

**Regional Center of the East Bay
Home and Community-based Services Waiver
Monitoring Review Report**

Conducted by:

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

January 14-25, 2013

TABLE OF CONTENTS

EXECUTIVE SUMMARY	page 3
SECTION I REGIONAL CENTER SELF ASSESSMENT	page 7
SECTION II REGIONAL CENTER CONSUMER RECORD REVIEW	page 10
SECTION III COMMUNITY CARE FACILITY RECORD REVIEW	page 20
SECTION IV DAY PROGRAM CONSUMER RECORD REVIEW	page 23
SECTION V CONSUMER OBSERVATIONS AND INTERVIEWS	page 28
SECTION VI	
A. SERVICE COORDINATOR INTERVIEWS	page 29
B. CLINICAL SERVICES INTERVIEW	page 30
C. QUALITY ASSURANCE INTERVIEW	page 32
SECTION VII	
A. SERVICE PROVIDER INTERVIEWS	page 33
B. DIRECT SERVICE STAFF INTERVIEWS	page 34
SECTION VIII VENDOR STANDARDS REVIEW.....	page 35
SECTION IX SPECIAL INCIDENT REPORTING.....	page 36
SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS	page 38

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 January 14-25, 2013, at Regional Center of the East Bay (RCEB). The monitoring team members were Kathy Benson (Team Leader), Mary Ann Smith, Lisa Miller, and Corbett Bray from DDS, and Annette Hanson, Raylyn Garrett 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 the 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 72 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers whose HCBS Waiver eligibility had been previously terminated; 2) three consumers who moved from a developmental center, and 3) ten consumers who had special incidents reported to DDS during the review period of November 1, 2011 – October 31, 2012.

The monitoring team completed visits to ten community care facilities (CCFs) and 24 day programs. The team reviewed ten CCF and 28 day program consumer records and had face-to-face visits and/or interviews with 52 consumers or their parents.

Overall Conclusion

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

Seventy-two sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Criteria 2.13.a and 2.13.b were 74% and 73% respectively in compliance because forty-one of the fifty-five and forty of the fifty-five applicable consumer records did not contain documentation of all required quarterly face-to-face visits and progress reports.

The sample records were 97% in overall compliance for this review. RCEB's records were 99% in overall compliance for the collaborative reviews conducted in 2011 and in 2009.

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

Ten consumer records were reviewed at ten CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations.

The sample records were 99% in overall compliance for the 19 criteria. RCEB's records were 99% in overall compliance for the collaborative reviews conducted in 2011 and in 2009.

Section IV – Day Program Consumer Record Review

Twenty-eight consumer records were reviewed at 24 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 96% in overall compliance for the 17 criteria. RCEB's records were 95% and 98% in overall compliance for the collaborative reviews conducted in 2011 and in 2009, respectively.

Section V – Consumer Observations and Interviews

Fifty-two 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. The interviewed consumers/parents indicated that they were satisfied with their services, health and choices.

Section VI A – Service Coordinator Interviews

Fourteen 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

The Director of Health and Behavioral Services was interviewed using a standard interview instrument. The director responded to informational questions regarding the monitoring of consumers with medical issues, medications, 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 quality assurance specialist was interviewed using a standard interview instrument. She responded to informational questions regarding how RCEB 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

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

Section VII B – Direct Service Staff Interviews

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

Section VIII – Vendor Standards Review

The monitoring team reviewed ten CCFs and seven day programs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. 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 72 HCBS Waiver consumers and ten supplemental sample consumers for special incidents during the review period. RCEB reported all special incidents for the sample of 72 records selected for the HCBS Waiver review to DDS. For the supplemental sample, the service providers reported eight of the nine applicable incidents to RCEB within the required timeframe and RCEB subsequently transmitted the ten special incidents to DDS within the required timeframe. RCEB'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 Regional Center of the East Bay's (RCEB) 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

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

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

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

SECTION II

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

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

Living Arrangement	# of Consumers
Community Care Facility (CCF)	27
With Family	17
Independent or Supported Living Setting	28

2. The review period covered activity from November 1, 2011 – October 31, 2012.

III. Results of Review

The 72 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 RCEB had either provided the consumer with written notification prior to termination of the consumer's HCBS Waiver eligibility or the consumer had voluntarily disenrolled from the HCBS Waiver. Three supplemental records were reviewed for documentation of face-to-face meetings no less than once every 30 days for the first 90 days following the consumer's move from a developmental center.

- ✓ The sample records were in 100% compliance for 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

- 2.2 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))

Finding

Seventy-one of the 72 (99%) sample consumer records contained a dated and signed DS 2200 form. However, the DS 2200 form for consumer #10, a non-conserved adult, was not signed by the consumer.

2.2 Recommendation	Regional Center Plan/Response
RCEB should ensure the DS 2200 form for consumer #10 is completed and signed by the consumer. If the consumer does not sign, RCEB should ensure that the record addresses what actions were taken to encourage the consumer to sign and the reason why he did not sign.	Due to the consumer’s diagnosis of Autism, he will not hold a pen or pencil. In the past the ID Team have tried to assist him with hand-over-hand instruction; however this was upsetting to the consumer, so the ID Team now signs all documents for him. The Case Manager has written an addendum clarifying the consumer’s ability to sign documents, and this information will be included in all future Annual Review reports.

- 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

Sixty-nine of the 70 (99%) applicable 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 #40 had been reviewed during the monitoring review period. Subsequent to the review period, a new IPP was completed.

2.6.a Recommendation	Regional Center Plan/Response
RCEB should ensure that in the future the IPP for consumer #40 is reviewed at least annually by the planning team.	The IPP due for 7/2012 was overdue and as a result an annual review of the previous IPP objectives was not completed. This was addressed by the completion of the IPP of 1/19/2013. RCEB will ensure that further annual reviews will be completed in a timely manner.

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

Forty-seven of the 48 (98%) applicable sample consumer records contained a completed SARF. However, the SARF for consumer #10 was not signed by the consumer.

2.6.b Recommendation	Regional Center Plan/Response
RCEB should ensure that the SARF for consumer #10 is signed by the consumer.	Due to the consumer’s diagnosis of Autism, he will not hold a pen or pencil. In the past the ID Team have tried to assist him with hand-over-hand instruction; however this was upsetting to the consumer, so the ID Team now signs all documents for him. The Case Manager has written an addendum clarifying the consumer’s ability to sign documents, and this information will be included in all future Annual Review reports.

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

Forty-one of the 42 (98%) applicable sample consumer records contained IPP addenda signed by an RCEB representative and the consumer or their legal representative. However, IPP addenda completed on July 3, 2012 for consumer #33 was not by signed the consumer and the regional center representative.

2.7.b Recommendation	Regional Center Plan/Response
RCEB should ensure that consumer #33 and the regional center representative signs the IPP addenda.	RCEB will ensure that all IPP addendums are signed by both the consumer and RCEB representative.

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

Sixty-seven of the 72 (93%) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by RCEB. However, the IPPs for five consumers did not indicate RCEB funded services as indicated below:

1. Consumer #10: Behavior Management Program.
2. Consumer #28: Respite and Transportation.
3. Consumer #30: Transportation.
4. Consumer #41: Transportation.
5. Consumer #64: Dental.

2.10.a Recommendations	Regional Center Plan/Response
<p>RCEB should ensure that the IPPs for consumers #10, #28, #30, #41, and #64 include a schedule of the type and amount of all services and supports purchased by RCEB.</p>	<p>RCEB will provide training and guidance to ensure that IPPs for all consumers include a schedule of the type and amount of all services and supports purchased by RCEB.</p> <p>#10 - Due to the consumer's diagnosis of Autism, he will not hold a pen or pencil. In the past the ID Team has tried to assist him with hand-over-hand instruction; however this was upsetting to the consumer, so the ID Team now signs all documents for him. The Case Manager has written an addendum clarifying the consumer's ability to sign documents, and this information will be included in all future Annual Review reports.</p> <p>#28 - The Case Manager accidentally forgot to list the POS for the day program in the IPP; to rectify this oversight the Case Manager has written an addendum that includes the POS that were left out of the IPP.</p> <p>#30 - RCEB will ensure that all purchases are included in the IPP. The Case Manager completed an</p>

	<p>addendum to document the transportation service missing from consumer's IPP.</p> <p>#41 – Torren's case presented a unique occurrence. The Case Manager accidentally wrote the POS for transportation, but transportation was never provided, nor was client planning to use it as he has always provided his own transportation.</p> <p>#64 – RCEB will ensure that all purchases are included in the IPP. The Case Manager completed an addendum to document the service missing from consumer's IPP.</p>
--	---

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

Seventy of the 72 (97%) sample consumer records contained IPPs that included services and supports obtained from generic agencies or resources. However, the IPP for consumers #29 and #42 did not identify Medi-Cal as the funding source for medical services. Subsequent to the monitoring review, an addendum to the IPP was completed for each consumer that added Medi-Cal as the funding source for medical services. Accordingly, no recommendation is required.

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

Findings

Forty-one of the 55 (74%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for fourteen consumers did not meet the requirements as listed below:

The records for consumers #6, #15, #19, #51, #54, #60 and #62 contained documentation of three of the required quarterly meetings.

The records for consumers #2, #13 and #63 contained documentation of two of the required quarterly meetings.

The records for consumers #26, #40, #42 and #65 contained documentation of one of the required quarterly meetings.

2.13.a Recommendations	Regional Center Plan/Response
<p>RCEB should ensure that future face-to-face meetings are completed and documented each quarter for consumers #2, #6, #13, #15, #19, #26, #40, #42, #51, #54, #60, #62, #63 and #65.</p>	<p>RCEB has the expectation that face-to-face meetings are completed quarterly and this expectation is part of our operating procedures. We expect all Case Managers and Supervisors to be familiar with this expectation, and our procedure is accessible to all staff via RCEB's Intranet. In addition to further our efforts to ensure our staff meet this expectation, RCEB's IT staff provide ticklers indicating when contact is due.</p> <p>By the end of 2012 RCEB was down 27 Case Managers due to budget challenges which unfortunately contributed to the delay in quarterly contacts. Five of the consumers listed received four face-to-face reviews; however, the contacts were completed outside of the quarterly time period.</p> <p>Our past performance in this area illustrates our commitment to meeting this requirement (Ref. RCEB's 2011 review which showed 98% completed), and we are confident that this expectation is now being met.</p>

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 of the 55 (73%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for fifteen consumers documentation did not meet the requirements as indicated below:

The records for consumers #15, #19, #45, #51, #54, #60, and #62 contained documentation of three quarterly reports of progress.

The records for consumers #2, #13 and #63 contained documentation of two quarterly reports of progress.

The records for consumers #6, #26, #40, #42 and #65 contained documentation of one quarterly report of progress.

2.13.b Recommendations	Regional Center Plan/Response
<p>RCEB should ensure that future reports of progress are completed each quarter for all consumers.</p>	<p>RCEB has the expectation that face-to-face meetings are completed quarterly and this expectation is part of our operating procedures. We expect all Case Managers and Supervisors to be familiar with this expectation, and our procedure is accessible to all staff via RCEB's Intranet. In addition to further our efforts to ensure our staff meet this expectation, RCEB's IT staff provide ticklers indicating when contact is due.</p> <p>By the end of 2012 RCEB was down 27 Case Managers due to budget challenges which unfortunately contributed to the delay in quarterly contacts. Five of the consumers listed received four face-to-face reviews; however, the contacts were completed outside of the quarterly time period.</p> <p>Our past performance in this area illustrates our commitment to meeting this requirement (Ref. RCEB's 2011 review which showed 98% completed), and we are confident that this expectation is now being met.</p>

- 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)

Findings

Three sample consumer records were reviewed to confirm face-to-face meetings were conducted 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. The records for consumers 76-DC and 78-DC contained evidence of two of the required reviews.

2.14 Recommendations	Regional Center Plan/Response
<p>RCEB should ensure that face-to-face meetings are conducted no less than once every 30 days for the first 90 days for all consumers moving from a developmental center to a community living arrangement.</p>	<p>RCEB has the expectation that face-to-face visits are conducted no less than every 30 day days for the first 90 days following a consumer’s move from a Developmental Center and this expectation is part of our operating procedures.</p> <p>We expect all Case Managers and Supervisors to be familiar with this expectation. RCEB’s operating procedures are accessible to all staff via RCEB’s Intranet. RCEB staff have been reminded of these requirements by the supervisors.</p> <p>In addition to reiterating this expectation, RCEB’s IT staff is working with case management teams to ensure that prompts occur.</p>

Regional Center Consumer Record Review Summary						
Sample Size = 72 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	72			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.	72			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.	72			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	70		2	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 72 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	1		71	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))	71	1		99	See Narrative
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		69	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 72 + 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)	70		2	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)	72			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	72			100	None
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))	69	1	2	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)	47	1	24	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))	72			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.	41	1	30	98	See Narrative
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	72			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))	72			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 72 + 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).	72			100	None
2.9.b	The IPP addresses the special health care requirements.	33			100	None
2.9.c	The IPP addresses the services for which the CCF provider is responsible for implementing.	27		45	100	None
2.9.d	The IPP addresses the services for which the day program provider is responsible for implementing.	44		28	100	None
2.9.e	The IPP addresses the services for which the supported living services agency or independent living services provider is responsible for implementing.	28		44	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	72			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	8		64	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))	67	5		93	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))	70	2		97	See Narrative
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	42		30	100	None
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to vendors, contract providers, generic service agencies and natural supports. (WIC §4646.5(a)(4))	72			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 72 + 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>)	70		2	100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	41	14	17	74	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>)	40	15	17	73	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>)	1	2	72	33	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

Ten consumer records were reviewed at ten 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 18 criteria.

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

IV. Finding and Recommendation

- 3.5.c The quarterly reports include a summary of data collected for target behaviors. (Title 17, CCR §56026(c))

Finding

Seven of the eight (87%) applicable consumer records contained reports that included a summary of data collected for target behaviors. However, the quarterly reports for consumer #9 at CCF #10 contained data collection summaries that did not match the data collected by the facility.

3.5.c Recommendation	Regional Center Plan/Response
RCEB should ensure that CCF provider #10 correctly summarizes the data collected for consumer #9 in the quarterly reports.	Quarterly reports were corrected; Staff received training regarding data collection on 2/6/2013. RCEB staff verified corrections on 5/21/13.

Community Care Facility Record Review Summary						
Sample Size: Consumers = 10; CCFs = 10						
	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>	10			100	None
3.1.a	The consumer record contains a statement of ambulatory or non ambulatory status.	10			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	7		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.	10			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	10			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	10			100	None
3.1.i	Special safety and behavior needs are addressed.	9		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>	10			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>(Title 17, CCR, §56022(c))</i>	10			100	None
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. <i>(Title 17, CCR, §56026(b))</i>	2		8	100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 10; CCFs = 10						
	Criteria	+	-	N/A	% Met	Follow-up
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.	2		8	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>)	8		2	100	See Narrative
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.	8		2	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>)	7	1	2	87	See Narrative
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. (<i>Title 17, CCR §56026(a)</i>)	10			100	None
3.6.b	The ongoing notes/information verifies that behavior needs are being addressed.	10			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>)	4		6	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>)	4		6	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>)	4		6	100	None

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

The review criteria address the requirements for day programs (DP) 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-eight sample consumer records were reviewed at 24 day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria.

III. Results of Review

The consumer records were 100% in compliance for 11 of the 17 criteria.

- ✓ A summary of the results of the review is shown in the table at the end of this section.
- ✓ Findings for six 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*)

Findings

Twenty-one of the 25 (84%) applicable sample consumer records contained signed authorizations for emergency medical treatment. However, the records for consumers #11 and #26 at DP #12, #14 at DP #15, and #31 at DP #20 did not contain an authorization for emergency medical treatment that was signed by the consumer or conservator. During the review an emergency medical treatment authorization was signed by each of the consumers. Therefore, no recommendation is required.

- 4.1.f The consumer records contains up-to-date data collection for IPP objectives.
 (Title 17, CCR, §56730)

Findings

Twenty-six of the 28 (93%) sample consumer records contained data collection measuring progress toward IPP objectives for which the day program provider is responsible for implementing. However, the records for consumers #5 and #16 at DP #23 did not contain data collection for their IPP objectives for October 2012.

4.1.f Recommendations	Regional Center Plan/Response
RCEB should ensure that day program provider #23 collects data for IPP objectives for consumers #5 and #16.	Program provider engaged all staff in competency based training on documentation requirements and agency policy beginning May 15, and continuing through June, 2013. RCEB QA verified on-going up to date data for consumer #16 on May 17, 2013. Consumer #5 exited the program on 2/6/2013.

- 4.1.g The consumer records contains up-to-date case notes reflecting important events or information. (Title 17, CCR, §56730)

Findings

Twenty-six of the 28 (93%) sample consumer records contained up-to-date case notes reflecting important events or information for which the day program provider is responsible for maintaining. However, the records for consumers #5 and #16 at DP #23 did not contain up-to-date case notes for October 2012.

4.1.g Recommendations	Regional Center Plan/Response
RCEB should ensure that day program provider #23 maintains up-to-date case notes reflecting important events or information for consumers #5 and #16.	Program provider engaged all staff in competency based training on documentation requirements and agency policy, beginning May 15, and continuing through June, 2013. RCEB QA verified on-going up to date data case notes for consumer #16 on May 17, 2013. Consumer #5 exited the program on 2/6/2013.

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

Finding

Twenty-seven of the 28 (96%) sample consumer records contained a copy of the consumer's current IPP. However, the record for consumer #35 at DP #1 did not contain a copy of the current IPP.

4.2 Recommendation	Regional Center Plan/Response
RCEB should ensure that day program provider #1 receives a current copy of the IPP for consumer #35.	Case Manager mailed current IPP on 3/15/13; QA verified program received IPP on May 9, 2013

- 4.3.a The day program develops, maintains, and modifies, as necessary, documentation regarding the manner in which it will assist the consumer in achieving the IPP/ISP objectives for which the day program is responsible. *(Title 17, CCR, § 56720)(a)*

Finding

Twenty-seven of the 28 (96%) sample consumer records contained documentation on how the day program provider will assist the consumer in achieving their IPP/ISP objectives. However, the record for consumer #64 at DP #18 had no specific program plan or other documentation describing how they will assist the consumer in achieving their IPP/ISP objectives.

4.2 Recommendation	Regional Center Plan/Response
RCEB should ensure that day program provider #18 develop a specific program plan describing how they will assist consumer #64 in achieving his IPP/ISP objectives.	Program provider engaged all staff in competency based training regarding program documentation requirements and agency policy, beginning May 15, and continuing through June, 2013. RCEB QA verified re-development of consumer #64's ISP on May 17, 2013

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

Findings

Twenty-three of the 27 (85%) applicable consumer records contained written semiannual reports of consumer progress. However, the records for consumers #5 and #16 at DP #23, #26 at DP #12, and #27 at DP #9 did not contain the required progress reports completed in the monitoring review period.

4.4.a Recommendations	Regional Center Plan/Response
RCEB should ensure that day program providers #9, #12 and #23 prepare written semiannual reports of consumer progress.	Program providers #9, #12 and #23 completed outstanding Semi-Annual reports; RCEB QA verified completion for program #9 and #12 on May 13, 2013; and May 17, 2013 for Program #23. Program #9 completed a written policy to prevent future occurrences, and this was verified by RCEB QA on May 15, 2013; Program 12 received technical training by RCEB QA on May 13, 2013; and Program #23 conducted an all staff competency training on documentation requirements and agency policy on May 15, 2013

Day Program Record Review Summary Sample Size: Consumers = 28; Day Programs = 24						
	Criteria	+	-	N/A	% Met	Follow-up
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. (Title 17, CCR, §56730)	28			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.	28			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.	28			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.	28			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 28; Day Programs = 24						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.d	The consumer record contains an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative.	21	4	3	84	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.	28			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.	26	2		93	See Narrative
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	26	2		93	See Narrative
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	19		9	100	None
4.2	The day program has a copy of the consumer's current IPP. (<i>Title 17, CCR §56720(b)</i>)	27	1		96	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>)	27	1		96	See Narrative
4.3.b	The day program's ISP or other program documentation is consistent with the services addressed in the consumer's IPP.	28			100	None
4.4.a	The day program prepares and maintains written semiannual reports. (<i>Title 17, CCR, §56720(c)</i>)	23	4	1	85	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.	26		2	100	None
4.5.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)	3		25	100	None

Day Program Record Review Summary						
Sample Size: Consumers = 28; Day Programs = 24						
	Criteria	+	-	N/A	% Met	Follow-up
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)	3		25	100	None
4.5.c	There is appropriate follow-up to special incidents to resolve the issue and eliminate or mitigate future risk. (<i>Title 17, CCR, §54327</i>)	3		25	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

Fifty-two of the 72 consumers were interviewed and/or observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Thirty-four adult consumers agreed to be interviewed by the monitoring teams.
- ✓ Fifteen consumers did not communicate verbally or declined an interview, but were observed.
- ✓ Three interviews were conducted with parents of minors.
- ✓ Twenty consumers/parents of minors were unavailable for or declined interviews.

III. Results of Observations and Interviews

All of the 34 consumers and the three interviews with parents of minors indicated satisfaction with their living situation, day program, work activities, health, choices, and regional center services. The consumers' overall appearance reflected personal choice and individual style.

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 fourteen Regional Center of the East Bay (RCEB) 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 RCEB'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 questions in the interview cover the following topics: routine monitoring of consumers with medical issues: medications; 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; role in Risk Management Committee and special incident reports (SIRs).
2. The monitoring team interviewed the Director of Health and Behavior Services at the Regional Center of the East Bay (RCEB).

III. Results of Interview

1. RCEB's clinical services team consists of a clinical director, physicians, registered nurses, psychologists, a behaviorist, an occupational therapist, dental hygienist, and consulting adult/child psychiatrists.
2. The clinical team is available as a resource to service coordinators. Consumers' health and medical issues are identified and monitored by service coordinators using a health care checklist during the IPP and quarterly review process. The checklist incorporates information that will assist service coordinators to identify potential issues that might benefit from a clinical team referral. The physicians may be involved in the medical or surgical consent process for consumers who are unable to give informed consent. Members of the team collaborate with local physicians and home health agencies to assist in coordinating care.
3. The clinical team is available to assist with consumers' behavior plans and mental health issues through referrals from service coordinators. The behaviorists review behavior plans and make recommendations as needed. The behaviorist may make home visits to address behavior issues as needed. Additionally, consulting psychiatrists perform evaluations and advise appropriate treatment for consumers with existing or undiagnosed mental

- health issues. Members of the clinical team meet with Alameda and Contra Costa counties to improve mental health services.
4. Members of the clinical team participate on RCEB Community Training and Education Committee (CTEC). This committee provides training for consumers, families, providers and regional center staff. Recent topics have included: medications, seizures, nutrition and diabetes. Team members also participate in new employee orientation.
 5. RCEB has improved access to health care for its consumers in the following ways:
 - ✓ Association with the Alameda Developmentally Disabled Council to increase access to health education for consumers
 - ✓ Participates on Alameda's Special Needs Committee
 - ✓ Assists consumers to access medical, dental, and psychiatric providers who have experience working with people with developmental disabilities
 - ✓ Regional center physicians and nurses work with county Medi-Cal managed care plans to facilitate care
 - ✓ Assist consumers' in obtaining medical and communication equipment
 6. The Director of Clinical Services is a member of the Risk Management Committee. Team members review medical, behavioral, abuse and neglect incidents as requested, and all deaths. SIRs trends are identified which may result in training to regional center staff and providers.
-

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, service provider training, verification of provider qualifications, resource development activities, and quality assurance among programs and providers where there is no regulatory requirement to conduct quality assurance monitoring.

II. Scope of Interview

The monitoring team interviewed a QA Specialist who is part of the team responsible for conducting Regional Center of the East Bay's (RCEB) QA activities.

III. Results of Interview

1. Members of the QA team are assigned residential facilities where they conduct the annual Title 17 monitoring reviews. Each review utilizes standardized report forms and checklists based on Title 17 regulations. Case managers are responsible for conducting the two unannounced visits at the CCFs on their caseloads. Forms from the visits are turned into the Living Options Coordinator who tracks facility visits and sends monthly reports to the unit supervisors.
2. When issues of substantial inadequacies are identified, the QA staff is responsible for developing corrective action plans (CAPs) and ensuring providers complete the CAP requirements. If the case manager has a finding while conducting the unannounced visit, they will inform the administrator and send a "QA Alert". The QA team meets weekly to discuss any CAPs. The QA team maintains a database for all CAPs which is reviewed by the QA supervisor.
3. RCEB's QA supervisor and their SIR coordinator participates on the Risk Management Committee. The committee meets every other month to discuss any compliance, consistency, and trends related to special incident reports (SIRs).
4. The SIR coordinator receives all SIRs and ensures that follow-up is completed. The SIR coordinator will contact the case managers to conduct the follow up.
5. The Resource Development unit is responsible for verifying qualifications of providers.

SECTION VII A

SERVICE PROVIDER INTERVIEWS

I. Purpose

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

II. Scope of Interviews

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

III. Results of Interviews

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

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

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

II. Scope of Review

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

III. Results of Review

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

IV. Findings and Recommendations

8.5 c Statement of Rights

At CCF #1 and day program #27, a statement of consumer rights was not posted. During the monitoring review, the providers posted a statement of consumer rights. Accordingly, no recommendation is required.

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 the Regional Center of the East Bay (RCEB) 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 72 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. RCEB reported all deaths during the review period to DDS.
2. RCEB reported all special incidents in the sample of 72 records selected for the HCBS Waiver review to DDS.
3. RCEB's vendors reported eight of the nine (89%) applicable incidents in the supplemental sample within the required timeframes.
4. RCEB reported all ten (100%) incidents to DDS within the required timeframes.
5. RCEB's follow-up activities on consumer incidents were appropriate for the severity of the situations for the ten incidents.

IV. Finding and Recommendation

Consumer #82-S: The incident occurred on December 9, 2011. However, the vendor did not submit a written report to RCEB until December 22, 2011.

Recommendation	Regional Center Plan/Response
RCEB should ensure that the vendor for consumer #82-S report special incidents within the required timeframes.	RCEB QA reviewed vendor SIR reporting for previous three years and vendor reported within required time frames 100%. RCEB SIR Coordinator requested vendor send all SIR reports to both Case Manager and SIR Coordinator; written instructions were provided to Vendor on May 9, 2013.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

#	UCI	CCF	DP
1	5037241	6	
2	5030883		16
3	5032823	1	
4	5235742	9	
5	5242490		23
6	5994330	2	
7	6118194		24
8	6193647	5	
9	6402834	10	
10	6563456	7	
11	6609113		12
12	7184333		22
13	7795222		14
14	8002527		15
15	8008206	8	
16	8012069		23
17	8013107		
18	8014012		25
19	8016069		11
20	8016165		5
21	8018123		26
22	8018334	3	
23	8019324		13
24	8019342	4	
25	8022060		24
26	8023188		12
27	8023417		9
28	5031890		10
29	5032829		
30	5034627		
31	5035703		20
32	5036864		
33	8010018		7
34	8032267		
35	8095898		1
36	8099250		
37	8101110		
38	5032037		

#	UCI	CCF	DP
39	5038320		
40	5241948		
41	5412374		
42	5506175		
43	5507116		27
44	5784152		8
45	5796982		
46	5811963		
47	6115646		
48	6117949		
49	6546295		
50	6634148		
51	7819881		2
52	8002187		4
53	8002585		
54	8002632		
55	8005025		17
56	8006203		17
57	8008499		
58	8012327		
59	8019500		
60	8023225		19
61	8023312		
62	8023328		
63	8030088		
64	8034271		18
65	8081850		
66	5039716		
67	8027456		
68	8030642		
69	8033250		
70	8087798		
71	8096163		
72	8097201		

Supplemental Sample of Terminated Consumers

#	UCI
73-T	5241989
74-T	7016983
75-T	8030186

Consumers Developmental Center Movers

#	UCI
76-DC	8007236
77-DC	8008269
78-DC	8010026

HCBS Waiver Review Service Providers

CCF #	Vendor
1	HB0386
2	H00618
3	HB0833
4	HB0554
5	HB0309
6	HB0701
7	HB0647
8	H14330
9	HB0006
10	HB0551

Day Program #	Vendor
1	H04568
2	HB0240
3	NA
4	H04589
5	HB0749
6	NA
7	HB0301
8	HB0341
9	H14175
10	HB0861
11	HB0218
12	HB0495
13	H70265
14	HB0135
15	HB0263
16	HB0218
17	HB0346
18	H84761
19	HB0361
20	ZB4399
21	NA

Day Program #	Vendor
22	HB0176
23	HB0390
24	H84770
25	HB0519
26	H14385
27	HB0555

SIR Review Consumers

#	UCI	Vendor
79-S	8004137	H70274
80-S	5039876	HB0006
81-S	5505524	HB0163
82-S	5872726	HB0720
83-S	8002218	NA
84-S	8008034	HB0722
85-S	8018366	HB0751
86-S	8022034	HB0614
87-S	8029689	H14146
88-S	5033407	HB0807

DRAFT

**Regional Center of the East Bay
Targeted Case Management and
Nursing Home Reform
Monitoring Review Report**

Conducted by:

Department of Developmental Services

January 14 - 17, 2013

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	page 3
SECTION I: TARGETED CASE MANAGEMENT	page 4
SECTION II: NURSING HOME REFORM.....	page 6
SAMPLE CONSUMERS	page 7
ATTACHMENT I: TCM AND NHR DISTRIBUTION OF FINDINGS.....	page 8

EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) conducted a federal compliance monitoring review of the Targeted Case Management (TCM) and Nursing Home Reform (NHR) programs from January 14 -17, 2013 at Regional Center of the East Bay (RCEB). The monitoring team selected 50 consumer records for the TCM review. A sample of ten records was selected for consumers who had previously been referred to RCEB for a NHR assessment.

Purpose of the Review

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

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

Overview of the TCM/NHR Compliance Monitoring Protocol

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

Findings

Section I – Targeted Case Management

Fifty consumer records, containing 2,173 billed units, were reviewed for three criteria. The sample records were 100% in compliance for criterion 1 (TCM service and unit documentation matches the information transmitted to DDS), 96% in compliance for criterion 2 (TCM service documentation is consistent with the definition of TCM service), and 99% in compliance for criterion 3 (TCM service documentation identifies the individual who wrote the note and the date the note was completed).

Section II – Nursing Home Reform

Ten consumer records were reviewed for three criteria. The ten sample records were 100% in compliance for criterion 1 (records contain evidence of DDS' NHR referrals), 100% in compliance for criterion 2 (reporting disposition of referrals to DDS), and 100% in compliance for criterion 3 (submission of billing claims forms).

SECTION I TARGETED CASE MANAGEMENT

Criterion

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

Finding

RCEB transmitted 2,173 TCM units to DDS for the 50 sample consumers. All of the recorded units matched the number of units reported to DDS.

Recommendation

None

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

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

Findings

The 50 sample consumer records contained 2,173 billed TCM units. Of this total, 2,093 (96%) of the units contained descriptions that were consistent with the definition of TCM services. Eighty of the billed units had descriptions of activities that were not consistent with the definition of TCM services or were not sufficient to determine if the activities could be considered case management. Detailed information on these findings and the specific actions required will be sent under a separate cover letter.

Recommendations	Regional Center Plan/Response
RCEB should ensure that the time spent on the identified activities that are inconsistent with TCM services (sent separately) is reversed.	RCEB's IT staff will assist in reversing identified TCM Entries.

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

Finding

The 50 sample consumer records contained 2,173 billed TCM units. Of this total, 2,155 (99%) of the units identified the service coordinator recording the notes and each note is dated. Eighteen of the billed units did not identify the service coordinator recording the note.

Recommendations	Regional Center Plan/Response
RCEB should ensure TCM documentation identifies the service coordinator or other individual who recorded the note.	Training on TCM Documentation is presented to all new staff. TCM recording guidelines were re-distributed to all Case Managers in May 2013.

SECTION II NURSING HOME REFORM

Criterion

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

Finding

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

Recommendation

None

2. The disposition is reported to DDS.

Finding

The ten sample consumer records contained a PAS/RR Level II document or written documentation responding to DDS' request for a disposition.

Recommendation

None

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

Finding

The billing information for all ten sample consumers had been entered into the AS 400 computer system.

Recommendation

None

**SAMPLE CONSUMERS
TCM Review**

#	UCI	#	UCI
1	5037241	26	8097201
2	5030883	27	5032037
3	5032823	28	5038320
4	5235742	29	5241948
5	5242490	30	5412374
6	6118194	31	5506175
7	6402834	32	5784152
8	6563456	33	5796982
9	6609113	34	5811963
10	7184333	35	6117949
11	7795222	36	6546295
12	8002527	37	6634148
13	8008206	38	7819881
14	8014012	39	8002585
15	8016165	40	8002632
16	8018334	41	8006203
17	8019324	42	8008499
18	8019342	43	8012327
19	8023188	44	8019500
20	8023417	45	8023225
21	5032829	46	8023312
22	5035703	47	8023328
23	5036864	48	8030088
24	8010018	49	5039716
25	8032267	50	8087798

NHR Review

#	UCI
1	H003323
2	8085397
3	8018294
4	8091968
5	5038654
6	8002088
7	8003293
8	5047881
9	8002276
10	H003415

ATTACHMENT I

TCM DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 50 Records Billed Units Reviewed: 2173	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. The TCM service and unit documentation matches the information transmitted to DDS.	2,173			100	
2. The TCM service documentation billed to DDS is consistent with the definition of TCM service.	2,093	80		96	4
3. The TCM documentation identifies the service coordinator recording the notes and each note is dated	2,155	18		99	1

NHR DISTRIBUTION OF FINDINGS

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

**REGIONAL CENTER OF THE EAST BAY
TARGETED CASE MANAGEMENT REVIEW
DRAFT**

Consumer #7 UCI 6402834 (2) units

Date	Activity	RC Units	Comments	Regional Center Plan/Response
03/06/12	D	2	This entry states, "Reviewed notes and took file with POS Except docs for ASP to (name)'s in-box." This description is not sufficient to determine if this is case management activity. Therefore, the time claimed should be reversed.	Reversed

Consumer #11 UCI 7795222 (6) units

Date	Activity	RC Units	Comments	Regional Center Plan/Response
11/03/11 11/07/11 11/07/11 07/03/12	T T D D	1 1 1 1	These entries are for phone calls regarding trust account balance, and for completing disbursements. The direct provision of services, such as money management, cannot be claimed as case management. Therefore, the time claimed should be reversed.	Reversed
11/10/11 03/06/12	D T	1 1	These entries are for completing POS reauthorizations and mailing documents for signing. These are administrative activities. Therefore, the time claimed should be reversed.	Reversed

Consumer #16 UCI 8018334 (2) units

Date	Activity	RC Units	Comments	Regional Center Plan/Response
11/09/11 05/04/12	D D	1 1	These entries are for updating consumer face sheet. These are administrative activities. Therefore, the time claimed should be reversed.	Reversed

Consumer #19 UCI 8023188 (3) units

Date	Activity	RC Units	Comments	Regional Center Plan/Response
07/30/12 07/30/12	D D	2 1	These entries are for letter confirming a meeting, and completing POS reauthorizations. These are administrative activities. Therefore, the time claimed should be reversed.	Reversed

Consumer #22 UCI 5035703 (3) units

Date	Activity	RC Units	Comments	Regional Center Plan/Response
11/14/11	D	3	This entry is for extending three POS. This is an administrative activity. Therefore, the time claimed should be reversed.	Reversed

Consumer #27 UCI 5032037 (9) units

Date	Activity	RC Units	Comments	Regional Center Plan/Response
03/14/12	D	1	These entries are for receiving and copying medical card, making corrections to previously completed reports, and updating location sheet. These are administrative activities. Therefore, the time claimed should be reversed.	Reversed
04/14/12	D	3		
05/02/12	D	1		
06/05/12	D	1		
07/13/12	D	1		
07/16/12	D	2		

Consumer #30 UCI 5412374 (5) units

Date	Activity	RC Units	Comments	Regional Center Plan/Response
11/30/11	D	1	These entries are for disbursements and activities related to the consumer's trust account. The direct provision of services, such as money management, cannot be claimed as case management. Therefore, the time claimed should be reversed.	Reversed
02/09/12	D	1		
04/13/12	D	1		
05/08/12	D	1		
08/02/12	D	1		

Consumer #32 UCI 5784152 (7) units

Date	Activity	RC Units	Comments	Regional Center Plan/Response
11/14/11	D	1	These entries are for disbursements from the consumer's trust account. The direct provision of services, such as money management, cannot be claimed as case management. Therefore, the time claimed should be reversed.	Reversed
07/25/12	D	1		
08/13/12	D	1		
12/06/11	D	1	These entries are for ordering medical card and forwarding pay stubs to client trust department. These are administrative activities. Therefore, the time claimed should be reversed.	Reversed
04/03/12	D	1		
04/11/12	D	1		
06/21/12	T	1		

Consumer #34 UCI 5811963 (5) units

Date	Activity	RC Units	Comments	Regional Center Plan/Response
01/03/12	D	1	This entry is for receiving, copying, and filing a document. This is an administrative activity. Therefore, the time claimed should be reversed.	Reversed
05/23/12 08/01/12 08/01/12 08/08/12	T D T T	1 1 1 1	These entries are for calls regarding consumer's trust account, and completing a disbursement. The direct provision of services, such as money management, cannot be claimed as case management. Therefore, the time claimed should be reversed.	Reversed

Consumer #37 UCI 6634148 (1) unit

Date	Activity	RC Units	Comments	Regional Center Plan/Response
08/24/12	D	1	This entry is for email introducing new job coach at consumer's supported employment agency and requested an annual review meeting. There is another entry on the same date for the same activity. This appears to be the result of duplicative entries. Therefore, the time claimed should be reversed.	Reversed

Consumer #40 UCI 8002632 (10) units

Date	Activity	RC Units	Comments	Regional Center Plan/Response
11/07/11 12/16/11 01/09/12 01/12/12 04/23/12 06/14/12 07/17/12 10/18/12	D D D D D D D D	2 1 1 1 1 1 1 1	These entries are for disbursements from the consumer's trust account. The direct provision of services, such as money management, cannot be claimed as case management. Therefore, the time claimed should be reversed.	Reversed
02/23/12	D	1	This entry is for completing a POS reauthorization. This is an administrative activity. Therefore, the time claimed should be reversed.	Reversed

Consumer #41 UCI 8006203 (6) units

Date	Activity	RC Units	Comments	Regional Center Plan/Response
01/11/12	D	1	This is entry states, "Following email sent to (name) in RCEB client trust." This description is not sufficient to determine if this is case management activity. Therefore, the time claimed should be reversed.	Reversed
04/03/12 04/03/12	D D	1 1	These entries are for reviewing emails. When combined, the descriptions do not support the time claimed. Therefore, the time claimed should be reduced to an amount appropriate to the task.	Reduced to 1 unit.
05/01/12	D	1	This entry is for sending an email regarding the regional center no longer being consumer's payee. This is an administrative activity. Therefore, the time claimed should be reversed.	Reversed
05/22/12 05/22/12	D D	1 1	These entries are for emails regarding getting correct vendor number for a previously completed POS. These are administrative activities. Therefore, the time claimed should be reversed.	Reversed

Consumer #43 UCI 8012327 (3) units

Date	Activity	RC Units	Comments	Regional Center Plan/Response
11/03/11 09/06/12	D D	2 1	These entries are for completing disbursements from the consumer's trust account. The direct provision of services, such as money management, cannot be claimed as case management. Therefore, the time claimed should be reversed.	Reversed

Consumer #46 UCI 8023312 (12) units

Date	Activity	RC Units	Comments	Regional Center Plan/Response
11/03/11 02/02/12 02/28/12 03/28/12 05/03/12 05/08/12 05/16/12 06/22/12 08/15/12 09/10/12	T D D D D D D T D T	1 1 1 1 1 3 1 1 1 1	These entries are regarding inquiries about trust account balance, and completing disbursements. The direct provision of services, such as money management, cannot be claimed as case management. Therefore, the time claimed should be reversed.	5/8/2012 - Reduced to 1 unit. Reflects obtaining information regarding consumer's personal situation. Other units reversed.

Consumer #48 UCI 8030088 (6) units

Date	Activity	RC Units	Comments	Regional Center Plan/Response
11/16/11	D	2	These entries are for reviewing previously completed documents for accuracy, making corrections, and submitting to supervisor. These are administrative activities. Therefore, the time claimed should be reversed.	Reversed
12/01/11	D	1		
12/16/11	D	2		
12/19/11	D	1		