

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

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June 2, 2011

Joe DeDiminicanio, Chair  
San Diego-Imperial Counties Developmental Services, Inc.  
4355 Ruffin Road, Suite 205  
San Diego, CA 92123-1648

Dear Mr. DeDiminicanio:

Enclosed are the final reports from the joint Department of Developmental Services (DDS) and Department of Health Care Services monitoring review of the Home and Community-based Services Waiver, Targeted Case Management, and Nursing Home Reform programs conducted from November 1 – 19, 2010, at San Diego Regional Center (SDRC). The period of review was from August 1, 2009 through July 31, 2010.

The reports discuss the criteria reviewed along with any findings and recommendations and include SDRC's responses. DDS has approved SDRC's responses to all of the recommendations.

If there is a disagreement with the findings of the enclosed reports, a written "Statement of Disputed Issues" should be sent within 30 days of the receipt of the reports to:

Department of Developmental Services  
Attn: Jim Knight, Chief  
Waiver Monitoring Section  
1600 Ninth Street, Room 320, MS 3-9  
Sacramento, CA 95814

The cooperation of SDRC's staff in completing the monitoring review is appreciated. If you have questions, please contact Jim Knight, at (916) 653-7710.

Sincerely,

A handwritten signature in black ink, appearing to read "Shelton Dent".

SHELTON DENT, Manager  
Residential Services and Monitoring Branch

Enclosure

cc: Sue Cavanagh, SDRC  
Therese Llanes, DHCS

**"Building Partnerships, Supporting Choices"**



**San Diego Regional Center  
Home and Community-based Services Waiver  
Monitoring Review Report**

**Conducted by:**

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

**November 1-5, November 15-19, 2010**

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## EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the Home and Community-based Services (HCBS) Waiver from November 1-5, 2010 and November 15-19, 2010 at San Diego Regional Center (SDRC). The monitoring team members were Ray Harris (Team Leader), Linda Rhoades, Kathy Benson, and Lisa Miller from DDS, and Annette Hanson, Raylyn Garrett, 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 86 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 August 1, 2009 through July 31, 2010.

The monitoring team completed visits to 23 community care facilities (CCFs) and 10 day programs. The team reviewed 24 CCF and 15 day program consumer records and 74 sample consumers were interviewed and / or observed.

## Overall Conclusion

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

## Major Findings

### Section I – Regional Center Self Assessment

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

### Section II – Regional Center Consumer Record Review

Eighty-six sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. The sample records were 98%-100% in compliance for 28 of the 31 applicable criteria. Criterion 2.5.b was 78% in compliance because nineteen of the 86 applicable consumer records did not contain sufficient information to support the determination that all of the conditions identified in the CDER and DS 3770 could be considered qualifying conditions. Criterion 2.13.a was 84% in compliance because nine of the 57 applicable consumer records did not contain quarterly face-to-face contact with the consumer. Criterion 2.13.b was 82% in compliance because ten of the 57 applicable consumer records did not contain quarterly documentation of progress.

The sample records were 98% in overall compliance for this review. SDRC's records were 99% in overall compliance for the collaborative reviews conducted in 2008 and in 2006.

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

Twenty-four consumer records were reviewed at 23 CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100% in compliance for the 19 criteria. SDRC's records were 100% and 99% in overall compliance for the collaborative reviews conducted in 2008 and in 2006, respectively.

#### Section IV – Day Program Consumer Record Review

Fifteen consumer records were reviewed at 10 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100% in compliance for the 17 criteria.

SDRC's records were 100% and 99% in overall compliance for the collaborative reviews conducted in 2008 and in 2006, respectively.

#### Section V – Consumer Observations and Interviews

Seventy-four sample consumers, or in the case of minors, their parents, were interviewed and / or 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 of the interviewed consumers/parents indicated that they were satisfied with their services, health and choices.

#### Section VI A – Service Coordinator Interviews

Seventeen service coordinators were interviewed using a standard interview instrument. The service coordinators responded to questions regarding their knowledge of the consumer, the IPP/annual review process, 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 Nursing Supervisor and the Coordinator of Behavioral Services were interviewed using a standard interview instrument. They responded to informational questions regarding the monitoring of consumers with medical issues, medications and behavior plans, the coordination of medical and mental health care for consumers, the provision of clinical supports to service coordinators, and the clinical team's participation in the Risk Management, Assessment, and Planning Committee.

#### Section VI C – Quality Assurance Interview

An evaluation specialist was interviewed using a standard interview instrument. She responded to informational questions regarding how SDRC is organized to conduct Title 17 monitoring reviews, verification of provider qualifications, resource development activities, special incident reporting, and quality assurance activities where there is no regulatory requirement.

### Section VII A – Service Provider Interviews

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

### Section VII B – Direct Service Staff Interviews

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

In addition to the direct service staff randomly selected for interviews, the monitoring team noted that the person providing the majority of the support to the residents of CCF #2 was a relative of the administrators who had not received the required orientation training. As a result, the monitoring team completed a referral for follow-up requesting that SDRC ensure all individuals providing support to consumers at CCF #2 meet the direct care staff training qualifications. In response, SDRC initiated, and CCF #2 completed, a corrective action plan (CAP) to address the issues which resulted from the extended medical leave of one of the administrators.

### Section VIII – Vendor Standards Review

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

### Section IX – Special Incident Reporting

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



## SECTION I

### REGIONAL CENTER SELF ASSESSMENT

#### I. Purpose

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

The self assessment obtains information about San Diego Regional Center's (SDRC) procedures and practices to verify that there are processes in place to ensure compliance with state and federal laws and regulations as well as the assurances contained in the HCBS Waiver application approved by the Centers for Medicare & Medicaid Services.

#### II. Scope of Assessment

SDRC is asked to respond to questions in four categories that correspond to the HCBS Waiver assurances with which the regional center is responsible for complying. The questions are shown at the end of this section.

#### III. Results of Assessment

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

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

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

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

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

The review period covered activity from August 1, 2009 through July 31, 2010.

#### III. Results of Review

The 86 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Three supplemental records were reviewed solely for documentation that SDRC had either provided the consumer with written notification prior to termination of the consumer's HCBS Waiver eligibility or the consumer had voluntarily disenrolled from the HCBS Waiver. Additionally, three consumers were reviewed solely for documentation indicating they received face-to-face reviews every thirty days after moving from a developmental center.

- ✓ The sample records were in 100% compliance for 26 criteria. There are no recommendations for these criteria.
- ✓ Findings for five criteria are detailed below.

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

#### IV. Findings and Recommendations

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

##### Findings

Sixty-seven of the 86 (78%) sample consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in seventeen 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 #6: "Toileting" is listed as a qualifying condition. However, the IPP states that "the consumer is now going to the rest room without prompting or assistance."
2. Consumer #20: "Medication with supervision"
3. Consumer #24: "Self injurious behavior, outburst and disruptive behaviors"
4. Consumer #31: "Supervision to prevent injury or harm in an unfamiliar setting" and "self injurious behavior"
5. Consumer #33: "Assistance to take medication"
6. Consumer #34: "Assistance to take medication"
7. Consumer #37: "Ostomy care, suicide, and past/present maladaptive sexual behaviors"
8. Consumer #39: "Assistance to take medication"
9. Consumer #47: "Outburst and aggression"
10. Consumer #48: "Assistance to take medication"

11. Consumer #52: "Safety" and "disruptive behavior"
12. Consumer #54: "Assistance to take medication"
13. Consumer #57: "Self injurious behavior, tantrums, and verbal abuse"
14. Consumer #63: "Assistance to take medication"
15. Consumer #65: "Assistance to take medication"
16. Consumer #68: "Assault"
17. Consumer #69: "Assistance to take medication" "vision loss" and "emotional outburst"
18. Consumer #72: "Dressing and toileting" are listed as qualifying conditions. However, the IPP indicates the consumer is "independent with dressing". The Ramona Unified School District Individualized Education plan states, the consumer is "independent with self care including clothing fasteners and toileting."
19. Consumer #75: "Assistance to take medication"

2.5.b Recommendation	Regional Center Plan/Response
<p>1. SDRC should determine if the items listed above are appropriately identified as qualifying conditions. The consumers' DS 3770 forms should be corrected to ensure that any items that do not represent substantial limitations in the consumers' ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying conditions. For consumers #24, #31, #52, and #69, due to an insufficient number of qualifying conditions, the correction may require that the consumer's HCBS Waiver eligibility be terminated. If SDRC determines that any of the issues above are correctly identified as qualifying conditions, documentation (updated IPPs, progress reports, etc.) that supports the original determinations should be submitted with the response to this report.</p>	<p>For consumers #20, 33, 34, 39, 48, 54, 63, 65, and 75 needing assistance to take mediation was previously listed on the 3770 as a qualifying condition. This information has been corrected and is no longer listed as a qualifying condition for these consumers. Consumer # 69 was terminated from Waiver due to no longer having qualifying conditions. All of the other 3770's noted have been corrected as well by eliminating the qualifying condition in question.</p>
<p>2. SDRC should determine what steps are necessary to ensure that only issues determined to represent substantial limitations in consumers' ability to perform activities of daily living and/or participate in community activities are identified as qualifying conditions on DS 3770 forms. This determination must be consistent with other information in the consumer records that describe the impact of the identified conditions and the need for services and supports.</p>	<p>SDRC staff completing recertification's have been re-trained on the qualifying conditions for Medicaid Waiver. The quality assurance staff will review a sample of completed recertification's yearly and will monitor this requirement.</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

Eighty-five of the 86 (99%) applicable consumer records contained IPPs that addressed the consumers' qualifying conditions. However, the IPP for consumer #56 did not address the qualifying condition of "self injurious behaviors" as stated in the Individual Education Plan dated 3/09/10.

2.9.a Recommendation	Regional Center Plan/Response
SDRC should ensure that the IPP for consumer #56 address the services and supports in place for the issue identified above.	The consumer's May, 2010 IPP was revised to address the issue of self-injurious behavior.

2.10.b The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. (WIC §4646.5(a)(4))

Findings

Eighty-four of the 86 (98%) sample consumer records contained IPPs that included services and supports obtained from generic agencies or resources. However, the IPP for consumers #57 and #75 did not identify Medi-Cal as the funding source for medical services.

2.10.b Recommendation	Regional Center Plan/Response
SDRC should ensure that the IPPs for consumers #57 and #75 identify Medi-Cal as the funding source for medical services.	These IPPs have been revised to reflect Medi-Cal funding.

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

Findings

Forty-eight of the 57 (84%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for nine consumers did not meet the requirements as listed below:



The records for consumers #9, #52, and #68 contained documentation of two of the required quarterly meetings.

The record for consumers #10, #31, #32, #60, #81, and #83 contained documentation of 1 of the required quarterly meeting.

2.13.a Recommendation	Regional Center Plan/Response
SDRC should ensure that future face-to-face meetings are completed and documented each quarter for consumers #9, #10, #31, #32, #52, #60, #68, #81 and #83.	Service Coordinators have been re-trained on the requirements. Quality assurance reviews will ensure compliance with the requirement for quarterly face-to-face meetings and the documentation.

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

Findings

Forty-seven of the 57 (82%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for ten consumers documentation did not meet the requirements as indicated below:

The records for consumers #9, #52, and #68 contained two quarterly reports of progress.

The records for consumers #10, #31, #32, #49, #60, #81, and #83, contained documentation of one quarterly report of progress.

2.13.b Recommendation	Regional Center Plan/Response
SDRC should ensure that future reports of progress are completed each quarter for all consumers.	Service Coordinators have been re-trained on the requirement to complete quarterly reports. Quality assurance reviews will ensure compliance with the requirement for quarterly reports of progress for consumers living in community out-of-home settings.

Regional Center Consumer Record Review Summary Sample Size = 86 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	86			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Mental Retardation Professional (QMRP), which documents the date of the consumer's initial HCBS Waiver eligibility certification, annual recertifications, the consumer's qualifying conditions and short-term absences. (SMM 4442.1), (42 CFR 483.430(a))	Criterion 2.1 consists of four sub-criteria (2.1a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Mental Retardation Professional and the title "QMRP" appears after the person's signature.	86			100	None
2.1.b	The DS 3770 form identifies the consumer's qualifying conditions and any applicable special health care requirements for meeting the Title 22 level of care requirements.	86			100	None
2.1.c	The DS 3770 form documents annual recertifications.	85		1	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	4		82	100	None
2.2	Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). (SMM 4442.7), (42 CFR 441.302(d))	86			100	None
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all, or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. (SMM 4442.7), (42 CFR Part 431, Subpart E), (WIC §4646(g))	2		87	100	None

Regional Center Consumer Record Review Summary Sample Size = 86 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5), (42 CFR 441.302)	86			100	None
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in an ICF-DD, ICF-DDH, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. (SMM 4442.5), (42 CFR 441.302(c)), (Title 22, CCR, §51343)	86			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	67	19		78	See Narrative
2.6.a	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))	86			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)	57		29	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))	86			100	None
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	9		77	100	None
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	86			100	None

Regional Center Consumer Record Review Summary Sample Size = 86 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. (WIC §4646.5(a))	86			100	None
2.9	The IPP addresses the consumer's goals and needs. (WIC §4646.5(a)(2))	Criterion 2.9 consists of seven sub-criteria (2.9 a-g) that are reviewed separately.				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	85	1		99	See Narrative
2.9.b	The IPP addresses the special health care requirements.	17		69	100	None
2.9.c	The IPP addressed the services for which the CCF provider is responsible for implementing.	30		56	100	None
2.9.d	The IPP addressed the services for which the day program provider is responsible for implementing.	44		32	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.	26		60	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	86			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	14		72	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))	86			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))	84	2		98	See Narrative
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	9		77	100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 82 + 6 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to vendors, contract providers, generic service agencies and natural supports. (WIC §4646.5(a)(4))	86			100	None
2.12	Periodic review and reevaluations of consumer progress are completed (at least annually) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. (WIC §4646.5(a)(6))	86			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)	48	9	29	84	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)	47	10	29	82	See Narrative
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. (WIC §4418.3)	3		86	100	None

### SECTION III

## COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

#### I. Purpose

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

#### II. Scope of Review

Twenty-four sample consumer records were reviewed at 23 CCFs visited by the monitoring team. The facilities' consumer records were reviewed to determine compliance with 19 criteria.

#### III. Results of Review

The consumer records were 100% in compliance for the 19 criteria.

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

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 24; CCFs = 23</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)	24			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	24			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	16		8	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.	24			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	24			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	24			100	None
3.1.i	Special safety and behavior needs are addressed.	17		7	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))	24			100	None
3.3	The facility has a copy of the consumer's current IPP. (Title 17, CCR, §56022(c))	24			100	None

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 24; CCFs = 23</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. (Title 17, CCR, §56026(b))	17		7	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.	17		7	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. (Title 17, CCR, §56026(c))	7		17	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.	8		16	100	None
3.5.c	Quarterly reports include a summary of data collected. (Title 17, CCR, §56013(d)(4)), (Title 17, CCR, §56026)	9		15	100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. (Title 17, CCR §56026(a))	24			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	20		4	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. (Title 17, CCR, §54327)	1		23	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. (Title 17, CCR, §54327)	1		23	100	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. (Title 17, CCR, §54327)	1		23	100	None



## SECTION IV

### DAY PROGRAM CONSUMER RECORD REVIEW

#### I. Purpose

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

#### II. Scope of Review

Fifteen sample consumer records were reviewed at ten 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 all of the 17 applicable criteria

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

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 15; Day Programs = 10</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)	15			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.	15			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.	15			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.	15			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.	15			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.	15			100	None
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing.	15			100	None

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 15; Day Programs = 10</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.	15			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	15			100	None
4.2	The day program has a copy of the consumer's current IPP. ( <i>Title 17, CCR §56720(b)</i> )	15			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> )	15			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.	15			100	None
4.4.a	The day program prepares and maintains written semiannual reports. ( <i>Title 17, CCR, §56720(c)</i> )	15			100	None
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services for which the day program is responsible for implementing.	15			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		14	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		14	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		14	100	None

## SECTION V

### CONSUMER OBSERVATIONS AND INTERVIEWS

#### I. Purpose

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

#### II. Scope of Observations and Interviews

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

- ✓ Fifty adult consumers agreed to be interviewed by the monitoring teams.
- ✓ Thirteen consumers did not communicate verbally, but were observed.
- ✓ Eleven interviews were conducted with parents of minors.
- ✓ Ten adult consumers and parents of two minors were unavailable for an interview or observation.

#### III. Results of Observations and Interviews

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

## SECTION VI A

### SERVICE COORDINATOR INTERVIEWS

#### I. Purpose

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

#### II. Scope of Interviews

1. The monitoring team interviewed 17 San Diego Regional Center (SDRC) service coordinators.
2. The interview questions are divided into two categories.
  - ✓ The questions in the first category are related to the consumers selected by the monitoring team.
  - ✓ The questions in the second category are related to general areas.

#### III. Results of Interviews

1. The service coordinators were very familiar with their respective consumers. They were able to relate specific details regarding the consumers' desires, preferences, life circumstances, and service needs.
2. The service coordinators were knowledgeable about the IPP/annual review process and monitoring requirements. Service providers and family members provided input on the consumers' needs, preferences and satisfaction with services outlined in the IPP. For consumers in out-of-home placement settings, service coordinators conduct quarterly face-to-face visits and develop written assessments of consumer progress and satisfaction. In preparation for the quarterly visits, service coordinators review their previous progress reports, pertinent case notes, special incident reports, and vendor reports of progress.
3. To better understand issues related to consumers' health issues, medications, and side-effects, the service coordinators utilize the SDRC nurses and clinical team as resources. Specialists are available to assist the service coordinators in assuring appropriate services in areas of medical, behavioral, psychological, and dental needs. SDRC's clinical team schedules

new employee training on medications and side effects, and offers periodic trainings on new and commonly used medications.

4. The service coordinators monitor the consumers' services, health and safety during periodic visits. The service coordinators were knowledgeable about the special incident report (SIR) process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed.

## SECTION VI B

### CLINICAL SERVICES INTERVIEW

#### I. Purpose

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

#### II. Scope of Interview

1. The monitoring team interviewed the Nursing Supervisor and the Coordinator of Behavioral Services of the San Diego Regional Center (SDRC).
2. The questions in the interview cover the following topics: routine monitoring of consumers with medical issues, medications and behavior plans; coordination of medical and mental health care for consumers; circumstances under which actions are initiated for medical or behavior issues; clinical supports to assist service coordinators; improved access to preventive health care resources; and role in Risk Management Committee and special incident reports.

#### III. Results of Interview

1. The SDRC Clinical Services Team includes physicians, psychologists, social workers, behavioral specialists, genetic counselors, a nutritionist, a contract pharmacist, and registered nurses in various specialty areas throughout the San Diego area. Additionally, SDRC has contracted dental hygienist services, physical, occupational, and speech therapy services.
2. The Clinical Services Team is available to consult with service coordinators in evaluating consumers with medical and/or medication issues during the annual review process and on an as-needed basis. Each service coordinator is provided with a clinical services manual that assists them in identifying consumers who may need a referral to the team. The pharmacist is available by referral from service coordinators, providers, family or consumers for consultation regarding medication concerns. The clinical team nurses provide medication training to SDRC staff and providers. Additionally, team members work with hospitals and local physicians as consultants and consumer advocates to ensure consumers' medical needs are addressed appropriately.

3. The behavioral specialists are available to assist with complex behavior issues and to consult with service coordinators regarding review of behavior plans. Clinical team psychologists consult with consumers' primary care doctors if needed. Additionally, the regional center provides behavioral management training classes for providers and families.
4. SDRC has improved health care access for its consumers through the following programs:
  - ✓ The Anderson Dental Center/Children's Hospital, which provides training for consumers and providers, and treatment for consumers in the Residency Dental Program
  - ✓ Referral process used to request funding for dental services
  - ✓ Provide consultations for consumers, families, and providers who request assistance with medication and nutritional needs
  - ✓ Autism Program
  - ✓ Safety Alert Inc., a twenty-four hour on-call crisis team that assists with difficult mental health cases
5. Members of the clinical team participate in SDRC's Risk Management, Assessment, and Planning Committee. Training is provided to staff and providers based on SIR trend analysis. Examples include Violence Prevention, Signs and Symptoms and Medication Procedures. Members of the Risk Management Committee participate in a county wide task force to streamline services for consumers who are victims of crimes.



## SECTION VI C

### QUALITY ASSURANCE INTERVIEW

#### I. Purpose

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

#### II. Scope of Interview

The monitoring team interviewed an evaluation specialist who is part of the team responsible for conducting San Diego Regional Center's (SDRC) QA activities.

#### III. Results of Interview

1. The evaluation specialist provided information about SDRC's process for conducting the annual Title 17 monitoring review. The service coordinators are assigned as facility liaisons. The annual Title 17 review is conducted by the facility liaison who also conducts the two unannounced visits. When issues of substantial inadequacies are identified, the facility liaison is responsible for developing corrective action plans (CAPs) and ensuring providers complete the CAP requirements.
2. SANDIS indicates when the unannounced visits should be conducted by the facility liaison. The program manager utilizes a tracking system to make sure these visits have been conducted. The reports generated from the unannounced visits are reviewed by the program manager, residential service coordinator and then placed in the respective vendor file.
3. The evaluation specialist tracks the staffing hours for the Level IV CCFs. Time sheets are submitted each month by the CCFs. If the time sheets are not in compliance with the staffing ratios, a meeting will be scheduled with the facility and a corrective action plan (CAP) developed, and if necessary a follow up will be scheduled.

4. The evaluation specialist provides on-site technical assistance and training to vendors for staffing requirements. The evaluation specialist is also responsible for various trainings for the on-going educational requirements for all levels of CCFs, such as documenting supervision hours. In addition, the evaluation specialist tracks behavioral contracts for the Level IV CCFs.

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

#### III. Results of Interviews

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

## SECTION VII B

### DIRECT SERVICE STAFF INTERVIEWS

#### I. Purpose

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

#### II. Scope of Interviews

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

#### III. Results of Interviews

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

### **Supplemental Issue**

During the visit to CCF #2 (not included in the random selection for direct service staff interviews), the person observed providing the majority of the support to consumers was the son/grandson of the facility's co-administrators. He indicated that he was filling in for his mother (co-administrator) who has not been available due to medical issues. In this role, he stated that he has been the primary support person for consumers in all areas including providing assistance with the self administration of medications. However, he indicated he had not received the required orientation training on topics such as assistance with medication and consumer IPPs.

As a result of these findings, a "Referral for Follow-Up" was submitted to SDRC on 11/22/10. The referral requested that SDRC ensure all individuals providing support to consumers at CCF #2 meet the direct care staff training qualifications and that CCF #2 develop a contingency plan in case of staff absences.

In response, SDRC issued a corrective action plan (CAP) that required CCF #2 to develop a plan to address the staff training requirements. Additionally, the CAP addressed another finding from the monitoring team's visit regarding medications not being secured properly (see Section VIII, Vendor Standards Review.) In response, CCF #2 secured all medications and developed a plan to ensure all staff receives the required training. Additionally, a contingency plan for staff absences was developed.

## SECTION VIII

### VENDOR STANDARDS REVIEW

#### I. Purpose

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

#### II. Scope of Review

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

#### III. Results of Review

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

#### IV. Findings and Recommendations

##### 8.2 b Medication Storage

##### Finding

CCF #2 had medications in an unlocked drawer. As noted in Section VII B, this issue was addressed and resolved by SDRC as part of a corrective action plan. Therefore, no recommendation is required.

## 8.2 d PRN Medication Records

### Findings

CCF #9 was not documenting the reason or consumers' response to PRN medications.

Day program #9 and CCF #22 were not documenting the consumers' response to PRN medications.

8.2 d Recommendation	Regional Center Plan/Response
SDRC should ensure that day program #9, CCF #9 and CCF #22 properly documents all required PRN medication information.	SDRC staff will provide technical assistance to CCF providers #9 and #22 and day program # 9 regarding requirements for documentation of PRN medication by 5/30/11. Documentation of this training will be recorded in the vendor files.

## SECTION IX

### SPECIAL INCIDENT REPORTING

#### I. Purpose

The review verifies that special incidents have been reported within the required timeframes, that documentation meets the requirements of Title 17, California Code of Regulations, and that the follow-up was complete.

#### II. Scope of Review

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

#### III. Results of Review

1. SDRC reported all deaths during the review period to DDS.
2. SDRC reported all special incidents in the sample of 86 records selected for the HCBS Waiver review to DDS.
3. SDRC's vendors reported nine of the ten (90%) applicable incidents in the supplemental sample to SDRC within the required timeframes.
4. SDRC reported all special incidents to DDS within the required timeframes.
5. SDRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for all ten incidents.



#### IV. Finding and Recommendation

##### Finding

Consumer #105: The incident occurred on June 3, 2010. However, the vendor did not submit a written report to SDRC until June 7, 2010.

Recommendations	Regional Center Plan/Response
1. SDRC should ensure that the vendor for consumer #105 report special incidents within the required timeframes.	SDRC staff will re-train the vendor staff on the SIR reporting requirements by 5/30/2011 and document this training in the vendor's file.

## SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

### HCBS Waiver Review Consumers

#	UCI	CCF #	Day Program #
1	6260092		#8
2	6279964		
3	6286415		#5
4	6268385	#9	
5	6903760	#13	
6	6298276		
7	6220153		#6
8	6214965	#4	
9	6280865		
10	6601137		
11	6213376		
12	6209028		
13	6287435		
14	6212509	#7	
15	6212510	#2	
16	6278084		
17	6242449		
18	6239139	#18	
19	6290576		#6
20	6216804		#9
21	6290083		
22	7403282	#5	
23	6213885		
24	6289011		
25	6287306		
26	6217107	#1	
27	6253730		
28	6235454		
29	6297409	#14	
30	6298674		
31	6284069		
32	6214565	#26	
33	6263070		#8
34	6212158	#22	
35	6280206	#17	
36	6218432		

#	UCI	CCF #	Day Program #
37	6240384	#6	
38	6275867		#4
39	6213905	#11	
40	6290952		
41	6276707		#2
42	6217847		
43	5944038		#4
44	6299588		#10
45	6238496		
46	6212032	#16	
47	6220361		#6
48	6215493	#21	
49	6284002		
50	6236716		
51	6460465		
52	6212678		
53	6281074		
54	6214182		#1
55	6232797		
56	6250281		
57	6226678		
58	6283652		
59	6219688	#3	
60	6233976		
61	6289510	#24	
62	6216659		#7
63	6218960	#20	
64	6220716		#1
65	6283885	#19	
66	6269901	#25	
67	6283177		
68	6288288		
69	6290007		
70	6291243		
71	6212156		
72	7314301		
73	7537509	#15	
74	6264907	#12	
75	6287558	#23	
76	6215578		

#	UCI	CCF #	Day Program #
77	6280978		#3
78	6237868	#8	
79	6290127		
80	6279615		
81	6225149		
82	6226606		
83	6251119		
84	6296570		
85	6280583		
86	7604982		

### Supplemental Sample DC Consumers

#	UCI
87	6213272
88	6216710
89	6220843

### Supplemental Sample of Terminated Consumers

#	UCI
93	6215160
94	6215828
95	6244194

### SIR Review Consumers

#	UCI	Vendor
99	6212811	H07388
100	6296066	HQ0282
101	6288219	H27291
102	6251695	PQ7260
103	7920168	PQ0675
104	6282921	HQ0806
105	6279071	HQ0746
106	6219197	H39459
107	6216367	H14913
108	6222679	H27372

### HCBS Waiver Review Service Providers

CCF#	Vendor
1	H72766
2	H02407
3	H39485
4	HQ0317
5	HQ0756
6	HQ0563
7	HQ0545
8	HQ0052
9	HQ0127
10	Cancelled
11	H72710
12	H72719
13	HQ0212
14	HQ0133
15	H27283
16	HQ0742
17	HQ0477
18	HQ0129
19	HQ0253
20	HQ0258
21	H39500
22	HQ0061
23	HQ0747
24	HQ0697
25	HQ0069
26	HQ0046

Day Program#	Vendor
1	HQ0098
2	H27417
3	H14604
4	H27265
5	HQ0443
6	HQ0395
7	H00571
8	HQ0217
9	HQ0218
10	HQ0382

**San Diego Regional Center  
Targeted Case Management and  
Nursing Home Reform  
Monitoring Review Report**

**Conducted by:**

**Department of Developmental Services**

**November 1 - 5, 2010**

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## EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) conducted a federal compliance monitoring review of the Targeted Case Management (TCM) and Nursing Home Reform (NHR) programs from November 1-5, 2010, at San Diego Regional Center (SDRC). The monitoring team selected 50 consumer records for the TCM review. A sample of ten records was selected for consumers who had previously been referred to SDRC for a NHR assessment.

### Purpose of the Review

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

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

### Overview of the TCM/NHR Compliance Monitoring Protocol

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

### Findings

#### Section I – Targeted Case Management

Fifty consumer records, containing 4,182 billed units, were reviewed for three criteria. The sample records were 100% in compliance for criterion 1 (TCM service and unit documentation matches the information transmitted to DDS), 98% in compliance for criterion 2 (TCM service documentation is consistent with the definition of TCM service), and 100% in compliance for criterion 3 (TCM service documentation identifies the individual who wrote the note and the date the note was completed).

#### Section II – Nursing Home Reform

Ten consumer records were reviewed for three criteria. The ten sample records were 100% in compliance for the three criteria.

## SECTION I TARGETED CASE MANAGEMENT

### Criterion

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

### Finding

SDRC transmitted 4,182 TCM units to DDS for the fifty sample consumers. All of the recorded units matched the number of units reported to DDS.

### Recommendation

None

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

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

### Findings

The sample of fifty consumer records contained 4,182 billed TCM units. Of this total, 4,114 (98%) of the units contained descriptions that were consistent with the definition of TCM services. Sixty eight of the billed units had descriptions of activities that were not consistent with the definition of TCM services. Detailed information on these findings and the actions required will be sent under a separate cover letter.

Recommendation	Regional Center Plan/Response
SDRC should ensure that the time spent on the identified activities that are inconsistent with TCM claimable services (sent separately) is reversed.	SDRC reversed the TCM units which were inconsistent with the TCM claimable service guidelines in the month of 4/2011.

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

Finding

The TCM documentation in the fifty sample consumer records identified the service coordinator or other individual who wrote the note and the date the note was completed.

Recommendation

None

## SECTION II NURSING HOME REFORM

### Criterion

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

### Finding

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

### Recommendation

None

2. The disposition is reported to DDS.

### Finding

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

### Recommendation

None

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

### Finding

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

### Recommendation

None

**SAMPLE CONSUMERS  
 TCM Review**

#	UCI	#	UCI
1	6260092	26	6217107
2	6279964	27	6253730
3	6286415	28	6235454
4	6268385	29	6297409
5	6903760	30	6298674
6	6298276	31	6284069
7	6220153	32	6214565
8	6214965	33	6263070
9	6280865	34	6212158
10	6601137	35	6280206
11	6213376	36	6218432
12	6209028	37	6240384
13	6287435	38	6275867
14	6212509	39	6213905
15	6212510	40	6290952
16	6278084	41	6276707
17	6242449	42	6217847
18	6239139	43	5944038
19	6290576	44	6299588
20	6216804	45	6238496
21	6290083	46	6212032
22	7403282	47	6220361
23	6213885	48	6215493
24	6289011	49	6284002
25	6287306	50	6236716

**NHR Review**

#	UCI
1	6287152
2	H002626
3	6281946
4	6216808
5	6258693
6	6217003
7	H002735
8	6251603
9	6292483
10	6217712

**ATTACHMENT I**

**TCM DISTRIBUTION OF FINDINGS**

CRITERION PERFORMANCE INDICATOR Sample Size: 50 Records Billed Units Reviewed: 4182	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. The TCM service and unit documentation matches the information transmitted to DDS.	4,182	0		100	0
2. The TCM service documentation billed to DDS is consistent with the definition of TCM service.	4,114	68		98	2
3. The TCM documentation identifies the service coordinator recording the notes and each note is dated	4,182	0		100	0

**NHR DISTRIBUTION OF FINDINGS**

CRITERION PERFORMANCE INDICATOR Sample Size: 10 Records	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. There is evidence of dispositions for DDS NHR referrals.	10	0		100	
2. Dispositions are reported to DDS.	10	0		100	
3. The regional center submits claims for referral dispositions.	10	0		100	

**San Diego Regional Center  
TARGETED CASE MANAGEMENT REVIEW**

**Consumer #1 UCI 6260092 (3) units**

Date	Activity	RC Units	Comments	Regional Center Plan/Response
11/04/09	T	2	This entry is for leaving a message with date and time the service coordinator is available to meet for the annual review. This description does not support the amount of time claimed. Therefore the time claimed should be reduced to an amount appropriate to the task.	The time claimed for this activity was reduced to 1 unit.
11/20/09	D	1	This entry is for receiving and reviewing a roll over sheet and rolling over the day program contract. This is an administrative activity. Therefore the time claimed should be reversed.	The time claimed for this administrative activity was reversed to zero.

**Consumer #2 UCI 6279964 (2) units**

Date	Activity	RC Units	Comment	Regional Center Plan/Response
11/30/09 02/01/10	D D	1 1	These entries are for receiving and reviewing a copy of a letter from federal programs, requesting a signature for ongoing eligibility and forwarding a copy of MW paperwork to (name). These are administrative activities. Therefore the time claimed should be reversed.	The time claimed for these administrative activities were reversed to zero.

**Consumer #5 UCI 6903760 (15) units**

Date	Activity	RC Units	Comments	Regional Center Plan/Response
08/04/09 08/25/09 08/28/09 11/17/09 01/05/10 01/05/10 01/26/10 01/28/10 03/30/10	D T D D D T D C D	1 1 1 1 1 1 1 1 1	These entries are for obtaining trust ledgers, requesting and reviewing receipts, working with accounting to stay current on spend down, and preparing and submitting check requests. The direct provision of services, such as money management, cannot be claimed as case management. Therefore, the time claimed should be reversed.	The time claimed for these activities were reversed to zero.
06/07/10	C	6	This entry is for requesting cost information for Eternal Hills, receiving the fax, verifying the information, and preparing check requests for sister and Eternal Hills. The direct provision of services, such as money management, cannot be claimed as case management. Therefore, the time claimed should be reversed.	The time claimed for these activities were reversed to zero.

**Consumer #9 UCI 6280865 (11) units**

Date	Activity	RC Units	Comments	Regional Center Plan/Response
09/21/09	T	2	This entry states, "left message for trust department regarding the status of September payment." This is an administrative activity. Therefore, the time claimed should be reversed.	The time claimed for this administrative activity was reversed to zero.
09/18/09	T	3	This entry is for leaving a voice mail regarding an overpayment for September's rent. The direct provision of services, such as money management, cannot be claimed as case management. Therefore, the time claimed should be reversed.	The time claimed for this activity was reversed to zero.
08/04/09 08/04/09 10/27/09	D D D	2 2 2	Two entries are for reviewing a POS for Capitol Associates contract and one entry is for receiving and reviewing a copy of authorizations for purchase. These are administrative activities. Therefore, the time claimed should be reversed.	The time claimed for these administrative activities were reversed to zero.

**Consumer #11 UCI 6213376 (1) unit**

Date	Activity	RC Units	Comment	Regional Center Plan/Response
09/22/09	D	1	This entry is for receiving a notice of overpayment from SSA. This is a duplication of an entry claimed on 9/3/09. Therefore, the time claimed should be reversed.	The entry was deleted and the time reversed for this duplication.

**Consumer #21 UCI 6290083 (2) units**

Date	Activity	RC Units	Comment	Regional Center Plan/Response
09/11/09 09/18/09	D D	1 1	These entries state, "received and reviewed authorization for rental subsidy assistance administration fees, submitted for filing" and "received and reviewed authorization for POS for rental subsidy program." These are administrative activities. Therefore, the time claimed should be reversed.	The time claimed for these administrative activities were reversed to zero.

**Consumer #24 UCI 6289011 (5) units**

Date	Activity	RC Units	Comment	Regional Center Plan/Response
12/21/09	F	5	This entry is for a meeting with the consumer and CWS. This is a duplication of an entry claimed on the same day. Therefore, the time claimed for this entry should be reversed.	The entry was deleted and the time reversed for this duplication.



Consumer #28 UCI 6235454 (3) units

Date	Activity	RC Units	Comments	Regional Center Plan/Response
11/02/09 12/21/09	D D	1 1	These entries are for directing the support staff to send a check request and completing a collateral/check request. The direct provision of services, such as money management, cannot be claimed as case management. Therefore, the time claimed should be reversed.	The time claimed for these activities were reversed to zero.
11/03/09	C	1	This entry states, "collateral was mailed." This description is not sufficient to determine if this is a case management activity. Therefore, the time claimed should be reversed.	The time claimed for these activities were reversed to zero.

Consumer #29 UCI 6297409 (1) unit

Date	Activity	RC Units	Comment	Regional Center Plan/Response
05/20/10	D	1	This entry is for completing a check request to disburse consumer funds. The direct provision of services, such as money management, cannot be claimed as case management. Therefore, the time claimed should be reversed.	The time claimed for these activities were reversed to zero.

Consumer #30 UCI 6298674 (10) units

Date	Activity	RC Units	Comments	Regional Center Plan/Response
08/24/09 10/29/09	D D	1 1	These entries state, "received the signed 1968 and faxed." These are administrative activities. Therefore, the time claimed should be reversed.	The time claimed for these administrative activities were reversed to zero.
09/10/09 09/14/09	D D	2 2	These entries are for sending and receiving emails. These descriptions do not support the amount of time claimed. Therefore the time claimed should be reduced to an amount appropriate to the task.	The time claimed for these activities were reduced to 1 unit each.
07/28/10	D	4	This entry is for meeting with the transfer coordinator to prepare transfer packets and summary. This is an administrative activity. Therefore, the time claimed should be reversed.	The time claimed for this administrative activity was reversed to zero.

Consumer #31 UCI 6284069 (1) unit

Date	Activity	RC Units	Comment	Regional Center Plan/Response
08/31/09	D	1	This entry states, "c/c with support staff to submit a request to proof the annual report that was completed on 8/30." This is an administrative activity. Therefore, the time claimed should be reversed.	The time claimed for this administrative activity was reversed to zero.

Consumer #34 UCI 6212158 (1) unit

Date	Activity	RC Units	Comment	Regional Center Plan/Response
12/18/09	D	1	This entry is for receiving, copying and filing a health card. This is an administrative activity. Therefore, the time claimed should be reversed.	The time claimed for these administrative activities were reversed to zero.

Consumer #35 UCI 6280206 (3) units

Date	Activity	RC Units	Comment	Regional Center Plan/Response
04/22/10	D	3	This entry is for receiving and reviewing receipts and bank statements faxed on 12/9. The direct provision of services, such as money management, cannot be claimed as case management. Therefore, the time claimed should be reversed.	The time claimed for these activities were reversed to zero.

Consumer #40 UCI 6290952 (6) units

Date	Activity	RC Units	Comments	Regional Center Plan/Response
12/01/09 01/11/10	D D	1 1	These entries state, "received and reviewed bills, inquired about trust funds, and submitted request to pay bills." and "prepared and submitted a request to pay past due bank fees." The direct provision of services, such as money management, cannot be claimed as case management. Therefore, the time claimed should be reversed.	The time claimed for these activities were reversed to zero.
12/21/09	D	4	This entry is for preparing case for transfer and submitting it to the program manager for review/approval. This is an administrative activity. Therefore, the time claimed should be reversed.	The time claimed for this administrative activity was reversed to zero.

**Consumer #45 UCI 6238496 (2) units**

Date	Activity	RC Units	Comment	Regional Center Plan/Response
08/03/09	D	1	These entries are for reviewing POS authorization and rolling services in authorization listing. These are administrative activities. Therefore, the time claimed should be reversed.	The time claimed for these administrative activities were reversed to zero
07/12/10	D	1		

**Consumer #48 UCI 6215493 (2) units**

Date	Activity	RC Units	Comment	Regional Center Plan/Response
03/15/10	D	1	These entries are for receiving, reviewing and filing Medicare summaries. These are administrative activities. Therefore, the time claimed should be reversed.	The time claimed for these administrative activities were reversed to zero
06/14/10	D	1		

