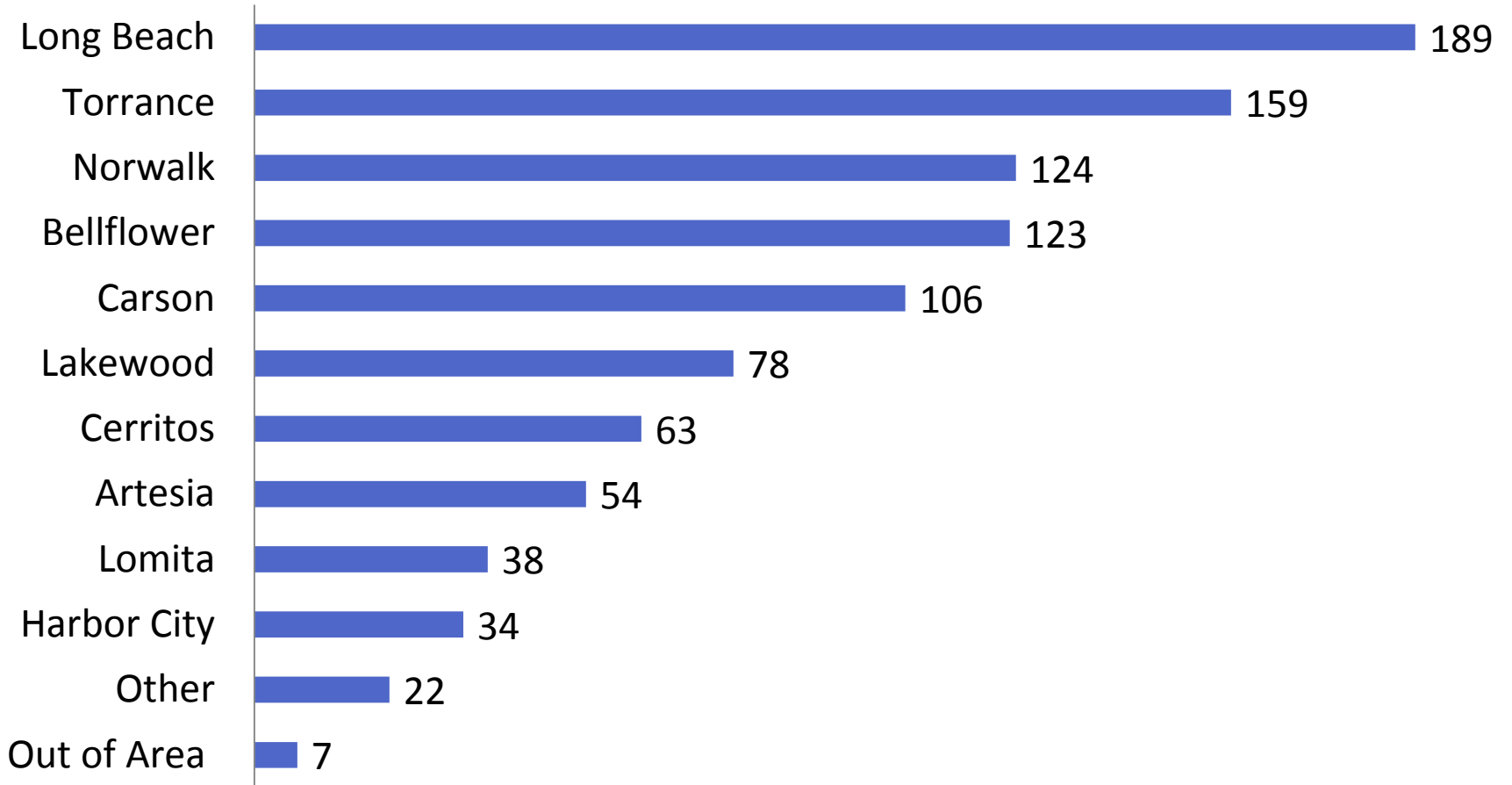
Ethnicity



Language

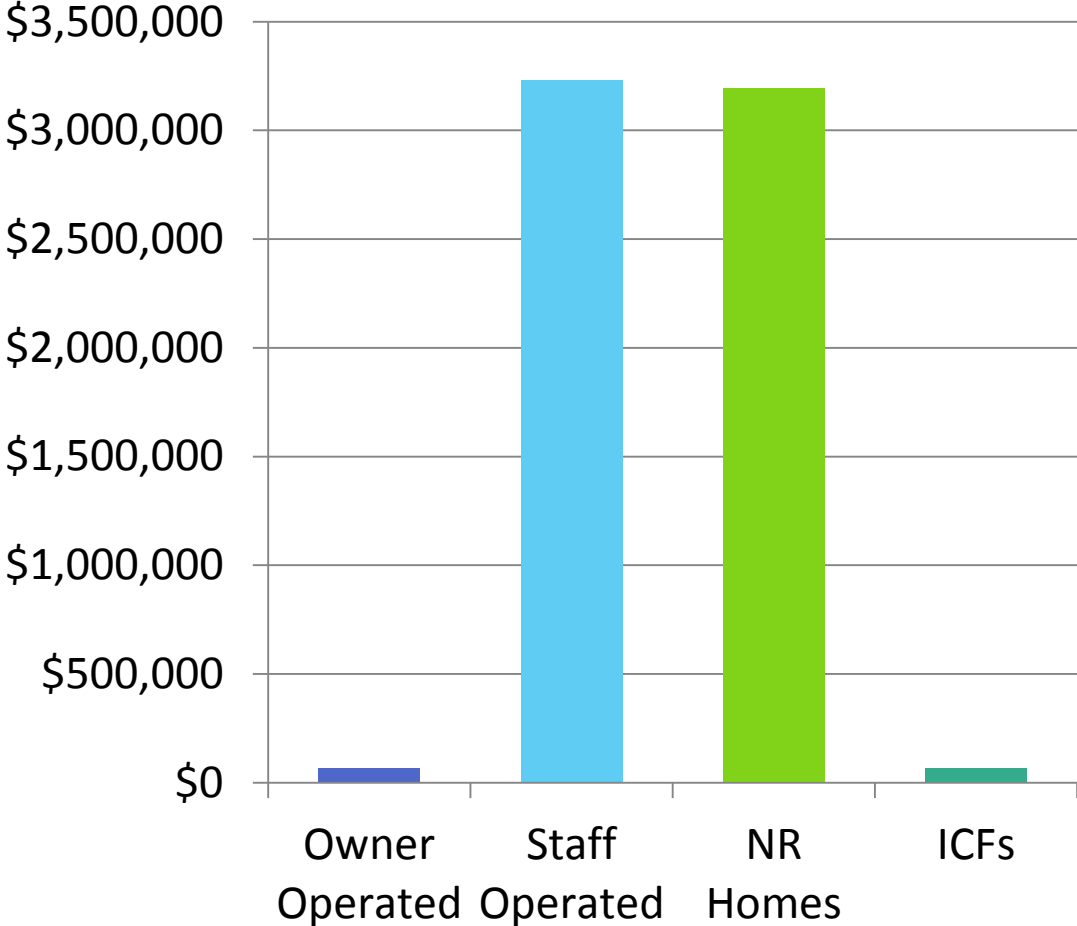


Cities



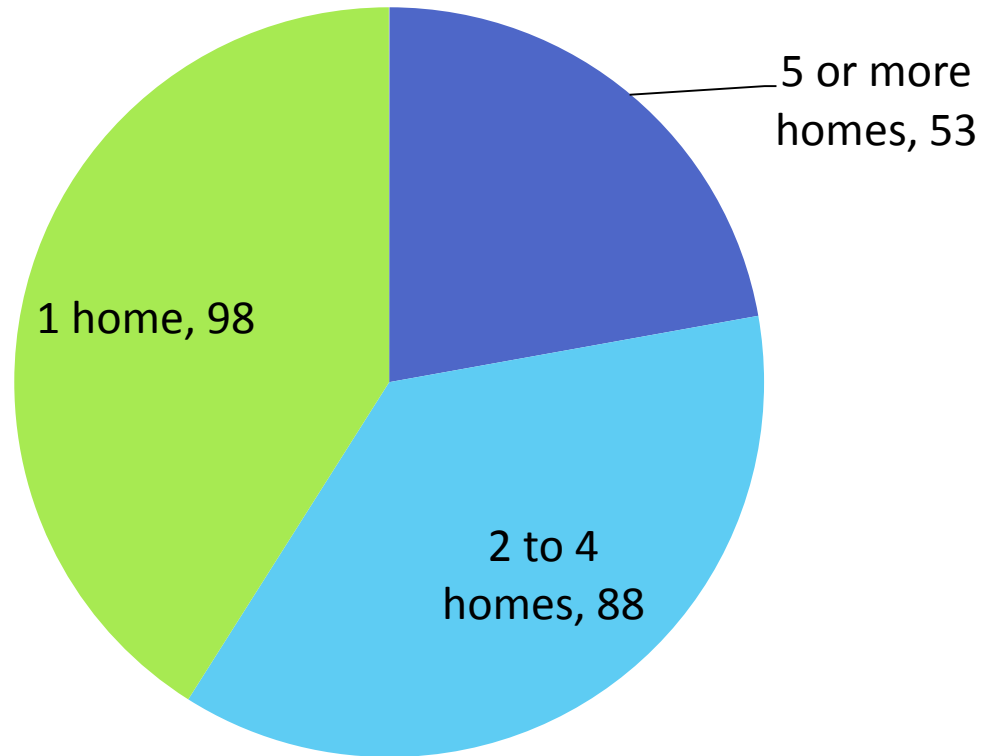
Total Expenditures

November 2018



Licensed Home Service Providers

Number of Homes



Roles and Responsibilities

- Community Care Licensing (CCL)

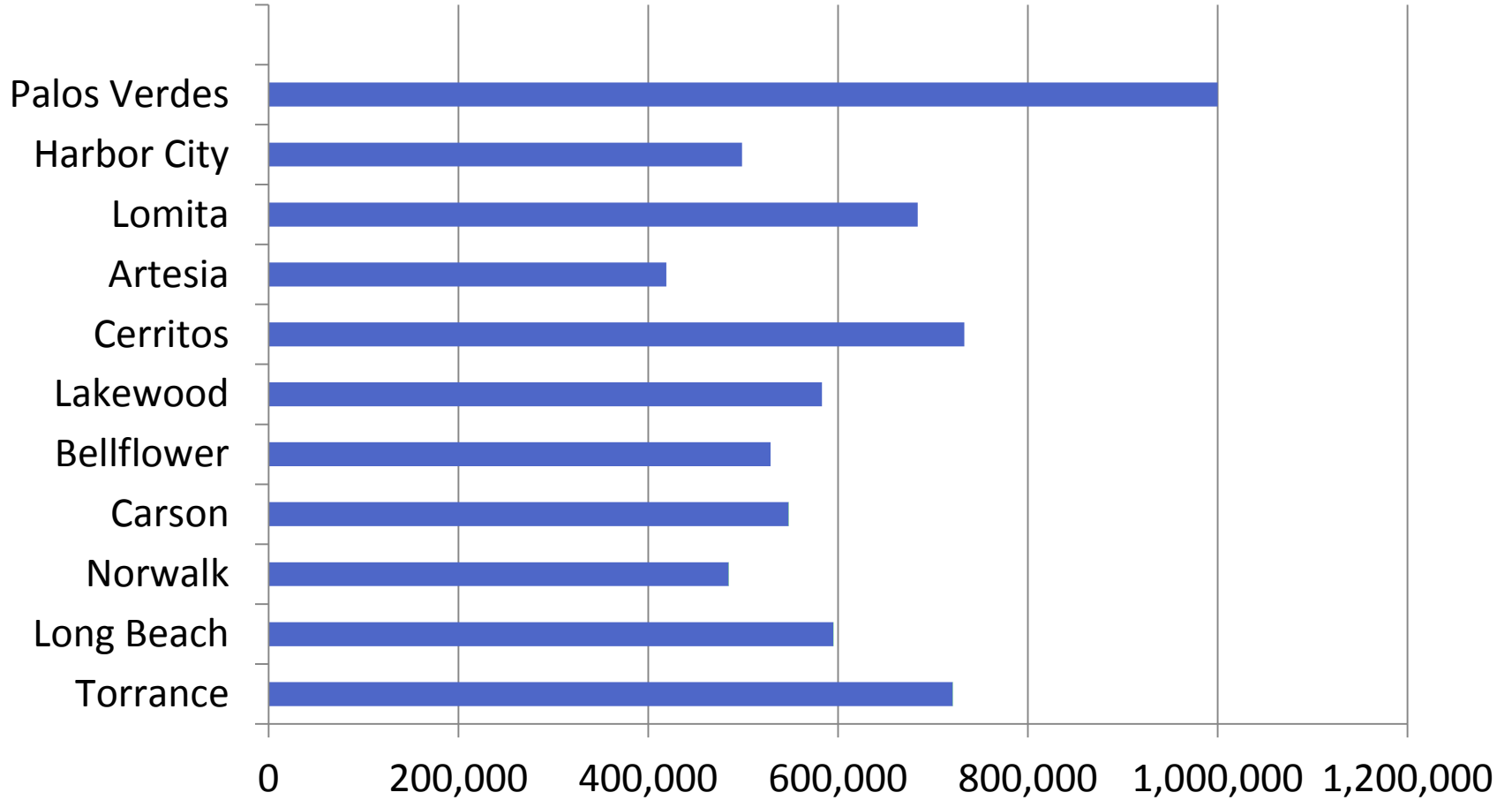
www.cclid.ca.gov

- Provider Relations Specialist
- Service Coordinator

Issues Affecting Licensed Living Options

- NIMBY – Not In My Backyard
- Homes closing
- Wages for direct care staff
- DSP mandated training
- Lack of Resources for Individuals to age in place
- Waivers and Exemptions (health and age waivers)
- Hospice and Dementia Waivers
- Prices of homes in HRC's service area

Median Price of Homes



Session #3

- Tuesday May 28, 2019 Long Beach Site
- Presentation by Licensed Home Administrator and a Parent of an Individual residing in a Licensed Home
- Referral Process for Licensed Homes

Questions



QUARTERLY PROGRESS REPORT
Level IV-I Home

Client name :

Date of Birth :

Reporting Period : 1st Quarter From: _____ To: _____
2nd Quarter From: _____ To: _____
3rd Quarter From: _____ To: _____
4th Quarter From: _____ To: _____

Service Level of Home :

Licensed Home Name :

Date Of Admission :

Address :

Phone Number :

Regional Center : Harbor Regional Center

Counselor's Name :

Client's Legal Status :

Representative Payee :

Client Receives : \$ _____ SSI: \$ _____ SSA: \$ _____ OTHER: \$ _____
(Source)

P&I Balance : \$ _____ As Of:

Weight : _____ As Of:

Current Diagnosis :

Report Date:

CURRENT LIVING SITUATION:

Current Status:

II. DAY ACTIVITY

Current Status:

Special incidents at Day Program During the Quarter:

Date:	What Happened

III - HEALTH AND MEDICAL:

Allergies No known Allergies

Current Status:

Report Date:

Illness/Hospitalization During The Quarter:

Date	What Happened

Report date:

Current Medications as of

Medication	Dosage	Reason Prescribed	Physician
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Medical Appointments:

Date	Physician /Consultant	Reason for Visit

IV - PROGRESS MADE ON ISP/ISFP GOALS:

Daily Living Skills:

Social/Recreational:

	Form of Social & Recreational

Others:

V - LEISURE/SOCIAL RECREATIONAL ACTIVITIES CLIENT PARTICIPATED IN OVER LAST QUARTER:

Date	Where did the client go	Activity
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Report date:

VI - FRIEND(S) & FAMILY INVOLVEMENT DURING THE QUARTER:

Comments:

Prepared by:

Date:

(refer to attach report of behavior consultant)

Signature of Person Writing Behavioral
Section of Quarterly Report

Date:

Title

HARBOR REGIONAL CENTER
Provider Relations Specialist Licensed Home Monitoring Visit Checklist

_____ Unannounced visit _____ Announced visit _____ Triannual visit

Service Provider Name: _____ Date of visit: _____

Contact: _____ Vendor #: _____ Level: _____

Address: _____ Phone: _____

Participants: _____

PREVISIT CHECKLIST

Prior to the home visit, the Provider Relations Specialist will review the HRC vendor record for the following:

	YES	NO	N/A
1. Is there a current disaster plan on file?			
2. Is the liability insurance current?			
3. List the recommendations from the last Provider Relations visit and indicate whether or not they have been resolved. a. b. c.			
4. Has there been a fiscal audit?			
List the recommendations from the last fiscal audit and indicate whether or not they have been resolved. a. b.			
5. For level 4 homes, is there a need to update the Program Design?			
6. Review 20% of HRC client files. Is there a current IFSP?			
7. Is there a current CDER?			

8. Is there a current day program ISP?			
9. Is there a current home ISP?			
10. Are there current day/work semi or quarterly reports as required?			
11. How many SIRs are on record during the last twelve months?			
12. Was the follow-up appropriate?			
COMMENTS:			

PROGRAMMING, SERVICES AND SUPPORTS

	YES	NO	N/A
1. Do clients appear well groomed and appropriately dressed?			
2. Are clients participating in age appropriate and meaningful activities?			
3. Are clients treated with dignity and respect?			
4. Is there evidence that activities follow program design?			
5. Can the direct care staff describe the clients IFSP /ISP objectives?			
6. Is there evidence of client choice in activities, menu, and decorations?			
7. Is there transportation and a driver available at all times?			
8. Is there evidence of efforts to encourage family involvement?			
9. Is there evidence of active communication between home and day or work program?			
10. Are community activities purposeful and meaningful to the individuals?			

11. Give examples of social recreational activities which occurred in the last two weeks.			
COMMENTS:			

HEALTH AND SAFETY

	YES	NO	N/A
1. Does the meal look appetizing and nutritious?			
2. Are the portions appropriate?			
3. Does the meal match the menu?			
4. Does the staff know what to do in case of emergency?			
5. Does the staff know the client's medical needs?			
6. Is there evidence that staff carry current client emergency/medical information with them in the community?			
7. Was the medication procedure followed?			
8. Are medications stored appropriately?			
9. Does the direct care staff know why medications are prescribed?			
10. Does the direct care staff know the side effects of medications?			
COMMENTS:			

ENVIRONMENT

	YES	NO	N/A
1. Is the home clean?			
2. Is the home environment safe?			
3. Is the home in good repair both inside and out?			
4. Is the home maintained at a comfortable temperature?			
5. Is the yard neat and well maintained?			
6. Are the client's bedrooms individualized?			
7. Do the clients behave as this is their home?			
COMMENTS:			

P & I RECORDS

	YES	NO	N/A
1. Is cash readily available for client's use?			
2. Are the balance sheets current?			
3. Are the receipts organized and current?			
4. Are the receipts for cash signed by the client and staff?			
COMMENTS:			

ADMINISTRATION

	YES	NO	N/A
1. How many staff are present?			
2. How many clients are present?			
3. Names of staff present:			
4. Is there evidence of sufficient supplies, activity resources, etc. appropriate to the needs of the clients served?			
5. Does the number of staff present meet the service level requirements?			
6. Are the direct care staff able to communicate in English?			
7. Does the record contain any SIRs dated in the last twelve months?			
8. Were all SIRs reported within required time frame?			
9. Does the record contain any incidents which qualify as SIRs but were not reported?			
10. Is there evidence of thorough follow-up for each SIR?			
11. Are staff paid at least 150% above minimum wage?			
12. Do staff receive medical and leave benefits? Describe.			
COMMENTS:			

CLIENT RECORDS – review 20% but no fewer than two

	YES	NO	N/A
1. Do client records contain current IFSP?			
2. Do client records contain current CDER?			
3. Do client records contain current day program ISP?			
4. Do client records contain current home ISP as required?			
5. Do client records contain current semi and or quarterly reports as required?			
6. Do ISPs and semi/quarterly reports include sufficient detail?			
7. Do client records contain current consent for medical treatment?			
8. Do client records contain current annual restricted health care plan, if required?			
COMMENTS:			

CLIENT RECORDS – LEVEL 4 HOMES ONLY

	YES	NO	N/A
1. Does the behavior plan contain description of behaviors and intervention plan?			
2. Are objectives measurable?			
3. Are intervention plans written in manner easily understood by staff?			
4. Is the data collection documentation current?			
5. Does the quarterly/semi report include summary of data collected?			
6. Does the quarterly/semi report include identification of barriers to progress and response to those barriers?			

7. Is the quarterly/semi report signed by appropriate consultant?			
8. Are quarterly/semi reports completed within 30 days of end of quarter?			
9. If home for medical needs, is there adequate documentation of medical condition and appropriate follow-up?			
COMMENTS:			

PERSONNEL RECORDS

	YES	NO	N/A
1. Have new direct care staff completed 40 hours of orientation regarding client's individual needs, philosophy, and methods of interaction?			
2. Have direct care staff completed training hours required by service level?			
3. If direct care staff have been employed for more than 12 months, have they met DSP requirements?			
4. Is there a log for administrator's hours maintained and current?			
5. Is there accurate documentation of behavior or medical consultant services?			
COMMENTS:			

OTHER COMMENTS / SUMMARY:

RECOMMENDATIONS:

Reviewer Signature

Date

Provider Signature

Date

cc:

**HARBOR REGIONAL CENTER
QUARTERLY REVIEW FOR CLIENTS IN LICENSED HOMES**

Client Name:

Date & Location of Quarterly Visit:

Participants Attending Meeting:

	Yes	No
Is the home in which the client lives at the appropriate level to address the developmental needs and the type and intensity of care required?	<input type="checkbox"/>	<input type="checkbox"/>
Is the home adequately addressing the health needs of the client? Summarize any health-related issues that were addressed last quarter:	<input type="checkbox"/>	<input type="checkbox"/>
Is the home adequately addressing the safety needs of the client? Summarize any safety-related issues that were addressed last quarter:	<input type="checkbox"/>	<input type="checkbox"/>
Is the service provider addressing the client's desired outcomes? Discuss any significant progress or barriers that have been identified related to the client achieving his desired outcomes:	<input type="checkbox"/>	<input type="checkbox"/>

<p>Is the client/family satisfied with the home? If no, describe the plan for addressing the client/family concerns:</p>	<p>— —</p>	<p>— —</p>
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	Yes	No
<p>Is there a need for Quality Improvement follow up(including P and I concerns)? If yes, describe the need and indicate whether the DCS service provider relations specialist has been contacted regarding follow up:</p>		

<p>Have there been any Special Incidents within this quarter? If yes, please summarize:</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
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<p>Since the last review, has there been any notable progress or changes? If these changes require any new plan(s), then revise the IPP/IFSP</p>		
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P & I FUNDS

(only for clients for which HIRC or a vendored provider is the SSI Representative Payee)

- A. Does the home have a client P & I ledger?
- B. Does the home have client P & I receipts at the home and available for review?
- C. Are the expenditures appropriate and consistent with the client's needs and interests?
- D. Current balance of client's P & I funds \$ _____
- E. Current RC trust balance \$ _____
- F. Total individual client fund balance \$ _____

(Add D and E to equal F; total of F should never be more than \$2000; spending plan should be in effect for balances over \$1000)

FOLLOW-UP REQUIRED

1.

2.

3.

Service Coordinator's Signature

**HARBOR REGIONAL CENTER
 LICENSED HOME MONITORING UNANNOUNCED VISIT CHECKLIST**

(To be completed by Service Coordinator in addition to the Quarterly Review Form and forwarded to assigned DCS Provider Relations Liaison)

Service Provider Name:

Date of visit:

Contact:

Vendor #:

Level:

Participants:

Prior to the home visit, the Service Coordinator will review the client record for the following:

REVIEW YOUR HRC CLIENT RECORDS	YES	NO	N/A
1. Is there a current family emergency contact?			
2. Have there been any SIRS within the past three months?			
3. Has there been any family concerns/day program concerns regarding the home reflected in the ID Notes?			
4. Is there a current home ISP?			
5. Is there current home semi or quarterly reports as required?			
COMMENTS:			

PROGRAMMING, SERVICES AND SUPPORTS	YES	NO	N/A
1. Do clients appear well groomed and appropriately dressed?			
2. Are clients participating in age appropriate and meaningful activities?			
3. Are clients treated with dignity and respect?			
4. Can the direct care staff describe the clients IFSP /ISP objectives?			
5. Is there evidence of client choice in activities, menu and decorations?			
6. Do clients respond as if this is their home?			
COMMENTS:			

HEALTH AND SAFETY	YES	NO	N/A
1. Does the meal look appetizing and nutritious?			
2. Does staff know who to call in case of emergency?			
3. Is there a current restricted health care plan, if required?			
COMMENTS:			

HOME ENVIRONMENT	YES	NO	N/A
1. Is the home clean, safe and in good repair both inside and out?			
2. Is the home maintained at a comfortable temperature?			
COMMENTS:			

ADMINISTRATION	YES	NO	N/A
1. How many staff are present?			
2. How many clients are present?			
3. Is the direct care staff able to communicate in English?			
COMMENTS:			

LEVEL 4 and Negotiated Rate HOMES ONLY - Behavioral	YES	NO	N/A
1. Does the behavior plan contain an accurate and understandable description of behaviors?			
2. Does the behavior plan contain an understandable and effective intervention plan?			
3. Is data collection current?			
4. Are quarterly reports completed within 30 days of end of quarter?			
LEVEL 4 HOMES ONLY - Medical	YES	NO	N/A
1. Does the chart contain current and thorough documentation of medical condition and follow up?			
COMMENTS:			

P & I RECORDS	YES	NO	N/A
1. Is cash readily available for client's use?			
2. Are P & I records available at the home?			
COMMENTS:			

OTHER COMMENTS/RECOMMENDATIONS:

PROVIDER RELATIONS FOLLOWUP NEEDED:

COMPLETED BY:

DATE:

**HARBOR REGIONAL CENTER
CONSULTATION VISIT SUMMARY
Department of Community Services**

Service Provider Name:

Date:

Service Provider Address:

Telephone Number:

Contact Person:

Reason for Visit/Consultation:

Recommendations for Service Provider Follow-up:

HRC Follow-up and Staff Responsible:

Reviewer Signature

Date

Service Provider Signature

Date

Distribution: Service Provider File
 Manger of Service Provider Relations
 Service Coordinator