San Diego Regional Center
Home and Community-Based Services Waiver
Monitoring Review Report

Conducted by:

Department of Developmental Services
and
Department of Health Care Services

April 19–30, 2021

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EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the Home and Community-Based Services (HCBS) Waiver from April 19–30, 2021, at San Diego Regional Center (SDRC). The monitoring team members were Nora Muir (Team Leader), Bonnie Simmons, Kelly Sandoval, Natasha Clay, Hope Beale, Nadia Flores and Fam Chao from DDS, and JoAnn Wright and Brent Garbett 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 82 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) 10 consumers who had special incidents reported to DDS during the review period of January 1, 2020 through December 31, 2020, and 2) three consumers who were enrolled in the HCBS Waiver during the review period.

The monitoring team completed visits to 12 community care facilities (CCF). The team reviewed 31 CCF consumer records and interviewed and/or observed 51 selected sample consumers.

Overall Conclusion

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

Eighty-two 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 43 of the 52 applicable sample consumer records did not contain a completed SARF. Criterion 2.13.a was 82 percent in compliance because 10 of the 56 applicable records did not contain documentation of all required quarterly face-to-face visits. Criterion 2.13.b was 80 percent in compliance because 11 of the 56 applicable records did not contain documentation of all required quarterly reports of progress. The sample records were 98 percent in overall compliance for this review.

SDRC's records were 97 percent and 95 percent in overall compliance for the collaborative reviews conducted in 2019 and in 2017, respectively.

New Enrollees: Three sample consumers were reviewed for level-of-care determination prior to receipt of HCBS Waiver services. SDRC's records were100 percent in overall compliance for this review.

Section III – Community Care Facility Consumer Record Review

Thirty-one consumer records were reviewed at 31 CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100 percent in overall compliance for 19 criteria on this review.

SDRC's records were 100 percent and 95 percent in overall compliance for the collaborative reviews conducted in 2019 and in 2017, respectively.

Section IV – Day Program Consumer Record Review

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

SDRC's records were 99 percent and 98 percent in overall compliance for the collaborative reviews conducted in 2019 and in 2017, respectively.

Section V – Consumer Observations and Interviews

Fifty-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

Sixteen 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

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

Section VI C – Quality Assurance Interview

A quality assurance specialist was interviewed using a standard interview instrument. She responded to questions regarding how SDRC 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

Twelve service providers at 12 CCFs were interviewed using a standard interview instrument. The service providers responded to questions regarding their knowledge of the consumer, the annual review process, and the monitoring of health issues, medication administration, progress, safety and emergency preparedness. The staff was familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interviews

Eleven CCF direct service staff were interviewed using a standard interview instrument. The direct service staff responded to questions regarding their knowledge of consumers, the IPP, communication, service delivery, procedures for safety, emergency preparedness, and medications. The staff were familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VIII – Vendor Standards Review

The monitoring team reviewed 12 CCFs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. The reviewed vendors were in good repair with no immediate health or safety concerns observed.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 82 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. SDRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported 8 of the 10 incidents to SDRC within the required timeframes, and SDRC subsequently transmitted 9 of the 10 special incidents to DDS within the required timeframes. SDRC'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 SDRC's procedures and practices to verify that there are processes in place to ensure compliance with state and federal laws and regulations as well as the assurances contained in the HCBS Waiver application approved by the Centers for Medicare & Medicaid Services.

II. Scope of Assessment

SDRC 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 SDRC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self-assessment criteria.

- ✓ The full response to the self-assessment is available upon request.

Regional Center Self-Assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
State conducts level-of-care need determinations consistent with the need for institutionalization.	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. Regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meet the federal definition of a Qualified Intellectual Disabilities Professional (QIDP). The regional center ensures that consumers are eligible for full-scope Medi-Cal benefits before enrolling them in the HCBS Waiver.
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver services.	The regional center takes action(s) to ensure consumers' rights are protected. The regional center takes action(s) to ensure that the consumers' health needs are addressed. The regional center ensures that behavior plans preserve the right of the consumer to be free from harm. The regional center maintains a Risk Management, Risk Assessment and Planning Committee. The regional center has developed and implemented a Risk Management/Mitigation Plan. 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. The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 community care facilities. 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. The regional center conducts not less than two unannounced monitoring visits to each CCF annually. 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. 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.

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

SECTION II

REGIONAL CENTER
CONSUMER RECORD REVIEW

I. Purpose

The review is based upon documentation criteria derived from federal/state statutes and regulations and from the Centers for Medicare & Medicaid Services' directives and guidelines relating to the provision of Home and Community-Based Services (HCBS) Waiver services. The criteria address requirements for eligibility, consumer choice, notification of proposed action 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. Eighty-two HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	**# of Consumers**
Community Care Facility (CCF)	31
With Family	26
Independent or Supported Living Setting	25

2. The review period covered activity from January1, 2020 – December 31, 2020.

III. Results of Review

The 82 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Three supplemental records were reviewed for documentation that SDRC determined the level of care prior to receipt of HCBS Waiver services.

- ✓ The sample records were 100 percent in compliance for 20 criteria. There are no recommendations for these criteria. Three criteria were not applicable for this review.

- ✓ Findings for eight criteria are detailed below.

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

IV. Findings and Recommendations

2.5.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, or 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)*

Finding

Eighty-one of the eighty-two (99 percent) sample consumer records had documented qualifying conditions. However, the DS 3770 for consumer #14 listed only one qualifying condition.

2.5.a Recommendation	Regional Center Plan/Response
SDRC should reevaluate the HCBS Waiver eligibility of consumer #14 to ensure that the consumer meets the level-of-care requirements. If the consumer does not have at least two qualifying conditions that meet the level-of-care requirements, the consumer's HCBS Waiver eligibility should be terminated. If SDRC determines the consumer remains eligible for the waiver, supporting documentation, such as an updated CDER and DS 3770, should be submitted with the response to this report.	SDRC SC has updated CDER and completed IPP. Federal Programs has updated 3770 based on CDER. Documents to support follow this report.

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

Finding

Eighty-one of the eighty-two (99 percent) applicable consumer records documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. For consumer #62 "diabetic test" was identified as a qualifying condition on the DS 3770, but there was no supporting information in the consumer's record (IPP, progress reports, vendor reports, etc.) that described the impact of the identified condition or the need for services and supports.

2.5.b Recommendation	Regional Center Plan/Response
SDRC should determine if the item listed above for consumer #62 is appropriately identified as a qualifying condition. The consumer's DS 3770 form should be corrected to ensure that any items that do not represent substantial limitations in the consumer's ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying conditions. If SDRC determines that the issue above is correctly identified as a qualifying condition, documentation (updated IPPs, progress reports, etc.) that supports the original determination should be submitted with the response to this report.	SDRC SC has updated CDER and completed IPP. Federal Programs has updated 3770 based on CDER. Documents to support follow this report.

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

Forty-three of the fifty-two (83 percent) applicable sample consumer records contained a completed SARF. However, records for eight consumers did not contain a completed SARF as indicated below:

1. Consumer #3: The SARF dated July 22, 2020, was not signed by the team.

2. Consumer #4: The IPP was dated August 27, 2018.

3. Consumer #24: The IPP was dated April 17, 2018.

4. Consumer #44: The IPP was dated April 4, 2018. However, there was no SARF completed until April 15, 2021. Accordingly, no recommendation is required.

5. Consumer #49: The IPP was dated May 24, 2018. However, there was no SARF completed until March 12, 2021. Accordingly, no recommendation is required.

6. Consumer #51: The IPP was dated September 30, 2019. However, there was no SARF completed until March 25, 2021. Accordingly, no recommendation is required.

7. Consumer #64: SARF dated January 7, 2020, not signed by the conservator. However, the SARF was signed on March 21, 2021. Accordingly, no recommendation is required.

8. Consumer #71: The IPP was dated March 21, 2018.

2.6.b Recommendations	Regional Center Plan/Response
SDRC should ensure that a SARF is completed and signed for consumers #3, #4, #24, and #71 during the annual IPP review process.	SDRC is implementing tools for managers to ensure all documentation is complete and accurate. In addition, all above findings have been provided to regional managers, program managers and service coordinators.

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)]*

Finding

Eighty of the eighty-two (98 percent) sample consumer records contained IPPs that were signed by SDRC and the consumers or their legal representatives. However, the IPPs for consumers #50 and #68 had not been signed by the consumers. Subsequent to the review period, the consumers signed the IPPs. Accordingly, no recommendation is required

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.

Finding

Twenty-four out of twenty-five (96 percent) applicable sample consumer records contained IPP addenda signed by SDRC and the consumer or, where appropriate, his/her parents, legal guardian, or conservator. However, the addendum for consumer #24 completed on November 24, 2020, was not signed by the conservator.

2.7.b Recommendation	Regional Center Plan/Response
SDRC should ensure that the IPP addendum for consumer #24 is signed by the conservator.	IPP has been signed by conservator. SDRC is developing Client Services training to address this requirement.

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

Seventy-eight of the eighty-two (95 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by SDRC. However, IPPs for four consumers did not indicate SDRC funded services as indicated below:

1. Consumer #19: "Participant-Directed Transportation," "Behavior Management Program," and "Supplemental Program Support";

2. Consumer #22: "Supplemental Program Support";

3. Consumer #47: "Supported Living Service"; and,

4. Consumer #54: "Adult Development Center."

2.10.a Recommendations	Regional Center Plan/Response
SDRC should ensure that the IPPs for consumers #19, #22, #47, and #54 include a schedule of the type and amount of all services and supports purchased by SDRC.	SDRC SCs have completed IPPs for #19, #22, #47, and #54. In addition, SDRC is developing and implementing Client Services training to address this requirement.

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

Forty-six of the fifty-six (82 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for ten consumers did not meet the requirement as indicated below:

1. The records for consumers #7, #13, #22, #25, #28, #51, #61, #69, and #70 contained documentation of only three of the required meetings.

2. The record for consumer #49 contained documentation of only two of the required meetings.

2.13.a Recommendations	Regional Center Plan/Response
SDRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #7, #13, #22, #25, #28, #49, #51, #61, #69, and #70.	All findings in this regard have been addressed with regional managers, program managers, and service coordinators to reinforce the necessity of quarterly meetings and documentation.
In addition, SDRC should evaluate what actions may be necessary to ensure that quarterly face-to face meetings are completed and documented for all applicable consumers.	SDRC has developed training and processes to ensure quarterly meetings are held and documented within the required time period.

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

Forty-five of the fifty-six (80 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for seven consumers did not meet the requirement as indicated below:

1. The records for consumers #13, #22, #25, #28, #51, #61, #69 and #70 contained documentation of only three of the required quarterly reports of progress.

2. The records for consumers #2, #7 and #49 contained documentation of only two of the required quarterly reports of progress.

2.13.b Recommendations	Regional Center Plan/Response
SDRC should ensure that future quarterly reports of progress are completed for consumers #2, #7, #13, #22, #25, #28, #49, #51, #61, #69, and #70.	All findings in this regard have been addressed with regional managers, program managers, and service coordinators to reinforce the necessity of quarterly meetings and documentation.
In addition, SDRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable consumers.	SDRC has developed training and processes to ensure quarterly meetings are held and documented within the required time period.

Regional Center Consumer Record Review Summary Sample Size = 82 Records						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
2.0	The consumer is Medi-Cal eligible. *(SMM 4442.1)*	82			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Intellectual Disabilities Professional (QIDP), which documents the date of the consumer's initial HCBS Waiver eligibility certification, annual recertifications, the consumer's qualifying conditions and short-term absences. *[SMM 4442.1; 42 CFR 483.430(a)]*	Criterion 2.1 consists of four sub-criteria (2.1.a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Intellectual Disabilities Professional and the title "QIDP" appears after the person's signature.	82			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.	82			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	82			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.			82	NA	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)]*	82			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; W&I Code §4710(a)(1)]*			82	NA	None

Regional Center Consumer Record Review Summary Sample Size = 82 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)*	82			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. *[SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343]*	81	1		99	See Narrative
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	81	1		99	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)(l)]*	82			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*)	43	9	30	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. *[W&I Code §4646(g)]*	80	2		98	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.	24	1	57	96	See Narrative
2.7.c	The IPP is prepared jointly with the planning team. *[W&I Code §4646(d)]*	82			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. *[W&I Code §4646.5(a)]*	82			100	None

Regional Center Consumer Record Review Summary Sample Size = 82 Records						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
2.9	The IPP addresses the consumer's goals and needs. *[W&I Code §4646.5(a)(2)]*	Criterion 2.9 consists of seven sub-criteria (2.9.a-g) that are reviewed independently.				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	82			100	None
2.9.b	The IPP addresses special health care requirements.	1		81	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	31		51	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	55		27	100	None
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	26		56	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	82			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. *[W&I Code §4685(c)(2)]*	12		70	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)]*	78	4		95	See Narrative
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. *[W&I Code §4646.5(a)(5)]*	82			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. *[W&I Code §4646.5(a)(5)]*	25		57	100	None
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including but not limited to vendors, contract providers, generic service agencies and natural supports. *[W&I Code §4646.5(a)(5)]*	82			100	None

Regional Center Consumer Record Review Summary Sample Size = 82 Records						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
2.12	Periodic reviews and reevaluations of consumer progress are completed (at least annually) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. *[W&I Code §4646.5(a)(8)]*	82			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. *(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)*	46	10	26	82	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. *(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)*	45	11	26	80	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. *(W&I Code §4418.3)*			82	NA	None

SECTION III

COMMUNITY CARE FACILITY
CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

Thirty-one consumer records were reviewed at 31 CCFs visited by the monitoring team. The facilities' consumer records were reviewed to determine compliance with 19 criteria.

III. Results of Review

The consumer records were 100 percent in compliance for 19 criteria.

- ✓ The sample records were 100 percent in compliance for 19 applicable criteria. There are no recommendations for these criteria.

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

IV. Finding and Recommendation

None

Community Care Facility Record Review Summary Sample Size: Consumers = 31; CCFs = 31						
	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. *[Title 17, CCR, §56017(b); Title 17, CCR, §56059(b); Title 22, CCR, §80069]*	31			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	31			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	17		14	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.	31			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	31			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	31			100	None
3.1.i	Special safety and behavior needs are addressed.	25		6	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. *[Title 17, CCR, §56019(c)(1)]*	31			100	None
3.3	The facility has a copy of the consumer's current IPP. *[Title 17, CCR, §56022(c)]*	31			100	None

Community Care Facility Record Review Summary Sample Size: Consumers = 31; CCFs = 31						
	Criteria	**+**	**-**	**N/A**	**% Met**	**Follow-up**
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. *[Title 17, CCR, §56026(b)]*	14		17	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.	14		17	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. *[Title 17, CCR, §56026(c)]*	17		14	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.	17		14	100	None
3.5.c	Quarterly reports include a summary of data collected. *[Title 17, CCR, §56013(d)(4); Title 17, CCR, §56026]*	17		14	100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. *[Title 17, CCR, §56026(a)]*	31			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	31			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. *(Title 17, CCR, §54327)*	9		22	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. *(Title 17, CCR, §54327)*	9		22	100	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. *(Title 17, CCR, §54327)*	9		22	100	None

SECTION IV

DAY PROGRAM
CONSUMER RECORD REVIEW

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

SECTION V

CONSUMER OBSERVATIONS AND INTERVIEWS

I. Purpose

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

II. Scope of Observations and Interviews

Fifty-one of the eighty-two 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.

- ✓ Thirty-four consumers agreed to be interviewed by the monitoring teams.
- ✓ Eleven consumers did not communicate verbally or declined an interview, but were observed.
- ✓ Six interviews were conducted with parents of minors.
- ✓ Thirty-one 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 appearance for all of the consumers who were interviewed via Zoom and observed 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 16 SDRC 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 SDRC's medical director and online resources for medication.

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

SECTION VI B

CLINICAL SERVICES INTERVIEW

I. Purpose

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

II. Scope of Interview

1. The monitoring team interviewed the Director of Clinical Services and the Coordinator of Behavioral Services at SDRC.

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 role in Risk Management Committee and special incident reports.

III. Results of Interview

1. The clinical team includes physicians, registered nurses, psychologists, genetic counselors, behavioral specialists, social workers, a forensic and mental health specialist, a dental coordinator and an autism services coordinator. Additionally, SDRC has a registered dental hygienist, and behavioral management services.

2. The clinical team is available to consult with service coordinators in evaluating consumers with medical and/or medication issues on an as-needed basis. The pharmacist is available by referral from service coordinators, providers, family or consumers for consultation regarding medication concerns. If needed, members of the clinical team will make home visits to evaluate and coordinate care. Additionally, team members work with hospitals, psychiatric facilities, local physicians and consumer advocates to ensure consumers' medical needs are addressed appropriately.

3. The Coordinator of Behavioral Services is available to assist with complex behavior issues and to consult with service coordinators regarding review of behavior plans. He also visits hospitalized consumers in psychiatric facilities and assists with coordination of care and discharge planning. Psychologists

consult with consumers' primary care doctors as requested. The Behavior Modification Review Committee reviews behavioral intervention plans that are considered potentially restrictive or aversive.

4. Staff training is provided by members of the clinical team on various health related topics, such as autism, dual diagnosis, medication management, cerebral palsy, and epilepsy. Training is also provided to vendors, clients, families, community and staff for behavior services. Recent topics have included signs and symptoms of illness, Down syndrome, medication safety, healthy eating and lifestyle.

5. SDRC has improved health care access for its consumers through the following programs:

   - ✓ The Anderson Dental Center/Children's Hospital, which provides training for consumers and providers, and treatment for consumers in the Residency Dental Program;
   - ✓ Dental Coordinator & Registered Dental Hygienist in Alternative Practice (RDHAP) providing in-home visits for evaluations and cleanings;
   - ✓ Collaborating with King Chavez dental clinic;
   - ✓ Provide consultations for consumers, families, and providers who request assistance with medication and nutritional needs;
   - ✓ Autism Program;
   - ✓ Safety Alert, Inc., a twenty-four-hour, on-call crisis team that assists with difficult mental health cases;
   - ✓ Victims Assistance Support Team (VAST);
   - ✓ Nurses contributing articles to the SDRC Vendor Bulletin;
   - ✓ SD Start crisis program; and,
   - ✓ Advance North for adults crisis program.

6. Physicians and nurses participate in SDRC's Risk Management, Assessment, and Planning Committee. Members of the clinical team review all SIRs for hospitalized consumers, and medical-related SIRs are reviewed 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.

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 (CCF), two unannounced visits to CCFs, service provider training, verification of provider qualifications, resource development activities, and quality assurance among programs and providers where there is no regulatory requirement to conduct quality assurance monitoring.

II. Scope of Interview

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

III. Results of Interview

1. The annual Title 17 visits are conducted by the quality assurance specialists. The two unannounced visits are conducted annually by the service coordinators, who function as facility liaisons to the CCFs. Any issues or concerns from the facility liaisons are reported to the program manager of the appropriate unit for follow-up. When substantial inadequacies are identified, corrective action plans (CAP) are issued. Most CAPs allow the vendor 30 days to correct the situation. The QA team will follow up and provide further training to the vendor, if necessary. SDRC provides staff orientation training in identifying substantial inadequacies and immediate dangers, and on their roles and responsibilities during visits to CCFs.

2. The special incident report (SIR) coordinator receives all SIRs. SDRC's case managers will follow up on vendor-related SIRs, while the service coordinator will follow up on any family-related SIRs. The Residential Manager is a member of the Risk Management Assessment and Planning Committee, which meets monthly. They recommend additional trainings be provided to staff and vendors based on SIR trend analysis.

3. The QA team members also monitor day programs annually. In addition, the Residential Manager 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.

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 12 service providers at 12 community care facilities where services are provided to the consumers who were visited by the monitoring team.

2. The interview questions are divided into two categories.

   ✓ The questions in the first category are related to sample consumers selected by the monitoring team.

   ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The service providers were familiar with the strengths, needs and preferences of their consumer.

2. The service providers indicated that they conducted assessments of the consumer, participated in their IPP development, provided the program-specific services addressed in the IPPs and attempted to foster the progress of their consumer.

3. The service providers monitored the consumer's health issues and safeguarded medications.

4. The service providers communicated with people involved in the consumer's life and monitored progress.

5. The service providers were prepared for emergencies, monitored the safety of the consumer, and understood special incident reporting and follow-up processes.

SECTION VII B

DIRECT SERVICE STAFF INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed 11 direct service staff at 11 community care facilities where services are provided to the consumer who was visited by the monitoring team.

2. The interview questions are divided into two categories:

   - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.

   - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The direct service staff were familiar with the strengths, needs and preferences of their consumer.

2. The direct service staff were knowledgeable about their roles and responsibilities for providing the services addressed in the consumer's IPP.

3. The direct service staff demonstrated that they understood the importance of communication with all individuals concerned with the consumer.

4. The direct service staff were prepared to address safety issues and emergencies and were familiar with special incident reporting requirements.

5. The direct service staff demonstrated an understanding about emergency preparedness.

6. The direct service staff were knowledgeable regarding safeguarding and assisting with self-administration of medications where applicable.

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

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

II. Scope of Review

1. The monitoring teams reviewed a total of 12 CCFs via remote electronic communication. Remote electronic communication was used to conduct service provider, direct staff and consumer interviews, as well as site inspections.

2. The teams used a monitoring review checklist consisting of 24 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

III. Results of Review

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

IV. Findings and Recommendations

None

SECTION IX

SPECIAL INCIDENT REPORTING

I. Purpose

The review verifies that special incidents have been reported within the required timeframes, that documentation meets the requirements of Title 17, California Code of Regulations, and that the follow-up was complete.

II. Scope of Review

1. Special incident reporting of deaths by SDRC 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 82 consumers selected for the Home and Community-Based Services (HCBS) Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.

3. A supplemental sample of 10 consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. SDRC reported all deaths during the review period to DDS.

2. SDRC reported all special incidents in the sample of 82 records selected for the HCBS Waiver review to DDS.

3. SDRC's vendors reported 8 of the 10 (80 percent) applicable incidents in the supplemental sample within the required timeframes.

4. SDRC reported 9 of the 10 (90 percent) incidents to DDS within the required timeframes.

5. SDRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for all incidents.

IV. Finding and Recommendation

#SIR 3: The incident occurred on July 8, 2020. However, SDRC did not submit a written report to DDS until July 21, 2020.

#SIR 9: The incident occurred on December 24, 2020. However, the vendor did not submit a written report to SDRC until December 29, 2020.

#SIR 10: The incident occurred on January 21, 2020. However, the vendor did not submit a written report to SDRC until January 27, 2020.

Recommendation	Regional Center Plan/Response
SDRC should ensure that all special incidents are reported to DDS within the required timeframes.	SDRC SC, PM, and RM have all been made aware of the late reporting at the time SDRC submitted SIR to DDS.
SDRC should ensure that the vendors for consumers #SIR 9 and #SIR 10 report special incidents within the required timeframes.	SDRC SC notified vendors of reporting requirements at time of report. In addition, SDRC has implemented training for staff and vendors on timely reporting of incidents. SDRC is also utilizing the SANDIS vendor portal as a means of reporting SIRs by vendors to increase compliance with timely submissions of incidents.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

#	UCI	CCF	DP
1	XXXXXXX	23	
2	XXXXXXX	2	
3	XXXXXXX	3	
4	XXXXXXX	14	
5	XXXXXXX	20	
6	XXXXXXX	1	
7	XXXXXXX	11	
8	XXXXXXX	21	
9	XXXXXXX	4	
10	XXXXXXX	13	
11	XXXXXXX	19	
12	XXXXXXX	15	
13	XXXXXXX	9	
14	XXXXXXX	28	
15	XXXXXXX	8	
16	XXXXXXX	18	
17	XXXXXXX	22	
18	XXXXXXX	17	
19	XXXXXXX	16	
20	XXXXXXX	24	
21	XXXXXXX	12	
22	XXXXXXX	25	
23	XXXXXXX	5	
24	XXXXXXX	29	
25	XXXXXXX	6	
26	XXXXXXX	27	
27	XXXXXXX	26	
28	XXXXXXX	30	
29	XXXXXXX	7	
30	XXXXXXX	10	
31	XXXXXXX	31	
32	XXXXXXX		
33	XXXXXXX		
34	XXXXXXX		
35	XXXXXXX		
36	XXXXXXX		
37	XXXXXXX		

#	UCI	CCF	DP
38	XXXXXXX		
39	XXXXXXX		
40	XXXXXXX		
41	XXXXXXX		
42	XXXXXXX		
43	XXXXXXX		
44	XXXXXXX		
45	XXXXXXX		
46	XXXXXXX		
47	XXXXXXX		
48	XXXXXXX		
49	XXXXXXX		
50	XXXXXXX		
51	XXXXXXX		
52	XXXXXXX		
53	XXXXXXX		
54	XXXXXXX		
55	XXXXXXX		
56	XXXXXXX		
57	XXXXXXX		
58	XXXXXXX		
59	XXXXXXX		
60	XXXXXXX		
61	XXXXXXX		
62	XXXXXXX		
63	XXXXXXX		
64	XXXXXXX		
65	XXXXXXX		
66	XXXXXXX		
67	XXXXXXX		
68	XXXXXXX		
69	XXXXXXX		
70	XXXXXXX		
71	XXXXXXX		
72	XXXXXXX		
73	XXXXXXX		
74	XXXXXXX		
75	XXXXXXX		
76	XXXXXXX		
77	XXXXXXX		
78	XXXXXXX		

#	UCI	CCF	DP
79	XXXXXXX		
80	XXXXXXX		
81	XXXXXXX		
82	XXXXXXX		

HCBS Waiver Review Service Providers

CCF #	Vendor
1	XXXXXX
2	XXXXXX
3	XXXXXX
4	XXXXXX
5	XXXXXX
6	XXXXXX
7	XXXXXX
8	XXXXXX
9	XXXXXX
10	XXXXXX
11	XXXXXX
12	XXXXXX
13	XXXXXX
14	XXXXXX
15	XXXXXX
16	XXXXXX
17	XXXXXX
18	XXXXXX
19	XXXXXX
20	XXXXXX
21	XXXXXX
22	XXXXXX
23	XXXXXX
24	XXXXXX
25	XXXXXX
26	XXXXXX
27	XXXXXX
28	XXXXXX
29	XXXXXX
30	XXXXXX
31	XXXXXX

SIR Review Consumers

#	UCI	Vendor
SIR 1	XXXXXXX	XXXXXXX
SIR 2	XXXXXXX	XXXXXXX
SIR 3	XXXXXXX	XXXXXXX
SIR 4	XXXXXXX	XXXXXXX
SIR 5	XXXXXXX	XXXXXXX
SIR 6	XXXXXXX	XXXXXXX
SIR 7	XXXXXXX	XXXXXXX
SIR 8	XXXXXXX	XXXXXXX
SIR 9	XXXXXXX	XXXXXXX
SIR 10	XXXXXXX	XXXXXXX