

**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**

November 3 - 20, 2014

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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 November 3 – 20, 2014 at San Diego Regional Center (SDRC). The monitoring team members were Kathy Benson, (Team Leader), Linda Rhoades, Corbett Bray, and Lisa Miller from DDS, and Annette Hanson, Raylyn Garrett, Jalal Haddad, and Kim Phaneuf 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) 10 consumers who had special incidents reported to DDS during the review period of August 1, 2013 through July 31, 2014.

The monitoring team completed visits to 11 community care facilities (CCFs) and 18 day programs. The team reviewed 11 CCF and 29 day program consumer records and interviewed and/or observed 70 selected sample consumers.

Overall Conclusion

SDRC is in substantial compliance with the federal requirements for the HCBS Waiver program. Specific recommendations that require follow-up actions by SDRC are included in the report findings. DDS is requesting documentation of follow-up actions taken by SDRC in response to each of the specific recommendations within 30 days following receipt of this report.

Major Findings

Section I – Regional Center Self Assessment

The self assessment responses indicated that SDRC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self assessment criteria.

Section II – Regional Center Consumer Record Review

Eighty-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 94 -100% in compliance for 28 of the 31 criteria. Criterion 2.10.a was 88% in compliance because 10 of the 86 consumer individual program plans did not identify all services and supports purchased by the regional center. Criterion 2.13.a was 89% in compliance because 6 of the 57 applicable consumer records did not contain all the required quarterly face-to-face meetings. Criterion 2.13.b was 86% in compliance because 8 of the 57 applicable consumer records did not contain documentation of all required quarterly progress reports.

The sample records were 98% in overall compliance for this review. SDRC's records were 98% in overall compliance for the collaborative reviews conducted in 2012 and in 2010.

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

Eleven consumer records were reviewed at 11 CCFs for 19 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 100% in compliance for 16 applicable criteria.

SDRC's records were 100% in overall compliance for the collaborative reviews conducted in 2012 and in 2010.

Section IV – Day Program Consumer Record Review

Twenty-nine consumer records were reviewed at 18 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 99% in overall compliance for the 17 criteria.

SDRC's records were 99% and 100% in overall compliance for the collaborative reviews conducted in 2012 and in 2010, respectively.

Section V – Consumer Observations and Interviews

Seventy 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

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

Section VI B – Clinical Services Interview

SDRC's Nursing Supervisor and 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 Committee.

Section VI C – Quality Assurance Interview

A Resource Coordinator II was interviewed using a standard interview instrument. He 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 and the monitoring of health issues, medications, progress, safety and emergency preparedness. The service providers were familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interviews

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 11 CCFs and five day programs utilizing a standard checklist with 24 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 10 supplemental sample consumers for special incidents during the review period. SDRC reported all special incidents for the sample of 86 records selected for the HCBS Waiver review to DDS. For the supplemental sample, the service providers reported 9 of the 10 incidents to SDRC within the required timeframe and SDRC subsequently transmitted all 10 special incidents to DDS within the required timeframe. 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.

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

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

SECTION II

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

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

Living Arrangement	# of Consumers
Community Care Facility (CCF)	31
With Family	29
Independent or Supported Living Setting	26

2. The review period covered activity from August 1, 2013 – July 31, 2014.

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 un-enrolled from the HCBS Waiver. Three supplemental records were reviewed for documentation of face-to-face meetings no less than once every 30 days for the first 90 days following the consumer's move from a developmental center.

- ✓ The sample records were in 100% compliance for 20 criteria. There are no recommendations for these criteria.
- ✓ Findings for 11 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-one of the 86 (94%) 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 #2: “Takes medication with supervision.”
2. Consumer #7: “Requires someone nearby during waking hours to prevent injury/harm in all settings.”
3. Consumer #14: “Takes medication with supervision.”
4. Consumer #17: “Requires constant supervision to prevent injury/harm in unfamiliar settings only.”
5. Consumer #21: “Takes prescription medications.”

2.5.b Recommendations	Regional Center Plan/Response
<p>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.</p>	<p>Each of the DS3770’s was corrected. SDRC will ensure qualifying conditions in the CDER are consistent with information contained in the consumer’s record.</p>

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

Finding

Fifty-five of the 56 (98%) applicable sample consumer records contained a completed SARF. However, the record for consumer #10 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 #10, if the annual review does not include the completion of a new IPP.	SDRC Program Manager will ensure service coordinator completes a SARF for client #10 and has it signed if the annual review does not include the completion of a new IPP.

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

Finding

Eighty-five of the 86 (99%) sample consumer records contained IPPs that addressed the consumers’ qualifying conditions. However, the IPP for consumer #30 did not identify the supports or services that are in place for “takes medication with supervision”, as indicated in the I.D. notes dated June 26, 2014.

2.9.a Recommendation	Regional Center Plan/Response
SDRC should ensure that the IPP for consumer #30 address the services and supports in place for “takes medication with supervision.”	SDRC Program Manager will ensure the service coordinator of client #30 has an IPP that address all services and supports in place.

2.9.d The IPP addresses the services for which the day program provider is responsible for implementing. (WIC §4646.5(a)(2))

Finding

Fifty-two of the 53 (98%) applicable sample consumer records contained IPPs that addressed the consumer’s day program services. The IPP for consumer #65 did not address the services for which the day program provider is responsible for implementing.

2.9.a Recommendation	Regional Center Plan/Response
SDRC should ensure that the IPP for consumer #65 address the services for which the day program provider is responsible for implementing.	SDRC Program Manager will ensure the service coordinator of client #65 has an IPP that address the services for which the program provider is responsible for implementing.

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

Findings

Seventy-six of the 86 (88%) sample consumer records contained IPPs that include all services and supports purchased by the regional center. However, the IPPs for ten consumers did not indicate SDRC funded services as indicated below:

1. Consumers #11, #23, #26, #31, #32, #38, #41, #42, and #54: Dental services.
2. Consumer #25: Registered nurse.

2.10.a Recommendations	Regional Center Plan/Response
SDRC should ensure that the IPPs for consumers #11, #23, #25, #26, #31, #32, #38, #41, #42, add #54 include a schedule of the type and amount of all services and supports purchased by SDRC.	SDRC Program Managers will ensure IPPs for these clients includes the type and amount of all services and supports purchased by SDRC.

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))

Findings

Eighty-four of the 86 (98%) sample consumer records contained IPPs that included services and supports obtained from generic agencies or resources. However, the IPPs for consumers #8 and #36 did not identify Medi-Cal as the funding source for medical services. During the review, SDRC identified Medi-Cal as the funding source for medical services in the IPP for consumer #36. Therefore, no recommendation is required for this consumer.

2.10.b Recommendation	Regional Center Plan/Response
SDRC should ensure that the IPP for consumer #8 includes Medi-Cal as a funding source for medical services.	SDRC Program Manager will ensure that IPP for client #8 includes client's insurance.

2.10.c The IPP specifies the approximate scheduled start date for new services and supports. (WIC § 4646.5(a)(4))

Finding

Twenty-one of the 22 (95%) applicable sample records specified the approximate scheduled start date for new services and supports. However, the IPP for consumer #69 did not identify the approximate start date for the work activity program.

2.10.c Recommendation	Regional Center Plan/Response
SDRC should ensure that the IPP for consumer #69 identifies the start date for the work activity program.	SDRC Program Managers will ensure service coordinator for client #69 includes start dates of services in IPP's.

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 #10 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 #10 is completed and documented at least annually.	SDRC Program Manager will ensure service coordinator for client #10 completes the requirements for periodic review and reevaluation of progress at least annually.

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-one of the 57 (89%) 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 records for consumers #2, #38, #45, and #57 contained documentation of three of the required meetings.
2. The record for consumer #29 contained documentation of two of the required meetings.
2. The record for consumer #34 contained documentation of one of the required meetings.

2.13.a Recommendations	Regional Center Plan/Response
SDRC should ensure that future face-to-face meetings are completed and documented each quarter for consumers #2, #29, #34, #38, #45, and #57.	SDRC Program Managers will ensure service coordinators complete the requirements for quarterly face to face meetings and documentation.

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

Findings

Forty-nine of the 57 (86%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for eight consumers did not meet the requirements as indicated below:

1. The records for consumers #2, #38, #45, #46, and #57 contained documentation of three required reports of progress.
2. The record for consumer #29 contained documentation of two required reports of progress.

3. The record for consumer #34 contained documentation of one required reports of progress.
4. The record for consumer #1 did not contain any documentation of the required reports of progress.

2.13.b Recommendations	Regional Center Plan/Response
SDRC should ensure that future quarterly reports of progress are completed for consumers #1, #2, #29, #34, #38, #45, #46, and #57.	SDRC Program Managers will ensure service coordinators complete the required quarterly progress reports.

- 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)

Finding

Two of the three (67%) sample consumer records documented face-to-face reviews every 30 days for the first 90 days following the consumer’s move from a developmental center to a community living arrangement. However, the record for consumer #91-DC did not contain documentation of one of the required face-to-face meetings for the first 90 days.

2.14 Recommendation	Regional Center Plan/Response
SDRC should ensure that face-to-face reviews are completed at least once every 30 days for the first 90 days with consumers who have moved from a developmental center to a community living arrangement.	SDRC Program Managers will ensure service coordinators complete the required face-to-face reviews at least every 30 days for the first 90 days for consumers who have moved from a developmental center to a community living arrangement.

Regional Center Consumer Record Review Summary						
Sample Size = 86 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
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 re-certifications.	79		7	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	3		83	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))	5		84	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 86 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5), (42 CFR 441.302)	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.	81	5		94	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	100	None
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. (HCBS Waiver requirement)	55	1	30	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		64	100	None
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	86			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. (WIC §4646.5(a))	86			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 86 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer's goals and needs. (WIC §4646.5(a)(2))	Criterion 2.9 consists of seven sub-criteria (2.9 a-g) that are reviewed independently				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	85	1		99	See Narrative
2.9.b	The IPP addresses the special health care requirements.	42		44	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.	52	1	33	98	See Narrative
2.9.e	The IPP addresses the services for which the supported living services agency or independent living services provider is responsible for implementing.	26		60	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))	15		71	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))	76	10		88	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))	84	2		98	See Narrative
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	21	1	64	95	See Narrative
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

Regional Center Consumer Record Review Summary						
Sample Size = 86 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic review and reevaluations of consumer progress are completed (<i>at least annually</i>) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. (<i>WIC §4646.5(a)(6)</i>)	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. (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	51	6	29	89	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	49	8	29	86	See Narrative
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. (<i>WIC §4418.3</i>)	2	1	86	67	See Narrative

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

Eleven consumer records were reviewed at 11 CCFs visited by the monitoring team. The facilities' consumer records were reviewed to determine compliance with 19 criteria.

III. Results of Review

The consumer records were 100% in compliance for 16 criteria. Three criteria were not applicable for this review.

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

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.	8		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.	11			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	11			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	11			100	None
3.1.i	Special safety and behavior needs are addressed.	9		2	100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17, and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. <i>(Title 17, CCR, §56019(c)(1))</i>	11			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>(Title 17, CCR, §56022(c))</i>	11			100	None

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>)	6		5	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		5	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>)	5		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.	5		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		6	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.	9		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>)			11	NA	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>)			11	NA	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>)			11	NA	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 18 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 fifteen of the 17 criteria.

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

IV. Findings and Recommendations

- 4.1.d The consumer record contains an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative. (*Title 17, CCR, §56730*)

Finding

Twenty-eight of the 29 (97%) sample consumer records contained signed authorizations for emergency medical treatment. However, the record for consumer #31 at DP #7 did not contain an authorization for emergency medical treatment that was signed by the consumer.

4.1.d. Recommendation	Regional Center Plan/Response
SDRC should ensure the record for consumer #31 at DP #7 contains an authorization for emergency medical treatment that is signed by the consumer.	SDRC will ensure the record for consumer #31 at DP #7 contains an authorization for emergency medical treatment that is signed by the consumer.

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

Finding

Twenty-seven of the 28 (96%) applicable consumer records contained written semiannual reports of consumer progress. However, the record for consumer #50 at DP #2 did not contain the required progress reports completed in the monitoring review period.

4.4.a Recommendation	Regional Center Plan/Response
SDRC should ensure that day program provider #2 prepare written semiannual reports of consumer progress.	SDRC Program Manager will ensure day program prepares written semiannual reports of consumer progress.

Day Program Record Review Summary						
Sample Size: Consumers = 29; Day Programs = 18						
	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)	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.	28	1		97	See Narrative
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

Day Program Record Review Summary						
Sample Size: Consumers = 29; Day Programs = 18						
	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.	29			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	26		3	100	None
4.2	The day program has a copy of the consumer's current IPP. (<i>Title 17, CCR §56720(b)</i>)	29			100	None
4.3.a	The day program provider develops, maintains, and modifies as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. (<i>Title 17, CCR, §56720(a)</i>)	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>)	27	1	1	96	See Narrative
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services for which the day program is responsible for implementing.	29			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>)	1		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>)	1		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>)	1		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 and work activities, health, choice, and regional center services.

II. Scope of Observations and Interviews

Seventy 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-three adult consumers agreed to be interviewed by the monitoring teams
- ✓ Eighteen consumers did not communicate verbally or declined an interview, but were observed
- ✓ Nine interviews were conducted with parents of minors
- ✓ Sixteen consumers/parents of minors 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 IPP/annual review process, and how they monitor services, health and safety issues.

II. Scope of Interviews

1. The monitoring team interviewed 17 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.

SECTION VI B

CLINICAL SERVICES INTERVIEW

I. Purpose

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

II. Scope of Interview

1. The monitoring team interviewed the Nursing Supervisor and the Coordinator of Behavioral Services at 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, registered nurses, psychologists, social workers, genetic counselors, a nutritionist, dental coordinator and an autism services coordinator. Additionally, SDRC has contracted dental services through Registered Dental Hygienist in Alternative Practice (RDHAP), 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. 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 Coordinator of Behavioral Services is available to assist with complex behavior issues and to consult with service coordinators regarding review of behavior plans. He also visits hospitalized consumers in psychiatric facilities and assists with coordination of care and discharge planning. Psychologists consult with consumers' primary care doctors as requested.
4. Staff training is provided by members of the clinical team on various health related topics, such as choking, dysphagia, signs and symptoms of illness and nutrition for seniors. Vulnerable Client Protocol Training is provided to service coordinators to help identify and assess consumers who are dependent on others for their care, may be unable to communicate, and are medically fragile or socially isolated. Consumers who fall into these categories are at high risk for abuse and neglect.
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
 - ✓ Collaborates with King Chavez dental clinic
 - ✓ Provide consultations for consumers, families, and providers who request assistance with medication and nutritional needs
 - ✓ Autism Program
 - ✓ Safety Alert Inc., a twenty-four hour on-call crisis team that assists with difficult mental health cases
 - ✓ Victims Assistance Support Team (VAST)
 - ✓ Client Wellness Committee
 - ✓ Behavior training for parents
 - ✓ Nurses contribute articles to the SDRC Vendor Bulletin
6. Physicians and nurses participate in SDRC's Risk Management Committee. Members of the clinical team review all SIR's for hospitalized consumers, and medical related SIRs are reviewed as needed. The regional center also utilizes Mission Analytics Group Inc., the State's risk management contractor, to analyze special incidents for trends. The clinical team uses this information to make recommendations for appropriate follow-up and training as needed.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

The informational interview with quality assurance (QA) staff ascertains how the regional center has organized itself to conduct Title 17 monitoring of community care facilities (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 II, 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. Facility liaisons will provide technical assistance during the visits. 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, the Associate Chief of Case Management, and placed in the respective vendor's 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. An evaluation specialist monitors quality among programs and vendors when issues arrive.
4. The special incident report (SIR) coordinator receives all SIRs to review and also submits a compliance report to the Risk Management Committee for review. The Risk Management 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 provider knows the consumers, the extent of their assessment process for the annual individual program plan development (IPP) 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 11 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 service staff at 11 community care facilities (CCF) 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 (DPs) are serving consumers in a safe, healthy and positive environment where their rights are respected. The review also ensures that CCFs are meeting the HCBS Waiver definition of a homelike setting.

II. Scope of Review

1. The monitoring teams reviewed a total of 11 CCFs and five 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 PRN Medication Records

Finding

DP #2 was not documenting the time or consumer's response to PRN medications.

8.2.d Recommendation	Regional Center Plan/Response
SDRC should ensure that day program #2 properly documents all required PRN medication information.	SDRC will ensure that day program #2 properly documents all required PRN medication information.

8.3.c First Aid

Findings

CCF #7 and DP #10 each had three direct care staff that did not have current first aid certificates.

8.3.c Recommendations	Regional Center Plan/Response
SDRC should ensure that the providers at CCF #7 and DP #10 have current first aid certificates for all direct care staff.	SDRC will ensure CCF #7 and DP #10 providers have current first aid certificates for all direct care staff.

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 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, 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 of the special incidents in the sample of 86 records selected for the HCBS Waiver review to DDS.
3. SDRC's vendors reported 9 of the 10 (90%) incidents in the supplemental sample within the required timeframes.
4. SDRC reported all 10 (100%) incidents in the supplemental sample 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 in the supplemental sample.

IV. Finding and Recommendation

Consumer #101-S: The incident occurred on July 3, 2014. However, the vendor did not submit a special incident report to the regional center until July 7, 2014.

Recommendation	Regional Center Plan/Response
SDRC should ensure that the vendor for consumer #101-S submits special incidents within the required timeframes.	SDRC will ensure that the vendor for consumer #101-S submits special incidents within the required timeframes.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

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

#	UCI	CCF	DP
38	XXXXXXXX		8
39	XXXXXXXX		
40	XXXXXXXX		
41	XXXXXXXX		
42	XXXXXXXX		
43	XXXXXXXX		
44	XXXXXXXX		
45	XXXXXXXX		
46	XXXXXXXX		15
47	XXXXXXXX		
48	XXXXXXXX		
49	XXXXXXXX		
50	XXXXXXXX		2
51	XXXXXXXX		5
52	XXXXXXXX		
53	XXXXXXXX		
54	XXXXXXXX		
55	XXXXXXXX		
56	XXXXXXXX		
57	XXXXXXXX		
58	XXXXXXXX		1
59	XXXXXXXX		
60	XXXXXXXX		20
61	XXXXXXXX		
62	XXXXXXXX		
63	XXXXXXXX		
64	XXXXXXXX		13
65	XXXXXXXX		19
66	XXXXXXXX		13
67	XXXXXXXX		10
68	XXXXXXXX		
69	XXXXXXXX		3
70	XXXXXXXX		
71	XXXXXXXX		1
72	XXXXXXXX		
73	XXXXXXXX		
74	XXXXXXXX		
75	XXXXXXXX		
76	XXXXXXXX		
77	XXXXXXXX		
78	XXXXXXXX		

#	UCI	CCF	DP
79	XXXXXXXX		
80	XXXXXXXX		
81	XXXXXXXX		
82	XXXXXXXX		
83	XXXXXXXX		
84	XXXXXXXX		
85	XXXXXXXX		
86	XXXXXXXX		

Terminated Consumers

#	UCI
87	XXXXXXXX
88	XXXXXXXX
89	XXXXXXXX

DC Movers

#	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

Day Program #	Vendor
1	XXXXXXXX
2	XXXXXXXX
3	XXXXXXXX
4	XXXXXXXX
5	XXXXXXXX
6	XXXXXXXX
7	XXXXXXXX
8	XXXXXXXX
9	XXXXXXXX
10	XXXXXXXX
11	XXXXXXXX
12	NA
13	XXXXXXXX
14	XXXXXXXX
15	XXXXXXXX
16	XXXXXXXX
17	NA
18	XXXXXXXX
19	XXXXXXXX
20	XXXXXXXX

SIR Review Consumers

#	UCI	Vendor
93-S	XXXXXXXX	XXXXXXXX
94-S	XXXXXXXX	XXXXXXXX
95-S	XXXXXXXX	XXXXXXXX
96-S	XXXXXXXX	XXXXXXXX
97-S	XXXXXXXX	XXXXXXXX
98-S	XXXXXXXX	XXXXXXXX
99-S	XXXXXXXX	XXXXXXXX
100-S	XXXXXXXX	XXXXXXXX
101-S	XXXXXXXX	XXXXXXXX
102-S	XXXXXXXX	XXXXXXXX