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September 9, 2020

**Confidential Client Information
See California Welfare and Institutions
Code Sections 4514 and 5328**

Rita Walker, Board President
Alta California Regional Center
2241 Harvard Street, Suite 100
Sacramento, CA 95815

Dear Ms. Walker:

Enclosed are the final reports from the joint Department of Developmental Services' (DDS) and Department of Health Care Services' monitoring review of the Home and Community-Based Services Waiver, 1915(i) State Plan Amendment, Targeted Case Management and Nursing Home Reform programs conducted from August 12–22, 2019, at Alta California Regional Center (ACRC). The period of review was May 1, 2018 through April 30, 2019.

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 from the date of this letter to:

Department of Developmental Services
Attn: Reyna Ambriz, Chief
Federal Programs Monitoring Section
1600 9th Street, Room 320, MS 3-11
Sacramento, CA 95814

"Building Partnerships, Supporting Choices"

Rita Walker, Board President
September 9, 2020
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The cooperation of ACRC's staff in completing the monitoring review is appreciated. If you have questions, please contact Reyna Ambriz, Chief, Federal Programs Monitoring Section, at (916) 651-0364.

Sincerely,

Original signed by:

Maricris Acon
Deputy Director
Federal Programs Division

Enclosures

cc: Phil Bonnet, ACRC
Melissa Basler, ACRC

**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 12–22, 2019

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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 12–22, 2019, at Alta California Regional Center (ACRC). The monitoring team members were Kathy Benson (Team Leader), Bonnie Simmons, Nora Muir, Linda Rhoades, and Corbett Bray from DDS, and Raylyn Garrett, JoAnn Wright, and Kevin Phomtheyv 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 89 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers whose HCBS Waiver eligibility had been previously terminated; and 2) ten consumers who had special incidents reported to DDS during the review period of May 1, 2018 through April 30, 2019, and 3) eight consumers who were enrolled in the HCBS Waiver during the review period.

The monitoring team completed visits to 11 community care facilities (CCF) and 24 day programs. The team reviewed 11 CCF and 31 day program consumer records and interviewed and/or observed 66 selected sample consumers.

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

Eighty-nine sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Two criteria were rated as not applicable for this review. The sample records were 99 percent in overall compliance for this review.

ACRC's records were 99 percent in overall compliance for the collaborative reviews conducted in 2017 and in 2015.

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

Section III – Community Care Facility Consumer Record Review

Eleven consumer records were reviewed at 11 CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 99 percent in overall compliance for 19 criteria on this review.

ACRC's records were 99 percent in compliance for the collaborative reviews conducted in 2017 and in 2015.

Section IV – Day Program Consumer Record Review

Thirty-one consumer records were reviewed at 24 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 98 percent in overall compliance for this review.

ACRC's records were 98 percent in overall compliance for the collaborative reviews conducted in 2017 and in 2015.

Section V – Consumer Observations and Interviews

Sixty-six 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

Eighteen 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

Two staff physicians were interviewed using a standard interview instrument. They 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 on the Risk Management Committee.

Section VI C – Quality Assurance Interview

A community services specialist was interviewed using a standard interview instrument. He responded to 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

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

Section VII B – Direct Service Staff Interviews

Ten CCF and six 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 ten CCFs and seven day programs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. The reviewed vendors were in good repair with no immediate health or safety concerns observed.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 89 HCBS Waiver consumers and 10 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 nine of the ten incidents to ACRC within the required timeframes, and ACRC subsequently transmitted eight of the ten special incidents to DDS within the required timeframes. ACRC'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 ACRC'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

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 oversees development and implementation of corrective action plans as needed.</p> <p>The regional center conducts not less than two unannounced monitoring visits to each CCF annually.</p> <p>Service coordinators perform and document periodic reviews (at least annually) to ascertain progress toward achieving IPP objectives and the consumer's and the family's satisfaction with the IPP and its implementation.</p> <p>Service coordinators have quarterly face-to-face meetings with consumers in CCFs, family home agencies, supported living services, and independent living services to review services and progress toward achieving the IPP objectives for which the service provider is responsible.</p> <p>The regional center ensures that needed services and supports are in place when a consumer moves from a developmental center (DC) to</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.)	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-nine HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	27
With Family	33
Independent or Supported Living Setting	29

2. The review period covered activity from May 1, 2018 through April 30, 2019.

III. Results of Review

The 89 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. Eight supplemental records were reviewed for documentation that ACRC determined the level of care prior to receipt of HCBS Waiver services.

- ✓ The sample records were 100 percent in compliance for 25 criteria. There are no recommendations for these criteria. Two criteria were rated as not applicable for this review.
- ✓ Findings for four 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.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-eight of the eighty-nine (99 percent) sample consumer records documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in the record for consumer #37 did not support the determination that "reminders for medication" identified in the CDER and DS 3770 could be considered a qualifying condition. There was no supporting information in the consumer's records (IPP, progress reports, vendor reports, etc.) that described the impact of the above identified condition or need for services and supports. During the monitoring review, ACRC provided an IPP addressing the above qualification. Accordingly, no recommendation is required.

- 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)*]

Finding

Eighty-eight of the eighty-nine (99 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by ACRC. However, the IPP for consumer #84 did not indicate ACRC funded durable medical equipment. During the monitoring review, an addendum was completed that included durable medical equipment as a service funded by ACRC. Accordingly, no recommendation is required.

- 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-three of the fifty-six (95 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for consumers #11, #27, and #41 contained documentation of only three of the required 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 #11, #27, and #41.	ACRC will complete ongoing trainings to ensure that the staff are aware of the requirements to document face-to-face meetings for the consumers they visit.

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-two of the fifty-six (93 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for #5, #11, #27, and #41 contained documentation of only three of the required quarterly reports of progress.

2.13.b Recommendations	Regional Center Plan/Response
ACRC should ensure that future quarterly reports of progress are completed for consumers #5, #11, #27, and #41.	ACRC will complete trainings to ensure staff are aware of the need to complete quarterly face-to face meetings, as well as the documentation required to record the meetings.

Regional Center Consumer Record Review Summary						
Sample Size = 89 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	89			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 (2.1.a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Mental Retardation Professional and the title "QMRP" appears after the person's signature.	89			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.	89			100	None
2.1.c	The DS 3770 form documents annual recertifications.	89			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	3		86	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)]	89			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 §4646(g)]	3		89	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 89 + 3 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. <i>(SMM 4442.5; 42 CFR 441.302)</i>	89			100	None
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level-of-care requirements for care provided in an ICF/DD, ICF/DD-H, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. <i>(SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343)</i>	89			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	88	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. <i>[42 CFR 441.301(b)(1)(I)]</i>	89			100	None
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. <i>(HCBS Waiver requirement)</i>			89	NA	None
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. <i>[W&I Code §4646(g)]</i>	89			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.	14		75	100	None
2.7.c	The IPP is prepared jointly with the planning team. <i>[W&I Code §4646(d)]</i>	89			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. <i>[W&I Code §4646.5(a)]</i>	89			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 89 + 3 Supplemental 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).	89			100	None
2.9.b	The IPP addresses special health care requirements.	22		67	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	27		62	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	51		38	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.	29		60	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	89			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. [W&I Code §4685(c)(2)]	20		69	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)]	88	1		99	See Narrative
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. [W&I Code §4646.5(a)(4)]	89			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [W&I Code §4646.5(a)(4)]	14		75	100	None
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including but not limited to vendors, contract providers, generic service agencies and natural supports. [W&I Code §4646.5(a)(4)]	89			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 89 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic reviews and reevaluations of consumer progress are completed (at least annually) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. <i>[W&I Code §4646.5(a)(6)]</i>	89			100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	53	3	33	95	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	52	4	33	93	See Narrative
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. <i>(W&I Code §4418.3)</i>			89	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

Eleven consumer records were reviewed at eleven 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 99 percent in compliance for 19 criteria.

- ✓ The sample records were 100 percent in compliance for 18 criteria. There are no recommendations for these criteria.
- ✓ A finding for one criterion is detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Finding and Recommendation

- 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.
[Title 17, CCR, §56026(b)]

Finding

One of the two (50 percent) applicable sample consumer records contained semiannual reports that confirm progress toward achieving each of the IPP objectives. The semiannual reports for consumer #11 at CCF #3 did not address the consumer's progress with displaying appropriate behavior and in completing personal care activities, as identified in the IPP.

3.4.b Recommendation	Regional Center Plan/Response
ACRC should ensure that CCF provider #3 prepares and maintains written semiannual reports that address progress related to the consumer's IPP objectives.	ACRC will monitor to ensure that CCF #3 documents progress for IPP objectives as required for consumer #11.

Community Care Facility Record Review Summary						
Sample Size: Consumers = 11; CCFs = 11						
	Criteria	+	-	N/A	% Met	Follow-up
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. <i>(Title 17, CCR, §56017(b); Title 17, CCR, §56059(b)); Title 22, CCR, §80069)</i>	11			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	11			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	7		4	100	None
3.1.c	The consumer record contains current health information that includes medical, dental and other health needs of the consumer, including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	11			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	11			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	11			100	None
3.1.i	Special safety and behavior needs are addressed.	11			100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17 and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. <i>[Title 17, CCR, §56019(c)(1)]</i>	11			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	11			100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 11; CCFs = 11						
	Criteria	+	-	N/A	% Met	Follow-up
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. <i>[Title 17, CCR, §56026(b)]</i>	2		9	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.	1	1	9	50	See Narrative
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. <i>[Title 17, CCR, §56026(c)]</i>	9		2	100	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	9		2	100	None
3.5.c	Quarterly reports include a summary of data collected. <i>(Title 17, CCR, §56013(d)(4); Title 17, CCR, §56026)</i>	9		2	100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. <i>[Title 17, CCR, §56026(a)]</i>	11			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	11			100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	3		8	100	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	3		8	100	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. <i>(Title 17, CCR, §54327)</i>	3		8	100	None

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

The review criteria address the requirements for day programs to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the individual program plan (IPP) that the day program provider is responsible for implementing. The criteria are derived from Title 17, California Code of Regulations.

II. Scope of Review

Thirty-one consumer records were reviewed at 24 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 percent in compliance for 15 criteria.

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

IV. Findings and Recommendations

- 4.2 The day program has a copy of the consumer's current IPP.
[Title 17, CCR, §56720(b)]

Finding

Thirty of the thirty-one (97 percent) sample consumer records contained a copy of the consumer's current IPP. However, the record for consumer #43 at day program #20 did not contain a copy of their current IPP. During the review, the IPP for consumer #43 was provided to day program #20. Accordingly, no recommendation is required.

- 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

Twenty-seven of the twenty-nine (93 percent) applicable sample consumer records contained written semiannual reports of consumer progress. However, the records for consumer #31 at day program #14 and consumer #64 at day program #6 contained only one of the required progress reports.

4.4.a Recommendations	Regional Center Plan/Response
ACRC should ensure that day program providers #6 and #14 prepare written semiannual reports of consumer progress.	ACRC will provide training to day program #6 and #14 as well as ACRC staff on the requirement to maintain semi-annual reports for all consumers ongoing.

Day Program Record Review Summary						
Sample Size: Consumers = 31; Day Programs = 24						
	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. (Title 17, CCR, §56730)	31			100	None
4.1.a	The consumer record contains current emergency and personal identification information including the consumer's address, telephone number; names and telephone numbers of residential care provider, relatives, and/or guardian or conservator; physician name(s) and telephone number(s); pharmacy name, address and telephone number; and health plan, if appropriate.	31			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.	31			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.	31			100	None
4.1.d	The consumer record contains an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative.	31			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.	31			100	None
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP which the day program provider is responsible for implementing.	31			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 31; Day Programs = 24						
	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.	31			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	30		1	100	None
4.2	The day program has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56720(b)]</i>	30	1		97	See Narrative
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>	30		1	100	None
4.3.b	The day program's individual service plan or other program documentation is consistent with the services addressed in the consumer's IPP.	30		1	100	None
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	27	2	7	93	See Narrative
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services which the day program is responsible for implementing.	29		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>	3		28	100	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	3		28	100	None
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>	3		28	100	None

SECTION V

CONSUMER OBSERVATIONS AND INTERVIEWS

I. Purpose

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

II. Scope of Observations and Interviews

Sixty-six of the eighty-nine consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities, or in independent living settings.

- ✓ Thirty-eight consumers agreed to be interviewed by the monitoring teams.
- ✓ Sixteen consumers did not communicate verbally or declined an interview, but were observed.
- ✓ Twelve interviews were conducted with parents of minors.
- ✓ Twenty-three consumers were unavailable for or declined interviews.

III. Results of Observations and Interviews

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

SECTION VI A

SERVICE COORDINATOR INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed 18 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 "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 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 two staff physicians 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 (SIR).

III. Results of Interview

1. The ACRC clinical team includes: physicians, psychologists, registered nurses, behaviorists, speech therapists and an autism specialist.
2. ACRC's clinical team is available as needed to review any consumer health concerns. The service coordinators use a health assessment form from ages birth to 18 and from 18 to adult to assist in identifying 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. A physician or vendored psychiatrist is available for any issues or concerns. Members of the clinical team may provide training to ACRC staff and care providers. A physician and nurse are available to assist with hospital and skilled nursing facility discharge planning to ensure proper follow up and appropriate placement if required.

4. Members of the clinical team participate in ACRC's mental health committee. Consumer mental health and behavior issues can be presented to the committee on a case-by-case basis. ACRC's physician, behavior analysts or the autism specialist are available to review behavior plans and communicate their findings with the provider and service coordinator as needed. A behaviorist provides training and consultation to service coordinators and providers, onsite if needed.
5. ACRC has improved access to health care resources through the following programs and services:
 - ✓ MIND Institute at UC Davis is vendored to provide assessments for ACRC consumers;
 - ✓ Utilizes vendored Registered Dental Hygienists Alternative Practice 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;
 - ✓ Clinical Supervisor attends HMO quarterly meetings;
 - ✓ ACRC website offers health education resources; and,
 - ✓ Collaboration with California Children's Services of Sacramento County.
6. One of the clinical team physicians participates in the Risk Management Committee, and reviews all deaths and medical SIRs when requested. The regional center utilizes Mission Analytics Group, Inc., the State's risk management contractor, to analyze special incidents for trends. The clinical team uses this information to make recommendations for appropriate follow-up and training as needed. Recent topics have included constipation, medications, cardiac and respiratory topics, urinary tract infections and choking and aspiration.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

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

II. Scope of Interview

The monitoring team interviewed a community services specialist who is part of the team responsible for conducting Alta California Regional Center's (ACRC) QA activities.

III. Results of Interview

1. The community services specialist provided information about ACRC's process for conducting the annual Title 17 monitoring review. The first Title 17 monitoring review is completed after vendorization by a community services specialist. Thereafter, the Title 17 reviews are conducted by the service coordinator liaisons who are assigned to the respective homes. The service coordinator liaisons are also responsible for the two unannounced visits. Service coordinator liaisons and community services specialists look at residents' individual program plans, special incident reports (SIR), and corrective action plans (CAP) before going to the review.
2. Once a deficiency is identified, they will discuss it with their manager, meet with the CCF administrator to discuss the issue, develop an action plan and provide a copy of the CAP to the vendor. If a service coordinator is working with a vendor and feels like there is nothing more they can do to improve the situation, quality assurance will be contacted to assist. The monitoring review reports are evaluated by the Residential Client Services Managers. The information is shared with the facility and community services specialists so appropriate recommendations can be carried out.
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, a review of the Lanterman Act, and a review of the program design. New vendors receive quarterly monitoring by a community services specialist for one year after becoming vendorized. Community services support staff also offer 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 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 16 service providers at 10 community care facilities and six day programs 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 16 direct service staff at 10 community care facilities and six day programs 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 Home and Community-Based Services Waiver definition of a homelike setting.

II. Scope of Review

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

III. Results of Review

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

IV. Findings and Recommendations

8.2.d Pro Re Nata (PRN) Medication Records

CCF #3 and day program #23 were not documenting the time, dosage, name of the medication or consumer's response to a PRN medication.

8.2.d Recommendation	Regional Center Plan/Response
ACRC should ensure that CCF provider #3 and day program #23 properly document all required PRN medication information.	ACRC, per Title XXII regulation, will notify Community Care Licensing of deficiency and will provide technical support to CCF #3 and day program #23 to ensure health and safety.

8.3.c First Aid

Day program #23 had one direct care staff who did not have a current first aid certificate. After the monitoring review, day program #23 provided a copy of the current first aid certificate. Accordingly, no recommendation is needed.

8.4.b Personal and Incidental (P&I) Accounts

CCF #3 did not maintain accurate P&I records.

8.4.b Recommendation	Regional Center Plan/Response
ACRC should ensure that CCF #3 maintains accurate P&I records.	ACRC will monitor to ensure that CCF #3 P&I ledger are accurate and current.

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 ACRC 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 89 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. ACRC reported all deaths during the review period to DDS.
2. ACRC reported all special incidents in the sample of 89 records selected for the HCBS Waiver review to DDS.
3. ACRC's vendors reported nine of the ten (90 percent) applicable incidents in the supplemental sample within the required timeframes.
4. ACRC reported eight of the ten (80 percent) 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 10 incidents.

IV. Findings and Recommendations

SIR #1: The incident was reported to ACRC on November 30, 2018. However, ACRC did not report the incident to DDS until December 5, 2018.

SIR #9: The incident occurred on February 12, 2019. However, the vendor did not submit a written report to ACRC until February 16, 2019.

SIR #9: The incident was reported to ACRC on February 16, 2019. However, ACRC did not report the incident to DDS until February 22, 2019.

Recommendations	Regional Center Plan/Response
<p>ACRC should ensure that the vendor for consumer SIR #9 submits special incidents within the required timeframe.</p>	<p>SIR #9: The vendor tried to verify if the staff caused financial abuse of the client before filing a SIR or mandated report. The vendor has changed their procedures and policies and will report incidents and submit SIRs within the required timeline in the future. Vendor has invested in an electronic House Journal Notes system whereby staff enter House Journal Notes in real time during their shift. This will make sure incidents are identified and addressed in a timely manner.</p>
<p>ACRC should ensure that all special incidents are reported to DDS within the required timeframe.</p>	<p>SIR #1: Vendor informed SC of the incident the following day but waited until after client was discharged from hospital to submit SIR to RC. In the future, the vendor will submit SIR when a client is hospitalized and not wait until discharge. SC reminded that if vendor does not submit SIR to the SIR Desk, SC needs to either confirm the vendor submitted to the SIR Desk or submit a SIR themselves within 24 hours to the SIR Desk.</p> <p>SIR #9: Regional Center Actions: In reviewing the SIR, it was discovered that the SIR was not transmitted within the 2-day compliance due to high volume of SIRs requiring processing due to President's Day Holiday. There were 44 SIRs received to be processed on 2/19/19. There were 10 SIRs that</p>

	<p>required entering on 2/19. From the 44 SIRs 25 SIRs had to be entered on 2/21/19 and 16 SIRs that came were received on 2/16/19 that required processing. ACRC had 1 staff (SIR Assistant) who was responsible for processing these SIRs. ACRC has since February 2019 hired an additional CPP/Forensic Office Assistant to assist the SIR Assistant with processing the SIRs to ensure that ACRC meets the 2-day compliance. It was also discovered that the Service Coordinator did not document the date the vendor notified them of the incident. ACRC Case Management Staff will be reminded to create a Title 19 note for when they learn that a Special incident has occurred. ACRC will proactively add more staff after a holiday.</p>
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SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

#	UCI	CCF	DP
1	6484588	7	
2	6499725		15
3	5659784		28
4	6405485		5
5	6409580	5	
6	4856597		30
7	6462561		9
8	6404435		23
9	6110845		
10	6559348	4	
11	6458008	3	
12	6493202	9	
13	5739057		13
14	6565766	10	
15	7013154	1	
16	6406359		24
17	7173297		9
18	6412954		
19	6408904		19
20	6407756	2	
21	6403755		18
22	6402775	11	
23	6408494		8
24	6451874		13
25	6455557	6	
26	6546543		17
27	7190364	8	
28	6402332		
29	6411677		
30	5917117		
31	6406384		14
32	5632633		
33	6405289		
34	8020267		23
35	6495270		
36	7175168		7
37	6411889		

#	UCI	CCF	DP
38	6403349		
39	5082136		
40	7793692		
41	6406691		13
42	6562193		19
43	6596354		20
44	6557409		3
45	6194713		4
46	6459369		
47	5541420		
48	6460335		
49	6408675		
50	7188038		
51	1940071		
52	6406485		
53	6407659		13
54	6605634		25
55	5024633		
56	5526991		
57	6493209		
58	6493040		1
59	5151147		12
60	6403313		2
61	7720728		22
62	5314919		
63	5508304		13
64	5206666		6
65	6464903		
66	6462325		21
67	7317358		
68	6455435		
69	6476882		
70	6477327		
71	6430256		
72	6439618		
73	6479727		
74	6472935		
75	6433111		
76	6454958		
77	6489356		
78	6474089		

#	UCI	CCF	DP
79	6465643		
80	8208291		
81	8113954		
82	6490793		
83	6431857		
84	6474573		
85	6477686		
86	6491993		
87	6451741		
88	8201928		
89	6486700		

Supplemental Sample Terminated Waiver Consumers

#	UCI
T-1	6463962
T-2	6470828
T-3	6476024

New Enrollees

#	UCI
NE-1	6451685
NE-2	6453755
NE-3	6469103
NE-4	6499420
NE-5	7141765
NE-6	7438611
NE-7	8215326
NE-8	8208578

HCBS Waiver Review Service Providers

CCF #	Vendor
1	HA0582
2	HA0813
3	HA0323
4	HA0601
5	HA0656
6	HA0326
7	HA0485
8	HA0658
9	HA0750
10	HA0644
11	HA0422

Day Program #	Vendor
1	H24134
2	HA0196
3	P80625
4	PA1297
5	HA0742
6	HA0874
7	PA0648
8	PA0231
9	PA0229
10	NA
11	NA
12	HA0354
13	HA0347
14	PA0282
15	HA0356
16	NA
17	H24198
18	HA0270
19	HA0681
20	PA0625
21	H24186
22	HA0877
23	HA1018
24	HA0708
25	PA0648
26	NA
27	NA
28	HA0621
29	NA
30	H24437

SIR Review Consumers

#	UCI	Vendor
SIR 1	6506240	H09685
SIR 2	6402074	H09653
SIR 3	6413636	HA0688
SIR 4	6402712	PA1958
SIR 5	7742142	PA1852
SIR 6	5893159	HA0817
SIR 7	5795422	HA0641
SIR 8	4832910	H79733
SIR 9	6003602	PA1923
SIR 10	6406482	PA0013

**Alta California Regional Center
Home and Community-Based Services
1915(i) State Plan Amendment
Monitoring Review Report**

Conducted by:

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

August 12–14, 2019

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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) 1915(i) State Plan Amendment (SPA) program from August 12–14, 2019, at Alta California Regional Center (ACRC). The monitoring team members were Kathy Benson (Team Leader), Bonnie Simmons, Nora Muir, Corbett Bray, and Linda Rhoades from DDS, and Raylyn Garrett and JoAnn Wright 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 the services needed for eligible individuals with developmental disabilities in California. All HCBS 1915(i) SPA services are provided through this system. It is the responsibility of DDS to ensure, with the oversight of DHCS, that the HCBS 1915(i) SPA is implemented by regional centers in accordance with Medicaid statute and regulations.

Overview of the HCBS 1915(i) SPA 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 plan (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 1915(i) SPA services.

Scope of Review

The monitoring team conducted a record review of a sample of 28 HCBS 1915(i) SPA consumers. In addition, a supplemental sample of consumer records was reviewed for five consumers who had special incidents reported to DDS during the review period of May 1, 2018 through April 30, 2019.

Overall Conclusion

ACRC is in substantial compliance with the federal requirements for the HCBS 1915(i) SPA 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 Consumer Record Review

Twenty-eight sample consumer records were reviewed for 24 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS 1915(i) SPA requirements. Four criteria were rated as not applicable for this review. Criterion 1.9.a did not contain documentation of all the required face-to-face meetings for four of the fourteen applicable sample consumer records. Criterion 1.9.b did not contain all the required reports of progress for three of the fourteen applicable sample consumer records.

The sample records were 97 percent in overall compliance for this review. ACRC's records were 99 percent in overall compliance for the collaborative review conducted in 2017.

Section II – Special Incident Reporting

The monitoring team reviewed the records of the 28 1915(i) SPA consumers and five supplemental sample consumers for special incidents during the review period. ACRC reported all special incidents for the sample selected for the HCBS 1915(i) SPA review. For the supplemental sample, the service providers reported all five incidents to ACRC within the required timeframes, and ACRC subsequently transmitted all five 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 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) 1915(i) State Plan Amendment (SPA) services. The criteria address requirements for eligibility, consumer choice, notification of proposed action and fair hearing rights, individual program plans and periodic reviews and reevaluations of services. The information obtained about the consumers' needs and services is tracked as a part of the onsite program reviews.

II. Scope of Review

1. Twenty-eight HCBS 1915(i) SPA consumer records were selected for the review sample.
2. The review period covered activity from May 1, 2018 through April 30, 2019.

III. Results of Review

The sample consumer records were reviewed for 24 documentation requirements derived from federal and state statutes and regulations and HCBS 1915(i) SPA requirements. Four criteria were not applicable for this review.

- ✓ The sample records were in 100 percent compliance for 15 applicable criteria. There are no recommendations for these criteria.
- ✓ Findings for five 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

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

Finding

Twelve of the thirteen (92 percent) applicable sample consumer records contained IPPs that addressed the consumers' day program services. However, the IPP for consumer #25 did not address the services which the day program provider is responsible for implementing. Subsequent to the monitoring review, an IPP was completed addressing day program services. Accordingly, no recommendation is required.

- 1.7.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

Twenty-five of the twenty-eight (89 percent) sample consumer records contained IPPs that include all services and supports purchased by the regional center. However, three IPPs did not indicate the provider of the ACRC-funded services indicated below:

1. Consumer #20: "Transportation." During the monitoring review, ACRC provided an addendum dated May 28, 2019, addressing the above purchase of service. Accordingly, no recommendation is required.
2. Consumer #23: "Transportation." During the monitoring review, ACRC provided an addendum dated June 13, 2019, addressing the above purchase of service. Accordingly, no recommendation is required.
3. Consumer #27: "ILS " and "Crisis Team." During the monitoring review, ACRC provided an addendum dated June 4, 2019, addressing the above purchase of services. Accordingly, no recommendation is required.

- 1.7.c The IPP specifies the approximate scheduled start date for new services and supports. *[W&I Code §4646.59(a)(4)]*

Finding

Nine of the ten (90 percent) applicable sample consumer records contained an IPP that included an approximate scheduled start date for new services. However, the record for consumer #7 contained an IPP that did not identify a start date for ILS services. During the monitoring review, ACRC provided an addendum dated June 5, 2019, identifying a start date for the above service. Accordingly, no recommendation is required.

- 1.9.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 CCFs, 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

Ten of the fourteen (71 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for consumers #6, #12, #21 and #22 contained documentation of only three of the required meetings.

1.9.a Recommendations	Regional Center Plan/Response
ACRC should ensure that all future face-to-face meetings are completed and documented quarterly for consumers #6, #12, #21 and #22.	ACRC will complete ongoing trainings to ensure that the staff are aware of the requirements to document face-to-face meetings for the consumers they visit.

- 1.9.b Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, 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

Eleven of the fourteen (79 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for consumers #12, #21 and #22 contained documentation of only three of the quarterly reports of progress.

1.9.b Recommendations	Regional Center Plan/Response
ACRC should ensure that quarterly reports of progress are completed for consumers #12, #21, and #22.	ACRC will complete trainings to ensure staff are aware of the need to complete quarterly face-to-face meetings, as well as the documentation required to record the meetings.

Regional Center Consumer Record Review Summary
Sample Size = 28 Records

	Criteria	+	-	N/A	% Met	Follow-up
1.0	The consumer is Medi-Cal eligible. <i>(SMM 4442.1)</i>	28			100	None
1.1	Each record contains a “1915(i) State Plan Amendment Eligibility Record” (DS 6027 form), signed by qualified personnel, which documents the date of the consumer’s initial 1915(i) SPA eligibility certification and annual reevaluation, eligibility criteria, and short-term absences. <i>[SMM 4442.1; 42 CFR 483.430(a)]</i>	Criterion 1.1 consists of four sub-criteria (1.1.a-d) that are reviewed and rated independently.				
1.1.a	The DS 6027 is signed and dated by qualified regional center personnel.			28	NA	None
1.1.b	The DS 6027 form indicates that the consumer meets the eligibility criteria for the 1915(i) SPA.	28			100	None
1.1.c	The DS 6027 form documents annual reevaluations.			28	NA	None
1.1.d	The DS 6027 documents short-term absences of 120 days or less, if applicable.			28	NA	None
1.2	There is written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever services or choice of services are denied or reduced without the agreement of the consumer/authorized representative, or the consumer/authorized representative does not agree with all, or part, of the components in the consumer’s IPP. <i>[42 CFR Part 431, Subpart E; W&I Code §4646(g)]</i>			28	NA	None
1.3	IPP is reviewed (at least annually) by the planning team and modified, as necessary, in response to the consumer’s changing needs, wants or health status. <i>[42 CFR 441.301(b)(1)(I)]</i>	26		2	100	None
1.4.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. <i>[W&I Code §4646(g)]</i>	28			100	None

Regional Center Consumer Record Review Summary
Sample Size = 28 Records

	Criteria	+	-	N/A	% Met	Follow-up
1.4.b	IPP addendums are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	9		19	100	None
1.4.c	The IPP is prepared jointly with the planning team. [W&I Code §4646(d)]	28			100	None
1.5	The IPP includes a statement of goals based on the needs, preferences, and life choices of the consumer. [W&I Code §4646.5(a)(2)]	28			100	None
1.6	The IPP addresses the consumer's goals and needs. [W&I Code §4646.5(a)(2)]	Criterion 1.6 consists of six sub-criteria (1.6.a-f) that are reviewed independently.				
1.6.a	The IPP addresses the special health care requirements, health status and needs as appropriate.	11		17	100	None
1.6.b	The IPP addresses the services which the CCF provider is responsible for implementing.	1		27	100	None
1.6.c	The IPP addresses the services which the day program provider is responsible for implementing.	12	1	15	92	See Narrative
1.6.d	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	13		15	100	None
1.6.e	The IPP addresses the consumer's goals, preferences, and life choices.	28			100	None
1.6.f	The IPP includes a family plan component if the consumer is a minor. [W&I Code §4685(c)(2)]	4		24	100	None
1.7.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)]	25	3		89	See Narrative
1.7.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. [W&I Code §4646.5(a)(4)]	28			100	None
1.7.c	The IPP specifies the approximate scheduled start date for new services and supports. [W&I Code §4646.5(a)(4)]	9	1	18	90	See Narrative

Regional Center Consumer Record Review Summary
Sample Size = 28 Records

	Criteria	+	-	N/A	% Met	Follow-up
1.8	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. <i>[W&I Code §4646.5(a)(4)]</i>	28			100	None
1.9	Periodic reviews and reevaluations are completed (at least annually) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and that the consumer and his/her family are satisfied with the IPP and its implementation. <i>[W&I Code §4646.5(a)(6)]</i>	26		2	100	None
1.9.a	Quarterly face-to-face meetings with the consumer are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	10	4	14	71	See Narrative
1.9.b	Quarterly reports of progress toward achieving IPP objectives are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	11	3	14	79	See Narrative

SECTION II

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. The records of the 28 consumers selected for the HCBS 1915(i) State Plan Amendment (SPA) sample were reviewed to determine that all required special incidents were reported to the Department of Developmental Services (DDS) during the review period.
2. A supplemental sample of five 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. ACRC reported all special incidents in the sample of 28 records selected for the HCBS 1915(i) SPA review to DDS.
2. ACRC's vendors reported all five (100 percent) special incidents in the supplemental sample within the required timeframes.
3. ACRC reported all five (100 percent) incidents to DDS within the required timeframes.
4. ACRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the five incidents.

SAMPLE CONSUMERS

HCBS 1915(i) State Plan Amendment Review Consumers

#	UCI	#	UCI
1	6490544	15	8223122
2	6495726	16	6490249
3	7100425	17	6412787
4	5591110	18	6491897
5	6469003	19	6476491
6	6472026	20	6453205
7	5119045	21	6464617
8	7797308	22	6563233
9	6498399	23	5202387
10	6402252	24	6496450
11	6484709	25	4918637
12	4991568	26	5881909
13	5655493	27	6478309
14	8223122	28	6460579

SIR Review Consumers

#	UCI	Vendor
SIR 1	6469050	PA1958
SIR 2	6401963	P63898
SIR 3	5811120	H24254
SIR 4	8005060	HA1049
SIR 5	6400361	HA1065

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

Conducted by:

Department of Developmental Services

August 12–14, 2019

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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 12–14, 2019, at Alta California Regional Center (ACRC). The monitoring team selected 50 consumer records for the TCM review. A sample of 10 records was selected from consumers who had previously been referred to ACRC for an 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 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 3,340 billed units, were reviewed for three criteria. The sample records were 100 percent in compliance for criterion 1 (TCM service and unit documentation matches the information transmitted to DDS), 92 percent in compliance for criterion 2 (TCM service documentation is consistent with the definition of TCM service), and 100 percent 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 10 sample records were 100 percent 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 3,340 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.

Findings

The sample of 50 consumer records contained 3,340 billed TCM units. Of this total, 3,088 (92 percent) of the units contained descriptions that were consistent with the definition of TCM services.

Recommendation	Regional Center Plan/Response
ACRC should ensure that the time spent on the identified activities that are inconsistent with TCM claimable services (sent separately) is reversed.	ACRC has reversed all of the time identified as not consistent with TCM claimable services

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 10 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 10 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 10 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	6405289	26	7173297
2	6486700	27	7013154
3	6454958	28	5739057
4	5526991	29	6458008
5	8113954	30	6110845
6	6464903	31	6462561
7	6596354	32	6409580
8	5206666	33	5659784
9	6411889	34	6484588
10	6465643	35	6407659
11	6493040	36	7175168
12	5541420	37	8208291
13	5917117	38	6405485
14	8020267	39	6439618
15	6557409	40	5508304
16	7188038	41	6459369
17	5314919	42	6493209
18	6411677	43	6406691
19	6474089	44	5151147
20	6562193	45	6460335
21	6402775	46	6451874
22	6406359	47	6404435
23	6408494	48	6194713
24	6403755	49	6406485
25	6408904	50	4856597

NHR Review

#	UCI
1	6605449
2	5918149
3	5733423
4	H005016
5	6403285
6	6403658
7	6604910
8	6407197
9	H004971
10	6400153

ATTACHMENT I

TCM DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 50 Records Billed Units Reviewed: 3,340	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. The TCM service and unit documentation matches the information transmitted to DDS.	3,340			100	
2. The TCM service documentation billed to DDS is consistent with the definition of TCM service.	3,088	252		92	8
3. The TCM service documentation is signed and dated by appropriate regional center personnel.	3,340			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	