

**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 12-22, 2015**

## 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 19
SECTION IV DAY PROGRAM CONSUMER RECORD REVIEW .....	page 22
SECTION V CONSUMER OBSERVATIONS AND INTERVIEWS .....	page 27
SECTION VI	
A. SERVICE COORDINATOR INTERVIEWS .....	page 28
B. CLINICAL SERVICES INTERVIEW .....	page 29
C. QUALITY ASSURANCE INTERVIEW .....	page 31
SECTION VII	
A. SERVICE PROVIDER INTERVIEWS .....	page 32
B. DIRECT SERVICE STAFF INTERVIEWS .....	page 33
SECTION VIII VENDOR STANDARDS REVIEW.....	page 34
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 12-22, 2015, at Regional Center of the East Bay (RCEB). The monitoring team members were Corbett Bray (Team Leader), Mary Ann Smith, Lisa Miller, Ray Harris, and Jonathan Hill from DDS, and Raylyn Garrett, Annette Hanson, 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 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 73 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, 2013 – October 31, 2014.

The monitoring team completed visits to 14 community care facilities (CCFs) and 28 day programs. The team reviewed 14 CCF and 33 day program consumer records and had face-to-face visits and/or interviews with 63 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-three 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 64 percent and 63 percent respectively in compliance because 20 of the 56 and 21 of the 56 applicable consumer records did not contain documentation of all required quarterly face-to-face visits and progress reports.

The sample records were 97 percent in overall compliance for this review. RCEB's records were 97 percent and 99 percent in overall compliance for the collaborative reviews conducted in 2013 and in 2011, respectively.

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

Fourteen consumer records were reviewed at 14 CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations.

The sample records were 99 percent in overall compliance for the 19 criteria. RCEB's records were 99 percent in overall compliance for the collaborative reviews conducted in 2013 and in 2011.

### Section IV – Day Program Consumer Record Review

Thirty-three consumer records were reviewed at 28 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 98 percent in overall compliance for the 14 applicable criteria. Three criteria were not applicable. RCEB's records were 96 percent and 95 percent in overall compliance for the collaborative reviews conducted in 2013 and in 2011, respectively.

## Section V – Consumer Observations and Interviews

Sixty-three 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 Clinical Supervisor was interviewed using a standard interview instrument. The Clinical Supervisor 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 eight 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

Eight CCF and eight 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 10 CCFs and eight 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 73 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. RCEB reported all special incidents for the sample of 73 records selected for the HCBS Waiver review to DDS. For the supplemental sample, the service providers reported 9 of the 10 incidents to RCEB within the required timeframe and RCEB subsequently transmitted the 10 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.

<b>Regional Center Self-Assessment HCBS Waiver Assurances</b>	
HCBS Waiver Assurances	Regional Center Assurances
<p>State conducts level of care need determinations consistent with the need for institutionalization</p>	<p>The regional center ensures that consumers meet ICF/DD, ICF/DD-H, or ICF/DD-N facility level of care requirements as a condition of initial and annual eligibility for the HCBS Waiver Program.</p> <p>Regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meet the federal definition of a Qualified Mental Retardation Professional (QMRP).</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 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>



<b>Regional Center Self-Assessment HCBS Waiver Assurances</b>	
<b>HCBS Waiver Assurances</b>	<b>Regional Center Assurances</b>
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-three HCBS Waiver consumer records were selected for the review sample.

<b>Living Arrangement</b>	<b># of Consumers</b>
Community Care Facility (CCF)	28
With Family	17
Independent or Supported Living Setting	28

2. The review period covered activity from November 1, 2013 – October 31, 2014.

#### III. Results of Review

The 73 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 percent compliance for 24 criteria. There are no recommendations for these criteria.
- ✓ Findings for seven 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-two of the 73 (99 percent) sample consumer records contained a dated and signed DS 2200 form. However, the DS 2200 form for consumer #61, a conserved adult, was not signed by the conservator.

2.2 Recommendation	Regional Center Plan/Response
RCEB should ensure the DS 2200 form for consumer #61 is completed and signed by the conservator.	This client retains the power to fix his own residence, so the conservator does not have this power and should not sign the choice of living statement.

- 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

Seventy-one of the 73 (97 percent) sample consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in two consumer records did not support the determination that all of the issues identified in the CDER and DS 3770 could be considered qualifying conditions. For consumer #43 “hygiene” was identified as a qualifying condition on the DS 3770 but there was no supporting information in the consumers’ record (IPP, progress reports, vendor reports, etc.) that described the impact of the identified condition or need for services and supports.

For consumer #53, “Seizures” and “Disruptive behavior” were identified as qualifying conditions on the DS 3770 but there was no supporting information in the consumers’ record (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports. However, prior to the monitoring review, the consumer was terminated from the Waiver. Accordingly, no recommendation is required.

2.5.b Recommendation	Regional Center Plan/Response
<p>RCEB should determine if hygiene is appropriately identified as a qualifying condition for consumer #43. The consumer's DS 3770 form should be corrected to ensure that any item that does not represent a substantial limitation in the consumer's ability to perform activities of daily living and/or participate in community activities is no longer identified as a qualifying condition. If RCEB determines that the issue above is correctly identified as a qualifying condition, documentation (an updated IPP, progress reports, etc.) that supports the original determination should be submitted with the response to this report.</p>	<p>Hygiene was used to recertify due to a statement in the ILS ISP, but has since been removed as a qualifying condition based on current documentation.</p> <p>RCEB is in the process of hiring a case management trainer, has recently implemented quarterly trainings, and will continue to provide 1:1 coaching and team training to ensure that Case Manager's maintain consistency and accuracy in reporting.</p>

- 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

Seventy-two of the 73 (99 percent) sample consumer records contained documentation that the consumer's IPP had been reviewed annually by the planning team. However, there was no documentation that the IPP for consumer #28 had been reviewed during the monitoring review period.

2.6.a Recommendation	Regional Center Plan/Response
<p>RCEB should ensure that in the future the IPP for consumer #28 is reviewed at least annually by the planning team.</p>	<p>This case was on an open caseload during that period of time. We have continued to work toward increased staffing and attempting to decrease CM turnover throughout the agency.</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)

Findings

Forty-six of the 48 (96 percent) applicable sample consumer records contained a completed SARF. However, the records for consumers #1 and #72 did not contain a completed SARF.

2.6.b Recommendation	Regional Center Plan/Response
RCEB should ensure that a SARF is completed and signed for consumers #1 and #72 if the annual review does not include the completion of a new IPP.	CM for consumer #1 left the agency some time ago, and the supervisor of that unit is no longer in the position. However, we will ensure additional training is provided to all case manager's regarding documentation expected during an annual review. Training will be provided during team meetings and during new hire training. Supervisor's will ensure that all documentation is present when annual meetings are done. A trainer is also being hired to support case management with meeting requirements.

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

Seventy-two of the 73 (99 percent) sample consumer records contained IPPs that addressed the consumer's qualifying conditions. However, the IPP for consumer #55 did not indicate what services and supports are in place to address the consumer's need for assistance with toileting, as stated in the annual review dated 10/15/13.

2.9.a Recommendations	Regional Center Plan/Response
RCEB should ensure that the IPP for consumer #55 indicates the services and supports that are in place to address the consumer's need for assistance with toileting.	RCEB is in the process of hiring a CM trainer to assist with ensuring compliance with regulatory standards, including ensuring IPP's contain the information about services and supports for each qualifying deficit. In addition, quarterly CM trainings have been implemented and we will continue providing team trainings and 1:1 coaching as areas of improvement are identified.

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

Thirty-six of the 56 (64 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for 20 consumers did not meet the requirements as listed below:

The records for consumers #2, #7, #12, #25, #40, #49, #53, #55, #63, #65, and #66 contained documentation of three of the required quarterly meetings.

The records for consumers #1, #5, #9, #15, #18, #48, #52, #58, and #64 contained documentation of two of the required quarterly meetings.

2.13.a Recommendations	Regional Center Plan/Response
RCEB should ensure that future face-to-face meetings are completed and documented each quarter for consumers #1, #2, #5, #7, #9, #12, #15, #18, #25, #40, #48, #49, #52, #53, #55, #58, #63, #64, #65, and #66.	RCEB is in the process of hiring a CM trainer to assist with ensuring compliance with regulatory standards, including ensuring IPP’s contain the information about services and supports for each qualifying deficit. In addition, quarterly CM trainings have been implemented and we will continue providing team trainings and 1:1 coaching as areas of improvement are identified.

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

Thirty-five of the 56 (63 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for 21 consumers did not meet the requirements as indicated below:

The records for consumers #2, #7, #12, #25, #40, #41, #49, #53, #55, #63, #65, and #66 contained documentation of three quarterly reports of progress.

The records for consumers #1, #5, #9, #15, #18, #48, #52, #58, #64, contained documentation of two quarterly reports of progress.

2.13.b Recommendations	Regional Center Plan/Response
RCEB should ensure that future reports of progress are completed each quarter for consumers #1, #2, #5, #7, #9, #12, #15, #18, #25, #40, #41, #48, #49, #52, #53, #55, #58, #63, #64, #65, and #66.	RCEB is in the process of hiring a CM trainer to assist with ensuring compliance with regulatory standards, including ensuring IPP's contain the information about services and supports for each qualifying deficit. In addition, quarterly CM trainings have been implemented and we will continue providing team trainings and 1:1 coaching as areas of improvement are identified.

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 73 + 6 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	73			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.	73			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.	73			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	73			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	5		68	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))	72	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))	3		73	100	None



<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 73 + 6 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. <i>(SMM 4442.5), (42 CFR 441.302)</i>	73			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. <i>(SMM 4442.5), (42 CFR 441.302(c)), (Title 22, CCR, §51343)</i>	73			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	71	2		97	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. <i>(42 CFR 441.301(b)(1)(I))</i>	72	1		99	See Narrative
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. <i>(HCBS Waiver requirement)</i>	46	2	25	96	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. <i>(WIC §4646(g))</i>	73			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.	35		38	100	None
2.7.c	The IPP is prepared jointly with the planning team. <i>(WIC §4646(d))</i>	73			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life	73			100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 73 + 6 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
	choices of the consumer. (WIC §4646.5(a))					
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	1		99	See Narrative
2.9.b	The IPP addresses the special health care requirements.	51		22	100	None
2.9.c	The IPP addresses the services for which the CCF provider is responsible for implementing.	28		45	100	None
2.9.d	The IPP addresses the services for which the day program provider is responsible for implementing.	53		20	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		45	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	73			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	8		65	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))	73			100	None
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))	73			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	35		38	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))	73			100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 73 + 6 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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> )	73			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> )	36	20	17	64	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> )	35	21	17	63	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> )	3		73	100	None

## SECTION III

### COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

#### I. Purpose

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

#### II. Scope of Review

Fourteen consumer records were reviewed at 14 CCFs visited by the monitoring team. The facilities' consumer records were reviewed to determine compliance with 19 criteria.

#### III. Results of Review

The consumer records were 100 percent in compliance for 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

Eight of the nine (89 percent) applicable consumer records contained reports that included a summary of data collected for target behaviors. However, the quarterly reports for consumer #21 at CCF #9 did not contain data collection for behaviors.

3.5.c Recommendation	Regional Center Plan/Response
RCEB should ensure that quarterly reports for consumer #21 at CCF #9 contains data collection for behaviors.	Residential provider met with Behavior Consultant, plans were amending. QA Specialist provided technical assistance and ongoing monitoring. Confirmation of sustained practice was verified as of 10/23/15

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 14; CCFs = 14</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. (Title 17, CCR, §56017(b)), (Title 17, CCR §56059(b)), (Title 22, CCR, §80069)	14			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	14			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		6	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.	14			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	14			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	14			100	None
3.1.i	Special safety and behavior needs are addressed.	9		5	100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17, and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. (Title 17, CCR, §56019(c)(1))	14			100	None
3.3	The facility has a copy of the consumer's current IPP. (Title 17, CCR, §56022(c))	14			100	None

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 14; CCFs = 14</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. ( <i>Title 17, CCR, §56026(b)</i> )	5		9	100	None
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	5		9	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> )	9		5	100	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	9		5	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> )	8	1	5	89	See Comments
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. ( <i>Title 17, CCR §56026(a)</i> )	14			100	None
3.6.b	The ongoing notes/information verifies that behavior needs are being addressed.	12		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> )	3		11	100	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. ( <i>Title 17, CCR, §54327</i> )	3		11	100	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. ( <i>Title 17, CCR, §54327</i> )	3		11	100	None

## SECTION IV

### DAY PROGRAM CONSUMER RECORD REVIEW

#### I. Purpose

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

#### II. Scope of Review

Thirty-three sample consumer records were reviewed at 28 day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria. Three criteria were not applicable for this review.

#### III. Results of Review

The consumer records were 100 percent in compliance for seven of the 14 applicable 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.e The consumer record contains documentation that the consumer has been informed of his/her personal rights.

##### Finding

Thirty-two of the 33 (97 percent) sample consumer records contained documentation that the consumer and/or their authorized representative had been informed of their personal rights. However, the record for consumer #60 at DP #7 did not contain documentation that the consumer was informed of his personal rights.

4.1.e Recommendation	Regional Center Plan/Response
----------------------	-------------------------------

RCEB should ensure that the record for consumer #60 at DP #7 contains documentation that the consumer was informed of his personal rights.	Day Program was referred to signed documents regarding the need for informing clients of their rights; Day program informed client and documented this. Confirmation obtained 10/30/15
--	--

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

Finding

Thirty-two of the 33 (97 percent) sample consumer records contained data collection measuring progress toward IPP objectives for which the day program provider is responsible for implementing. However, the record for consumer #28 at DP #3 did not contain data collection for their IPP objectives.

4.1.f Recommendation	Regional Center Plan/Response
RCEB should ensure that DP #3 collects data for IPP objectives for consumer #28.	Day Program was provided technical assistance. QA Supervisor remains in communication with Day Program Director, providing technical assistance as needed. Verbal conformation of ongoing practice was obtained on 10/27/15

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

Findings

Twenty-nine of the 33 (88 percent) sample consumer records contained a copy of the consumer’s current IPPs. However, the records for consumers #8 at DP #28, #30 at DP #27, #43 at DP #5 and #52 at DP #21 did not contain copies of the current IPPs.

4.2 Recommendations	Regional Center Plan/Response
RCEB should ensure that should ensure that day program providers #5, #21, #27 and #28 receive a current copy of the consumers’ IPP.	Case managers provided day programs with current IPPs and QA Supervisor confirmed. Providers were instructed to contact CM or CMS supervisor to obtain IPPs in a timely fashion as ISP must reflect IPP.

- 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



Thirty-two of the 33 (97 percent) 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 #28 at DP #3 had no specific program plan or other documentation describing how they will assist the consumer in achieving their IPP/ISP objectives.

4.3.a Recommendation	Regional Center Plan/Response
RCEB should ensure that day program provider #3 develop a specific program plan describing how they will assist consumer #28 in achieving their IPP/ISP objectives.	Day Program was provided technical assistance and written materials for IPP/ISP development. QA Supervisor remains in communication with Day Program Director, providing technical assistance as need. Verbal conformation of ongoing practice was obtained on 10/27/15

- 4.3.b The day program’s ISP or other program documentation is consistent with the consumer’s IPP objectives for which the day program is responsible.

Findings

Thirty-one of the 33 (94 percent) sample consumer records contained documentation consistent with the consumer’s IPP objectives for which the day program is responsible. However, the records for consumers #28 at DP#3 and #30 at DP #27 did not identify the supports in place for goals as stated in the IPP.

4.3.b Recommendation	Regional Center Plan/Response
RCEB should ensure that the record for consumers #28 at DP#3 and #30 at DP #27 identifies supports in place as stated in their IPPs.	Day Programs were provided technical assistance. Verbal confirmation for identified supports was obtained on 10/27/15

- 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-nine of the 31 (94 percent) applicable consumer records contained written semiannual reports of consumer progress. However, the records for consumers #30 at DP #27 and #43 at DP #5 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 DP providers #27 and #5 prepare written semiannual reports of consumer progress.	Day Programs notified of Title 17 requirements; technical assistance provided. Verbal confirmation of correction obtained on 1/22. Monitoring continues.

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 33; Day Programs = 28</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. ( <i>Title 17, CCR, §56730</i> )	33			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.	33			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.	33			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.	33			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.	33			100	None
4.1.e	The consumer record contains documentation that the consumer and/or the authorized consumer representative has been informed of his/her personal rights.	32	1		97	See Narrative
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.	32	1		97	See Narrative
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	33			100	None

4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	22		11	100	None
4.2	The day program has a copy of the consumer's current IPP. ( <i>Title 17, CCR §56720(b)</i> )	29	4		88	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> )	32	1		97	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.	31	2		94	See Narrative
4.4.a	The day program prepares and maintains written semiannual reports. ( <i>Title 17, CCR, §56720(c)</i> )	29	2	2	94	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.	30		3	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		13	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		13	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		13	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 consumer's satisfaction with their living situation, day program and work activities, health, choice, and regional center services.

#### II. Scope of Observations and Interviews

Sixty-three of the 73 consumers were interviewed and/or observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Forty adult consumers agreed to be interviewed by the monitoring teams.
- ✓ Eighteen consumers did not communicate verbally or declined an interview, but were observed.
- ✓ Five interviews were conducted with parents of minors.
- ✓ Ten 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 consumer's overall appearance reflected personal choice and individual style.

## SECTION VI A

### SERVICE COORDINATOR INTERVIEWS

#### I. Purpose

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

#### II. Scope of Interviews

1. The monitoring team interviewed 14 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 consumer's 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 consumer's 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 consumer's 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 Clinical Supervisor 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, autism coordinator, occupational therapists, dental hygienist, and adult/child psychiatrist.
2. The clinical team is available as a resource to service coordinators. Consumer's health, medications 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. The registered nurses are available to visit hospitalized consumers and assist in the discharge planning process.
3. The clinical team is available to assist with consumer's behavior plans and mental health issues through referrals from service coordinators. The psychologists and nurses review behavior plans and make recommendations as needed. Additionally, consulting psychiatrists perform evaluations and advise appropriate treatment for consumers with existing or undiagnosed mental health issues. The psychiatrist is available to review psychotropic

- medications as requested. 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. This committee provides training for consumers, families, providers and regional center staff. Team members also participate in new employee orientation. Nurses visit 962 homes monthly to evaluate consumer health status and provide staff training as needed.
  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
    - ✓ RCEB vendors with a dental hygienist, to provide in-home visits for consumers
    - ✓ 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. The QA specialist provided information about RCEB's process for conducting the annual Title 17 monitoring review, unannounced visits and provider training. The annual Title 17 monitoring reviews are conducted by QA specialists. Case managers, who are assigned as facility liaisons, are responsible for conducting two unannounced visits annually. QA specialists may conduct additional unannounced visits to facilities with identified issues. When issues of substantial inadequacies are identified, the QA specialist is responsible for developing a corrective action plan (CAP) and ensuring providers complete the CAP requirements. The QA team meets weekly to discuss CAPs.
2. The resource specialists are responsible for the review and approval process for new vendor applications. The specialists conduct orientation, verify credentials and employment history, and meet with the potential vendor to review their program design. The resource specialists also investigate issues and complaints regarding independent living, supported living, family home, and day programs, and develop a CAP when substantial inadequacies are identified. QA specialists are available for assistance as needed.
3. All special incident reports (SIRs) are reviewed by the SIR coordinator and are then submitted to the Risk Management Committee. The committee conducts monthly reviews of SIRs for trends. Identified trends are then forwarded to the program managers and case managers. Based on the trends, the committee will make recommendations for training for providers and/or case managers to mitigate risk.



## 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 (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 18 service providers at 10 community care facilities (CCFs) and eight 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 consumer's 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 individual program plan (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 16 direct service staff at eight community care facilities (CCF) and eight 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 consumer's 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. The review also ensures that CCFs are meeting the Home and Community-Based Services (HCBS) Waiver definition of a homelike setting.

#### II. Scope of Review

1. The monitoring teams reviewed a total of ten CCFs and eight 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, consumer's 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

##### 8.2b Medication Storage

CCF #12 had a prescription label that did not match the medication administration record. The medication was changed to PRN, which was not reflected on the prescription label. CCF #12 also had an over-the-counter medication that was physician prescribed, however it was not labeled with identifying information.

8.2d Recommendation	Regional Center Plan/Response
RCEB should ensure that CCF #12 follows medication labeling requirements.	Administrator providing increased oversight; QA providing quarterly monitoring-Labeling requirements are maintained per Title 22. Confirmation obtained on 10/22/15

## 8.2d PRN Medication Records

CCF #8 was not documenting the consumer's response to PRN medications.

8.2d Recommendation	Regional Center Plan/Response
RCEB should ensure that CCF #8 properly documents all required PRN medication information.	PRN requirements maintained. QA Specialist increased monitoring; Licensee determined she could not maintain quality services and closed the home. Clients were successfully moved to new living arrangements.8/22/15

## 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 73 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. RCEB reported all deaths during the review period to DDS.

2. RCEB reported all special incidents in the sample of 73 records selected for the HCBS Waiver review to DDS.
3. RCEB's vendors reported nine of the 10 (90 percent) incidents in the supplemental sample within the required timeframes.
4. RCEB reported all 10 (100 percent) 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 #1-ALT: The incident occurred on July 6, 2014. However, the vendor did not submit a written report to RCEB until July 9, 2014.

9.3 Recommendation	Regional Center Plan/Response
<p>RCEB should ensure that the vendor for consumer #1-ALT reports special incidents within the required timeframes.</p>	<p>Title 17 states the vendor shall report to within 24 hours of learning of the occurrence; this client lives in ILS and does not have 24 supports. The ILS provider was <i>not scheduled to be at the client's home, any time between July 6 and July 9</i>. The client called the vendor at 7 PM on <b>July 8</b>, and said she had been assaulted on July 6. The vendor submitted a report <b>on July 9</b>, the report was made within two working days of vendor being informed of the incident.</p>

## SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

### HCBS Waiver Review Consumers

#	UCI	CCF	DP
1	8029865	14	
2	5031539	6	
3	5032432	2	
4	5037121	10	
5	5038654	8	
6	5799143		25
7	5873773	11	
8	6534812		28
9	6705633		13
10	6904338	1	
11	7179123		9
12	7191033	5	
13	8002527	3	
14	8007307	12	
15	8008325		6
16	8012293		2
17	8013476		10
18	8015036		24
19	8015056		13
20	8018366		23
21	8019258	9	
22	8019376		19
23	8020003		
24	8028877	13	
25	8030255	7	
26	8095595		14
27	8095598	4	
28	8098649		3
29	5030650		24
30	5032434		27
31	5034029		12
32	5034625		
33	5035384		
34	5260971		4
35	8012223		
36	8013333		16
37	8085986		
38	8099330		

#	UCI	CCF	DP
39	4895199		
40	5032872		10
41	5034682		15
42	5038207		
43	5039058		5
44	5317755		
45	5414537		17
46	5508262		
47	5509401		
48	7198635		11
49	8002012		22
50	8002082		
51	8005080		20
52	8006173		21
53	8007092		
54	8008438		18
55	8016199		28
56	8016378		
57	8018407		29
58	8019135		1
59	8019170		
60	8020139		7
61	8021004		15
62	8030342		
63	8081609		
64	8097787		8
65	8098567		
66	8098671		
67	6244329		
68	8029500		
69	8036254		
70	8082975		
71	8084847		
72	8097484		
73	8106048		

### Supplemental Sample of Terminated Consumers

#	UCI
74-T	5784152
75-T	8031860
76-T	8098428

### Consumers Developmental Center Movers

#	UCI
77-DC	8012052
78-DC	8004063
79-DC	8002057

### HCBS Waiver Review Service Providers

CCF #	Vendor
1	H14093
2	HB0310
3	HB0772
4	H70257
5	HB0704
6	HB0702
7	H84780
8	HB0328
9	HB0763
10	HB0697
11	HB0630
12	H14052
13	HB0839
14	HB0442

Day Program #	Vendor
1	H38323
2	HB0734
3	HB0703
4	HB0135
5	HB0872
6	HB0519
7	HB0938
8	HB0749
9	HB0095
10	HB0301



11	HB0253
12	H03542
13	HB0416
14	HB0371
15	HB0364
16	HB0511
17	HB0176
18	H38580
19	HB0502
20	HB0350
21	H14175
22	HB0665
23	HB0751
24	H04568
25	HB0049
26	NA
27	HB0034
28	HB0534
29	HB0346

**SIR Review Consumers**

<b>#</b>	<b>UCI</b>	<b>Vendor</b>
80-S	8035638	HB0715
81-S	5235742	HB0006
82-S	6197791	HB0326
83-S	8004355	HB0864
84-S	6027130	HB0203
85-S	8080973	Z14438
86-S	8098791	HB0653
87-S	NA	NA
88-S	8019564	HB0519
89-S	6548044	HB0653
1-ALT	8088716	HB0096

+

# **REGIONAL CENTER SELF ASSESSMENT**

**REGIONAL CENTER OF THE EAST BAY  
JANUARY 2015**

## TABLE OF CONTENTS

<b>STATE CONDUCTS LEVEL OF CARE NEED DETERMINATIONS CONSISTENT WITH THE NEED FOR INSTITUTIONALIZATION</b> .....	4
1.1 THE REGIONAL CENTER ENSURES THAT CONSUMERS MEET ICF-DD, ICF-DDH, OR ICF/DD -N FACILITY LEVEL OF CARE REQUIREMENTS AS A CONDITION OF INITIAL AND ANNUAL ELIGIBILITY FOR THE HCBS WAIVER PROGRAM. ....	4
1.2 THE 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]. ....	6
1.3 THE REGIONAL CENTER ENSURES THAT CONSUMERS ARE ELIGIBLE FOR FULL SCOPE MEDICAL BENEFITS BEFORE ENROLLING THEM IN THE HCBS WAIVER. ....	8
<b>NECESSARY SAFEGUARDS HAVE BEEN TAKEN TO PROTECT THE HEALTH AND WELFARE OF PERSONS RECEIVING HCBS WAIVER SERVICES.</b> .....	9
1.4 THE REGIONAL CENTER TAKES ACTION[S] TO ENSURE CONSUMERS' RIGHTS ARE PROTECTED. ....	9
1.5 THE REGIONAL CENTER TAKES ACTION[S] TO ENSURE THAT THE CONSUMERS' HEALTH NEEDS ARE ADDRESSED. ....	11
1.6 THE REGIONAL CENTER ENSURES THAT BEHAVIOR PLANS PRESERVE THE RIGHT OF THE CONSUMER TO BE FREE FROM HARM. ...	13
1.7 THE REGIONAL CENTER MAINTAINS A RISK MANAGEMENT, RISK ASSESSMENT AND PLANNING COMMITTEE. ....	15
1.8 THE REGIONAL CENTER HAS DEVELOPED AND IMPLEMENTED A RISK MANAGEMENT/MITIGATION PLAN. ....	17
1.9 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 THE DEPARTMENT OF SOCIAL SERVICES. ....	19
1.10 THE REGIONAL CENTER HAS DEVELOPED AND IMPLEMENTED A QUALITY ASSURANCE PLAN FOR SERVICE LEVEL 2, 3 AND 4 COMMUNITY CARE FACILITIES. ....	20
1.11 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. ....	21
1.12 THE REGIONAL CENTER CONDUCTS NOT LESS THAN TWO UNANNOUNCED MONITORING VISITS TO EACH CCF ANNUALLY. ....	23
1.13 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. ....	25

1.14	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. ....	27
1.15	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.	29
1.16	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. ....	31
<b>ONLY QUALIFIED PROVIDERS SERVE HCBS WAIVER PARTICIPANTS</b>		<b>33</b>
1.17	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. ....	33
<b>PLANS OF CARE ARE RESPONSIVE TO HCBS WAIVER PARTICIPANT NEEDS</b>		<b>35</b>
1.18	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.....	35
1.19	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 .....	37
1.20	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.....	39
1.21	THE REGIONAL CENTER USES FEEDBACK FROM CONSUMERS, FAMILIES AND LEGAL REPRESENTATIVES TO IMPROVE SYSTEM PERFORMANCE.....	41
1.22	THE REGIONAL CENTER DOCUMENTS THE MANNER BY WHICH CONSUMERS INDICATE CHOICE AND CONSENT.....	43
<b>THE STATE PROVIDES FINANCIAL ACCOUNTABILITY FOR THE HCBS WAIVER</b>		<b>45</b>
1.23	THE REGIONAL CENTER CONDUCTS FISCAL REVIEWS OF VENDORS. ....	45
1.24	THE REGIONAL CENTER RETAINS THE DOCUMENTATION REQUIRED FOR THE HCBS WAIVER FOR A PERIOD OF FIVE [5] YEARS. ...	46

**FEDERAL HCBS REQUIREMENT:  
STATE CONDUCTS LEVEL OF CARE NEED DETERMINATIONS  
CONSISTENT WITH THE NEED FOR INSTITUTIONALIZATION**

**1.1 THE REGIONAL CENTER ENSURES THAT CONSUMERS MEET ICF-DD, ICF-DDH, OR ICF/DD-N FACILITY LEVEL OF CARE REQUIREMENTS AS A CONDITION OF INITIAL AND ANNUAL ELIGIBILITY FOR THE HCBS WAIVER PROGRAM.**

PLEASE CHECK BOX BELOW IF WRITTEN POLICIES/PROCEDURES/PRACTICES ARE IN PLACE TO IMPLEMENT ASSURANCE



IF NO WRITTEN POLICIES/PROCEDURES ARE IN PLACE, PLEASE EXPLAIN WHY

IF YES, WHERE WOULD ONE GO TO LOOK AT THEM?

**RCEB procedure #7100 is available on the RCEB Intranet.**

WHAT SYSTEM OR PROCESS DO YOU USE TO ASSURE COMPLIANCE AND CONSISTENCY IN APPLICATION?

**A checklist was created when the unit was developed by the Medicaid Waiver Specialists after receiving Medicaid Waiver training in Sacramento by DDS. The checklist is a composite of various checklists used in previous audits and reviews and is completed during recertification. A comprehensive procedure was created to ensure the checklist is completed in a similar manner by all Medicaid Waiver Specialists.**

HOW DO YOU VERIFY THAT THE SYSTEM OR PROCESS IS OPERATIONAL AND PRODUCES ACCURATE/TIMELY RESULTS?

**Each Medicaid Waiver Specialist has received training by the veteran members on how to appropriately complete the checklist, and the Level of Care requirements. Each new team member spends a significant amount of time training with all of the veteran members of the team learning the process and requirements for recertification.**

TO WHAT EXTENT ARE YOU MEETING THIS ASSURANCE? [ALWAYS, ALMOST ALWAYS, USUALLY, SOMETIMES, RARELY]

OTHER QUESTIONS WITH RESPECT TO THE ASSURANCE

[OPTIONAL] WHAT OTHER QUALITY IMPROVEMENT ACTIONS/INITIATIVES HAS YOUR CENTER TAKEN RELATED TO THIS?

**Even during times when a checklist is not completed due to the volume of recertifications due that month, all Medicaid Waiver Specialists review the current CDER, IPP, AR and other supporting documentation (Quarterly Reports, Title 19 Notes, Health Care checklists, etc.) the checklist and Level of Care in mind ensuring that only those consumers that meet the strict standards remain on the Waiver. The Medicaid Waiver Specialists meet monthly and as needed to discuss recertification requirements and the Level of Care. Medicaid Waiver Specialists also review recertification and Level of Care questions with DDS staff as needed.**

*Regional Center Self Assessment*

NAME AND TITLE OF PERSON RESPONDING:

**Cristie Raynor, Medicaid Waiver Specialist**

REVIEWED/APPROVED EXECUTIVE DIRECTOR

DDS RESPONSE

DATE DDS RESPONSE

**FEDERAL HCBS REQUIREMENT:  
STATE CONDUCTS LEVEL OF CARE NEED DETERMINATIONS  
CONSISTENT WITH THE NEED FOR INSTITUTIONALIZATION**

**1.2 THE 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].**

PLEASE CHECK BOX BELOW IF WRITTEN POLICIES/PROCEDURES/PRACTICES ARE  
IN PLACE TO IMPLEMENT ASSURANCE



IF NO WRITTEN POLICIES/PROCEDURES ARE IN PLACE, PLEASE EXPLAIN WHY

IF YES, WHERE WOULD ONE GO TO LOOK AT THEM?

**Personnel Records contain a job description for Medicaid Waiver Specialist. The job description follows the Code of Federal Regulations 42CFR483.430 for qualification of Medicaid Waiver Specialist.**

WHAT SYSTEM OR PROCESS DO YOU USE TO ASSURE COMPLIANCE AND  
CONSISTENCY IN APPLICATION?

**RCEB Medicaid Waiver Specialists are responsible for completing HCBS Waiver certifications/recertifications. Medicaid Waiver Specialists must hold a Masters Degree in a related field or a Bachelors Degree and 4 years experience working with persons who are Developmentally Disabled, thereby meeting Federal QMRP qualifications. Each application is reviewed by RCEB Personnel Department.**

HOW DO YOU VERIFY THAT THE SYSTEM OR PROCESS IS OPERATIONAL AND  
PRODUCES ACCURATE/TIMELY RESULTS?

**See Above**

TO WHAT EXTENT ARE YOU MEETING THIS ASSURANCE? [**ALWAYS**, ALMOST  
ALWAYS, USUALLY, SOMETIMES, RARELY]

OTHER QUESTIONS WITH RESPECT TO THE ASSURANCE

[OPTIONAL] WHAT OTHER QUALITY IMPROVEMENT ACTIONS/INITIATIVES HAS YOUR  
CENTER TAKEN RELATED TO THIS?

**RCEB has five full-time Medicaid Wavier Specialists. They review each file that is recertified and help Case Managers identify issues and address deficits. Our Specialists do ongoing training for our staff on various issues that they identify. Training is continuous.**

NAME AND TITLE OF PERSON RESPONDING:

**Pam Thomas, Director of Consumer Services**



REVIEWED/APPROVED EXECUTIVE DIRECTOR

*Regional Center Self Assessment*

DDS RESPONSE

DATE DDS RESPONSE



**FEDERAL HCBS REQUIREMENT:  
STATE CONDUCTS LEVEL OF CARE NEED DETERMINATIONS  
CONSISTENT WITH THE NEED FOR INSTITUTIONALIZATION**

**1.3 THE REGIONAL CENTER ENSURES THAT CONSUMERS ARE ELIGIBLE  
FOR FULL SCOPE MEDI-CAL BENEFITS BEFORE ENROLLING THEM IN  
THE HCBS WAIVER.**

PLEASE CHECK BOX BELOW IF WRITTEN POLICIES/PROCEDURES/PRACTICES ARE  
IN PLACE TO IMPLEMENT ASSURANCE



IF NO WRITTEN POLICIES/PROCEDURES ARE IN PLACE, PLEASE EXPLAIN WHY

IF YES, WHERE WOULD ONE GO TO LOOK AT THEM?  
**RCEB Procedure #7100 is available on the Intranet.**

WHAT SYSTEM OR PROCESS DO YOU USE TO ASSURE COMPLIANCE AND  
CONSISTENCY IN APPLICATION?

**In a joint effort with our IS department, a macro computer program was developed to ensure that the most appropriate consumers are reviewed for the Medicaid Waiver. The program verifies that all consumers have full scope Medi-Cal, have used a billable POS and live in an approved living arrangement. The Medicaid Waiver Specialist reviews the file and verifies Medi-Cal with a DDS Program Analyst if necessary. Consumers are added to the Waiver if all requirements are met.**

HOW DO YOU VERIFY THAT THE SYSTEM OR PROCESS IS OPERATIONAL AND  
PRODUCES ACCURATE/TIMELY RESULTS?

**For Institutional Deeming consumers, the Medi-Cal referral is made and full scope Medi-Cal is verified either through the local Medi-Cal office or a DDS Program Analyst before the consumer is added to the waiver.**

TO WHAT EXTENT ARE YOU MEETING THIS ASSURANCE? [**ALWAYS**, ALMOST  
ALWAYS, USUALLY, SOMETIMES, RARELY]

OTHER QUESTIONS WITH RESPECT TO THE ASSURANCE

[OPTIONAL] WHAT OTHER QUALITY IMPROVEMENT ACTIONS/INITIATIVES HAS YOUR  
CENTER TAKEN RELATED TO THIS?

NAME AND TITLE OF PERSON RESPONDING:

**Cristie Raynor, Medicaid Waiver Specialist**



REVIEWED/APPROVED EXECUTIVE DIRECTOR

DDS RESPONSE

DATE DDS RESPONSE

**FEDERAL HCBS REQUIREMENT**

**NECESSARY SAFEGUARDS HAVE BEEN TAKEN TO PROTECT THE HEALTH AND WELFARE OF PERSONS RECEIVING HCBS WAIVER SERVICES.**

**1.4 THE REGIONAL CENTER TAKES ACTION[S] TO ENSURE CONSUMERS' RIGHTS ARE PROTECTED.**

PLEASE CHECK BOX BELOW IF WRITTEN POLICIES/PROCEDURES/PRACTICES ARE IN PLACE TO IMPLEMENT ASSURANCE

- RCEB has several guidelines that refer to consumer rights:**
- 1. Summary of Client's rights and responsibilities**
  - 2. Guideline for denial of rights**
  - 3. Summary of laws and regulations on the use of behavior modification interventions in licensed homes and day programs serving persons with Developmental Disabilities**
  - 4. Guidelines for developing and reviewing restrictive behavioral interventions**
  - 5. Consent guidelines**
  - 6. Guidelines for service providers to effectively address consumer social and sexual behavior**
  - 7. Conservatorship**

IF NO WRITTEN POLICIES/PROCEDURES ARE IN PLACE, PLEASE EXPLAIN WHY

IF YES, WHERE WOULD ONE GO TO LOOK AT THEM?  
**Consumer Rights Handbook**

WHAT SYSTEM OR PROCESS DO YOU USE TO ASSURE COMPLIANCE AND CONSISTENCY IN APPLICATION?

**Access to vendor training on consumer rights**  
**Access to vendor training on abuse detection and prevention**  
**Case management training as needed**  
**QA Annual reviews (Exercise of rights also included)**  
**Vendor training by request**

HOW DO YOU VERIFY THAT THE SYSTEM OR PROCESS IS OPERATIONAL AND PRODUCES ACCURATE/TIMELY RESULTS?

**Quality improvement is obtained by reviewing data related to consumer rights by annual review and QA investigation follow-up (QA Alert system).**

TO WHAT EXTENT ARE YOU MEETING THIS ASSURANCE? [ALWAYS, ALMOST ALWAYS, USUALLY, SOMETIMES, RARELY]

OTHER QUESTIONS WITH RESPECT TO THE ASSURANCE

[OPTIONAL] WHAT OTHER QUALITY IMPROVEMENT ACTIONS/INITIATIVES HAS YOUR CENTER TAKEN RELATED TO THIS?

*Regional Center Self Assessment*

NAME AND TITLE OF PERSON RESPONDING:

**Margaret Kane, Quality Assurance Supervisor**

REVIEWED/APPROVED EXECUTIVE DIRECTOR

DDS RESPONSE

DATE DDS RESPONSE

**FEDERAL HCBS REQUIREMENT**

**NECESSARY SAFEGUARDS HAVE BEEN TAKEN TO PROTECT THE HEALTH AND WELFARE OF PERSONS RECEIVING HCBS WAIVER SERVICES**

**1.5 THE REGIONAL CENTER TAKES ACTION[S] TO ENSURE THAT THE CONSUMER'S HEALTH NEEDS ARE ADDRESSED.**

PLEASE CHECK BOX BELOW IF WRITTEN POLICIES/PROCEDURES/PRACTICES ARE IN PLACE TO IMPLEMENT ASSURANCE

1.

IF NO WRITTEN POLICIES/PROCEDURES ARE IN PLACE, PLEASE EXPLAIN WHY

IF YES, WHERE WOULD ONE GO TO LOOK AT THEM?

**Policies and Procedures are found in case management training materials and on the intranet. These include procedures for completing and following up on the Health Care Checklist List, referring to RCEB clinical staff and the Clinical Team, obtaining medical consent, and referring to Clinical Consultants.**

WHAT SYSTEM OR PROCESS DO YOU USE TO ASSURE COMPLIANCE AND CONSISTENCY IN APPLICATION?

**Case managers are trained during orientation by consistent trainers. Supervisors monitor on a regular basis. Medicaid Waiver Specialists review during annual recertification.**

HOW DO YOU VERIFY THAT THE SYSTEM OR PROCESS IS OPERATIONAL AND PRODUCES ACCURATE/TIMELY RESULTS?

**See above**

TO WHAT EXTENT ARE YOU MEETING THIS ASSURANCE? [ALWAYS, ALMOST ALWAYS, USUALLY, SOMETIMES, RARELY]

OTHER QUESTIONS WITH RESPECT TO THE ASSURANCE

[OPTIONAL] WHAT OTHER QUALITY IMPROVEMENT ACTIONS/INITIATIVES HAS YOUR CENTER TAKEN RELATED TO THIS?

NAME AND TITLE OF PERSON RESPONDING:

**Lisa Kleinbub, Director, Health and Behavioral Services**

REVIEWED/APPROVED EXECUTIVE DIRECTOR

DDS RESPONSE

*Regional Center Self Assessment*

DATE DDS RESPONSE

**FEDERAL HCBS REQUIREMENT**

**NECESSARY SAFEGUARDS HAVE BEEN TAKEN TO PROTECT THE HEALTH AND WELFARE OF PERSONS RECEIVING HCBS WAIVER SERVICES**

**1.6 THE REGIONAL CENTER ENSURES THAT BEHAVIOR PLANS PRESERVE THE RIGHT OF THE CONSUMER TO BE FREE FROM HARM.**

PLEASE CHECK BOX BELOW IF WRITTEN POLICIES/PROCEDURES/PRACTICES ARE IN PLACE TO IMPLEMENT ASSURANCE



IF NO WRITTEN POLICIES/PROCEDURES ARE IN PLACE, PLEASE EXPLAIN WHY

IF YES, WHERE WOULD ONE GO TO LOOK AT THEM?

**In the Clients Right's and Myths and Barriers Handbooks distributed by the QA Team to Case Managers and Vendors through both individual and group training. The Vendor Incident Policy and the Vendor Incident Management Manual include information regarding protection from harm as it relates to behavior support plans, non-behavioral support plans and services. The previously named documents are distributed by the QA Team though both individual and group training.**

WHAT SYSTEM OR PROCESS DO YOU USE TO ASSURE COMPLIANCE AND CONSISTENCY IN APPLICATION?

**RCEB provides Risk Assessment and Prevention training for all new Case Managers and provides Quarterly training for Vendors and this practice enhances compliance and consistency. RCEB's Risk Management Committee meets every other month to confirm compliance and consistency with our risk management systems. RCEB's Clinical staff (Nursing, OT/PT, Physician,) are individually available to Case Managers for an in depth assessment and technical assistance and RCEB's Clinical Team is available to Case Managers and meets weekly to assist with assessment and planning. RCEB's Incident Coordinator monitors incidents on a daily basis and makes referrals to QA Team members for incidents that may need risk assessment planning. QA Supervisor monitors and makes referrals to QA Team members via RCEB's internal Alert system, which provides an additional process through which Case Managers can access support to manage consumer risk. QA Team members monitor individual consumers for risk assessment and planning needs at the time of the Annual or Review.**

HOW DO YOU VERIFY THAT THE SYSTEM OR PROCESS IS OPERATIONAL AND PRODUCES ACCURATE/TIMELY RESULTS?

**Referrals and outcomes made through Incident Reporting and an internal Alert system are reviewed monthly. Utilization of this process assists RCEB in verifying the success or need for improvement. Clinical Team provides written follow-up recommendations. Risk Management Committee meets every other month and the Incident Coordinator provides monthly reporting on salient incident information. The Risk Management Committee provides direction for RCEB Training and policy based on information presented by the Incident Coordinator.**

TO WHAT EXTENT ARE YOU MEETING THIS ASSURANCE? [ALWAYS, ALMOST ALWAYS, USUALLY, SOMETIMES, RARELY]

OTHER QUESTIONS WITH RESPECT TO THE ASSURANCE

*Regional Center Self Assessment*

[OPTIONAL] WHAT OTHER QUALITY IMPROVEMENT ACTIONS/INITIATIVES HAS YOUR CENTER TAKEN RELATED TO THIS?

NAME AND TITLE OF PERSON RESPONDING:

**Margaret Kane, Quality Assurance Supervisor**

REVIEWED/APPROVED EXECUTIVE DIRECTOR

DDS RESPONSE

DATE DDS RESPONSE

**FEDERAL HCBS REQUIREMENT**

**NECESSARY SAFEGUARDS HAVE BEEN TAKEN TO PROTECT THE HEALTH AND WELFARE OF PERSONS RECEIVING HCBS WAIVER SERVICES**

**1.7 THE REGIONAL CENTER MAINTAINS A RISK MANAGEMENT, RISK ASSESSMENT AND PLANNING COMMITTEE.**

PLEASE CHECK BOX BELOW IF WRITTEN POLICIES/PROCEDURES/PRACTICES ARE IN PLACE TO IMPLEMENT ASSURANCE



IF NO WRITTEN POLICIES/PROCEDURES ARE IN PLACE, PLEASE EXPLAIN WHY

IF YES, WHERE WOULD ONE GO TO LOOK AT THEM?

**Policy and Procedure #8520 addresses Risk Management Committee duties and is located on the agencies Intranet. The Quality Assurance Supervisor maintains a more detailed risk management plans and supplemental assessment tools.**

WHAT SYSTEM OR PROCESS DO YOU USE TO ASSURE COMPLIANCE AND CONSISTENCY IN APPLICATION?

**RCEB provides Risk Assessment and Prevention training for all new Case Managers and provides Quarterly training for Vendors and this practice enhances compliance and consistency. RCEB's Risk Management Committee meets every other month to confirm compliance and consistency with our risk management systems. RCEB's clinical staff (Nursing, Psychologist, OT/PT, Physician) are individually available to Case Managers in depth assessment and technical assistance and RCEB's Clinical Team is available to Case Managers and meets weekly to assist with assessment and planning. RCEB's Incident Coordinator monitors incidents on a daily basis and makes referrals to QA Team members for incidents that may need risk assessment planning. QA Supervisor monitors and makes referrals to QA Team members via RCEB's internal Alert system, which provides an additional process through which Case Managers can access support to manage consumer risk. QA Team members monitor individual consumers for risk assessment and planning needs at the time of the Annual Review.**

HOW DO YOU VERIFY THAT THE SYSTEM OR PROCESS IS OPERATIONAL AND PRODUCES ACCURATE/TIMELY RESULTS?

**Referrals and outcomes made through Incident Reporting and an internal Alert system are reviewed monthly. Utilization of this process assists RCEB in verifying success or need for improvement. Clinical Team provides written follow-up/recommendations. Risk Management Committee meets every other month and the Incident Coordinator provides monthly reporting on salient incident information. The Risk Management Committee provides direction for RCEB Training needs and policy changes.**

TO WHAT EXTENT ARE YOU MEETING THIS ASSURANCE? [ALWAYS, ALMOST ALWAYS, USUALLY, SOMETIMES, RARELY]

OTHER QUESTIONS WITH RESPECT TO THE ASSURANCE



*Regional Center Self Assessment*

[OPTIONAL] WHAT OTHER QUALITY IMPROVEMENT ACTIONS/INITIATIVES HAS YOUR CENTER TAKEN RELATED TO THIS?

NAME AND TITLE OF PERSON RESPONDING:

**Margaret Kane, Quality Assurance Supervisor**

REVIEWED/APPROVED EXECUTIVE DIRECTOR

DDS RESPONSE

DATE DDS RESPONSE

*Regional Center Self Assessment*

**FEDERAL HCBS REQUIREMENT  
NECESSARY SAFEGUARDS HAVE BEEN TAKEN TO PROTECT THE  
HEALTH AND WELFARE OF PERSONS RECEIVING HCBS WAIVER  
SERVICES**

**1.8 THE REGIONAL CENTER HAS DEVELOPED AND IMPLEMENTED A  
RISK MANAGEMENT/MITIGATION PLAN.**

PLEASE CHECK BOX BELOW IF WRITTEN  
POLICIES/PROCEDURES/PRACTICES ARE IN PLACE TO IMPLEMENT  
ASSURANCE



IF NO WRITTEN POLICIES/PROCEDURES ARE IN PLACE, PLEASE EXPLAIN  
WHY

IF YES, WHERE WOULD ONE GO TO LOOK AT THEM?  
**RCEB QA TEAM maintains PROCEDURES for INCIDENT MANAGEMENT and RCEB's  
Risk Management and Mitigation Plan.**

WHAT SYSTEM OR PROCESS DO YOU USE TO ASSURE COMPLIANCE AND  
CONSISTENCY IN APPLICATION?  
**Risk Management Committee meets every other month and the Incident Coordinator  
provides monthly reporting on salient incident information.**

HOW DO YOU VERIFY THAT THE SYSTEM OR PROCESS IS OPERATIONAL  
AND PRODUCES ACCURATE/TIMELY RESULTS?  
**QA Supervisor and Incident Coordinator review monthly RCEB Sandis reports (as well  
as Quarterly Mission Analytics reports) in conjunction with Risk Management  
Committee recommendations to assure accuracy and timely results. Frequently  
results are delayed due to Community Care Licensing's lengthy processes.**

TO WHAT EXTENT ARE YOU MEETING THIS ASSURANCE? [ALWAYS, ALMOST  
ALWAYS, USUALLY, SOMETIMES, RARELY]

OTHER QUESTIONS WITH RESPECT TO THE ASSURANCE

**Does your regional center routinely analyze SIR trends and provide the information to  
service coordinators and QA staff?**

**The Incident Coordinator reviews incidents daily, monthly, quarterly and annually. The  
Incident Coordinator shares findings with individual Case Managers, Supervisors,  
Directors and QA staff as needed. The Incident Coordinator prepares monthly written  
reports. QA Team reviews and discusses incident trends at weekly meetings, and  
trends are also discussed at Risk Management Committee meetings.**

[OPTIONAL] WHAT OTHER QUALITY IMPROVEMENT ACTIONS/INITIATIVES  
HAS YOUR CENTER TAKEN RELATED TO THIS?

NAME AND TITLE OF PERSON RESPONDING:

*Regional Center Self Assessment*

**Margaret Kane, Quality Assurance Supervisor**

REVIEWED/APPROVED EXECUTIVE DIRECTOR

DDS RESPONSE

DATE DDS RESPONSE

**FEDERAL HCBS REQUIREMENT**

**NECESSARY SAFEGUARDS HAVE BEEN TAKEN TO PROTECT THE HEALTH AND WELFARE OF PERSONS RECEIVING HCBS WAIVER SERVICES**

**1.9 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 THE DEPARTMENT OF SOCIAL SERVICES.**

PLEASE CHECK BOX BELOW IF WRITTEN POLICIES/PROCEDURES/PRACTICES ARE IN PLACE TO IMPLEMENT ASSURANCE



IF NO WRITTEN POLICIES/PROCEDURES ARE IN PLACE, PLEASE EXPLAIN WHY

IF YES, WHERE WOULD ONE GO TO LOOK AT THEM?

**RCEB and other Greater Bay Area**

WHAT SYSTEM OR PROCESS DO YOU USE TO ASSURE COMPLIANCE AND CONSISTENCY IN APPLICATION?

**RCEB and CCL meet quarterly and discuss issues with community licensed programs. The CCL Program Director and the Managers for adult homes meet with representatives from RCEB Resource Development and QA staff. At these meetings, RCEB and CCL determine collaboration on follow-up to identify issues and share information regarding corrective action plans and plans of corrective action.**

HOW DO YOU VERIFY THAT THE SYSTEM OR PROCESS IS OPERATIONAL AND PRODUCES ACCURATE/TIMELY RESULTS?

**Meetings; that occur quarterly.**

TO WHAT EXTENT ARE YOU MEETING THIS ASSURANCE? [ **ALMOST ALWAYS.** USUALLY, SOMETIMES, RARELY]

OTHER QUESTIONS WITH RESPECT TO THE ASSURANCE

[OPTIONAL] WHAT OTHER QUALITY IMPROVEMENT ACTIONS/INITIATIVES HAS YOUR CENTER TAKEN RELATED TO THIS?

Renewal of MOU.

NAME AND TITLE OF PERSON RESPONDING:

**Margaret Kane, Quality Assurance Supervisor**



REVIEWED/APPROVED EXECUTIVE DIRECTOR

DDS RESPONSE

DATE DDS RESPONSE

**FEDERAL HCBS REQUIREMENT**

**NECESSARY SAFEGUARDS HAVE BEEN TAKEN TO PROTECT THE HEALTH AND WELFARE OF PERSONS RECEIVING HCBS WAIVER SERVICES**

**1.10 THE REGIONAL CENTER HAS DEVELOPED AND IMPLEMENTED A QUALITY ASSURANCE PLAN FOR SERVICE LEVEL 2, 3 AND 4 COMMUNITY CARE FACILITIES.**

PLEASE CHECK BOX BELOW IF WRITTEN POLICIES/PROCEDURES/PRACTICES ARE IN PLACE TO IMPLEMENT ASSURANCE



IF NO WRITTEN POLICIES/PROCEDURES ARE IN PLACE, PLEASE EXPLAIN WHY

IF YES, WHERE WOULD ONE GO TO LOOK AT THEM?

**RCEB Intranet (Community Services)**

WHAT SYSTEM OR PROCESS DO YOU USE TO ASSURE COMPLIANCE AND CONSISTENCY IN APPLICATION?

**Data is collected for the purpose of tracking Vendor reviews and areas needing improvement. RCEB developed evaluation tools and interpretive guidelines for reviewing vendored programs, this assists the team to assure compliance and consistency. The QA Team meets weekly to discuss compliance and consistency.**

HOW DO YOU VERIFY THAT THE SYSTEM OR PROCESS IS OPERATIONAL AND PRODUCES ACCURATE/TIMELY RESULTS?

**Data collection, monitoring of the data and reporting on outcomes are the means used to verify the validity of the system.**

TO WHAT EXTENT ARE YOU MEETING THIS ASSURANCE? [ALWAYS, ALMOST ALWAYS, USUALLY, SOMETIMES, RARELY]

OTHER QUESTIONS WITH RESPECT TO THE ASSURANCE

[OPTIONAL] WHAT OTHER QUALITY IMPROVEMENT ACTIONS/INITIATIVES HAS YOUR CENTER TAKEN RELATED TO THIS?

NAME AND TITLE OF PERSON RESPONDING:

**Margaret Kane, Quality Assurance Supervisor**



REVIEWED/APPROVED EXECUTIVE DIRECTOR

DDS RESPONSE

DATE DDS RESPONSE

**FEDERAL HCBS REQUIREMENT**

**NECESSARY SAFEGUARDS HAVE BEEN TAKEN TO PROTECT THE HEALTH AND WELFARE OF PERSONS RECEIVING HCBS WAIVER SERVICES**

**1.11 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.**

PLEASE CHECK BOX BELOW IF WRITTEN POLICIES/PROCEDURES/PRACTICES ARE IN PLACE TO IMPLEMENT ASSURANCE



IF NO WRITTEN POLICIES/PROCEDURES ARE IN PLACE, PLEASE EXPLAIN WHY

IF YES, WHERE WOULD ONE GO TO LOOK AT THEM?

**The QA Team maintains evaluation tools, interpretive guidelines and other policies and guidelines related to program review and the implementation of Corrective Actions and/or Sanctions.**

WHAT SYSTEM OR PROCESS DO YOU USE TO ASSURE COMPLIANCE AND CONSISTENCY IN APPLICATION?

**RCEB's interpretive guidelines provide indicators for areas of substantial inadequacies, regulation citation, and direction for the implementation of Corrective Actions. RCEB's QA Team meets weekly to question and discuss compliance and consistency, amendments or clarifications are made whenever necessary.**

HOW DO YOU VERIFY THAT THE SYSTEM OR PROCESS IS OPERATIONAL AND PRODUCES ACCURATE/TIMELY RESULTS?

**The QA Team maintains an ACCESS database for all CAPs and the QA Supervisor reviews the database. The QA Team maintains a Sanction database. The QA Specialist disseminates information regarding the imposition and cessation of Sanctions to all Case Management Teams immediately and produces a weekly update every Friday.**

TO WHAT EXTENT ARE YOU MEETING THIS ASSURANCE? [ALWAYS, ALMOST ALWAYS, **USUALLY**, SOMETIMES, RARELY]

OTHER QUESTIONS WITH RESPECT TO THE ASSURANCE

[OPTIONAL] WHAT OTHER QUALITY IMPROVEMENT ACTIONS/INITIATIVES HAS YOUR CENTER TAKEN RELATED TO THIS?

NAME AND TITLE OF PERSON RESPONDING:

**Margaret Kane, Quality Assurance Supervisor**



REVIEWED/APPROVED EXECUTIVE DIRECTOR

*Regional Center Self Assessment*

DDS RESPONSE

DATE DDS RESPONSE

**FEDERAL HCBS REQUIREMENT**

**NECESSARY SAFEGUARDS HAVE BEEN TAKEN TO PROTECT THE HEALTH AND WELFARE OF PERSONS RECEIVING HCBS WAIVER SERVICES**

**1.12 THE REGIONAL CENTER CONDUCTS NOT LESS THAN TWO UNANNOUNCED MONITORING VISITS TO EACH CCF ANNUALLY.**

PLEASE CHECK BOX BELOW IF WRITTEN POLICIES/PROCEDURES/PRACTICES ARE IN PLACE TO IMPLEMENT ASSURANCE



IF NO WRITTEN POLICIES/PROCEDURES ARE IN PLACE, PLEASE EXPLAIN WHY

IF YES, WHERE WOULD ONE GO TO LOOK AT THEM?

**RCEB Case Management Coordination Procedure # 7420, "Unannounced Visits",**

WHAT SYSTEM OR PROCESS DO YOU USE TO ASSURE COMPLIANCE AND CONSISTENCY IN APPLICATION?

**The unannounced visit forms are turned into our Living Options Coordinator who tracks the visits for each Residential Provider. The Living Options Coordinator sends a report to the unit supervisors and Associate Directors of consumer Services monthly.**

HOW DO YOU VERIFY THAT THE SYSTEM OR PROCESS IS OPERATIONAL AND PRODUCES ACCURATE/TIMELY RESULTS?

**The monthly report sent to Supervisors and Associate Directors of Consumer Services is used to track unannounced visits.**

TO WHAT EXTENT ARE YOU MEETING THIS ASSURANCE? [ALWAYS, ALMOST ALWAYS, USUALLY, SOMETIMES, RARELY]

OTHER QUESTIONS WITH RESPECT TO THE ASSURANCE

[OPTIONAL] WHAT OTHER QUALITY IMPROVEMENT ACTIONS/INITIATIVES HAS YOUR CENTER TAKEN RELATED TO THIS?

**Supervisors are receiving tracking lists on a monthly basis which includes the unannounced visits completed and those still due to be completed. This allows them to remind staff and support completion of the visit. Associate Directors also monitor completion of visits.**

**Monthly reports will go to the supervisors and to the Director of Consumer Services.**

NAME AND TITLE OF PERSON RESPONDING:

**Pam Thomas, Director of Consumer Services**



REVIEWED/APPROVED EXECUTIVE DIRECTOR

DDS RESPONSE



*Regional Center Self Assessment*

DATE DDS RESPONSE

**FEDERAL HCBS REQUIREMENT**

**NECESSARY SAFEGUARDS HAVE BEEN TAKEN TO PROTECT THE HEALTH AND WELFARE OF PERSONS RECEIVING HCBS WAIVER SERVICES**

**1.13 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.**

PLEASE CHECK BOX BELOW IF WRITTEN POLICIES/PROCEDURES/PRACTICES ARE IN PLACE TO IMPLEMENT ASSURANCE



IF NO WRITTEN POLICIES/PROCEDURES ARE IN PLACE, PLEASE EXPLAIN WHY

IF YES, WHERE WOULD ONE GO TO LOOK AT THEM?

**RCEB Case Management Coordination Procedure #7003 "Annual Review of Consumer Progress".**

**"Case Management Support Office Procedure", documents that a consumer satisfaction survey is sent out after each IPP/Annual Review.**

WHAT SYSTEM OR PROCESS DO YOU USE TO ASSURE COMPLIANCE AND CONSISTENCY IN APPLICATION?

**Unit supervisors review all annual reviews. Medicaid Waiver Specialists review the annual reviews at the time of recertification.**

HOW DO YOU VERIFY THAT THE SYSTEM OR PROCESS IS OPERATIONAL AND PRODUCES ACCURATE/TIMELY RESULTS?

**RCEB uses a SANDIS program and monthly report to alert supervisors to the IPP, Annual Reviews, and Quarterly reports that are both completed and due.**

**Once visits and reports are completed, the documentation is submitted to support staff who enter the data into the SANDIS program and a report to the unit supervisors is produced at the end of the month. Director of Consumer Services receives a report indicating the level of compliance for report completion.**

TO WHAT EXTENT ARE YOU MEETING THIS ASSURANCE? [**ALWAYS**, ALMOST ALWAYS, USUALLY, SOMETIMES, RARELY]

OTHER QUESTIONS WITH RESPECT TO THE ASSURANCE

[OPTIONAL] WHAT OTHER QUALITY IMPROVEMENT ACTIONS/INITIATIVES HAS YOUR CENTER TAKEN RELATED TO THIS?

NAME AND TITLE OF PERSON RESPONDING:

**Pam Thomas, Director of Consumer Services**

*Regional Center Self Assessment*

REVIEWED/APPROVED EXECUTIVE DIRECTOR

DDS RESPONSE

DATE DDS RESPONSE

**FEDERAL HCBS REQUIREMENT**

**NECESSARY SAFEGUARDS HAVE BEEN TAKEN TO PROTECT THE HEALTH AND WELFARE OF PERSONS RECEIVING HCBS WAIVER SERVICES**

**1.14 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.**

PLEASE CHECK BOX BELOW IF WRITTEN POLICIES/PROCEDURES/PRACTICES ARE IN PLACE TO IMPLEMENT ASSURANCE



IF NO WRITTEN POLICIES/PROCEDURES ARE IN PLACE, PLEASE EXPLAIN WHY

IF YES, WHERE WOULD ONE GO TO LOOK AT THEM?

**RCEB Case Management Coordination Procedure # 7007 “Quarterly Review Procedure”.**

WHAT SYSTEM OR PROCESS DO YOU USE TO ASSURE COMPLIANCE AND CONSISTENCY IN APPLICATION?

**Case Management Supervisors review quarterly reports. Medicaid Waiver Specialist’s review quarterly reports at the time of re-determination for the Waiver. Supervisors maintain their own tickler list of quarterly reports as well as using the SANDIS report of Quarterly contacts.**

HOW DO YOU VERIFY THAT THE SYSTEM OR PROCESS IS OPERATIONAL AND PRODUCES ACCURATE/TIMELY RESULTS?

**RCEB maintains a computer system, which records quarterly reports, once they are typed. Each month that system generates a list of quarterly reports to the unit supervisor with a copy to the Associate Directors of Consumer Services.**

TO WHAT EXTENT ARE YOU MEETING THIS ASSURANCE? [ALWAYS, ALMOST ALWAYS, USUALLY, SOMETIMES, RARELY]

OTHER QUESTIONS WITH RESPECT TO THE ASSURANCE

[OPTIONAL] WHAT OTHER QUALITY IMPROVEMENT ACTIONS/INITIATIVES HAS YOUR CENTER TAKEN RELATED TO THIS?

**RCEB supervisors continue to work with Case Managers on improving the detail of Quarterly Reports.**

NAME AND TITLE OF PERSON RESPONDING:

*Regional Center Self Assessment*

**Pam Thomas, Director of Consumer Services**

REVIEWED/APPROVED EXECUTIVE DIRECTOR

DDS RESPONSE

DATE DDS RESPONSE

**FEDERAL HCBS REQUIREMENT**

**NECESSARY SAFEGUARDS HAVE BEEN TAKEN TO PROTECT THE HEALTH AND WELFARE OF PERSONS RECEIVING HCBS WAIVER SERVICES**

**1.15 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.**

PLEASE CHECK BOX BELOW IF WRITTEN POLICIES/PROCEDURES/PRACTICES ARE IN PLACE TO IMPLEMENT ASSURANCE



IF NO WRITTEN POLICIES/PROCEDURES ARE IN PLACE, PLEASE EXPLAIN WHY

IF YES, WHERE WOULD ONE GO TO LOOK AT THEM?

**Case Management Coordination Procedure #7417 “ Monitoring Community Placement of SDC Consumers”**

WHAT SYSTEM OR PROCESS DO YOU USE TO ASSURE COMPLIANCE AND CONSISTENCY IN APPLICATION?

**The SDC liaisons complete monthly monitoring for the first 90 days to assess ongoing compliance and implementation of services deemed necessary and appropriate for the respective consumers. All contacts and activity pertinent to the consumer is recorded in consumer notes. If after the 3-month period the consumer is determined to be stable, the case is reassigned, by the supervisor, to a Case Manager who has a caseload of 1-45. This Case Manger provides ongoing monitoring on a quarterly basis. If the consumer is deemed unstable, the SDC liaison will continue to serve the case completing monthly visits for another 3-month period until such time the case is determined to be stable and ready for transfer.**

HOW DO YOU VERIFY THAT THE SYSTEM OR PROCESS IS OPERATIONAL AND PRODUCES ACCURATE/TIMELY RESULTS?

**Through reviewing of consumer notes, monthly, annual and quarterly review documentation that is completed and submitted by the assigned Case Manager, the supervisor is able to verify the proper operation of the process and/or system. By way of a tickler recording system, the supervisor maintains an accurate account of when face-to-face contacts occur as well as when the actual written document is completed and entered into the agency system.**

TO WHAT EXTENT ARE YOU MEETING THIS ASSURANCE? [ALWAYS, ALMOST ALWAYS, USUALLY, SOMETIMES, RARELY]

OTHER QUESTIONS WITH RESPECT TO THE ASSURANCE

[OPTIONAL] WHAT OTHER QUALITY IMPROVEMENT ACTIONS/INITIATIVES HAS YOUR CENTER TAKEN RELATED TO THIS?

*Regional Center Self Assessment*

**If a case is not stable within a 6-month period, a special team meeting is held involving the residential provider, day program, Regional Project representative, family members and the Regional Center liaison. For CCF placements the Regional Center's Quality Assurance Specialist conduct annual Title 17 compliance reviews. The respective liaison and Case Managers assigned to the facility are provided with a written report of findings, specifically if corrective actions are recommended. The Regional Center clinical team consisting of psychiatrist, behaviorist, nurses, OT and physicians are available for consultation and to complete assessments. They provide recommendations pertaining to behavioral intervention, medications and other matters requiring a multidisciplinary approach.**

NAME AND TITLE OF PERSON RESPONDING:

**Steve Robinson, SDC/Case Management Supervisor**

REVIEWED/APPROVED EXECUTIVE DIRECTOR

DDS RESPONSE

DATE DDS RESPONSE

**FEDERAL HCBS REQUIREMENT**

**NECESSARY SAFEGUARDS HAVE BEEN TAKEN TO PROTECT THE HEALTH AND WELFARE OF PERSONS RECEIVING HCBS WAIVER SERVICES**

**1.16 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.**

PLEASE CHECK BOX BELOW IF WRITTEN POLICIES/PROCEDURES/PRACTICES ARE IN PLACE TO IMPLEMENT ASSURANCE



IF NO WRITTEN POLICIES/PROCEDURES ARE IN PLACE, PLEASE EXPLAIN WHY

IF YES, WHERE WOULD ONE GO TO LOOK AT THEM?

**Case Management Coordination Procedure #7417 "Monitoring Community Placement of SDC Consumers"**

WHAT SYSTEM OR PROCESS DO YOU USE TO ASSURE COMPLIANCE AND CONSISTENCY IN APPLICATION?

**Case Management Supervisor reviews 30-day, 60-day, and 90-day reports. Supervisor maintains their own tickler list of monthly reviews every 30 days for the first 90 days consumers live in the community.**

HOW DO YOU VERIFY THAT THE SYSTEM OR PROCESS IS OPERATIONAL AND PRODUCES ACCURATE/TIMELY RESULTS?

**By way of a tickler recording system, the supervisor maintains an accurate account of when face-to-face contacts occur as well as when the actual written document is completed and entered into the agency system.**

TO WHAT EXTENT ARE YOU MEETING THIS ASSURANCE? [ALWAYS, ALMOST ALWAYS, USUALLY, SOMETIMES, RARELY]

OTHER QUESTIONS WITH RESPECT TO THE ASSURANCE

[OPTIONAL] WHAT OTHER QUALITY IMPROVEMENT ACTIONS/INITIATIVES HAS YOUR CENTER TAKEN RELATED TO THIS?

NAME AND TITLE OF PERSON RESPONDING:

**Steve Robinson, SDC/Case Management Supervisor**



REVIEWED/APPROVED EXECUTIVE DIRECTOR

DDS RESPONSE



*Regional Center Self Assessment*

DATE DDS RESPONSE

*Regional Center Self Assessment*

**FEDERAL HCBS REQUIREMENT**

**ONLY QUALIFIED PROVIDERS SERVE HCBS WAIVER PARTICIPANTS**

**1.17 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.**

PLEASE CHECK BOX BELOW IF WRITTEN POLICIES/PROCEDURES/PRACTICES ARE IN PLACE TO IMPLEMENT ASSURANCE



IF NO WRITTEN POLICIES/PROCEDURES ARE IN PLACE, PLEASE EXPLAIN WHY **Regional Center of the East Bay follows Title 17 regulations outlining the vendorization requirements and procedures for service providers. The HCBS Provider Agreement Form is included with the vendor application packets for new providers once the provider has met all the qualification requirements outlined in regulation.**

IF YES, WHERE WOULD ONE GO TO LOOK AT THEM?

WHAT SYSTEM OR PROCESS DO YOU USE TO ASSURE COMPLIANCE AND CONSISTENCY IN APPLICATION?

**The vendorization process includes the completion of the vendor application and the HCBS Provider Agreement Form. The vendorization is not considered complete if the application is returned without a signed HCBS Provider Agreement. A vendor number is therefore not assigned. There is a vendor clerk responsible for assuring that the forms are returned and included in the vendor files. Providers of services are verified through review of provider of claim forms, quality assurance monitoring and case management monitoring.**

HOW DO YOU VERIFY THAT THE SYSTEM OR PROCESS IS OPERATIONAL AND PRODUCES ACCURATE/TIMELY RESULTS?

**Vendor files are reviewed periodically to assure that they contain necessary information, which includes the HCBS Provider Agreement form.**

TO WHAT EXTENT ARE YOU MEETING THIS ASSURANCE? [**ALWAYS**, ALMOST ALWAYS, USUALLY, SOMETIMES, RARELY]

OTHER QUESTIONS WITH RESPECT TO THE ASSURANCE

[OPTIONAL] WHAT OTHER QUALITY IMPROVEMENT ACTIONS/INITIATIVES HAS YOUR CENTER TAKEN RELATED TO THIS?

NAME AND TITLE OF PERSON RESPONDING:

**Ronke Sodipo, Director of Community Services**

*Regional Center Self Assessment*

REVIEWED/APPROVED EXECUTIVE DIRECTOR

DDS RESPONSE

DATE DDS RESPONSE

**FEDERAL HCBS REQUIREMENT**

**PLANS OF CARE ARE RESPONSIVE TO HCBS WAIVER PARTICIPANT NEEDS**

**1.18 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.**

PLEASE CHECK BOX BELOW IF WRITTEN POLICIES/PROCEDURES/PRACTICES ARE IN PLACE TO IMPLEMENT ASSURANCE



IF NO WRITTEN POLICIES/PROCEDURES ARE IN PLACE, PLEASE EXPLAIN WHY

IF YES, WHERE WOULD ONE GO TO LOOK AT THEM?

**Case Management Procedure # 7100 "Determination and Documentation of Consumer Eligibility for the Home and Community-based Services (HCBS)"**

WHAT SYSTEM OR PROCESS DO YOU USE TO ASSURE COMPLIANCE AND CONSISTENCY IN APPLICATION?

**Case Management Supervisors are responsible for ensuring that Case Managers are familiar with this procedure and are competent in their explanation both of choice and the HCBS Waiver Program. Individualized and small group training by a Medicaid Waiver Specialist is also provided.**

**At the time of each recertification the QMRP's check that the consumers file contains a Client Choice Statement.**

**The Associate Director of Federal Programs provides supervisors with a monthly list of all consumers on the waiver who are turning 18 years of age to ensure that, as an adult, each consumer is given a choice of living arrangements and that their choice is documented on the Client Choice Statement.**

HOW DO YOU VERIFY THAT THE SYSTEM OR PROCESS IS OPERATIONAL AND PRODUCES ACCURATE/TIMELY RESULTS?

**Same as above.**

TO WHAT EXTENT ARE YOU MEETING THIS ASSURANCE? [**ALWAYS**, ALMOST ALWAYS, USUALLY, SOMETIMES, RARELY]

OTHER QUESTIONS WITH RESPECT TO THE ASSURANCE

[OPTIONAL] WHAT OTHER QUALITY IMPROVEMENT ACTIONS/INITIATIVES HAS YOUR CENTER TAKEN RELATED TO THIS?

NAME AND TITLE OF PERSON RESPONDING:

**Pam Thomas, Director of Consumer Services**



REVIEWED/APPROVED EXECUTIVE DIRECTOR

*Regional Center Self Assessment*

DDS RESPONSE

DATE DDS RESPONSE

**FEDERAL HCBS REQUIREMENT**

**PLANS OF CARE ARE RESPONSIVE TO HCBS WAIVER PARTICIPANT NEEDS**

**1.19 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.**

PLEASE CHECK BOX BELOW IF WRITTEN POLICIES/PROCEDURES/PRACTICES ARE IN PLACE TO IMPLEMENT ASSURANCE



IF NO WRITTEN POLICIES/PROCEDURES ARE IN PLACE, PLEASE EXPLAIN WHY  
**RCEB Case Management Coordination Procedure #1001, "Planning Process to Develop an Individual Program Plan."**

IF YES, WHERE WOULD ONE GO TO LOOK AT THEM?

**Regional Center Procedure 1001, "Case Management Coordination Planning Process to Develop an Individual Program Plan."** This procedure is found on the RCEB Intranet.

WHAT SYSTEM OR PROCESS DO YOU USE TO ASSURE COMPLIANCE AND CONSISTENCY IN APPLICATION?

**All new Case Managers receive training which covers the Assessment and IPP process. Case management supervisors are responsible for reviewing each Individual Program Plan as the Case Manager completes it.**

HOW DO YOU VERIFY THAT THE SYSTEM OR PROCESS IS OPERATIONAL AND PRODUCES ACCURATE/TIMELY RESULTS?

**RCEB uses a centralized tickler system, which alerts case management supervisors monthly to any Individual Program Plan that is not completed.**

**The Director of Consumer Services, the Associate Directors of Consumer Services and the supervisors each receive an end of the month printout of the percentage of IPP's completed on each caseload.**

**RCEB Medicaid Waiver Specialist's review the files at the time of recertification. If they find any problem with the written information in the file they make note of it to the supervisor. The Specialist's review all assessment material and make suggestions to the Case Managers on items that need follow-up.**

TO WHAT EXTENT ARE YOU MEETING THIS ASSURANCE? [**ALWAYS**, ALMOST ALWAYS, USUALLY, SOMETIMES, RARELY]

OTHER QUESTIONS WITH RESPECT TO THE ASSURANCE

*Regional Center Self Assessment*

[OPTIONAL] WHAT OTHER QUALITY IMPROVEMENT ACTIONS/INITIATIVES HAS YOUR CENTER TAKEN RELATED TO THIS?

NAME AND TITLE OF PERSON RESPONDING:

**Pam Thomas, Director of Consumer Services**

REVIEWED/APPROVED EXECUTIVE DIRECTOR

DDS RESPONSE

DATE DDS RESPONSE

*Regional Center Self Assessment*

**FEDERAL HCBS REQUIREMENT  
PLANS OF CARE ARE RESPONSIVE TO HCBS WAIVER PARTICIPANT  
NEEDS**

**1.20 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.**

PLEASE CHECK BOX BELOW IF WRITTEN POLICIES/PROCEDURES/PRACTICES ARE IN PLACE TO IMPLEMENT ASSURANCE



IF NO WRITTEN POLICIES/PROCEDURES ARE IN PLACE, PLEASE EXPLAIN WHY

IF YES, WHERE WOULD ONE GO TO LOOK AT THEM?

**RCEB Case Management Coordination Procedure #7003, "Annual Review of Consumer Progress"**

WHAT SYSTEM OR PROCESS DO YOU USE TO ASSURE COMPLIANCE AND CONSISTENCY IN APPLICATION?

**Case Management Supervisor's review Annual Reviews for each of their Case Managers. Addendums to the IPP are created at any time that there is a change in the consumer's goals, objectives, service provider or service needs.**

**Training on Annual Reviews occurs during the initial training that all new Case Managers receive.**

**RCEB Medicaid Waiver Specialists review the Annual Review at the time of recertification.**

HOW DO YOU VERIFY THAT THE SYSTEM OR PROCESS IS OPERATIONAL AND PRODUCES ACCURATE/TIMELY RESULTS?

**RCEB has an internal tickler system that alerts Case Managers to when an Annual Review is due. Medicaid Waiver Specialist's review the files annually and note to the supervisor if an Annual Review is missing.**

TO WHAT EXTENT ARE YOU MEETING THIS ASSURANCE? [**ALWAYS**, ALMOST ALWAYS, USUALLY, SOMETIMES, RARELY]

OTHER QUESTIONS WITH RESPECT TO THE ASSURANCE

[OPTIONAL] WHAT OTHER QUALITY IMPROVEMENT ACTIONS/INITIATIVES HAS YOUR CENTER TAKEN RELATED TO THIS?

NAME AND TITLE OF PERSON RESPONDING:

**Pam Thomas, Director of Consumer Services**



REVIEWED/APPROVED EXECUTIVE DIRECTOR



*Regional Center Self Assessment*

DDS RESPONSE

DATE DDS RESPONSE

**FEDERAL HCBS REQUIREMENT  
PLANS OF CARE ARE RESPONSIVE TO HCBS WAIVER PARTICIPANT  
NEEDS**

**1.21 THE REGIONAL CENTER USES FEEDBACK FROM CONSUMERS',  
FAMILIES AND LEGAL REPRESENTATIVES TO IMPROVE SYSTEM  
PERFORMANCE.**

PLEASE CHECK BOX BELOW IF WRITTEN POLICIES/PROCEDURES/PRACTICES ARE  
IN PLACE TO IMPLEMENT ASSURANCE

IF NO WRITTEN POLICIES/PROCEDURES ARE IN PLACE, PLEASE EXPLAIN WHY  
**RCEB receives feedback from consumers and families in many ways. Families and  
consumers attend RCEB Board meetings to give input; the RCEB Consumer Advisory  
Committee provides excellent input to RCEB staff to improve RCEB services and  
supports. RCEB staff attends Alameda and Contra Costa County Developmental  
Disabilities Council meetings.**

**Consumers and families receive Satisfaction Surveys from RCEB after every IPP and  
annual meeting. Families have access to all levels of management by email and/or  
phone.**

IF YES, WHERE WOULD ONE GO TO LOOK AT THEM?

WHAT SYSTEM OR PROCESS DO YOU USE TO ASSURE COMPLIANCE AND  
CONSISTENCY IN APPLICATION?

**RCEB continuously seeks to improve its performance. RCEB senior management  
team meets weekly to address systems issues and there are regular all manager  
meetings to ensure compliance and consistency.  
RCEB works collaboratively with our Area Board Regional Manager, our two FRNs and  
two Developmental Disabilities Councils as well as with OCRA in our area.**

**Families have complete access to all levels of management at RCEB. Satisfaction  
Surveys are sent out after every IPP and Annual Review and any issues that come up  
in the survey are addressed.**

HOW DO YOU VERIFY THAT THE SYSTEM OR PROCESS IS OPERATIONAL AND  
PRODUCES ACCURATE/TIMELY RESULTS?

**See above**

TO WHAT EXTENT ARE YOU MEETING THIS ASSURANCE? [**ALWAYS**, ALMOST  
ALWAYS, USUALLY, SOMETIMES, RARELY]

OTHER QUESTIONS WITH RESPECT TO THE ASSURANCE

[OPTIONAL] WHAT OTHER QUALITY IMPROVEMENT ACTIONS/INITIATIVES HAS YOUR  
CENTER TAKEN RELATED TO THIS?

NAME AND TITLE OF PERSON RESPONDING:

*Regional Center Self Assessment*

**Pam Thomas, Director of Consumer Services**

REVIEWED/APPROVED EXECUTIVE DIRECTOR

DDS RESPONSE

DATE DDS RESPONSE

**FEDERAL HCBS REQUIREMENT  
PLANS OF CARE ARE RESPONSIVE TO HCBS WAIVER PARTICIPANT  
NEEDS**

**1.22 THE REGIONAL CENTER DOCUMENTS THE MANNER BY WHICH  
CONSUMERS INDICATE CHOICE AND CONSENT.**

PLEASE CHECK BOX BELOW IF WRITTEN POLICIES/PROCEDURES/PRACTICES ARE  
IN PLACE TO IMPLEMENT ASSURANCE



IF NO WRITTEN POLICIES/PROCEDURES ARE IN PLACE, PLEASE EXPLAIN WHY

IF YES, WHERE WOULD ONE GO TO LOOK AT THEM?

**RCEB Procedure "Case Management Coordination Determination and Documentation of Consumer Eligibility for the Home and Community-Based Services Waiver Program," ID Consumer Choice and "Case Management Coordination Planning Process to Develop Individual Program Plan" V.**

WHAT SYSTEM OR PROCESS DO YOU USE TO ASSURE COMPLIANCE AND  
CONSISTENCY IN APPLICATION?

**RCEB provides training to all new Case Managers. As part of this training, consumer choice and consent is discussed.**

**All IPP's and Addendums to IPP's must contain the signature of the person who is legally responsible where appropriate or consumer signature.**

HOW DO YOU VERIFY THAT THE SYSTEM OR PROCESS IS OPERATIONAL AND  
PRODUCES ACCURATE/TIMELY RESULTS?

**Medicaid Waiver Specialist's review each case record at the time of recertification. Documentation that consumers were offered an array of services and that the record indicates choice and consent, is part of the Medicaid Waiver Specialist Review. Supervisor's also review every Purchase of Service to ensure that the person legally responsible or the consumer has signed the signature page of the IPP.**

TO WHAT EXTENT ARE YOU MEETING THIS ASSURANCE? [**ALWAYS**, ALMOST  
ALWAYS, USUALLY, SOMETIMES, RARELY]

OTHER QUESTIONS WITH RESPECT TO THE ASSURANCE

[OPTIONAL] WHAT OTHER QUALITY IMPROVEMENT ACTIONS/INITIATIVES HAS YOUR  
CENTER TAKEN RELATED TO THIS?

NAME AND TITLE OF PERSON RESPONDING:

**Pam Thomas, Director of Consumer Services**



REVIEWED/APPROVED EXECUTIVE DIRECTOR

*Regional Center Self Assessment*

DDS RESPONSE

DATE DDS RESPONSE

*Regional Center Self Assessment*

**FEDERAL HCBS REQUIREMENT**

**THE STATE PROVIDES FINANCIAL ACCOUNTABILITY FOR THE HCBS WAIVER**

**1.23 THE REGIONAL CENTER CONDUCTS FISCAL REVIEWS OF VENDORS.**

PLEASE CHECK BOX BELOW IF WRITTEN POLICIES/PROCEDURES/PRACTICES ARE IN PLACE TO IMPLEMENT ASSURANCE



IF NO WRITTEN POLICIES/PROCEDURES ARE IN PLACE, PLEASE EXPLAIN WHY

IF YES, WHERE WOULD ONE GO TO LOOK AT THEM?

**Written Procedures are located with the Finance/Administration Division.**

WHAT SYSTEM OR PROCESS DO YOU USE TO ASSURE COMPLIANCE AND CONSISTENCY IN APPLICATION?

**RCEB follows fiscal audit procedures and protocols that have been approved by the Department of Developmental Services.**

**RCEB's fiscal monitor conducts periodic reviews of vendor compliance to Title 17 regulations, including monitoring of fiscal records, staffing ratios, verification of program design and other vendor requirements in accordance with Title 17.**

HOW DO YOU VERIFY THAT THE SYSTEM OR PROCESS IS OPERATIONAL AND PRODUCES ACCURATE/TIMELY RESULTS?

**Fiscal audit reports are submitted to the DDS Audit Branch. Provider audit reports are tallied annually for compliance to the Regional Center contract with DDS. In accordance with Title 17 regulations, Provider has appeal process available if result of the audit report is not accurate or timely.**

TO WHAT EXTENT ARE YOU MEETING THIS ASSURANCE? [**ALWAYS**, ALMOST ALWAYS, USUALLY, SOMETIMES, RARELY]

OTHER QUESTIONS WITH RESPECT TO THE ASSURANCE

[OPTIONAL] WHAT OTHER QUALITY IMPROVEMENT ACTIONS/INITIATIVES HAS YOUR CENTER TAKEN RELATED TO THIS?

NAME AND TITLE OF PERSON RESPONDING:

**Nancy Kubota, Finance/Administration Division**



REVIEWED/APPROVED EXECUTIVE DIRECTOR

DDS RESPONSE

DATE DDS RESPONSE

**FEDERAL HCBS REQUIREMENT**

**THE STATE PROVIDES FINANCIAL ACCOUNTABILITY FOR THE HCBS WAIVER**

**1.24 THE REGIONAL CENTER RETAINS THE DOCUMENTATION REQUIRED FOR THE HCBS WAIVER FOR A PERIOD OF FIVE [5] YEARS.**

PLEASE CHECK BOX BELOW IF WRITTEN POLICIES/PROCEDURES/PRACTICES ARE IN PLACE TO IMPLEMENT ASSURANCE



IF NO WRITTEN POLICIES/PROCEDURES ARE IN PLACE, PLEASE EXPLAIN WHY

IF YES, WHERE WOULD ONE GO TO LOOK AT THEM?

**Written procedures are located with Finance/Administration Division. RCEB's procedures are in compliance with State and Federal guidelines for retention of fiscal records.**

WHAT SYSTEM OR PROCESS DO YOU USE TO ASSURE COMPLIANCE AND CONSISTENCY IN APPLICATION?

**The Service Agreement between the Regional Center of the East Bay and the Department of Developmental Services pursuant to Article IV, Section 3 states Accounting Fiscal records must be maintained at least 3 years after the final payment is made. RCEB retains all fiscal records at least 5 years after the date of the final DDS audit report. The most recent 3 years are maintained onsite and the additional 2 years are maintained offsite.**

HOW DO YOU VERIFY THAT THE SYSTEM OR PROCESS IS OPERATIONAL AND PRODUCES ACCURATE/TIMELY RESULTS?

**Annual Independent CPA audit, and Biannual State of California (DDS) Audit monitors RCEB's compliance to our records retention policy.**

TO WHAT EXTENT ARE YOU MEETING THIS ASSURANCE? [**ALWAYS**, ALMOST ALWAYS, USUALLY, SOMETIMES, RARELY]

OTHER QUESTIONS WITH RESPECT TO THE ASSURANCE

[OPTIONAL] WHAT OTHER QUALITY IMPROVEMENT ACTIONS/INITIATIVES HAS YOUR CENTER TAKEN RELATED TO THIS?

NAME AND TITLE OF PERSON RESPONDING:

**Nancy Kubota, Finance/Administration Division**



REVIEWED/APPROVED EXECUTIVE DIRECTOR

DDS RESPONSE

*Regional Center Self Assessment*

DATE DDS RESPONSE