

**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**

**October 29 – November 8, 2012**

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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 October 29 – November 2, 2012 at San Diego Regional Center (SDRC). The monitoring team members were Linda Rhoades (Team Leader), Kathy Benson, Mary Ann Smith and Corbett Bray from DDS, and Raylyn Garrett, Annette Hanson and Jalal Haddad from DHCS.

### Purpose of the Review

DDS contracts with 21 private, non-profit corporations to operate regional centers, which are responsible under state law for coordinating, providing, arranging or purchasing all services needed for eligible individuals with developmental disabilities in California. All HCBS Waiver services are provided through this system. It is the responsibility of DDS to ensure, with the oversight of DHCS, that the HCBS Waiver is implemented by regional centers in accordance with Medicaid statute and regulations.

### Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

The compliance monitoring review protocol is comprised of sections/components designed to determine if the consumers' needs and program requirements are being met and that services are being provided in accordance with the consumers' individual program plans (IPPs). Specific criteria have been developed for the review sections listed below that are derived from federal/state statutes and regulations and from Centers for Medicare & Medicaid Services directives and guidelines relating to the provision of HCBS Waiver services.

### Scope of Review

The monitoring team reviewed a sample of 86 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers who moved from a developmental center; 2) three consumers whose HCBS Waiver eligibility had been previously terminated; 3) ten consumers who had special incidents reported to DDS during the review period of August 1, 2011 through July 31, 2012.

The monitoring team completed visits to eleven community care facilities (CCFs) and 22 day programs. The team reviewed twelve CCF and 29 day program consumer records and had face-to-face visits and/or interviews with 73 consumers or their parents.

## 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-six sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements.

The sample records were 98% in overall compliance for this review. SDRC's records were 98% and 99% in overall compliance for the collaborative reviews conducted in 2010 and in 2008, respectively.

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

Twelve consumer records were reviewed at eleven CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100% in compliance for the 19 criteria.

SDRC's records were 100% in overall compliance for the collaborative reviews conducted in 2010 and in 2008.

### Section IV – Day Program Consumer Record Review

Twenty-nine consumer records were reviewed at 22 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. Three criteria were rated as not applicable for this review. The sample records were 99% in compliance for the applicable criteria.

SDRC's records were 100% in overall compliance for the collaborative reviews conducted in 2010 and in 2008.

## Section V – Consumer Observations and Interviews

Seventy-three 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 the consumers were in good health and were treated with dignity and respect. One of the interviewed consumers/parents indicated there was a lack of communication with SDRC in response to her questions regarding services.

## Section VI A – Service Coordinator Interviews

Seventeen service coordinators were interviewed using a standard interview instrument. The service coordinators responded to questions regarding their knowledge of the consumer, the IPP/annual review process, and the monitoring of services, health issues and safety. The service coordinators were very familiar with the consumers and knowledgeable about their roles and responsibilities.

## Section VI B – Clinical Services Interview

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

## Section VI C – Quality Assurance Interview

A resource coordinator was interviewed using a standard interview instrument. The coordinator responded to informational 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

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

### Section VII B – Direct Service Staff Interviews

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

### Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 86 HCBS Waiver consumers and ten supplemental consumers for special incidents during the review period. SDRC reported all special incidents for the sample consumers selected for the HCBS Waiver review. For the supplemental sample, the service providers reported eight of the ten incidents to SDRC within the required timeframes, and SDRC subsequently transmitted all ten special incidents to DDS within the required timeframes. SDRC's follow-up activities on consumer incidents were timely and appropriate for the severity of the situation.

## SECTION I

### REGIONAL CENTER SELF ASSESSMENT

#### I. Purpose

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

The self assessment obtains information about San Diego Regional Center's (SDRC) 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.

<b>Regional Center Self Assessment HCBS Waiver Assurances</b>	
HCBS Waiver Assurances	Regional Center Assurances
<p>State conducts level of care need determinations consistent with the need for institutionalization</p>	<p>The regional center ensures that consumers meet ICF/DD, ICF/DD-H, or ICF/DD-N facility level of care requirements as a condition of initial and annual eligibility for the HCBS Waiver Program.</p> <p>Regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meet the federal definition of a Qualified Mental Retardation Professional (QMRP). The regional center ensures that consumers are eligible for full scope Medi-Cal benefits before enrolling them in the HCBS Waiver.</p>
<p>Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services</p>	<p>The regional center takes action(s) to ensure consumers' rights are protected.</p> <p>The regional center takes action(s) to ensure that the consumers' health needs are addressed.</p> <p>The regional center ensures that behavior plans preserve the right of the consumer to be free from harm.</p> <p>The regional center maintains a Risk Management, Risk Assessment and Planning Committee.</p> <p>The regional center has developed and implemented a Risk Management/Mitigation Plan.</p> <p>Regional centers and local Community Care Licensing offices coordinate and collaborate in addressing issues involving licensing requirements and monitoring of CCFs pursuant to the MOU between DDS and Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 community care facilities.</p> <p>The regional center reviews each community care facility annually to assure services are consistent with the program design and applicable laws, and development and implementation of corrective action plans as needed.</p> <p>The regional center conducts not less than two unannounced monitoring visits to each CCF annually.</p> <p>Service coordinators perform and document periodic reviews [at least annually] to ascertain progress toward achieving IPP objectives, and the consumer's and the family's satisfaction with the IPP and its implementation.</p> <p>Service coordinators have quarterly face-to-face meetings with consumers in CCFs, Family Home Agencies, Supported Living Services, and Independent Living Services to review services and progress toward achieving the IPP objectives for which the service provider is responsible.</p>



<b>Regional Center Self Assessment HCBS Waiver Assurances</b>	
HCBS Waiver Assurances	Regional Center Assurances
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services (cont.)	<p>The regional center ensures that needed services and supports are in place when a consumer moves from a developmental center (DC) to a community living arrangement.</p> <p>Service coordinators provide enhanced case management to consumers who move from a DC by meeting with them face-to-face every 30 days for the first 90 days they reside in the community.</p>
Only qualified providers serve HCBS Waiver participants	<p>The regional center ensures that all HCBS Waiver service providers have signed the "HCBS Provider Agreement Form" and meet the required qualifications at the time services are provided.</p>
Plans of care are responsive to HCBS Waiver participant needs	<p>The regional center ensures that all HCBS Waiver consumers are offered a choice between receiving services and living arrangements in an institutional or community setting.</p> <p>Regional centers ensure that planning for IPPs includes a comprehensive assessment and information gathering process which addresses the total needs of HCBS Waiver consumers and is completed at least every three years at the time of his/her triennial IPP. 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.</p> <p>The regional center documents the manner by which consumers indicate choice and consent.</p>

## SECTION II

### REGIONAL CENTER CONSUMER RECORD REVIEW

#### I. Purpose

The review is based upon documentation criteria derived from federal/state statutes and regulations and from the Centers for Medicare & Medicaid Services directives and guidelines relating to the provision of Home and Community-based Services (HCBS) Waiver services. The criteria address requirements for eligibility, consumer choice, notification of proposed action (NOA) and fair hearing rights, level of care; individual program plans (IPPs) and periodic reviews and reevaluations of services. The information obtained about the consumers' needs and services is tracked as a part of the on-site program reviews.

#### II. Scope of Review

1. Eighty-six HCBS Waiver consumer records were selected for the review sample.

<b>Living Arrangement</b>	<b># of Consumers</b>
Community Care Facility (CCF)	31
With Family	28
Independent or Supported Living Setting	27

The review period covered activity from August 1, 2011 through July 31, 2012.

#### III. Results of Review

The 86 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 SDRC 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. Additionally, three supplemental records were reviewed solely for documentation indicating that the consumer received face-to-face reviews every thirty days after moving from a developmental center.

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

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

#### IV. Findings and Recommendations

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

##### Findings

Eighty of the 86 (93%) sample consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in five consumer records (detailed below) did not support the determination that all of the issues identified in the CDER and DS 3770 could be considered qualifying conditions. The following were identified as qualifying conditions on the DS 3770 but there was no supporting information in the consumers’ records (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports.

1. Consumer #14: “special diet”.
2. Consumer #41: “Epilepsy”.
3. Consumer #64: “assistance with medication”.
4. Consumer #65: “disruptive behavior interferes with social participation”.
5. Consumer #68: “disruptive behavior”.
6. Consumer#70: “reminders for dressing”.

2.5.b Recommendations	Regional Center Plan/Response
SDRC should determine if the items listed above are appropriately identified as qualifying conditions. The consumers’ DS 3770 forms should be corrected to ensure that any items that do not represent substantial limitations in the consumers’ ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying conditions. If	For clients #14, 41, 64, 68, and 70’s DS3770 information was corrected and the qualifying conditions in question were eliminated. Client #65 has since been terminated from the Waiver.

<p>SDRC determines that any of the issues above are correctly identified as qualifying conditions, documentation (updated IPPs, progress reports, etc.) that supports the original determinations should be submitted with the response to this report.</p>	
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2.6.a The IPP is reviewed (*at least annually*) by the planning team and modified as necessary, in response to the consumer’s changing needs, wants or health status. (42 CFR 441.301(b)(1)(I))

Finding

Eighty-five of the 86 (99%) sample consumer records contained documentation that the consumers’ IPP had been reviewed annually by the planning team. However, there was no documentation that the IPP for consumer #64 had been reviewed during the monitoring review period.

2.6.a Recommendation	Regional Center Plan/Response
SDRC should ensure that the IPP for consumer #64 is reviewed at least annually by the planning team.	The IPP for this consumer has now been reviewed. Documentation of annual review will be made in the future.

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)

Finding

Fifty-three of the 54 (98%) applicable sample consumer records contained a completed SARF. However, the record for consumer #64 did not contain a completed SARF.

2.6.b Recommendation	Regional Center Plan/Response
SDRC should ensure that a SARF is completed and signed for consumer #64 if the annual review does not include the completion of a new IPP.	The SARF for this client has now been completed. Documentation of annual review will be maintained.

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-three of the 24 (96%) applicable sample consumer records contained IPP addenda signed by an SDRC representative and the consumer or their legal representative. However, the IPP addendum (10/25/11) for consumer #45 was not signed by the consumer.

2.7.b Recommendation	Regional Center Plan/Response
SDRC should ensure that consumer #45 signs the IPP addendum. If the consumer does not sign, SDRC should ensure that the record addresses what actions were taken to encourage the consumer to sign and the reasons he did not sign.	The IPP addendum for this client was signed on 11/5/2012 and is in the client record.

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

Findings

Eighty-three of the 86 (97%) sample consumer records contained IPPs that addressed the consumers' qualifying conditions. However, the IPPs for the consumers listed below did not identify the supports or services that are in place to address all of the consumers' qualifying conditions:

1. Consumer #24: The IPP does not indicate what services and supports are in place to address the consumer's need for assistance with personal care, as stated in the supported living plan dated 5/11/12.
2. Consumer #32: The IPP during the review period did not indicate the services and supports to address the consumer's self injurious behavior, however the 9/25/12 IPP does address self injurious behavior. Therefore, no recommendation is required.
3. Consumer #56: The IPP does not indicate what services and supports are in place to address the consumer's need for supervision in unfamiliar environments, as stated in the supported living plan dated 5/23/12.

2.9.a Recommendations	Regional Center Plan/Response
SDRC should ensure that the IPPs for consumers #24 and #56 address the services and supports in place for the issues identified above.	Client #24's issue related to personal care is behavioral vs. sometimes needs assistance due to lack of ability. Clarity regarding behavioral need has

	now been documented in his 6/2013 IPP. An addendum to client #56's IPP which addresses need for supervision in unfamiliar situations was completed on 6/26/13.
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2.10.a The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. (WIC §4646.5(a)(4))

Findings

Eighty-one of the 86 (94%) sample consumer records contained IPPs that included services and supports purchased by SDRC. The IPPs for five consumers did not meet the criterion as detailed below:

1. Consumers #11 and #27: The IPPs did not indicate that SDRC funded dental services.
2. Consumers #67 and #70: The IPPs did not indicate that SDRC funded crisis team services.
3. Consumer #41: The IPP did not indicate that SDRC funded day program services.

2.10.a Recommendations	Regional Center Plan/Response
SDRC should ensure that the IPPs for consumers #11, #27, #41, #67 and #70 include the type and amount of all services and supports purchased by SDRC.	IPPs for these 5 clients have been reviewed and amended to include the type and amount of all SDRC POS services and supports.

2.12 Periodic review and reevaluations of consumer progress are completed (*at least annually*) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. (WIC §4646.5(a)(6))

Finding

Eighty-four of the 85 (99%) applicable consumer records contained documentation of periodic review and reevaluation of consumer progress at least annually. However, the record for consumer #64 did not contain documentation that the consumer's progress had been reviewed within the year.

2.12 Recommendation	Regional Center Plan/Response
SDRC should ensure that a review and reevaluation of progress regarding planned services, timeframes and satisfaction for consumer #64 is completed and documented at least annually.	Progress for client #64 has reviewed and is now documented in his SDRC record.

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-two of the 58 (90%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for six consumers did not meet the requirements as indicated below:

1. The record for consumer #45 contained documentation of two of the required meetings.
2. The records for consumers #8, #41, #47 and #60 contained documentation of three of the required meetings.
4. The record for consumer #64 did not contain documentation of any 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 #8, #41, #45, #47, #60 and #64.	All future face-to-face meetings for these 6 clients will be documented in their SDRC records. The assigned service coordinators have been re-trained on regulatory requirement of quarterly face-to-face contact.

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-one of the 58 (88%) 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 requirements as indicated below:

1. The record for consumer #45 contained documentation of two of the required quarterly reports of progress.
2. The records for consumers #8, #41, #47, #60 and #66 contained documentation of three of the required quarterly reports of progress.
3. The record for consumer #64 did not contain documentation of any 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 #8, #41, #45, #47, #60, #64 and #66.	All future progress reviews for these 6 clients will be documented in their SDRC records. The assigned service coordinators have been re-trained on regulatory requirement of quarterly progress reports.



<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 86 + 6 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	86			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Mental Retardation Professional (QMRP), which documents the date of the consumer's initial HCBS Waiver eligibility certification, annual recertifications, the consumer's qualifying conditions and short-term absences. (SMM 4442.1), (42 CFR 483.430(a))	Criterion 2.1 consists of four sub-criteria (2.1a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Mental Retardation Professional and the title "QMRP" appears after the person's signature.	86			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.	86			100	None
2.1.c	The DS 3770 form documents annual recertifications.	86			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	9		77	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))	86			100	None
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all, or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. (SMM 4442.7), (42 CFR Part 431, Subpart E), (WIC §4646(g))	3		86	100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 86 + 6 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5), (42 CFR 441.302)	86			100	None
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in an ICF-DD, ICF-DDH, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. (SMM 4442.5), (42 CFR 441.302(c)), (Title 22, CCR, §51343)	86			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	80	6		93	See Narrative
2.6.a	IPP is reviewed ( <i>at least annually</i> ) by the planning team and modified as necessary, in response to the consumer's changing needs, wants or health status. (42 CFR 441.301(b)(1)(I))	85	1		99	See Narrative
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)	53	1	32	98	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. (WIC §4646(g))	86			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.	22	1	63	96	See Narrative
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	86			100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 86 + 6 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. (WIC §4646.5(a))	86			100	None
2.9	The IPP addresses the consumer's goals and needs. (WIC §4646.5(a)(2))	Criterion 2.9 consists of seven sub-criteria (2.9 a-g) that are reviewed independently				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	83	3		97	See Narrative
2.9.b	The IPP addresses the special health care requirements.	27		59	100	None
2.9.c	The IPP addressed the services for which the CCF provider is responsible for implementing.	31		55	100	None
2.9.d	The IPP addressed the services for which the day program provider is responsible for implementing.	55		31	100	None
2.9.e	The IPP addresses the services for which the supported living services agency or independent living services provider is responsible for implementing.	29		57	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	86			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	12		74	100	None
2.10.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. (WIC §4646.5(a)(4))	81	5		94	See Narrative
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. (WIC §4646.5(a)(4))	86			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	23		63	100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 86 + 6 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to vendors, contract providers, generic service agencies and natural supports. (WIC §4646.5(a)(4))	86			100	None
2.12	Periodic review and reevaluations of consumer progress are completed ( <i>at least annually</i> ) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. (WIC §4646.5(a)(6))	84	1	1	99	See Narrative
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)	52	6	28	90	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (Title 17, CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement)	51	7	28	88	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. (WIC §4418.3)	3		86	100	None

## SECTION III

### COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

#### I. Purpose

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

#### II. Scope of Review

Twelve 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 100% in compliance for the 19 criteria.

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

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 12; CCFs = 11</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. ( <i>Title 17, CCR, §56017(b)</i> ), ( <i>Title 17, CCR §56059(b)</i> ), ( <i>Title 22, CCR, §80069</i> )	12			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	12			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	9		3	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.	12			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	12			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	12			100	None
3.1.i	Special safety and behavior needs are addressed.	11		1	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> )	12			100	None
3.3	The facility has a copy of the consumer's current IPP. ( <i>Title 17, CCR, §56022(c)</i> )	12			100	None

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 12; CCFs = 11</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. ( <i>Title 17, CCR, §56026(b)</i> )	6		6	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.	6		6	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. ( <i>Title 17, CCR, §56026(c)</i> )	6		6	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.	6		6	100	None
3.5.c	Quarterly reports include a summary of data collected. ( <i>Title 17, CCR, §56013(d)(4)</i> ), ( <i>Title 17, CCR, §56026</i> )	5		7	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> )	12			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	10		2	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> )	2		10	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> )	2		10	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> )	2		10	100	None

## SECTION IV

### DAY PROGRAM CONSUMER RECORD REVIEW

#### I. Purpose

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

#### II. Scope of Review

Twenty-nine sample consumer records were reviewed at 22 day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria.

#### III. Results of Review

The consumer records were 100% in compliance for 13 of the 17 criteria. Three criteria were rated as not applicable for this review.

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

Twenty-eight of the 29 (97%) sample consumer records contained a copy of the consumer's current IPP. However, the record for consumer #40 at day program #14 did not contain a copy of the current IPP.

4.2 Recommendation	Regional Center Plan/Response
SDRC should ensure that day program #14 receives a copy of the consumer's current IPP.	The IPP was provided to the day program for this client since the review.



<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 29; Day Programs = 22</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. (Title 17, CCR, §56730)	29			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.	29			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.	29			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.	29			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.	29			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.	29			100	None
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing.	29			100	None

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 29; Day Programs = 22</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	29			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	27		2	100	None
4.2	The day program has a copy of the consumer's current IPP. ( <i>Title 17, CCR §56720(b)</i> )	28	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> )	29			100	None
4.3.b	The day program's ISP or other program documentation is consistent with the services addressed in the consumer's IPP.	29			100	None
4.4.a	The day program prepares and maintains written semiannual reports. ( <i>Title 17, CCR, §56720(c)</i> )	28		1	100	None
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services for which the day program is responsible for implementing.	28		1	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> )			29	NA	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. ( <i>Title 17, CCR, §54327</i> )			29	NA	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> )			29	NA	None

## SECTION V

### CONSUMER OBSERVATIONS AND INTERVIEWS

#### I. Purpose

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

#### II. Scope of Observations and Interviews

Seventy-three of the 86 consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Forty-nine adult consumers agreed to be interviewed by the monitoring teams.
- ✓ Fourteen consumers did not communicate verbally or declined an interview, but were observed.
- ✓ Ten interviews were conducted with parents of minors.
- ✓ Thirteen consumers/parents of minors were unavailable for or declined interviews.

#### III. Results of Observations and Interviews

Seventy-two of the 73 consumers/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.

#### IV. Finding and Recommendation

The parent of consumer #75 states that there is a lack of communication with SDRS in response to her questions regarding her daughter's school program and regional center services.

Recommendation	Regional Center Plan/Response
SDRC should follow-up with the parent of consumer #75 regarding her concerns.	The service coordinator has discussed and addressed concerns of the parent of client #75.

## SECTION VI A

### SERVICE COORDINATOR INTERVIEWS

#### I. Purpose

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

#### II. Scope of Interviews

1. The monitoring team interviewed seventeen San Diego Regional Center (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 clinical team and internet medication guides as resources.

4. The service coordinators monitor the consumers' services, health and safety during periodic visits. They are aware of the consumers' health issues. The service coordinators were knowledgeable about the special incident report (SIR) process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed. Service coordinators are briefed on SIR trends that may affect their caseloads.

## SECTION VI B

### CLINICAL SERVICES INTERVIEW

#### I. Purpose

The Clinical Services interview is used to obtain supplemental information on how the regional center is organized to provide clinical support to consumers and service coordinators. The interview with Clinical Services helps to understand 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 nursing supervisor and the coordinator of behavioral services of the San Diego Regional Center (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, psychologists, social workers, a behavioral specialist, genetic counselors, a nutritionist, registered nurses and a dental coordinator. Additionally, SDRC has contracted for dental hygienist services, physical, occupational, and speech therapy services, a pharmacist, 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. The pharmacist also provides medication training to SDRC staff and providers. If needed, members of the clinical team will make home visits to evaluate and coordinate care. Additionally, team members work with hospitals, local physicians and consumer advocates to ensure consumers' medical needs are addressed appropriately.

3. The behavioral specialist is available to assist with complex behavior issues and to consult with service coordinators regarding review of behavior plans. Clinical team psychologists consult with consumers' primary care doctors if needed. SDRC offers an on-line certification program for professionals who work with dual diagnosed consumers. Behavior management training is also provided to regional center staff and vendors.
4. Staff training is provided by members of the clinical team on various health related topics. Vulnerable Consumer Protocol Training is offered to service coordinators to help identify and assess consumers that might be at risk for abuse or neglect. Examples include consumers that are dependent on others for their care, unable to communicate, medically fragile, or socially isolated.
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) provides in-home visits for evaluations and cleanings
  - ✓ Referral process used to request funding for dental services
  - ✓ 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)
  - ✓ Client Wellness Committee
  - ✓ Behavior training for parents
6. Members of the clinical team participate in SDRC's Risk Management, Assessment, and Planning Committee. Members of the clinical team review medical related SIRs as needed. Training is provided to staff and providers based on SIR trend analysis, such as choking and recurrent hospitalizations.



## SECTION VI C

### QUALITY ASSURANCE INTERVIEW

#### I. Purpose

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

#### II. Scope of Interview

The monitoring team interviewed a resource coordinator who is an integral part of the team responsible for conducting QA activities at San Diego Regional Center (SDRC).

#### III. Results of Interview

1. The annual Title 17 visits are conducted by service coordinators who function as facility liaisons. They also conduct a minimum of two unannounced visits annually. When issues of substantial inadequacies are identified, the facility liaison is responsible for developing the corrective action plans (CAPs) and ensuring providers complete the CAP requirements.
2. SANDIS indicates when the unannounced visits should be conducted by the facility liaison. The reports generated from the unannounced visits are reviewed by Community Services and placed in the respective vendor file.
3. The resource coordinator reviews vendor applications and checks certification and licensing for all CCF's, Independent Living Services (ILS), Supported Living Services (SLS), and day programs.
4. The special incident report (SIR) coordinator receives all SIRs to review and also submits a compliance report to the Risk Management, Assessment, and Planning Committee for review. The Risk Management, Assessment, and Planning Committee will recommend additional trainings be provided to staff and vendors based on SIR trend analysis. SDRC also publishes a quarterly "Vendor Bulletin" which informs vendors of upcoming trainings and safety tips.

## SECTION VII A

### SERVICE PROVIDER INTERVIEWS

#### I. Purpose

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

#### II. Scope of Interviews

1. The monitoring team interviewed 17 service providers at eleven community care facilities (CCFs) and six day programs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories.
  - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
  - ✓ The questions in the second category are related to general areas.

#### III. Results of Interviews

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

## SECTION VII B

### DIRECT SERVICE STAFF INTERVIEWS

#### I. Purpose

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

#### II. Scope of Interviews

1. The monitoring team interviewed 17 direct care staff at eleven community care facilities (CCFs) and six day programs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories.
  - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
  - ✓ The questions in the second category are related to general areas.

#### III. Results of Interviews

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

## SECTION VIII

### VENDOR STANDARDS REVIEW

#### I. Purpose

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

#### II Scope of Review

1. The monitoring teams reviewed eleven CCF's and six day programs.
2. The teams used a monitoring review checklist consisting of twenty-three 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

##### 8.1 d Adaptations & Evacuation

##### Finding

DP #19 had placed a wooden barrier on the floor, blocking the exit to the hallway. Staff stated it was used to prevent a consumer in a wheelchair from leaving the room. In addition, this barrier presented a safety hazard to other consumers and staff.

8.1 Recommendation	Regional Center Plan/Response
SDRC should ensure that the provider at DP #19 not block doorways.	This issue has been addressed with DP#19. Doorways will not be blocked.

### 8.3 a Staff Interactions

#### Finding

At DP #19 one of the direct care staff was observed focusing all of her attention to only one of the three consumers under her care. The other two consumers were not engaged in any program activities. One consumer was repeatedly tapping his head and the other consumer was observed leaving the room and roaming the halls unsupervised.

The SDRC Program Manager was in attendance during the review and indicated SDRC would provide appropriate follow-up.

8.3 a Recommendation	Regional Center Plan/Response
SDRC should ensure that all consumers at DP #19 receive appropriate supervision and assistance with program activities based on their IPPs.	Discussion of the need for DP #19 to provide appropriate supervision and activities of all clients based on their IPP's has occurred.

### 8.3 c First Aid

#### Finding

CCF #2 had some direct care staff without current first aid certificates.

8.3 c Recommendation	Regional Center Plan/Response
SDRC should ensure that all staff at CCF #2 have current first aid certificates.	A review of CCF#2 now indicates full compliance with all staff having current first aid certificates.

## 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 San Diego Regional Center (SDRC) was reviewed by comparing deaths entered into the Client Master File for the review period with special incident reports (SIRs) of deaths received by the Department of Developmental Services (DDS).
2. The records of the 86 consumers selected for the Home and Community-based Services (HCBS) Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of ten consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

#### III. Results of Review

1. SDRC reported all deaths during the review period to DDS.
2. SDRC reported all special incidents in the sample of 86 records selected for the HCBS Waiver review to DDS.
3. SDRC's vendors reported eight of the ten (80%) incidents in the supplemental sample to SDRC within the required timeframes.
4. SDRC reported all ten (100%) 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 ten incidents.

#### IV. Findings and Recommendations

Consumer #96: The incident occurred on June 27, 2012. However, the vendor did not submit a written report to SDRC until July 2, 2012.

Consumer #97: The incident occurred on July 6, 2012. However the vendor did not submit a written report to SDRC until July 9, 2012.

Recommendations	Regional Center Plan/Response
SDRC should ensure that the vendors for consumers #96 and #97 report special incidents within the required timeframes.	Vendors of clients #96 and #97 have been instructed of regulatory requirements related to Special Incident Reporting.

## SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

### HCBS Waiver Review Consumers

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



#	UCI	CCF #	Day Program #
37	XXXXXXXX		
38	XXXXXXXX		6
39	XXXXXXXX		7
40	XXXXXXXX		14
41	XXXXXXXX		14
42	XXXXXXXX		
43	XXXXXXXX		
44	XXXXXXXX		
45	XXXXXXXX		8
46	XXXXXXXX		21
47	XXXXXXXX		23
48	XXXXXXXX		
49	XXXXXXXX		
50	XXXXXXXX		
51	XXXXXXXX		
52	XXXXXXXX		
53	XXXXXXXX		9
54	XXXXXXXX		
55	XXXXXXXX		
56	XXXXXXXX		
57	XXXXXXXX		
58	XXXXXXXX		
59	XXXXXXXX		
60	XXXXXXXX		
61	XXXXXXXX		
62	XXXXXXXX		
63	XXXXXXXX		
64	XXXXXXXX		
65	XXXXXXXX		
66	XXXXXXXX		
67	XXXXXXXX		
68	XXXXXXXX		
69	XXXXXXXX		
70	XXXXXXXX		
71	XXXXXXXX		
72	XXXXXXXX		
73	XXXXXXXX		11
74	XXXXXXXX		
75	XXXXXXXX		
76	XXXXXXXX		

#	UCI	CCF #	Day Program #
77	XXXXXXXX		
78	XXXXXXXX		
79	XXXXXXXX		
80	XXXXXXXX		
81	XXXXXXXX		
82	XXXXXXXX		
83	XXXXXXXX		
84	XXXXXXXX		
85	XXXXXXXX		
86	XXXXXXXX		

**Terminated Reason 6 Sample**

#	UCI
87	XXXXXXXX
88	XXXXXXXX
89	XXXXXXXX

**Supplemental Sample DC Consumers**

#	UCI
90	XXXXXXXX
91	XXXXXXXX
92	XXXXXXXX

**HCBS Waiver Review Service Providers**

CCF#	Vendor
1	XXXXXXXX
2	XXXXXXXX
3	XXXXXXXX
4	XXXXXXXX
5	XXXXXXXX
6	XXXXXXXX
7	XXXXXXXX
8	XXXXXXXX
9	XXXXXXXX
10	XXXXXXXX
11	XXXXXXXX
12	XXXXXXXX

<b>Day Program #</b>	<b>Vendor</b>
1	XXXXXXXX
2	XXXXXXXX
3	XXXXXXXX
4	XXXXXXXX
5	XXXXXXXX
6	XXXXXXXX
7	XXXXXXXX
8	XXXXXXXX
9	XXXXXXXX
10	XXXXXXXX
11	XXXXXXXX
12	XXXXXXXX
14	XXXXXXXX
15	XXXXXXXX
16	XXXXXXXX
17	XXXXXXXX
18	XXXXXXXX
19	XXXXXXXX
20	XXXXXXXX
21	XXXXXXXX
22	XXXXXXXX
23	XXXXXXXX

**SIR Review Consumers**

<b>#</b>	<b>UCI</b>	<b>Vendor</b>
93	XXXXXXXX	XXXXXXXX
94	XXXXXXXX	XXXXXXXX
95	XXXXXXXX	XXXXXXXX
96	XXXXXXXX	XXXXXXXX
97	XXXXXXXX	XXXXXXXX
98	XXXXXXXX	XXXXXXXX
99	XXXXXXXX	XXXXXXXX
100	XXXXXXXX	XXXXXXXX
101	XXXXXXXX	XXXXXXXX
102	XXXXXXXX	XXXXXXXX