

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 320, MS 3-9
SACRAMENTO, CA 95814
TDD 654-2054 (For the Hearing Impaired)
(916) 654-2140



December 10, 2014

Modean Gibson, Board President
Alta California Regional Center, Inc.
2241 Harvard Street, Suite 100
Sacramento, CA 95815

Dear Mr. Gibson,

Enclosed are the final reports from the joint Department of Developmental Services (DDS) and Department of Health Care Services (DHCS) monitoring review of the Home and Community-based Services (HCBS) Waiver, Targeted Case Management and Nursing Home Reform programs conducted from August 19 – 30, 2013, at the Alta California Regional Center (ACRC). The period of review was from June 1, 2012 through May 31, 2013.

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

Department of Developmental Services
Attn: Azadeh Fares, Manager
Monitoring and Family Services Branch
1600 9th Street, MS 3-9
Sacramento, CA 95814

The cooperation of ACRC's staff in completing the monitoring review is appreciated.

If you have questions regarding this letter, please contact Azadeh Fares, Manager, Monitoring and Family Services Branch, at (916) 654-3681.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim Knight".

JIM KNIGHT
Assistant Deputy Director
Community Services Division

Enclosures

cc: Peggy Ann Feldt, ACRC
John Shen, DHCS

"Building Partnerships, Supporting Choices"

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

Conducted by:

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

August 19 - 30, 2013

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EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the Home and Community-based Services (HCBS) Waiver from August 19 - 30, 2013 at Alta California Regional Center (ACRC). The monitoring team members were Ray Harris / Mary Ann Smith (Team Leaders), Corbett Bray, and Linda Rhoades from DDS, and Raylyn Garrett Jalal Haddad and Annette Hanson from DHCS.

Purpose of the Review

DDS contracts with 21 private, non-profit corporations to operate regional centers, which are responsible under state law for coordinating, providing, arranging or purchasing 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 (IPPs). Specific criteria have been developed for the review sections listed below that are derived from federal/state statutes and regulations and from Centers for Medicare & Medicaid Services directives and guidelines relating to the provision of HCBS Waiver services.

Scope of Review

The monitoring team reviewed a sample of 92 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 June 1, 2012 through May 31, 2013.

The monitoring team completed visits to twenty-three community care facilities (CCFs) and fifteen day programs. The team reviewed twenty-four CCF and twenty-two day program consumer records and 64 selected sample consumers were interviewed and/or observed.

Overall Conclusion

ACRC is in substantial compliance with the federal requirements for the HCBS Waiver program. Specific recommendations that require follow-up actions by ACRC are included in the report findings. DDS is requesting documentation of follow-up actions taken by ACRC 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 ACRC 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

Ninety-two 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 98% in overall compliance for this review. ACRC's records were 98% and 97% respectively in overall compliance for the collaborative reviews conducted in 2011 and in 2009.

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

Twenty-four consumer records were reviewed at twenty-three CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 99% in overall compliance for the 19 criteria.

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

Section IV – Day Program Consumer Record Review

Twenty-one consumer records were reviewed at fifteen day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 99% in overall compliance for the fourteen applicable criteria in this review. Three criteria were not applicable for this review.

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

Section V – Consumer Observations and Interviews

Sixty-four 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 but five of the interviewed consumers/parents indicated that they were satisfied with their services, health and choices.

Section VI A – Service Coordinator Interviews

Seventeen 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

A staff physician was interviewed using a standard interview instrument. He responded to informational questions regarding the monitoring of consumers with medical issues, medications and behavior plans, the coordination of medical and mental health care for consumers, the provision of clinical supports to service coordinators, and the clinical team's participation in the Risk Management, Assessment and Planning Committee.

Section VI C – Quality Assurance Interview

A community services specialist was interviewed using a standard interview instrument. He responded to informational questions regarding how ACRC 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

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

Section VII B – Direct Service Staff Interviews

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

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 92 HCBS Waiver consumers and ten supplemental sample consumers for special incidents during the review period. ACRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported all but one of the eight applicable incidents to ACRC within the required timeframes, and ACRC subsequently transmitted all special incidents to DDS within the required timeframes. ACRC's follow-up activities on consumer incidents were timely and appropriate for the severity of the situation.

SECTION I

REGIONAL CENTER SELF ASSESSMENT

I. Purpose

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

The self assessment obtains information about Alta California Regional Center's (ACRC) 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

ACRC 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 ACRC 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 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 development and implementation of corrective action plans as needed.</p> <p>The regional center conducts not less than two unannounced monitoring visits to each CCF annually.</p> <p>Service coordinators perform and document periodic reviews [at least annually] to ascertain progress toward achieving IPP objectives, and the consumer's and the family's satisfaction with the IPP and its implementation.</p> <p>Service coordinators have quarterly face-to-face meetings with consumers in CCFs, Family Home Agencies, Supported Living Services, and Independent Living Services to review services and progress toward achieving the IPP objectives for which the service provider is responsible.</p>

Regional Center Self Assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services (cont.)	<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> <p>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.</p>
Only qualified providers serve HCBS Waiver participants	<p>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.</p>
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 (NOA) and fair hearing rights, level of care, individual program plans (IPPs) and periodic reviews and reevaluations of services. The information obtained about the consumers' needs and services is tracked as a part of the on-site program reviews.

II. Scope of Review

1. Ninety-two HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	30
With Family	32
Independent or Supported Living Setting	30

2. The review period covered activity from June 1, 2012 – May 31, 2013.

III. Results of Review

The 92 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 ACRC had either 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. Three supplemental records were reviewed for documentation of face-to-face meetings no less than once every 30 days for the first 90 days following the consumer's move from a developmental center.

- ✓ The sample records were in 100% compliance for 25 criteria. There are no recommendations for these criteria.
- ✓ Findings for six 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 The DS 3770 form summarizes the consumer’s qualifying conditions and any special health care requirements for meeting the Title 22 level of care requirements.

Finding

The DS 3770 forms in the records for 81 of the 92 sample consumers identified only two waiver level of care qualifying conditions. However, review of the consumer records showed additional behavioral, self-help and/or medical issues that were addressed by services and supports in the consumer’s IPPs but were not identified as qualifying conditions on the DS 3770. Although waiver eligibility requires a minimum of two qualifying conditions, all qualifying conditions must be listed on the DS 3770. Determination that a qualifying condition exists is based on an evaluation that the condition significantly affects the consumer’s ability to perform activities of daily living and/or participate in community activities. In general, this standard is met if services and supports are in place to assist the consumer with the identified condition.

2.1.b Recommendation	Regional Center Plan/Response
ACRC should ensure that all conditions that affect the consumer’s ability to perform activities of daily living and/or participate in community activities are listed on the DS 3770.	ACRC will identify all qualifying conditions on the 3770 that are noted in the IPP with services and supports listed that affect the consumer’s ability to complete daily tasks and participate in the community.

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

Findings

Eighty-five of the 92 (92%) consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in seven consumer records (detailed below) did not support the determination that all of the issues identified in the CDER and DS 3770 could be considered qualifying conditions. The following were identified as qualifying conditions on the DS 3770 but there was no supporting information in the consumers’ records (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports.

1. Consumer #1: "Assistance with Medications"
2. Consumer #8: "Dressing " & Personal Care"
3. Consumer #26: "Disruptive Social Behaviors"
4. Consumer #28: "Emotional Outburst"
5. Consumer #56: "Safety Awareness"
6. Consumer #71: "Dressing"
7. Consumer #87: "Personal Care"

2.5.b Recommendations	Regional Center Plan/Response
<p>ACRC should determine if the items listed above are appropriately identified as qualifying conditions. The consumers' DS 3770 form 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. Due to an insufficient number of qualifying conditions, the correction may require that the consumer's HCBS Waiver eligibility be terminated. If ACRC 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>ACRC reviewed the items listed as qualifying conditions on the 7 noted records. The 3770's were adjusted to reflect the qualifying conditions noted in the IPP. This change did not impact the client's ongoing HCBS Waiver eligibility.</p> <p>Subsequent reviews have been done since the time that this audit took place and the above changes have been reflected in those reviews as well.</p>

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

Finding

Ninety-one of the 92 (99%) sample consumer records contained IPPs that addressed the consumers' qualifying conditions. However, the IPP for consumer #41 did not indicate what supports or services that are in place to address his personal hygiene, bathing, shaving and reminders for dressing as identified in ACRC's quarterly report dated 06/14/2012.

2.9.a Recommendation	Regional Center Plan/Response
ACRC should ensure that the IPP for consumer #41 addresses the services and supports in place for the issues identified above.	The IPP for Consumer #41 now addresses the services and supports that are in place for the services noted above.

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

Findings

Seventy-five of the 92 (82%) sample consumer records contained an IPP that included a schedule of the type and amount of all services and supports purchased by ACRC. However, the IPPs for seventeen consumers did not meet the criterion as detailed below:

1. Consumers #5, #12, #13, #27, #41, #55, #60, #64, #71, #88 and #90: The IPPs did not indicate that ACRC funded dental services.
2. Consumer #18, #43 and #79: The IPPs did not indicate that ACRC funded public transportation.
3. Consumer #35: The IPP did not indicate that ACRC funded individual or family services.
4. Consumer #68: The IPP did not indicate that ACRC funded interpreter services.
5. Consumer #83: The IPP did not indicate that ACRC funded durable medical equipment.

2.10.a Recommendations	Regional Center Plan/Response
ACRC should ensure that the IPPs for consumers #5, #12, #13, #18, #27, #35, #41, #43, #55, #60, #64, #68, #71, #79, #83, #88, and #90 include a schedule of the type and amount of all services and supports purchased by ACRC.	The IPPs for Consumers #5,#12,#13,#18,#27,#35,#41,#43,#55,#60,#64,#68,#71,#79,#83,#88 and #90 have been updated to include the type and amount of all services and supports purchased by ACRC.

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

Fifty-nine of the 62 (95%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for three consumers did not meet the requirements as listed below:

The records for consumers #13, and #41 contained documentation for three of the required face-to-face meetings.

The record for consumer #57 contained documentation for two of the required face-to-face meetings.

2.13.a Recommendations	Regional Center Plan/Response
ACRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #13, #41, and #57.	ACRC will continue to train staff that quarterly face to face meetings are required and the need to document all face to face meetings in the client's files per Title 17 requirements.

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

Fifty-nine of the 62 (90%) 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 requirements as indicated below:

The records for consumers #13 and #41 contained three quarterly reports of progress.

The record for consumer #57 contained two quarterly reports of progress.

2.13.b Recommendations	Regional Center Plan/Response
ACRC should ensure that future reports of progress are completed each quarter for consumers #13, #41 and #57.	ACRC will continue to train staff that quarterly face to face reports are required and the need to document all reports of progress in the client's files per Title 17 requirements.

Regional Center Consumer Record Review Summary						
Sample Size = 92 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	92			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Mental Retardation Professional (QMRP), which documents the date of the consumer's initial HCBS Waiver eligibility certification, annual recertifications, the consumer's qualifying conditions and short-term absences. (SMM 4442.1), (42 CFR 483.430(a))	Criterion 2.1 consists of four sub-criteria (2.1a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Mental Retardation Professional and the title "QMRP" appears after the person's signature.	92			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.	92			100	See Narrative
2.1.c	The DS 3770 form documents annual recertifications.	90		2	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	4		88	100	None
2.2	Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). (SMM 4442.7), (42 CFR 441.302(d))	92			100	None
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all, or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. (SMM 4442.7), (42 CFR Part 431, Subpart E), (WIC §4646(g))	3		92	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 92 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5), (42 CFR 441.302)	92			100	None
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in an ICF-DD, ICF-DDH, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. (SMM 4442.5), (42 CFR 441.302(c)), (Title 22, CCR, §51343)	92			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	85	7		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. (42 CFR 441.301(b)(1)(I))	91		1	100	None
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. (HCBS Waiver requirement)	2		90	100	None
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. (WIC §4646(g))	92			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.	12		80	100	None
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	92			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. (WIC §4646.5(a))	92			100	None

Regional Center Consumer Record Review Summary
Sample Size = 92 + 6 Supplemental Records

	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer's goals and needs. (WIC §4646.5(a)(2))	Criterion 2.9 consists of seven sub-criteria (2.9 a-g) that are reviewed independently				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	91	1		99	See Narrative
2.9.b	The IPP addresses the special health care requirements.	29		63	100	None
2.9.c	The IPP addressed the services for which the CCF provider is responsible for implementing.	30		62	100	None
2.9.d	The IPP addressed the services for which the day program provider is responsible for implementing.	64		28	100	None
2.9.e	The IPP addresses the services for which the supported living services agency or independent living services provider is responsible for implementing.	33		59	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	92			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	18		74	100	None
2.10.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. (WIC §4646.5(a)(4))	75	17		82	See Narrative
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. (WIC §4646.5(a)(4))	92			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	12		80	100	None
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to vendors, contract providers, generic service agencies and natural supports. (WIC §4646.5(a)(4))	92			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 92 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic review and reevaluations of consumer progress are completed (<i>at least annually</i>) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. (<i>WIC §4646.5(a)(6)</i>)	92			100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	59	3	30	90	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	59	3	30	90	See Narrative
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. (<i>WIC §4418.3</i>)	3		92	100	None

SECTION III

COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

Twenty-four consumer records were reviewed at 23 CCFs visited by the monitoring team. The facilities' consumer records were reviewed to determine compliance with 19 criteria.

III. Results of Review

1. The consumer records were 100% in compliance for 17 of the 19 criteria.

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

2. Findings for two criteria are detailed below.

IV. Findings and Recommendations

3.2 A written admission agreement is completed and signed by the consumer or his/her authorized representative, the regional center, and the facility administrator that includes the certifying statements specified in Title 17. (*Title 17, CCR, §56019(c)(1)*)

Finding

Twenty-three of the 24 (96%) consumer records contained written admission agreements with the required signatures. However, the admission agreement for consumer #60 at CCF #5 was not signed by the consumer, who is an unconserved adult.

3.2 Recommendation	Regional Center Plan/Response
ACRC should ensure that consumer #60 at CCF #5 signs the admission agreement.	The admission agreement at CCF #5 has been signed by Client #60.

3.6.a The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. (*Title 17, CCR §56026(a)*)

Finding

Twenty-three of the 24 (96%) consumer records contained ongoing consumer notes documenting community activities, overnight visits, illnesses, incidents, and medical appointments. The records for consumer #2, at CCF #1 did not contain ongoing notes that address applicable activities.

3.6.a Recommendation	Regional Center Plan/Response
ACRC should assess what action it should take to ensure that the provider at CCF #1 consistently maintains ongoing, written consumer notes that addresses applicable activities and situations.	ACRC will continue to monitor ongoing that the provider at CCF #1 consistently maintains written consumer notes to address applicable activities and situations.

Community Care Facility Record Review Summary						
Sample Size: Consumers = 24; CCFs = 23						
	Criteria	+	-	N/A	% Met	Follow-up
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. (<i>Title 17, CCR, §56017(b)</i>), (<i>Title 17, CCR §56059(b)</i>), (<i>Title 22, CCR, §80069</i>)	24			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	24			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	13		11	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.	24			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	24			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	24			100	None
3.1.i	Special safety and behavior needs are addressed.	20		4	100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17, and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. (<i>Title 17, CCR, §56019(c)(1)</i>)	23	1		96	See Narrative
3.3	The facility has a copy of the consumer's current IPP. (<i>Title 17, CCR, §56022(c)</i>)	24			100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 24; CCFs = 23						
	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>)	12		12	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.	12		12	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>)	12		12	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.	12		12	100	None
3.5.c	Quarterly reports include a summary of data collected. (<i>Title 17, CCR, §56013(d)(4)</i>), (<i>Title 17, CCR, §56026</i>)	12		12	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>)	23	1		96	See Narrative
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	21		3	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>)	7		17	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>)	7		17	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>)	7		17	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

Twenty-two sample consumer records were reviewed at 15 day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria.

III. Results of Review

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

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

IV. Findings and Recommendations

- 4.1. A consumer file is maintained by the day program for each consumer that includes the documents and information specified in Title 17. (Title 17, CCR § 56730)

Finding

Twenty-one of the 22 (95%) consumers had a file maintained by the day program. However, consumer #91 at day program #16 did not have a file available for review during the site visit at program or at home visit of consumer as agreed by program staff.

4.1 Recommendation	Regional Center Plan/Response
ACRC should ensure that the provider at day program #16 maintains the required documentation for consumer #91 to ensure program requirements are being met.	ACRC has met with and visited Day Program #16 to verify that there is the required documentation in place for client #91. ACRC will continue monitoring ongoing to assure that program requirements continue to be met.

- 4.1.c Consumer record contains psychological, medical, and / or social evaluations provided by regional center. (*Title 17, CCR, § 56730(c)*)

Finding

Twenty of the 21 (95%) applicable sample consumer records contained a copy of the psychological, medical, and/or social evaluations provided by the regional center. The record for consumer #1 at day program #12 did not contain psychological, medical, and / or social evaluations provided by ACRC.

4.1.c Recommendation	Regional Center Plan/Response
ACRC should ensure that the provider at day program #12 receives and maintains required consumer records of evaluations for consumer #1.	Day program #12 has been provided with the required records of evaluations as noted for Client #1.

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

Findings

Nineteen of the 21 (90%) sample consumer records contained written semiannual reports of consumer progress. However, the records for consumer #81 at DP #8, and consumers #54, and #63 at DP #13, contained only one of the required progress reports.

4.4.a Recommendations	Regional Center Plan/Response
ACRC should ensure that day program providers #8 and #13 prepare written semiannual reports of consumer progress.	Day programs # 8 and #13 have been instructed to provide written reports as required ongoing.

Day Program Record Review Summary						
Sample Size: Consumers = 22; Day Programs = 15						
	Criteria	+	-	N/A	% Met	Follow-up
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. (<i>Title 17, CCR, §56730</i>)	21	1		95	See Narrative
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.	21		1	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.	21		1	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.	20	1	1	95	See Narrative
4.1.d	The consumer record contains an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative.	21		1	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.	21		1	100	None
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing.	21		1	100	None

Day Program Record Review Summary						
Sample Size: Consumers = 22; Day Programs = 15						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	21		1	100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	13		9	100	None
4.2	The day program has a copy of the consumer's current IPP. (<i>Title 17, CCR §56720(b)</i>)	21			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>)	20		2	100	None
4.3.b	The day program's ISP or other program documentation is consistent with the services addressed in the consumer's IPP.	20		2	100	None
4.4.a	The day program prepares and maintains written semiannual reports. (<i>Title 17, CCR, §56720(c)</i>)	19	2	1	90	See Narrative
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services for which the day program is responsible for implementing.	20		2	100	None
4.5.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)			22		NA
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>)			22		NA
4.5.c	There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. (<i>Title 17, CCR, §54327</i>)			22		NA

SECTION V

CONSUMER OBSERVATIONS AND INTERVIEWS

I. Purpose

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

II. Scope of Observations and Interviews

Sixty-four of the 92 consumers were interviewed and/or observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

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

III. Results of Observations and Interviews

Forty-five of the 49 interviewed consumers/ parents of minors 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.

IV. Findings and Recommendations

The parent of consumer #39 is requesting assistance from the regional center to complete the process for in-home behavior training for her son.

Recommendation	Regional Center Plan/Response
ACRC should follow-up with the parent of consumer #39 regarding her request.	The concerns of Client #39's parent were addressed during the onsite review in August of 2013.

Consumer #48 stated that her service coordinator informed her that due to her busy schedule she requested that the consumer not call her. The consumer is also requesting a change in her living situation.

Recommendation	Regional Center Plan/Response
ACRC should follow-up with consumer #48 regarding her concerns with her service coordinator and living situation.	The client has moved to a location in Carmichael and wishes to retain her current Service Coordinator.

Consumer #50 would like a new day program that meets his physical and intellectual needs. He also stated that it is difficult to reach his service coordinator by phone. His service coordinator informed him that she is busy and has other priorities.

Recommendation	Regional Center Plan/Response
ACRC should follow-up with consumer #50 regarding his concerns with his service coordinator and day program request.	Consumer #50 wishes to retain his current Service Coordinator. He is going to explore possible Day programs with her. He has not wished to attend a day program in the past.

During the site visit at day program #16 (DP), the monitoring staff was informed that consumer #91 was not available for an interview because of an accessibility issue. Therefore, the consumer was seen at her home with SLS staff, DP staff, and two ACRC QA representatives. During the visit, staff indicated that the consumer has not been attending DP and does not have access to the community because her oversized wheelchair does not fit in the trunk of the staff's car.

Both the DP service plan dated January 3, 2013 and IPP dated January 2, 2013, had specific goals to prevent isolation, obtain sensory stimulation, enhance socialization skills, and community integration. In addition, the IPP states that ACRC will fund DP to provide roundtrip transportation five times a week. However, transportation service did not occur, and it is not clear how long the consumer had been without transportation to the DP. ACRC staff present during the visit indicated they were not aware of these issues, but stated they would follow up.

Subsequent to the review, ACRC indicated that face to face visits with the consumer were conducted on 9/24/13, 1/24/14, 3/03/14 and 3/17/14. Additionally, ACRC indicated that while there was a delay in arranging transportation services, transportation is now in place through Para-transit, Regional Transit, and a Step-lift equipped vehicle so that the consumer can attend DP and access the community.

Recommendation	Regional Center Plan/Response
ACRC should ensure that DP #16 takes appropriate steps when circumstances prevent or impact the delivery of IPP services.	ACRC has been assured by DP #16 that when circumstances prevent or impact delivery of IPP services they will notify ACRC.
ACRC should determine if adjustments are needed for claims during the period of time when DP #16 was not able to provide transportation for the consumer.	There were no adjustments needed for claims during the noted time that DP # 16 was not able to provide transportation for the client.

SECTION VI A

SERVICE COORDINATOR INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed seventeen Alta California Regional Center (ACRC) 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 ACRC's clinical team and website, "Web MD" as 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 report (SIR) process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed. Service coordinators are briefed on SIR trends that may affect their caseloads.

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 monitoring team interviewed a staff physician at Alta California Regional Center (ACRC).
2. 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; and their role in Risk Management Committee and special incident reports (SIRs).

III. Results of Interview

1. The ACRC clinical team includes: a physician, psychologists, registered nurses, behaviorist, and an autism specialist.
2. The clinical team works with the case management staff to review all consumer health needs. The service coordinators use a health assessment form to identify consumer health issues. Identified health risks or issues are referred to the appropriate consultant on the clinical team for assessment and follow-up.
3. The clinical team assists service coordinators in monitoring consumers' medications. The physician is available by referral to review any consumers with medication issues or concerns. Members of the clinical team may provide training to ACRC staff and care providers. The physician and nurses are available to assist with hospital discharge planning to ensure proper follow up and appropriate placement if required.
4. The clinical team is involved with the ACRC's mental health committee. Consumer mental health and behavior issues can be presented to the committee on a case by case basis. The psychologists and behaviorist

- provide training and consultation to service coordinators, providers. ACRC has a memorandum of understanding (MOU) with mental health providers, resulting in increased mental health care for consumers.
5. ACRC has improved access to health care resources through the following programs and services:
- ✓ Utilizes vendored Registered Dental Hygienists Alternate Practice (RDHAP) to assist with dental assessments, cleaning, education and developing dental resources
 - ✓ Early Intervention Services
 - ✓ Community Health Presentations
 - ✓ G.F. Kelso Foundation Library
 - ✓ Partnership with Kaiser Permanente Autism Clinic
 - ✓ MOU's with Sacramento HMO's
 - ✓ ACRC website offers health education resources
 - ✓ Collaboration with California Children's Services of Sacramento County
6. The ACRC physician has a role in risk management. The physician reviews all deaths, and medical SIR's when requested. Based on trends, the clinical team develops training for providers and regional center staff. Recent topics have included constipation, urinary tract infections, choking and aspiration.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

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

II. Scope of Interview

The monitoring team interviewed a community services support staff who is part of the team responsible for conducting ACRC's QA activities.

III. Results of Interview

1. The community services support staff provided information about ACRC's process for conducting the annual Title 17 monitoring review. The review is jointly conducted by the community services staff and service coordinator liaisons who are assigned to the respective homes. The service coordinator liaisons are responsible for the two unannounced visits. During the visits, the community services support staff are available to offer technical support in areas such as staffing, medication training and special incident reporting requirements.
2. Service coordinator liaisons and community support staff look at resident's IPPs, SIRs, and corrective action plans (CAPs) before going to the review. Once a deficiency is identified, they will meet with the CCF administrator to discuss the issue, develop an action plan and provide a copy of the CAP to the vendor. If there are two substantial inadequacies within a twelve month period, ACRC will issue a sanction, and notify case management.
3. The service coordinators are responsible for investigation and follow up of all SIRs. The SIR coordinator participates as a member of the Risk Management Committee. SIR trends are identified by the committee and are addressed in quarterly meetings and information is forwarded to the case management staff.

4. Community services support staff verify the qualifications of new vendors and staff. Potential vendors must complete the new vendor orientation which includes; Title 17 requirements, review of the Lanterman Act, and review of program design. They also provide quarterly trainings to educate providers.

SECTION VII A

SERVICE PROVIDER INTERVIEWS

I. Purpose

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

II. Scope of Interviews

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

III. Results of Interviews

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

SECTION VII B

DIRECT SERVICE STAFF INTERVIEWS

I. Purpose

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

II. Scope of Interviews

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

III. Results of Interviews

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

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

The review ensures that the selected community care facilities (CCFs) and day programs are serving consumers in a safe, healthy and positive environment where their rights are respected.

II. Scope of Review

1. The monitoring teams reviewed a total of eleven CCFs and five day programs.
2. The teams used a monitoring review checklist consisting of 23 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

III. Results of Review

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

IV. Findings and Recommendations

8.3 c First Aid

Findings

Day program #1 was not requiring that all direct care staff have first aid training and DP #2 had five direct care staff that did not have current first aid certificates.

8.3 c Recommendation	Regional Center Plan/Response
ACRC should ensure that DP #1 and DP #2 have current first aid certificates for all staff.	ACRC will make certain ongoing that all necessary training is complete and the documentation is in place for all DPs as required as well as DP#1 and DP #2.

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 Alta California Regional Center (ACRC) was reviewed by comparing deaths entered into the Client Master File for the review period with special incident reports (SIRs) of deaths received by the Department of Developmental Services (DDS).
2. The records of the 92 consumers selected for the Home and Community-based Services (HCBS) Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of ten consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. ACRC reported all deaths during the review period to DDS.
2. ACRC reported all special incidents in the sample of 92 records selected for the HCBS Waiver review to DDS.
3. ACRC's vendors reported seven of the eight (88%) applicable incidents in the supplemental sample within the required timeframes.
4. ACRC reported all of the ten (100%) incidents to DDS within the required timeframes.
5. ACRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the ten incidents.

IV. Finding and Recommendation

Consumer #107-S: The incident occurred on April 8, 2013. However, the vendor did not submit a written report to ACRC until April 11, 2013.

9.3 Recommendation	Regional Center Plan/Response
ACRC should ensure that the vendor for consumer #107-S report special incidents within the required timeframes.	ACRC will continue to complete ongoing training to vendors as to the required time lines for vendor reporting of special incidents so that appropriate timelines are met.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

#	UCI	CCF	DP
1	6462618		12
2	6410691	1	
3	6469173		
4	6480128		
5	6465910	24	
6	6479027		
7	5435847	12	
8	6463455		
9	5439781	8	
10	6493726	3	
11	6474123		
12	6406691		
13	6455135		
14	5155106		
15	6473221		
16	6509301	15	
17	5080155		
18	6459509		4
19	5290390	16	
20	6458065		
21	6469642		
22	5566922		
23	6455704		
24	6407867	14	
25	5814637	12	
26	5528427		12
27	6402589		15
28	6194887		12
29	6111405		14
30	5163811		2
31	6477443		
32	5139415	13	
33	6494622		5
34	6464824	4	
35	6402662	18	
36	6400410		3
37	6408099	10	

#	UCI	CCF	DP
38	6406707		
39	6494188		
40	645437		
41	6401952	7	
42	6408353		
43	6485391		
44	6406367		10
45	6401414	17	
46	8011248		1
47	6496412		
48	6605634		6
49	6405520		
50	6406771		
51	6474359		
52	6411754		9
53	6409251	20	
54	6534382		13
55	6410920		
56	6406039	11	
57	6404365		12
58	6402869	22	
59	6478188		
60	6404404	5	
61	6464662		
62	6401013		
63	5508403		13
64	5153044	2	
65	7198344		
66	6462422		
67	6713041		
68	5035265		12
69	6483658		
70	6400205		
71	4916292		
72	6407142		
73	5436233	23	
74	6413355		12
75	6492724		
76	5808407		7
77	6461537		
78	5793542	19	

#	UCI	CCF	DP
79	6476482		
80	6403771	9	
81	5917117		8
82	6488124		
83	6486851		
84	6497073		
85	6460813		
86	8023412		16
87	7192201		
88	1942762		4
89	1942762		
90	6403246		1
91	8023184		
92	6402230	21	

Supplemental Sample DC Consumers

#	UCI
DC-1	6404743
DC-2	6405795
DC-3	6403008

Supplemental Sample of Terminated Consumers

#	UCI
T-1	4916276
T-2	6461067
T-3	6707679

HCBS Waiver Review Service Providers

CCF #	Vendor
1	H24337
2	HA0469
3	HA0315
4	HA0337
5	H09487
6	H80037
7	H24211
8	HA0022

9	H79948
10	HA0569
11	HA0169
12	HA0756
13	HA0314
14	H64111
15	HA0676
16	HA0798
17	H09534
18	H49384
19	HA0106
20	HA0292
21	HA0691
22	H24293
23	HA0600

Day Program #	Vendor
1	H80683
2	HA0460
3	NA
4	H24360
5	PA 1364
6	H09365
7	H24193
8	H24198
9	H09668
10	HA0365
11	PA 0080
12	HA0353
13	H63899
14	PA 1407
15	PA0648
16	PA 0080

SIR Review Consumers

#	UCI	Vendor
101-S	Removed	NA
102-S	Removed	NA
103-S	6402202	HA0569
104-S	6396110	PA0648
105-S	6402443	HA0405
106-S	6710668	H24150
107-S	5839865	HA0397
108-S	5314406	PA0461
109-S	6462270	H79890
110-S	7196286	HA0030

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

Conducted by:

Department of Developmental Services

August 19-23, 2013

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EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) conducted a federal compliance monitoring review of the Targeted Case Management (TCM) and Nursing Home Reform (NHR) programs from August 19-23, 2013, at Alta California Regional Center (ACRC). The monitoring team selected 50 consumer records for the TCM review. A sample of ten records was selected from consumers who had previously been referred to ACRC for a NHR assessment.

Purpose of the Review

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

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

Overview of the TCM/NHR Compliance Monitoring Protocol

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

Findings

Section I – Targeted Case Management

Fifty consumer records, containing 3,647 billed units, were reviewed for three criteria. The sample records were 100% in compliance for criterion 1 (TCM service and unit documentation matches the information transmitted to DDS), 94% in compliance for criterion 2 (TCM service documentation is consistent with the definition of TCM service), and 100% in compliance for criterion 3 (TCM service documentation identifies the individual who wrote the note and the date the note was completed).

Section II – Nursing Home Reform

Ten consumer records were reviewed for three criteria. The ten sample records were 100% in compliance for all three criteria.

SECTION I TARGETED CASE MANAGEMENT

Criterion

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

Finding

ACRC transmitted 3,647 TCM units to DDS for the 50 sample consumers. All of the recorded units matched the number of units reported to DDS.

Recommendation

None

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

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

Finding

The sample of 50 consumer records contained 3,647 billed TCM units. Of this total, 3,446 (94%) of the units contained descriptions that were consistent with the definition of TCM services. Two hundred and one of the units had descriptions of activities that were not consistent with the definition of TCM services. Detailed information on these findings and the actions required will be sent under a separate cover letter.

Recommendation	Regional Center Plan/Response
ACRC should ensure that the time claimed on those identified activities that are inconsistent with TCM claimable services (sent separately) is reversed.	ACRC reversed as requested the total number of units that were identified as inconsistent with TCM claimable units.

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

Finding

The TCM documentation in the 50 sample consumer records identified the service coordinator who wrote the note and the date the service was completed.

Recommendation

None

SECTION II NURSING HOME REFORM

Criterion

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

Finding

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

Recommendation

None

2. The disposition is reported to DDS.

Finding

The ten sample consumer records contained a PAS/RR Level II document or written documentation responding to the Level I referral.

Recommendation

None

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

Finding

The billing information for the ten sample consumers had been entered into the AS 400 computer system and electronically transmitted to DDS.

Recommendation

None

**SAMPLE CONSUMERS
TCM Review**

#	UCI	#	UCI
1	6462618	26	5528427
2	6410691	27	6402589
3	6469173	28	6194887
4	6480128	29	6444705
5	6465910	30	5163811
6	6479027	31	6477443
7	5435847	32	5139415
8	6463455	33	6494622
9	5439781	34	6464824
10	6493726	35	6402662
11	6474123	36	6400410
12	6406691	37	6408099
13	6455135	38	6406707
14	5155106	39	6494188
15	6473221	40	6405437
16	6509301	41	6401952
17	5080155	42	6408353
18	6459509	43	6485391
19	5290390	44	6406367
20	6458065	45	6401414
21	6469642	46	8011248
22	5566922	47	6496412
23	6455704	48	6605634
24	6407867	49	6405520
25	5814637	50	6406771

NHR Review

#	UCI
1	6805418
2	6402204
3	6406580
4	H003473
5	6400954
6	H003443
7	5877410
8	6402653
9	6402366
10	6473204

TCM DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 50 Records Billed Units Reviewed: 3,647	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. The TCM service and unit documentation matches the information transmitted to DDS.	3,647			100	
2. The TCM service documentation billed to DDS is consistent with the definition of TCM service.	3,446	201		94	6
3. The TCM service documentation is signed and dated by appropriate regional center personnel.	3,647			100	

NHR DISTRIBUTION OF FINDINGS

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

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 320, MS 3-9
SACRAMENTO, CA 95814
TDD 654-2054 (For the Hearing Impaired)
(916) 654-2140



December 10, 2014

Phil Bonnet
Executive Director
Alta California Regional Center
2241 Harvard Street, Ste. 100
Sacramento, CA 95815

Dear Mr. Bonnet:

Thank you for submitting Alta California Regional Center's (ACRC's) response to the Department of Developmental Services' (Department) Home and Community-based Services Waiver, Targeted Case Management and Nursing Home Reform draft reports for the monitoring review conducted from August 19 – 30, 2013.

The Department has approved ACRC's responses to the recommendations made in the draft reports. ACRC's responses are incorporated in the final reports to be sent to your Board of Directors.

If you have any questions, please contact Azadeh Fares, Manager, Monitoring and Family Services Branch, at 916-654-2140.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jim Knight', written over the printed name.

JIM KNIGHT
Assistant Deputy Director
Office of Federal Programs and Fiscal Support

cc: Peggy Ann Feldt, ACRC
John Shen, DHCS

"Building Partnerships, Supporting Choices"