

**San Gabriel/Pomona Regional Center  
Home and Community-Based Services Waiver  
Monitoring Review Report**

**Conducted by:**

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

**May 14–18, 2018**

## TABLE OF CONTENTS

EXECUTIVE SUMMARY .....	page 3
SECTION I REGIONAL CENTER SELF-ASSESSMENT .....	page 7
SECTION II REGIONAL CENTER CONSUMER RECORD REVIEW .....	page 10
SECTION III COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW .....	page 20
SECTION IV DAY PROGRAM CONSUMER RECORD REVIEW .....	page 23
SECTION V CONSUMER OBSERVATIONS AND INTERVIEWS .....	page 26
SECTION VI	
A. SERVICE COORDINATOR INTERVIEWS .....	page 27
B. CLINICAL SERVICES INTERVIEW .....	page 29
C. QUALITY ASSURANCE INTERVIEW .....	page 31
SECTION VII	
A. SERVICE PROVIDER INTERVIEWS .....	page 32
B. DIRECT SERVICE STAFF INTERVIEWS .....	page 33
SECTION VIII VENDOR STANDARDS REVIEW .....	page 34
SECTION IX SPECIAL INCIDENT REPORTING .....	page 35
SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS .....	page 37

## 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 May 14–18, 2018, at San Gabriel/Pomona Regional Center (SG/PRC). The monitoring team members were Ray Harris (Team Leader), Kathy Benson, and Linda Rhoades from DDS, and Annette Hanson and Raylyn Garrett from DHCS.

### Purpose of the Review

DDS contracts with 21 private, non-profit corporations to operate regional centers, which are responsible under state law for coordinating, providing, arranging or purchasing 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 36 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers whose HCBS Waiver eligibility had been previously terminated; 2) three consumers who moved from a developmental center, and 3) ten consumers who had special incidents reported to DDS during the review period of March 1, 2017 through February 28, 2018.

The monitoring team completed visits to 11 community care facilities (CCF) and 10 day programs. The team reviewed 11 CCF and 9 day program consumer records and interviewed and/or observed 31 selected sample consumers.

## Overall Conclusion

SG/PRC is in substantial compliance with the federal requirements for the HCBS Waiver program. Specific recommendations that require follow-up actions by SG/PRC are included in the report findings. DDS is requesting documentation of follow-up actions taken by SG/PRC 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 SG/PRC 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-six sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Criterion 2.6.b was 83 percent in compliance because two of the 12 applicable records did not have a standardized annual review form (SARF) completed. The sample records were 98 percent in overall compliance for this review.

SG/PRC's records were 97 percent and 99 percent in overall compliance for the collaborative reviews conducted in 2016 and in 2014.

### Section III – Community Care Facility Consumer Record Review

Eleven consumer records were reviewed at 11 CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100 percent in overall compliance for all 19 criteria on this review. Three criteria were rated as not applicable for this review.

SG/PRC's records were 100 percent in overall compliance for the collaborative reviews conducted in 2016 and in 2014.

### Section IV – Day Program Consumer Record Review

Ten consumer records were reviewed at nine day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. Three criteria were rated as not applicable for this review. The sample records were 99 percent in overall compliance for this review.

SG/PRC's records were 98 percent and 100 percent in overall compliance for the collaborative reviews conducted in 2016 and in 2014, 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

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 Clinical 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 Committee and special incident reporting.

## Section VI C – Quality Assurance Interview

A quality assurance specialist was interviewed using a standard interview instrument. She responded to questions regarding how SG/PRC is organized to conduct Title 17 monitoring reviews, verification of provider qualifications, resource development activities, special incident reporting, and quality assurance activities where there is no regulatory requirement.

## Section VII A – Service Provider Interviews

Nine service providers at six CCFs and three day programs 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

Six CCF and three 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 three day programs 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 36 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. SG/PRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported all of the 10 applicable incidents to SG/PRC within the required timeframes, and SG/PRC subsequently transmitted all 10 special incidents to DDS within the required timeframes. SG/PRC'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 San Gabriel/Pomona Regional Center's (SG/PRC) 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

SG/PRC 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 SG/PRC 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.

<b>Regional Center Self-Assessment HCBS Waiver Assurances</b>	
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 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>
<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>



<b>Regional Center Self-Assessment HCBS Waiver Assurances</b>	
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-six HCBS Waiver consumer records were selected for the review sample.

<b>Living Arrangement</b>	<b># of Consumers</b>
Community Care Facility (CCF)	18
With Family	13
Independent or Supported Living Setting	5

2. The review period covered activity from March 1, 2017 – February 28, 2018.

#### III. Results of Review

The 36 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 solely for documentation that either SG/PRC had provided the consumer with written notification prior to termination of the consumer's HCBS Waiver eligibility or the consumer had voluntarily disenrolled from the HCBS Waiver. Additionally, three supplemental records were reviewed solely for documentation indicating that the consumer received face-to-face reviews every 30 days for the first 90 days after moving from a developmental center.

- ✓ The sample records were in 100 percent compliance for 22 criteria. There are no recommendations for these criteria.
- ✓ Findings for nine criteria are detailed below.

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

IV. Findings and Recommendations

- 2.2 Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). [SMM 4442.7; 42 CFR 441.302(d)]

Findings

Thirty-five of the thirty-six (97 percent) sample consumer records contained a completed DS 2200 form. However, the record for consumer #10 did not contain a signed DS 2200 form.

2.2 Recommendation	Regional Center Plan/Response
SG/PRC should ensure that the DS 2200 form is completed for consumer #10.	Person #10 – SG/PRC will obtain a signed Choice Statement (DS 2200).

- 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, 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)

Findings

Thirty-five of the thirty-six (97 percent) sample consumer records had documented qualifying conditions. However, the record for consumer #6 did not have qualifying conditions documented in the CDER or other assessments to meet the level of care requirements for the HCBS Waiver. During the review, SG/PRC provided a new DS 3770 that contained documentation that the consumer meets level of care expectations. Accordingly, no recommendation is necessary.

- 2.5.b The consumer’s qualifying conditions documented in the CDER or other evaluations are consistent with information contained in the consumer’s record.

Findings

Thirty-three of the thirty-six (92 percent) sample consumer records documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in three consumer records (detailed below) did not support the determination that all of the conditions 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 #1: "Toileting" was identified as a qualifying condition. However, the IPP indicates that "She is able to toilet herself independently and has complete bowel and bladder control." There was no information in the IPP or other documentation in the record indicating that the consumer is significantly affected by, or received services and supports for this condition.
2. Consumer #23: "Toileting" was identified as a qualifying condition. However the IPP indicates the consumer "is fully toilet trained and has complete bladder and bowel control. He is able to wipe independently." There was no documentation indicating that the consumer is significantly affected by, or received services and supports for this condition.
3. Consumer #26: "Self-injurious behavior occurs, but no apparent injury occurs" was listed as a qualifying condition. However, the IPP indicates "Self-injurious behavior never occurs." There was no documentation indicating that the consumer is significantly affected by, or received services and supports for this condition.

2.5.b Recommendations	Regional Center Plan/Response
<p>SG/PRC should determine if the items listed above for consumers #1, #23, and #26 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. If SG/PRC determines that any of the issues above are correctly identified as qualifying conditions, documentation (updated IPPs, progress reports, etc.) that support the original determinations should be submitted with the response to this report.</p>	<p>Person #1: The CDER dated 12/13/18 and the DS 3770 dated 11/1/18 no longer reflect the condition of "Toileting."</p> <p>Person #23: The CDER dated 11/1/18 and the DS 3770 dated 9/1/18 no longer reflect the condition of "Toileting."</p> <p>Person #26: The CDER dated 7/31/18 and DS 3770 dated 7/1/18 no longer reflect the condition of "Self-Injurious Behavior."</p>

- 2.6.b The HCBS Waiver Standardized Annual Review Form (SARF) is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary and that the consumer’s health status and CDER have been reviewed. (HCBS Waiver Requirement)

Findings

Ten of the twelve (83 percent) applicable sample consumer records contained a completed SARF. However, the records for consumers #21 and #36 did not contain a completed SARF.

2.6.b Recommendation	Regional Center Plan/Response
SG/PRC should ensure that the SARF for consumers #21 and #36 is completed during the annual IPP review process.	Person #21: The SARF for the Annual Review held on 1/8/19 was completed and is now in the file. Person #36: The SARF for the Annual Review held on 2/27/18 was completed and is now in the file.

- 2.7.a The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer or, where appropriate, his/her parents, legal guardian, or conservator. [W&I Code §4646(g)]

Findings

Thirty-five of the thirty-six (97 percent) sample consumer records contained IPPs that were signed by SG/PRC and the consumers or their legal representatives. In the record for consumer #30, a conserved adult, the conservator did not sign the consumer’s current IPP.

2.7.a Recommendation	Regional Center Plan/Response
SG/PRC should ensure that the conservator for consumer #30 signs the consumer’s current IPP.	The IPP signature page for person #30 dated 7/1/18 is now signed by the person’s conservator.

- 2.9.d The IPP addresses the services which the day program provider is responsible for implementing. [W&I Code §4646.5(a)(2)]

Findings

Twenty-three of the twenty-four (96 percent) applicable sample consumer records contained IPPs that addressed the consumers’ day program services. However, the IPP for consumer #2 did not address the services which the day program provider is responsible for implementing.

2.9.a Recommendation	Regional Center Plan/Response
SG/PRC should ensure that the IPP for consumer #2 addresses the services which the day program provider is responsible for implementing.	IPP dated 4/2/18: Outcome #4 lists the services provided by the Community Based Activity Service (CBAS) that is funded by the person's medical insurance.

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-six (97 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by SG/PRC. However, the IPP for consumer #3 did not indicate SG/PRC funded a dentistry service.

2.10.a Recommendations	Regional Center Plan/Response
SG/PRC should ensure that the IPP for consumer #3 includes a schedule of the type and amount of all services and supports purchased by SG/PRC.	Person #3: IPP dated 5/9/18 includes the type and amount of all services funded by SG/PRC.

2.13.a Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. *(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)*

Findings

Twenty of the twenty-three (87 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for three consumers did not meet the requirement as indicated below:

1. Consumer #7: The records contained documentation of only three face-to-face quarterly meetings.
2. Consumer #10: The records contained documentation of only two face-to-face quarterly meetings.
3. Consumer #13: The records contained documentation of only one face-to-face quarterly meeting.

2.13.a Recommendation	Regional Center Plan/Response
SG/PRC should ensure that all future face-to-face meetings are completed and documented each quarter for the consumers identified above.	SG PRC has a monitoring procedure in place to ensure that consumers are seen on a quarterly basis. SG PRC's Managers of Client Services continue to monitor quarterly visits accordingly.

2.13.b Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (*Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement*)

Findings

Twenty of the twenty-three (87 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for three consumers did not meet the requirement as indicated below:

1. The record for consumer #7 contained documentation of only three of the required quarterly reports of progress.
2. The record for consumer #10 contained documentation of only two of the required quarterly reports of progress.
3. The record for consumer #13 contained documentation of only one of the required quarterly reports of progress.

2.13.b Recommendations	Regional Center Plan/Response
SG/PRC should ensure that future quarterly reports of progress are completed for consumers #7, #10, and #13.	SG/PRC has a monitoring procedure in place for reviewing reports. SG/PRC's Managers of Client Services will continue to monitor quarterly reports accordingly.

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 36 + 6 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.0	The consumer is Medi-Cal eligible. <i>(SMM 4442.1)</i>	36			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. <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 Mental Retardation Professional and the title "QMRP" appears after the person's signature.	36			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			100	None
2.1.c	The DS 3770 form documents annual recertifications.	36			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	3		33	100	None
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	1		97	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&amp;I Code §4646(g)]</i>	3		33	100	None



<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 36 + 6 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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>	36			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>	35	1		97	See Narrative
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	33	3		92	See Narrative
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>	36			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>	10	2	24	83	See Narrative
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&amp;I Code §4646(g)]</i>	35	1		97	See Narrative
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	8		28	100	None
2.7.c	The IPP is prepared jointly with the planning team. <i>[W&amp;I Code §4646(d)]</i>	36			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. <i>[W&amp;I Code §4646.5(a)]</i>	36			100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 36 + 6 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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).	36			100	None
2.9.b	The IPP addresses special health care requirements.	15		21	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	18		18	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	23	1	12	96	See Narrative
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	5		31	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	36			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. [W&I Code §4685(c)(2)]	8		28	100	None
2.10.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. [W&I Code §4646.5(a)(4)]	35	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. [W&I Code §4646.5(a)(4)]	36			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [W&I Code §4646.5(a)(4)]	5		31	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)(4)]	36			100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 36 +6 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.12	Periodic review 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&amp;I Code §4646.5(a)(6)]</i>	36			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>	20	3	13	87	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	20	3	13	87	See Narrative
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. <i>(W&amp;I Code §4418.3)</i>	3		36	100	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

Eleven consumer records were reviewed at 11 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 all 19 criteria.

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

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 11; CCFs = 11</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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>	11			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	11			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	9		2	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.	11			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	11			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	11			100	None
3.1.i	Special safety and behavior needs are addressed.	9		2	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>	11			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	11			100	None

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 11; CCFs = 11</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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>	3		8	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		8	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>	8		3	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.	8		3	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>	8		3	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>	11			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	11			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>	3		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>	3		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>	3		8	100	None

## SECTION IV

### DAY PROGRAM CONSUMER RECORD REVIEW

#### I. Purpose

The review criteria address the requirements for day programs 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

Ten consumer records were reviewed at nine day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria. Three criteria were not applicable for this review.

#### III. Results of Review

The consumer records were 100 percent in compliance for 13 criteria. Three criteria were rated as not applicable for this review.

- ✓ A summary of the results of the review is shown in the table at the end of this section.
- ✓ A finding for one criterion is detailed below.

#### IV. Finding and Recommendation

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

##### Finding

Nine of the ten (90 percent) sample consumer records contained written semiannual reports of consumer progress. However, the record for consumer #34 contained only one of the required progress reports:

4.4.a Recommendations	Regional Center Plan/Response
SG/PRC should ensure that day program #6 prepares written semiannual reports of consumer progress.	SG/PRC has a monitoring procedure in place for reviewing reports. SG/PRC's Managers of Client Services will continue to monitor that progress reports by the day program are completed semi-annually.

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 10; Day Programs = 9;</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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)	10			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.	10			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.	10			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.	10			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.	10			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.	10			100	None
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP which the day program provider is responsible for implementing.	10			100	None



<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 10; Day Programs = 9;</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	10			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	9		1	100	None
4.2	The day program has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56720(b)]</i>	10			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>	10			100	None
4.3.b	The day program's individual service plan or other program documentation is consistent with the services addressed in the consumer's IPP.	10			100	None
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	9	1		90	See Narrative
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services which the day program is responsible for implementing.	10			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>			10	NA	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>			10	NA	None
4.5.c	There is appropriate follow-up to special incidents to resolve issues and eliminate or mitigate future risk. <i>(Title 17, CCR, §54327)</i>			10	NA	None

## SECTION V

### CONSUMER OBSERVATIONS AND INTERVIEWS

#### I. Purpose

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

#### II. Scope of Observations and Interviews

Thirty-one of the thirty-six 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.

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

#### III. Results of Observations and Interviews

All consumers and parents of minors interviewed indicated satisfaction with their living situation, day program, work activities, health, choices, and regional center services. The consumers' overall appearance reflected personal choice and individual style.

## SECTION VI A

### SERVICE COORDINATOR INTERVIEWS

#### I. Purpose

The interviews determine how well the service coordinators know their consumers, the extent of their participation in the individual program plan (IPP)/annual review process, and how they monitor services, health and safety issues.

#### II. Scope of Interviews

1. The monitoring team interviewed six San Gabriel/Pomona Regional Center (SG/PRC) 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 SG/PRC'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 were 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 interview questions 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 Committee and special incident reports.
2. The monitoring team interviewed the Director of Clinical Services at San Gabriel/Pomona Regional Center (SG/PRC).

#### III. Results of Interview

1. The clinical team at SG/PRC is comprised of the Director and Associate Director of Clinical Services, registered nurses, an occupational therapist, psychologists, a behavioral analyst, a mental health specialist and a dental coordinator. The regional center also utilizes contract positions for specialty positions such as: physicians, a neurologist, a geneticist, an occupational and physical therapist, a speech pathologist, psychologists, psychiatrists, a pharmacist, a dental hygienist, and a nutritionist.
2. The clinical team participates in monitoring consumers' health care issues. Nurses review charts annually to identify health problems or trends, and will provide recommendations to the service coordinators. The nurses are responsible for monitoring hospitalized consumers and assisting with discharge planning as needed. The nurses may also visit consumers in skilled nursing and sub-acute facilities, family homes and day programs. In addition, the nurses are available to evaluate consumers with complex medical issues and assist with developing restricted health care plans. The pharmacist and nurses are a resource to the service coordinators regarding medication concerns. Dental hygienists may provide in-home dental care for consumers who are unable to tolerate clinic settings. The regional center also has a desensitization clinic to familiarize consumers with dental office procedures.

3. Members of the clinical team are available to the service coordinators for assistance with behavior and mental health issues. As part of SG/PRC's clinical services, a psychiatrist, a pharmacist, and a behavioral psychologist provide consultation focusing on consumers with significant mental health and/or behavioral needs. A psychologist and a mental health specialist collaborate with the Department of Mental Health and local managed care plans to help reduce the incidence of psychiatric admissions.
4. Members of the clinical team provide training on a variety of health-related topics for SG/PRC staff, vendors and community health providers. The nurses provide training to local managed care providers and hospital staff regarding the regional center system and care of persons with developmental disabilities. New employee orientation includes training on the role of the clinical team and how to access their services. A monthly calendar of training is provided to staff and providers on a variety of health-related topics. Recent topics have included nutrition, special diets, dental concerns, and disparity issues.
5. SG/PRC has improved access to health care resources through the following programs and services:
  - ✓ Bio-Behavioral Clinic;
  - ✓ Genetics, Neurology, Psychiatric and Autism Clinics;
  - ✓ Dental Hygiene Clinic;
  - ✓ Durable Medical Equipment Clinic;
  - ✓ Early Start Clinic;
  - ✓ Health and Dental Fairs;
  - ✓ Managed Care Liaison;
  - ✓ Parent support group (Parents Place);
  - ✓ Foster Grandparent/Senior Companion Program; and,
  - ✓ Collaboration with Western University College of Dental Medicine to provide pediatric dental clinics.
6. The Director and Associate Director of Clinical Services, Nurse Manager and SG/PRC physician are members of the Risk Management Committee. A physician and a nurse participate on the Mortality and Morbidity Review Committee and review all deaths. In addition, a nurse reviews all special incident reports that involve medical issues. A physician is available for additional consultation, as needed. The regional center also utilizes Mission Analytics Group, Inc., the State's risk management contractor, to analyze special incidents for trends. The clinical team uses this information to make recommendations for appropriate follow-up and training as needed. Recent topics have included choking precautions, medication errors, restricted health care plans, diabetes and foot care.

## 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 quality assurance specialist who is part of the team responsible for conducting San Gabriel/Pomona Regional Center's (SG/PRC) QA activities.

#### III. Results of Interview

1. Service coordinators are assigned as liaisons to residential facilities and are responsible for conducting the two unannounced visits at each CCF annually. QA specialists are also responsible for conducting the annual Title 17 monitoring review of the residential facilities. Each review utilizes standardized report forms and checklists based on Title 17 regulations.
2. When substantial inadequacies are identified, corrective action plans (CAP) are developed. The QA specialist also takes the lead in conducting the follow-up review for the CAPs, with assistance from the facility liaisons, as needed. Most CAPs allow the vendor 30 days to correct the situation. Case Management provides SG/PRC's staff orientation training in identifying substantial inadequacies and immediate dangers, and their roles and responsibilities during their visits to CCFs.
3. The QA team members also monitor day programs annually. In addition, the QA team requires new residential providers to complete Residential Specialist Services Training offered twice a year. This is a six-to-eight-week series of classroom instruction that all new providers are required to complete. Trainings include topics such as behavior intervention, special incident reports (SIR), client rights, hydration and seizures.
4. The SIR coordinator receives all SIRs. The QA team will follow up on vendor related SIRs. QA staff are part of the Risk Management Team, which meets monthly. This group will recommend additional trainings be provided to staff and vendors based on SIR trend analysis.

## 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 nine service providers at six community care facilities (CCF) and three 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 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 nine direct service staff at six community care facilities (CCF) and three day programs where services are provided to the consumer that 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 Home and Community-Based Services Waiver definition of a homelike setting.

#### II. Scope of Review

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

#### III. Results of Review

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

#### IV. Finding and Recommendation

##### 8.2.d PRN Medication Records

At CCF #11, it was noted that staff was not documenting consumers' response to PRN medications.

8.2.d Recommendation	Regional Center Plan/Response
SG/PRC should ensure that CCF #11 properly documents all required PRN medication information.	SG/PRC has a monitoring procedure in place for reviewing medication for Clients residing in residential care. SG/PRC's Quality Assurance Department also reviews medication records during annual visits.

## 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 SG/PRC 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 36 consumers selected for the Home and Community-Based Services 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. SG/PRC reported all deaths during the review period to DDS.
2. SG/PRC reported all special incidents in the sample of 36 records selected for the HCBS Waiver review to DDS.
3. SG/PRC's vendors reported all 10 (100 percent) applicable incidents in the supplemental sample within the required timeframes.
4. SG/PRC reported all 10 (100 percent) incidents to DDS within the required timeframes.
5. SG/PRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the 10 incidents.

IV. Finding and Recommendation

None

## SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

### HCBS Waiver Review Consumers

#	UCI	CCF	DP
1	4864997	4	
2	4880533	1	
3	5431838	10	
4	5487699		1
5	5488333	3	
6	6002687		
7	6020788	8	
8	7314827	5	
9	7315975	11	
10	7600137	9	
11	7920248	2	
12	7922880		2
13	7925002		4
14	7925582		5
15	7925748	6	
16	7926300		3
17	7931504	7	
18	7937241		2
19	7321265		
20	7905677		
21	7907378		
22	7915268		
23	7919401		
24	7933162		
25	7953891		
26	1977083		8
27	1978802		
28	5419437		9
29	7303569		
30	7998710		7
31	7999499		
32	5664966		
33	6607297		
34	7905813		6
35	7923257		
36	7997975		

### Supplemental Sample Terminated Waiver Consumers

#	UCI
T-37	6048835
T-38	6946943
T-39	1978549

### Supplemental Sample Developmental Center Consumers

#	UCI
DC-40	7915772
DC-41	6718878
DC-42	7314118

### HCBS Waiver Review Service Providers

CCF #	Vendor
1	HP4624
2	H06387
3	HP3153
4	H37822
5	HP0434
6	HP6383
7	HP6370
8	H07877
9	HP6663
10	HP6563
11	HP5329

Day Program #	Vendor
1	HP4246
2	HP3555
3	HP5773
4	H59618
5	H25908
6	H93474
7	HP6373
8	HP3517
9	HP0510

### SIR Review Consumers

#	UCI	Vendor
SIR 43	6940068	PT0441
SIR 44	5006754	HP4246
SIR 45	7921869	HP1425
SIR 46	7925146	HE0042
SIR 47	7305586	HJ0935
SIR 48	7313163	PP6281
SIR 49	6603172	HP0065
SIR 50	7920221	H80771
SIR 51	7612696	PP5977
SIR 52	7915768	PP6284