

**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 26 – February 5, 2009**

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## EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the Home and Community-based Services (HCBS) Waiver from January 26 – February 5, 2009 at Regional Center of the East Bay (RCEB). The monitoring team members were Michael Haft (Team Leader), Lisa Miller, Jeff Greer, and Corbett Bray from DDS, and Annette Hanson, Patrick McMahan, Katherine Page and Catherine Johnson from DHCS.

### Purpose of the Review

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

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

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

### Scope of Review

The monitoring team reviewed a sample of 72 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers whose HCBS Waiver eligibility had been previously terminated; 2) one consumer who moved from a developmental center; and 3) ten consumers who had special incidents reported to DDS during the review period of November 1, 2007 through October 31, 2008.

The monitoring team completed visits to 15 community care facilities (CCFs) and 15 day programs. The team reviewed 15 CCF and 24 day program consumer records and had face-to-face visits with 46 selected sample consumers.

## Overall Conclusion

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

## Major Findings

### Section I – Regional Center Self Assessment

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

### Section II – Regional Center Consumer Record Review

Seventy-two sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. The sample records were 99% in overall compliance for this review. RCEB's records were 98% and 99% in overall compliance for the collaborative reviews conducted in 2007 and in 2005, respectively.

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

Fifteen consumer records were reviewed at 15 CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. Three criteria were rated as not applicable for this review. The sample records were 99% in overall compliance for this review. RCEB's records were 96% in overall compliance for the collaborative reviews conducted in 2007 and in 2005.

### Section IV – Day Program Consumer Record Review

Twenty-four consumer records were reviewed at 15 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. Three criteria were rated as not applicable for this review. The sample records were 98% in overall compliance for this review. RCEB's records were 98% and 96% in overall compliance for the collaborative reviews conducted in 2007 and in 2005, respectively.

## Section V – Consumer Observations and Interviews

Forty-six sample consumers were observed at their CCFs, day programs, or in independent living settings. The monitoring team observed that the consumers were in good health and were treated with dignity and respect. All but three of the interviewed consumers 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, and the monitoring of services, health issues and safety. The service coordinators were very familiar with the consumers and knowledgeable about their roles and responsibilities.

## Section VI B – Clinical Services Interview

The Director of Health and Behavioral Services was interviewed using a standard interview instrument. She responded to informational questions regarding the routine monitoring of consumers with medical issues; medications; behavior plans; the 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).

## Section VI C – Quality Assurance Interview

A Quality Assurance Specialist was interviewed using a standard interview instrument. The staff 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

Nine 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

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

### Section VIII – Vendor Standards Review

The monitoring team reviewed ten CCFs and eight day programs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. All of the reviewed vendors were in good condition. However, there were medication issues noted at two CCFs and one day program.

### Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 72 HCBS Waiver consumers and the ten supplemental consumers for special incidents during the review period. RCEB did not report a special incident for one consumer in the sample of 72 HCBS Waiver consumers. For the supplemental sample, the service providers reported eight of the ten incidents to RCEB within the required timeframes, and RCEB subsequently transmitted eight of the ten special incidents to DDS within the required timeframes. 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>	
<b>HCBS Waiver Assurances</b>	<b>Regional Center Assurances</b>
State conducts level of care need determinations consistent with the need for institutionalization	<p>The regional center ensures that consumers meet ICF/DD, ICF/DD-H, or ICF/DD-N facility level of care requirements as a condition of initial and annual eligibility for the HCBS Waiver Program.</p> <p>Regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meet the federal definition of a Qualified Mental Retardation Professional (QMRP).</p> <p>The regional center ensures that consumers are eligible for full scope Medi-Cal benefits before enrolling them in the HCBS Waiver.</p>
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services	<p>The regional center takes action(s) to ensure consumers' rights are protected.</p> <p>The regional center takes action(s) to ensure that the consumers' health needs are addressed.</p> <p>The regional center ensures that behavior plans preserve the right of the consumer to be free from harm.</p> <p>The regional center maintains a Risk Management, Risk Assessment and Planning Committee.</p> <p>The regional center has developed and implemented a Risk Management/Mitigation Plan.</p> <p>Regional centers and local Community Care Licensing offices coordinate and collaborate in addressing issues involving licensing requirements and monitoring of CCFs pursuant to the MOU between DDS and Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 community care facilities.</p> <p>The regional center reviews each community care facility annually to assure services are consistent with the program design and applicable laws, and development and implementation of corrective action plans as needed.</p> <p>The regional center conducts not less than two unannounced monitoring visits to each CCF annually.</p> <p>Service coordinators perform and document periodic reviews [at least annually] to ascertain progress toward achieving IPP objectives, and the consumer's and the family's satisfaction with the IPP and its implementation.</p> <p>Service coordinators have quarterly face-to-face meetings with consumers in CCFs, Family Home Agencies, Supported Living Services, and Independent Living Services to review services and progress toward achieving the IPP objectives for which the service provider is responsible.</p>

<b>Regional Center Self Assessment HCBS Waiver Assurances</b>	
<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 consumers' changing needs, wants and health status. The regional center uses feedback from consumers, families and legal representatives to improve system performance. The regional center documents the manner by which consumers indicate choice and consent.

## SECTION II

### REGIONAL CENTER CONSUMER RECORD REVIEW

#### I. Purpose

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

#### II. Scope of Review

1. Seventy-two HCBS Waiver consumer records were selected for the review sample.

<b>Living Arrangement</b>	<b># of Consumers</b>
Community Care Facility (CCF)	26
With Family	17
Independent or Supported Living Setting	29

The review period covered activity from November 1, 2007 through October 31, 2008.

#### III. Results of Review

The 72 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Three supplemental records were reviewed solely for documentation that RCEB had either provided the consumer with written notification prior to termination of the consumer's HCBS Waiver eligibility or the consumer had voluntarily disenrolled from the HCBS Waiver. Additionally, one consumer was reviewed solely for documentation indicating the consumer received face-to-face reviews every thirty days after moving from a developmental center.

- ✓ The sample records were in 100% compliance for 25 criteria. There are no recommendations for these criteria.
- ✓ Findings for six 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

2.1.d The DS 3770 documents short-term absences of 120 days or less, if applicable.

Findings

Three of the four (75%) applicable records contained DS 3770 forms that documented short-term absences of 120 days or less. However, the DS 3770 form for consumer #16 did not document the consumer’s hospitalization from January 8 – 11, 2008 as noted in the consumer’s Title 19 notes.

2.1.d Recommendation	Regional Center Plan/Response
RCEB should ensure that the DS 3770 form for consumer #16 documents the consumer’s short-term absence.	Short term absence from January 8-11 was documented on the consumer’s DS 3770.

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 ICF/DD, ICF/DD-H, ICF/DD-N facilities are documented in the consumer’s CDER and/or other assessments. (*SMM 4442.5*), (*42 CFR 441.302(c)*), (*Title 22, CCR, §51343*)

Findings

Sixty-nine of the 72 (96%) applicable consumer records identified at least two qualifying conditions. However, the records for consumers #34, #49, and #62 identified “weight” as one of two qualifying conditions. As was noted in the report from the monitoring review completed January 2007, weight cannot be considered a qualifying condition as it is not identified in either the ICF regulations or the program advisories regarding level-of-care determinations. It is understood that a consumer’s increased weight can lead to health (e.g. diabetes), ambulation, and other issues. However, it is these issues, if applicable, not the consumer’s weight alone that can be used in making Waiver level-of-care determinations.

2.5.a Recommendation	Regional Center Plan/Response
RCEB should reevaluate the HCBS Waiver eligibility of consumers #34, #49, and #62. If the consumers do not have at least two qualifying conditions that meet the level-of-care requirements, the consumers' HCBS Waiver eligibility should be terminated.	#34 – Eligibility based on socially disruptive behavior and aggression. #49 – Removed from HCBS waiver. #62 – Consumer removed from waiver effective 11/4/09.

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

Sixty-two of the 69 (90%) applicable consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in eight consumer records (detailed below) did not support the determination that all of the issues identified in the CDER and DS 3770 could be considered qualifying conditions. Unless otherwise noted in the list below, the following were identified as qualifying conditions on the DS 3770 but there was no supporting information in the consumers' records (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports.

1. Consumer #31: "Has two medical conditions treated with medication requiring support."
2. Consumer #32: "Sleep apnea monitor"
3. Consumer #46: "Safety awareness"
4. Consumer #52: "Multiple medical conditions requiring medication with supports"
5. Consumer #68: "Support with ambulation" is listed as a qualifying condition. However an Annual Review dated September 23, 2008 states the consumer "is able to travel independently in the community using public transportation."

2.5.b Recommendation	Regional Center Plan/Response
<p>RCEB should determine if the items listed above are appropriately identified as qualifying conditions. The consumers' DS 3770 forms should be corrected to ensure that any items that do not represent substantial limitations in the consumers' ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying conditions. For consumers #31, #46 and #68, due to an insufficient number of qualifying conditions, the correction may require that the consumers' HCBS Waiver eligibility be terminated. If RCEB determines that any of the issues above are correctly identified as qualifying conditions, documentation (updated IPPs, progress reports, etc.) that supports the original determinations should be submitted with the response to this report.</p>	<p>#31 - Consumer removed from HCBS waiver – diabetes was a result of surgery and has resolved per medical report.                      #32 – As of recertification on 6/1/09, apnea monitor is no longer being used. Qualifying deficits include “needs support for ambulation, requires multiple aides (walker, electric wheelchair, cane) and requires assistance with bathing.”                      #46 – He remains eligible based on requiring assistance with hygiene, safety awareness (being taken advantage of in community and is overly friendly toward strangers – see new certification of 8/09 attached).                      #52 – Consumer removed from the waiver effective 11/4/09.                      #68 - Consumer recertified 11/4/09 for waiver based on deficits including seizure disorder, requiring assistance with medication and MD appointments, socially inappropriate behaviors. Use of wheelchair removed as qualifying deficit.</p>

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

Findings

Sixty-seven of the 69 (97%) applicable sample consumer records contained IPPs that addressed the consumers' qualifying conditions. However, the IPPs for consumers #29, and #51 did not identify the supports or services that are in place to address all of the consumers' qualifying conditions as indicated below.

1. The IPP for consumer #29 does not address the supports that are in place for the consumer's seizure disorder as indicated in ongoing ILS reports.
2. The IPP for consumer #51 does not address the consumer's need for support with hygiene assistance as noted in ongoing ILS reports.

2.9.a Recommendation	Regional Center Plan/Response
RCEB should ensure that the IPPs for consumer #29 and #51 addresses the services and supports in place for the issues identified above.	Addendums have been completed to reflect the need for support.

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

Findings

Fifty of the 55 (91%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, five records did not contain documentation of all the required quarterly meetings, as indicated below:

The records for consumers #14, #29, #43, and #52 contained documentation of three of the required quarterly meetings.

The record for consumer #37 contained documentation of two of the required quarterly meetings.

2.13.a Recommendation	Regional Center Plan/Response
RCEB should ensure that future face-to-face meetings are completed and documented each quarter for consumers #14, #29, #37, #43, and #52.	RCEB has the expectation that face to face meetings are completed quarterly and this expectation is part of our operating procedure. We expect all case managers and supervisors to be familiar with this expectation and our procedure is available on our intranet. Our IS staff provides ticklers indicating when contact is due.

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

## Findings

Fifty of the 55 (91%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, five records did not contain documentation of all the required quarterly progress reports, as indicated below:

The records for consumers #14, #29, #43, and #52 contained three of the required quarterly reports of progress.

The record for consumer #37 contained two of the required quarterly reports of progress.

2.13.b Recommendation	Regional Center Plan/Response
RCEB should ensure that future reports of progress are completed each quarter for consumers #14, #29 #37, #43, and #52.	RCEB has the expectation that face to face meetings are completed quarterly and this expectation is part of our operating procedure. We expect all case managers and supervisors to be familiar with this expectation and our procedure is available on our intranet. Our IS staff provides ticklers indicating when contact is due.

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 72 + 4 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)	72			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Mental Retardation Professional (QMRP), which documents the date of the consumer’s initial HCBS Waiver eligibility certification, annual recertifications, the consumer’s qualifying conditions and short-term absences. (SMM 4442.1), (42 CFR 483.430(a))	Criterion 2.1 consists of four sub-criteria (2.1a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Mental Retardation Professional and the title “QMRP” appears after the person’s signature.	72			100	None
2.1.b	The DS 3770 form identifies the consumer’s qualifying conditions and any applicable special health care requirements for meeting the Title 22 level of care requirements.	72			100	None
2.1.c	The DS 3770 form documents annual recertifications.	72			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	3	1	68	75	See Narrative
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			100	None
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all, or part of the components in the consumer’s IPP, or the consumer’s HCBS Waiver eligibility has been terminated. (SMM 4442.7), (42 CFR Part 431, Subpart E), (WIC §4646(g))	3		72	100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 72 + 4 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5), (42 CFR 441.302)	72			100	None
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in an ICF-DD, ICF-DDH, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. (SMM 4442.5), (42 CFR 441.302(c)), (Title 22, CCR, §51343)	69	3		96	See Narrative
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	64	5	3	93	See Narrative
2.6.a	IPP is reviewed ( <i>at least annually</i> ) by the planning team and modified as necessary, in response to the consumer's changing needs, wants or health status. (42 CFR 441.301(b)(1)(I))	72			100	None
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. (HCBS Waiver requirement)	50		22	100	None
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. (WIC §4646(g))	72			100	None
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	22		50	100	None
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	72			100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 72 + 4 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. (WIC §4646.5(a))	72			100	
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).	67	2	3	97	See Narrative
2.9.b	The IPP addresses the special health care requirements.	37		35	100	None
2.9.c	The IPP addressed the services for which the CCF provider is responsible for implementing.	26		46	100	None
2.9.d	The IPP addressed the services for which the day program provider is responsible for implementing.	45		27	100	None
2.9.e	The IPP addresses the services for which the supported living services agency or independent living services provider is responsible for implementing.	29		43	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	72			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	6		66	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))	72			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))	72			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	22		50	100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 72 + 6 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to vendors, contract providers, generic service agencies and natural supports. (WIC §4646.5(a)(4))	72			100	None
2.12	Periodic review and reevaluations of consumer progress are completed ( <i>at least annually</i> ) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. (WIC §4646.5(a)(6))	72			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. (Title 17, CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement)	50	5	17	91	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (Title 17, CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement)	50	5	17	91	See Narrative
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. (WIC §4418.3)	1		72	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

Fifteen consumer records were reviewed at 15 CCFs visited by the monitoring team. The facilities' consumer records were reviewed to determine compliance with 19 criteria.

#### III. Results of Review

The consumer records were 100% in compliance for 15 of the applicable 16 criteria. Three criteria (3.7.a, 3.7.b and 3.7.c) were rated not applicable because the consumers did not have any reportable special incidents during the review period.

- ✓ 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

- 3.1.d The consumer record contains current emergency information: family, physician, pharmacy, etc. (*Title 17, CCR, §56059(b)(1)*)

##### Finding

Fourteen of the 15 (93%) consumer records contained updated emergency information. The record for consumer #14 at CCF #3 did not contain current contact information for the consumer's family, physician or pharmacy. During the monitoring team's visit, the CCF provider updated the contact information in the consumer's record. Accordingly, no recommendation is necessary.

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 15; CCFs = 15</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. ( <i>Title 17, CCR, §56017(b)</i> ), ( <i>Title 17, CCR §56059(b)</i> ), ( <i>Title 22, CCR, §80069</i> )	15			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	15			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	6		9	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.	15			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	14	1		93	See Narrative
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	15			100	None
3.1.i	Special safety and behavior needs are addressed.	9		6	100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17, and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. ( <i>Title 17, CCR, §56019(c)(1)</i> )	15			100	None
3.3	The facility has a copy of the consumer's current IPP. ( <i>Title 17, CCR, §56022(c)</i> )	15			100	None

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 15; CCFs = 15</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> )	10		5	100	None
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	10		5	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. ( <i>Title 17, CCR, §56026(c)</i> )	5		10	100	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	5		10	100	None
3.5.c	Quarterly reports include a summary of data collected. ( <i>Title 17, CCR, §56013(d)(4)</i> ), ( <i>Title 17, CCR, §56026</i> )	5		10	100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. ( <i>Title 17, CCR §56026(a)</i> )	15			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	6		9	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> )			15	NA	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. ( <i>Title 17, CCR, §54327</i> )			15	NA	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. ( <i>Title 17, CCR, §54327</i> )			15	NA	None

## SECTION IV

### DAY PROGRAM CONSUMER RECORD REVIEW

#### I. Purpose

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

#### II. Scope of Review

Twenty-four sample consumer records were reviewed at 15 day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria.

#### III. Results of Review

The consumer records were 100% in compliance for 12 of the 14 applicable criteria. Three criteria (4.5.a, 4.5.b, and 4.5.c) were rated not applicable because the consumers did not have any reportable special incidents during the review period.

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

#### IV. Findings and Recommendations

- 4.1.e The consumer record contains documentation that the consumer has been informed of his/her personal rights.

##### Findings

Twenty-one of the 24 (88%) sample consumer records contained documentation that the consumer and/or their authorized representative had been informed of their personal rights. The records for consumer #62 at day program #28, and consumers #63 and #71 at day program #25 did not contain documentation that the consumers had been informed of their personal rights.

The provider at day program #25 obtained the documentation for consumers #63 and #71 during the monitoring visit. Accordingly, no recommendation is needed for this provider.

4.1.e Recommendation	Regional Center Plan/Response
RCEB should ensure that day program provider #28 documents that consumer #62 has been informed of her personal rights.	Day program #28 implemented an annual procedure to inform individuals of their rights and the program's grievance procedure; individuals will review this information at the time of their ISP meeting. Documents for verification are available upon request. Individual #62 was informed of her rights and grievance options; verification is available upon request.

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-one of the 24 (88%) sample consumer records contained written semiannual reports of consumer progress. The records for consumer #24 at day program #16, consumer #44 at day program #24, and consumer #64 at day program #20 contained only one of the required progress reports completed in the last year.

4.4.a Recommendation	Regional Center Plan/Response
RCEB should ensure that the providers at day programs #16, #24, and #20 maintain written semiannual reports for the consumers mentioned above.	Programs #16 and #24 have created a new written protocol, provided to all staff, to support the practice of semi-annual reporting. Copies of protocol and semi-annual reports for individuals reviewed are available upon request. Program #20 implemented a charting system to indicate the due month for each individual participating in the program. Program staff have been trained on utilizing the system. Sample copy of this system is available upon request and semi-annual reports for individuals reviewed are also available.

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 24; Day Programs = 15</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. (Title 17, CCR, §56730)	24			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.	24			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.	24			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.	24			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.	24			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.	21	3		88	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.	24			100	None

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 24; Day Programs = 15</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	24			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	9		15	100	None
4.2	The day program has a copy of the consumer's current IPP. ( <i>Title 17, CCR §56720(b)</i> )	24			100	None
4.3.a	The day program provider develops, maintains, and modifies as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. ( <i>Title 17, CCR, §56720(a)</i> )	24			100	None
4.3.b	The day program's ISP or other program documentation is consistent with the services addressed in the consumer's IPP.	24			100	None
4.4.a	The day program prepares and maintains written semiannual reports. ( <i>Title 17, CCR, §56720(c)</i> )	21	3		88	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.	24			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> )			24	NA	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. ( <i>Title 17, CCR, §54327</i> )			24	NA	None
4.5.c	There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. ( <i>Title 17, CCR, §54327</i> )			24	NA	None

## SECTION V

### CONSUMER OBSERVATIONS AND INTERVIEWS

#### I. Purpose

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

#### II. Scope of Observations and Interviews

For this review, the total sample was 72 consumers. Twenty-two consumers were unavailable for an interview or observation. Four phone interviews were conducted with parents of minor consumers.

Forty-six consumers were observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Thirty-five consumers agreed to be interviewed by the monitoring teams.
- ✓ Eleven consumers did not communicate verbally, but were observed.

#### III. Results of Observations and Interviews

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

#### IV. Findings and Recommendations

1. Consumer #29 stated she would like to attend a gym in the accompaniment of her Independent Living Services (ILS) staff. The consumer also stated she would like her service coordinator to attend her tutoring sessions for a short time to assist the tutor in developing a consumer-centered tutorial plan.
2. Consumer #41 expressed a desire to move in to a senior apartment complex. The service coordinator and ILS staff are aware and the consumer is on the Section 8 housing list. Accordingly, no recommendation is required.

3. Consumer #44 told the monitoring team that she is happy at day program #24. However, she informed the team that she has a pressure sore on her buttock and would like the opportunity to be removed from her wheelchair, while at the day program, in order to be repositioned or to have her incontinence brief changed as needed. The day program staff informed the monitoring team that they are unable to provide the necessary staff and/or equipment in order to transfer the consumer from her wheelchair and that the consumer had been made aware of this. The consumer's service coordinator stated a referral had been made to the regional center's clinical team. Subsequently a RCEB nurse completed an in-home assessment on February 9 and 18, 2009. Further assessments are to be completed at her day program to adequately assess her needs.

Recommendations	Regional Center Plan/Response
1. RCEB should ensure that the gym membership and tutorial needs of consumer #29 are addressed.	ILS instructor worked with consumer to reconnect with her gym and follow up on requests for tutorial needs. New IPP of June 10, 2009 reflects consumer's requests.
2. RCEB should ensure that the toileting and repositioning needs of consumer #44 are met while she attends the day program of her choice.	<p>RCEB nurse followed up with an assessment of need and consultation with ID team. New IPP addendum of 7/22/09 identifies the following actions necessary to ensure consumer's optimal health:</p> <ul style="list-style-type: none"> <li>-Consumer will receive attendant services for two hours, twice a day (during her program), on Tuesdays and Thursdays, for diaper changing and repositioning.</li> <li>-Hoyer lift, privacy screen, and changing table will be used to enable consumer to receive services for diaper changes and repositioning, two hours, twice a day on Tuesdays and Thursdays.</li> <li>-RCEB to fund H-Brace Treatment Table from Medline Healthcare for diaper changing and repositioning.</li> <li>-RCEB case manager to maintain quarterly face to face contacts to assess needs and progress toward goals. Addendum is to IPP of 5/2/07 and services remain in place through 4/30/10.</li> </ul>

## SECTION VI A

### SERVICE COORDINATOR INTERVIEWS

#### I. Purpose

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

#### II. Scope of Interviews

1. The monitoring team interviewed fourteen Regional Center of 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 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. 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, incident reports, and vendor reports of progress. Service coordinators have access to specialists that are available to assist them in assuring appropriate services in the areas of medical, behavioral, psychological, and dental needs.
3. The service coordinators monitor the consumers' services, health and safety. Service coordinators work with the vendors to ensure all special incidents are reported, provide necessary follow-up activities and if appropriate, cross file with Adult Protective Services or other agencies.

## 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 covered the following topics: the routine monitoring of consumers with medical issues; medications; behavior plans; the 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 received information from the Director of Health and Behavioral Services.

#### III. Results of Interview

1. RCEB's clinical services team consists of a clinical director, physicians, registered nurses, psychologists, a behaviorist, an occupational therapist, and consulting adult/child psychiatrists.
2. The clinical team is available as a resource to service coordinators. Consumers' health and medical issues are identified and monitored by service coordinators using health care checklists, medical-related special incidents, and during the IPP annual and/or quarterly review process. Concerns regarding health, medication, and behavioral issues, and need for medical consent, are then referred to the clinical services team, which provides assistance to resolve or mitigate the identified issues. Additionally, the clinical team conducts trainings related to medications, and medical and mental health conditions for regional center staff, care providers, consumers, and family members.
3. The clinical team becomes involved with consumers' behavior plans and mental health issues through referrals from service coordinators and during annual reviews for consumers residing in Level 4 community care facilities.

The clinical team's behaviorists and psychologists review behavior plans and psychotropic medications, and make recommendations as needed. Additionally, consulting psychiatrists perform evaluations and advise appropriate treatment for consumers with existing or previously undiagnosed mental health issues.

4. RCEB has improved access to preventive health care for its consumers in the following ways:
  - ✓ The regional center works with the Alameda Developmentally Disabled Council to increase access to health education for consumers.
  - ✓ The regional center funds a cerebral palsy clinic whose staff includes a physiatrist and an occupational therapist.
  - ✓ The regional center participates in Alameda's Health Care Task Force and the Children's Special Needs Committee.
  - ✓ The regional center assists consumers with accessing medical, dental, and psychiatric providers who are experienced with the developmentally disabled.
  
5. The clinical team assists the risk management committee by reporting on findings of significant health issues, behavioral incidents, and reviews of consumer deaths. The team also reviews SIRs and provides follow-up recommendations to the committee.

## 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, QA evaluations of CCFs, and service provider training. The interview also inquires about verification of provider qualifications, resource development activities, and quality assurance among programs and providers where there is no regulatory authority 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 QA activities.

#### III. Results of Interview

1. RCEB's QA Specialists act as team leaders for both the annual Title 17 monitoring visits and the triennial evaluations, using the same evaluation process for both activities. The teams include additional regional center staff such as case managers, or in the case of Level-4 homes, may include a behaviorist. Evaluation activities include a review of IPP progress reporting, medication administration, personal and incidental funds, consumer interviews, staffing ratios, first aid certificates, and a safety walkthrough. Service coordinators are assigned as facility liaisons to CCFs and conduct the two required unannounced visits each year. The results of these unannounced visits are documented and provided to the QA specialists.
2. QA staff maintain a database of findings gathered from various monitoring activities and provides case management staff with information regarding trends, corrective action plans, and sanctions. The analysis of this information has identified issues that were addressed with a number of training opportunities in such areas as SIR reporting, employment of qualified service providers, medication issues, risk management, implementation of the IPP, and record keeping. Dependent upon the analysis, the trainings may be directed to RCEB staff, individual service providers, groups of similar providers, or all providers.

3. Data from special incident reports (SIRs) is monitored and analyzed by RCEB's Incident Coordinator. The QA and SIR data is also reviewed by RCEB's Risk Management Committee.
4. RCEB also conducts monitoring visits to other service providers such as day programs, independent living services, and early intervention programs.

## SECTION VII A

### SERVICE PROVIDER INTERVIEWS

#### I. Purpose

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

#### II. Scope of Interviews

1. The monitoring team interviewed seventeen service providers at nine 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 consumers' lives and monitored progress documentation.
5. The service providers were prepared for emergencies, monitored the safety of consumers, and understood special incident reporting and follow-up processes.

## SECTION VII B

### DIRECT SERVICE STAFF INTERVIEWS

#### I. Purpose

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

#### II. Scope of Interviews

1. The monitoring team conducted site visits and completed fifteen direct service staff interviews at seven community care facilities (CCFs) and eight day programs where services are provided to the consumers scheduled to be visited by the monitoring team.
2. The interview questions are divided into two categories.
  - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
  - ✓ The questions in the second category are related to general areas.

#### III. Results of Interviews

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

## SECTION VIII

### VENDOR STANDARDS REVIEW

#### I. Purpose

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

#### 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 23 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

#### III. Results of Review

All of the CCFs and the day programs were found to be in good condition. However, two CCFs and one day program had medication issues. The specific findings and recommendations are detailed below.

#### IV. Findings and Recommendation

##### 8.2.d PRN Medication Records

##### Findings

CCF #5 and CCF #8 were not documenting the reason for, or the consumers' response to PRN medications.

##### Referral for Follow-Up

Day program #28 was dispensing over-the-counter PRN medication without physicians' orders. As a result, the monitoring team completed a referral for follow-up form. The referral was submitted to RCEB and Community Care Licensing (CCL), to address compliance with regulations related to medications.

On February 13, 2009, CCL visited the program and initiated a plan of correction requiring the program to cease administering PRN medication until staff training is completed.

8.2.d Recommendations	Regional Center Plan/Response
1. RCEB should ensure that CCFs #5 and #8 properly document all required PRN medication information.	CCFs #5 and # 8 have implemented Title 22 requirements in regards to the use of PRN medications; CCF #8 is utilizing a nursing notes format and CCF# 5 is using a form provided by RCEB/CCL. Verification is available upon request.
2. RCEB should ensure that day program #28 follows proper medication procedures and regulations.	Day Program #28 management received training on medications management on February 26, 2009. All staff received aforementioned training on April 21, 2009; Policy from medications management was completed prior to February 13, 2009. Individuals, support staff, homes and families were provided with copies of the policy on February 13, 2009. Appropriate record keeping, storage and prescriptions were set in place or obtained. Verification is available upon request.

### 8.3.c Water Safety Certification

#### Finding

CCF #10 had a swimming pool; however there was no staff with water safety certification.

8.3.c Recommendation	Regional Center Plan/Response
RCEB should ensure that CCF #10 has staff available with water safety certification.	CCF #10 staff have water safety certification. Verification is available upon request.

### 8.4 a Personal & Incidental (P & I) Funds

#### Finding

At CCF #13, the P & I ledgers for consumer #2 were not signed by the consumer when there were cash disbursements.

8.4.a Recommendation	Regional Center Plan/Response
RCEB should ensure that the consumer #2 at CCF #13 signs for cash disbursements.	Consumer #2 at CCF #13 will sign for cash disbursements as required. Verification available upon Request.

#### 8.5 c Statement of Rights

Findings:

Day program #21 did not have a statement of rights posted. A statement of rights was posted during the monitoring review. Accordingly, no recommendation is necessary.

## 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 Regional Center of the East Bay (RCEB) was reviewed by comparing deaths entered into the Client Master File for the review period with special incident reports (SIRs) of deaths received by the Department of Developmental Services (DDS).
2. The records of the 72 consumers selected for the Home and Community-based Services (HCBS) Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of ten consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

#### III. Results of Review

1. RCEB reported all deaths during the review period to DDS.
2. RCEB did not report to DDS one special incident in the sample of 72 records selected for the HCBS Waiver review.
3. RCEB's vendors reported eight of the ten (80%) incidents in the supplemental sample to RCEB within the required timeframes.
4. RCEB reported eight of the ten (80%) 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 all ten incidents.

#### IV. Findings and Recommendations

##### Findings

Consumer #16: The incident, a bug bite which resulted in a hospitalization for three days, occurred on January 8, 2008, according to Title 19 notes. However, RCEB did not report the incident to DDS.

Consumer #80: The incident occurred on November 11, 2007. However, the vendor did not submit a written report of the incident to RCEB until December 11, 2007.

Consumer #83: The incident occurred on February 15, 2008. However, the vendor did not submit a written report of the incident to RCEB until February 28, 2008.

Consumer #86: The incident occurred and was reported to RCEB on April 28, 2008. However, RCEB did not report the incident to DDS until May 8, 2008.

Consumer #89: The incident occurred and was reported to RCEB on August 6, 2008. However, RCEB did not report the incident to DDS until August 14, 2008.

Recommendations	Regional Center Plan/Response
1. RCEB should ensure that the vendors for consumer #80 and #83 report special incidents within the required timeframes.	Vendors for consumer #80 and #83 have been notified of late reporting. Review of meeting timelines for vendor providing services to consumer #80, and all other consumers in this home, shows the vendor having met timelines (from 2002 to the present) 96% of the time. Vendor for consumer #83 has met timelines at 66%. RCEB will continue to monitor this vendor over the next months to assure that timelines are met. Verification available upon request.

<p>2. RCEB should ensure that all special incidents are reported to DDS within the required timeframes.</p>	<p>RCEB provided Case Manager for consumer #16 some additional information regarding the definition of “internal infection” as it relates to “bug bites”; in addition the practice of “if in doubt, type it out” reiterated. RCEB provided all case managers and supervisors with a memorandum regarding DDS reporting timelines; additional training required for case managers who are missing timelines for all consumers more than 20% of the time.</p>
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## SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

### HCBS Waiver Review Consumers

#	UCI	CCF #	Day Program #
1	8095678	6	
2	5031089	13	
3	5032520	11	
4	5037066		26
5	5413018		18
6	5798020	12	
7	5980099	7	
8	5982129		
9	5984166	4	
10	7007420	10	
11	7190357	1	
12	7925886	5	
13	8002088		26
14	8002576	3	
15	8004236		22
16	8005102		
17	8008048		
18	8008343		29
19	8011192		27
20	8014067	2	
21	8020246	14	
22	8022032	8	
23	8023396	15	
24	8034870		16
25	8098787		18
26	8099941	9	
27	5032436		
28	5032523		
29	5033684		
30	5035990		
31	5317219		24
32	5317995		
33	5867213		
34	5980743		23
35	5981204		
36	6108369		

<b>#</b>	<b>UCI</b>	<b>CCF #</b>	<b>Day Program #</b>
37	7925556		
38	8002020		
39	8002161		17
40	8002632		
41	8002695		
42	8003477		
43	8004137		20
44	8007207		24
45	8011115		
46	8012118		
47	8013488		21
48	8016046		
49	8019272		
50	8019623		19
51	8028865		
52	8032022		
53	8096396		
54	8096950		
55	8099183		
56	5033687		
57	5035977		
58	7110641		
59	8028355		
60	8028537		
61	8032613		
62	5032963		28
63	5038228		25
64	5244173		20
65	5319967		29
66	5410246		22
67	6526602		27
68	8006205		19
69	8018408		
70	8023266		30
71	8030499		25
72	8098077		

### HCBS Waiver Review Service Providers

<b>CCF#</b>	<b>Vendor</b>
1	HB0681
2	HB0493
3	H09893
4	H38525
5	H38471
6	HB0295
7	HB0126
8	H14472
9	H70201
10	H14157
11	HB0291
12	H54614
13	H84728
14	H14167
15	HB0631

<b>Day Program#</b>	<b>Vendor</b>
16	HB0138
17	HB0349
18	HB0555
19	H84803
20	H04589
21	HB0534
22	H14210
23	H38580
24	HB0396
25	HB0361
26	H70249
27	H84763
28	H00618
29	HB0519
30	HB0564

### SIR Review Consumers

#	UCI	Vendor
80	8004092	H38484
81	6193942	HB0096
82	4832844	HB0454
83	5506639	HB0563
84	5035875	H38484
85	5505524	HB0163
86	8005095	H14494
87	8098791	H14210
88	5982020	HB0395
89	8006014	Z64691

### Supplemental Sample DC Consumer

#	UCI
73-DC	8023371

### Supplemental Sample of Terminated Consumers

#	UCI
74-T	7198141
75-T	8001173
76-T	8002226