

**Golden Gate Regional Center
Home and Community-Based Services Waiver
Monitoring Review Report**

Conducted by:

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

September 10–21, 2018

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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 September 10–21, 2018, at Golden Gate Regional Center (GGRC). The monitoring team members were Nora Muir (Team Leader), Linda Rhoades, Bonnie Simmons, and Melissa Averitt from DDS, and Raylyn Garrett 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 (IPP). Specific criteria have been developed for the review sections listed below that are derived from federal/state statutes and regulations and from the 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 39 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 July 1, 2017 through June 30, 2018.

The monitoring team completed visits to six community care facilities (CCF) and 12 day programs. The team reviewed six CCF and 17 day program consumer records and interviewed and/or observed 32 selected sample consumers.

Overall Conclusion

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

Thirty-nine 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 percent in overall compliance for this review.

GGRC's records were 97 and 99 percent in overall compliance for the collaborative reviews conducted in 2016 and in 2014, respectively.

Section III – Community Care Facility Consumer Record Review

Six consumer records were reviewed at six CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100 percent in overall compliance for 16 criteria on this review.

GGRC's records were 99 percent and 100 percent in overall compliance for the collaborative reviews conducted in 2016 and in 2014, respectively.

Section IV – Day Program Consumer Record Review

Seventeen consumer records were reviewed at 12 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. Criterion 4.4.a was rated 82 percent in compliance because three of the seventeen records did not contain written semiannual reports of the consumer's performance and progress. The sample records were 97 percent in overall compliance for this review.

GGRC's records were 92 percent and 98 percent in overall compliance for the collaborative reviews conducted in 2016 and in 2014, respectively.

Section V – Consumer Observations and Interviews

Thirty-two sample consumers, or in the case of minors, their parents, were interviewed and/or observed at their CCFs, day programs, or in independent living settings. The monitoring team observed that all of the consumers were in good health and were treated with dignity and respect.

Section VI A – Service Coordinator Interviews

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

Section VI B – Clinical Services Interview

The Director of Clinical Services was interviewed using a standard interview instrument. He responded to questions regarding the monitoring of consumers with medical issues, medications, behavior plans, the coordination of medical and mental health care for consumers, clinical supports to assist service coordinators, and the clinical team's role in the Risk Management Assessment and Planning Committee and special incident reporting.

Section VI C – Quality Assurance Interview

A quality assurance specialist was interviewed using a standard interview instrument. She responded to questions regarding how GGRC 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

Eight service providers at five CCFs and three day programs were interviewed using a standard interview instrument. The service providers responded to questions regarding their knowledge of the consumer, the annual review process, and the monitoring of health issues, medication administration, progress, safety and emergency preparedness. All but one of the service providers had emergency shelter in case of a forced evacuation from the home. The service providers were familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interviews

Five CCF and three day program direct service staff were interviewed using a standard interview instrument. The direct service staff responded to questions regarding their knowledge of consumers, the IPP, communication, service delivery, procedures for

safety, emergency preparedness, and medications. The staff were familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VIII – Vendor Standards Review

The monitoring team reviewed five CCFs and three day programs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. The reviewed vendor was in good repair with no immediate health or safety concerns observed.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 39 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. GGRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported all 10 of the applicable incidents to GGRC within the required timeframes, and GGRC subsequently transmitted nine of the 10 special incidents to DDS within the required timeframes. GGRC's follow-up activities for the 10 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 GGRC's 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

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

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

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

Regional Center Self-Assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver services (cont.)	The regional center ensures that needed services and supports are in place when a consumer moves from a developmental center (DC) to a community living arrangement. Service coordinators provide enhanced case management to consumers who move from a DC by meeting with them face-to-face every 30 days for the first 90 days they reside in the community.
Only qualified providers serve HCBS Waiver participants.	The regional center ensures that all HCBS Waiver service providers have signed the "HCBS Provider Agreement Form" and meet the required qualifications at the time services are provided.
Plans of care are responsive to HCBS Waiver participant needs.	The regional center ensures that all HCBS Waiver consumers are offered a choice between receiving services and living arrangements in an institutional or community setting. Regional centers ensure that planning for IPPs includes a comprehensive assessment and information-gathering process which addresses the total needs of HCBS Waiver consumers and is completed at least every three years at the time of his/her triennial IPP. The IPPs of HCBS Waiver consumers are reviewed at least annually by the planning team and modified, as necessary, in response to the 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 and fair hearing rights, level of care, individual program plans (IPP) and periodic reviews and reevaluations of services. The information obtained about the consumer's needs and services is tracked as a part of the onsite program reviews.

II. Scope of Review

1. Thirty-nine HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	16
With Family	13
Independent or Supported Living Setting	10

- ✓ The review period covered activity from July 1, 2017 through June 30, 2018.

III. Results of Review

The 39 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 GGRC 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 supplemental records were reviewed solely for documentation indicating that the consumer received face-to-face reviews every 30 days after moving from a developmental center.

- ✓ The sample records were in 100 percent compliance for 27 criteria. There are no recommendations for these criteria.
- ✓ Findings for four criteria are detailed below.

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

IV. Findings and Recommendations

- 2.2 Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form (DS 2200). [SMM 4442.7; 42 CFR 441.302(d)]

Finding

Thirty-eight of the thirty-nine (97 percent) sample consumer records contained a completed DS 2200 form. However, the DS 2200 form in the record for consumer #19 was not signed by the consumer. During the monitoring review, the consumer signed the DS 2200. Accordingly, no recommendation is required.

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

Findings

Twenty-three of the twenty-six (90 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for three consumers did not meet the requirement as indicated below:

The records for consumers #9, #24, and #30 contained documentation of only three of the required meetings.

2.13.a Recommendations	Regional Center Plan/Response
GGRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #9, #24, and #30.	Social workers assigned to these persons have been reminded to ensure documentation is completed. Our quarterly reporting form is being revised and all social work staff will receive training in completing the new format.

- 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 CCFs, 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

Twenty-three of the twenty-six (90 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for three consumers did not meet the requirement as indicated below:

The records for consumers #9, #24, and #30 contained documentation of only three of the required quarterly reports of progress.

2.13.b Recommendations	Regional Center Plan/Response
GGRC should ensure that future quarterly reports of progress are completed for consumers #9, #24, and #30.	Social workers assigned to these persons have been reminded to ensure documentation is completed. Our quarterly reporting form is being revised and all social work staff will receive training in completing the new format.

- 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. (W&I Code §4418.3)

Finding

Three records were reviewed to confirm face-to-face meetings were conducted no less than once every 30 days for the first 90 days following the consumer’s move from a developmental center to a community living arrangement. The records for consumers DC-43, DC-44, and DC-45 contained evidence of only two of the required meetings.

2.14 Recommendation	Regional Center Plan/Response
GGRC should ensure that face-to-face meetings are conducted no less than once every 30 days for the first 90 days for all consumers moving from a developmental center to a community living arrangement.	GGRC Developmental Center Liaisons will be reminded to document meetings with all persons who move from the developmental center into the community. These meetings will be held every 30 days for the first 90 days.

Regional Center Consumer Record Review Summary						
Sample Size = 39 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. <i>(SMM 4442.1)</i>	39			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. <i>[SMM 4442.1; 42 CFR 483.430(a)]</i>	Criterion 2.1 consists of four sub-criteria (2.1.a-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.	39			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.	39			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	39			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	3		36	100	None
2.2	Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). <i>[SMM 4442.7; 42 CFR 441.302(d)]</i>	38	1		97	See Narrative
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all, or part, of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. <i>[SMM 4442.7, 42 CFR Part 431, Subpart E, W&I Code §4646(g)]</i>	3		36	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 39 + 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. <i>(SMM 4442.5, 42 CFR 441.302)</i>	39			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/DD-H, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. <i>(SMM 4442.5, 42 CFR 441.302(c), Title 22, CCR, §51343)</i>	39			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	39			100	None
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. <i>[42 CFR 441.301(b)(1)(I)]</i>	39			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. <i>(HCBS Waiver requirement)</i>	31		8	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. <i>[W&I Code §4646(g)]</i>	39			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.	13		26	100	None
2.7.c	The IPP is prepared jointly with the planning team. <i>[W&I Code §4646(d)]</i>	39			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. <i>[W&I Code §4646.5(a)]</i>	39			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 39 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer's goals and needs. [W&I Code §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).	39			100	None
2.9.b	The IPP addresses special health care requirements.	21		18	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	16		23	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	29		10	100	None
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	13		26	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	39			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. [W&I Code §4685(c)(2)]	5		34	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. [W&I Code §4646.5(a)(4)]	39			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. [W&I Code §4646.5(a)(4)]	39			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [W&I Code §4646.5(a)(4)]	17		22	100	None
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to, vendors, contract providers, generic service agencies and natural supports. [W&I Code §4646.5(a)(4)]	39			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 39 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
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. <i>[W&I Code §4646.5(a)(6)]</i>	39			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 CCFs, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047, Title 17, CCR, §56095, Title 17, CCR, §58680, Contract requirement)</i>	26	3	10	90	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 CCFs, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047, Title 17, CCR, §56095, Title 17, CCR, §58680, Contract requirement)</i>	26	3	10	90	See Narrative
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. <i>(W&I Code §4418.3)</i>		3	39	0	See Narrative

SECTION III

COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

I. Purpose

The review addresses the requirements for community care facilities (CCF) 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

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

III. Results of Review

The consumer records were 100 percent in compliance for all 19 criteria.

✓ There are no recommendations for these criteria.

Community Care Facility Record Review Summary						
Sample Size: Consumers = 6; CCFs = 6						
	Criteria	+	-	N/A	% Met	Follow-up
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. <i>(Title 17, CCR, §56017(b), Title 17, CCR, §56059(b), Title 22, CCR, §80069)</i>	6			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	6			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	4		2	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.	6			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	6			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	6			100	None
3.1.i	Special safety and behavior needs are addressed.	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>	6			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	6			100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 6; CCFs = 6						
	Criteria	+	-	N/A	% Met	Follow-up
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. <i>[Title 17, CCR, §56026(b)]</i>	2		4	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.	2		4	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>	4		2	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.	4		2	100	None
3.5.c	Quarterly reports include a summary of data collected. <i>(Title 17, CCR, §56013(d)(4), Title 17, CCR, §56026)</i>	4		2	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>	6			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	6			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>	1		5	100	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	1		5	100	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. <i>(Title 17, CCR, §54327)</i>	1		5	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

Seventeen consumer records were reviewed at 12 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 percent in compliance for 15 criteria.

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

Findings

Fourteen of the seventeen (82 percent) sample consumer records contained up-to-date data collection for measuring progress on the services which the day program provider is responsible for implementing, as indicated in the consumers' IPPs. However, the records for consumers #2, #5 and #25 at day program #6 did not have data collected for measuring the consumers' progress for services in their IPPs.

4.1.f Recommendations	Regional Center Plan/Response
GGRC should ensure the records for consumers #2, #5 and #25 at day program #6 contain up-to-date data collection for measuring progress on the services for which the day program provider is responsible.	Day programs have been requested to send reports. An in-service training is being developed and will be given by GGRC's Consumer Rights Advocate.

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

Finding

Fourteen of the seventeen (82 percent) sample consumer records contained written semiannual reports of consumer progress. However, the records for the following consumers contained only one of the required progress reports:

1. Consumers #12 and #21 at day program #9; and,
2. Consumer #30 at day program #8.

4.4.a Recommendations	Regional Center Plan/Response
GGRC should ensure that day program providers #8 and #9 prepare written semiannual reports of consumer progress.	Day programs have been asked to prepare semiannual reports and send them to GGRC. An in-service training is being developed and will be given by GGRC's Consumer Rights Advocate.

Day Program Record Review Summary						
Sample Size: Consumers = 17; Day Programs = 12						
	Criteria	+	-	N/A	% Met	Follow-up
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. (Title 17, CCR, §56730)	17			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.	17			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.	17			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.	17			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.	17			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.	17			100	None
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP which the day program provider is responsible for implementing.	14	3		82	See Narrative

Day Program Record Review Summary						
Sample Size: Consumers = 17; Day Programs = 12						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	17			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	14		3	100	None
4.2	The day program has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56720(b)]</i>	17			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>	17			100	None
4.3.b	The day program's individual service plan or other program documentation is consistent with the services addressed in the consumer's IPP.	17			100	None
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	14	3		82	See Narrative
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services which the day program is responsible for implementing.	17			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		16	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		16	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		16	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, choices, and regional center services.

II. Scope of Observations and Interviews

Thirty-two of the thirty-nine consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities, or in independent living settings.

- ✓ Nineteen consumers agreed to be interviewed by the monitoring teams.
- ✓ Eleven consumers did not communicate verbally or declined an interview, but were observed.
- ✓ Two interviews were conducted with parents of minors.
- ✓ Seven consumers were unavailable for or declined interviews.

III. Results of Observations and Interviews

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

SECTION VI A

SERVICE COORDINATOR INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed seven GGRC 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; and,
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The service coordinators were very familiar with their respective consumers. They were able to relate specific details regarding the consumers' desires, preferences, life circumstances and service needs.
2. The service coordinators were knowledgeable about the IPP/annual review process and monitoring requirements. Service providers and family members provided input on the consumers' needs, preferences and satisfaction with services outlined in the IPP. For consumers in out-of-home placement settings, service coordinators conduct quarterly face-to-face visits and develop written assessments of consumer progress and satisfaction. In preparation for the quarterly visits, service coordinators review their previous progress reports, pertinent case notes, special incident reports, and vendor reports of progress.
3. To better understand issues related to consumers' use of medication and issues related to side effects, the service coordinators utilize GGRC's medical director and online resources for medication.

4. The service coordinators monitor the consumers' services, health and safety during periodic visits. They are aware of the consumers' health issues. The service coordinators are knowledgeable about the special incident reporting 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. The interview with Clinical Services helps to understand 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 interview questions 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; role in Risk Management Committee and special incident reports.
2. The monitoring team interviewed the Director of Clinical Services at GGRC.

III. Results of Interview

1. The clinical team at GGRC consists of the Director of Clinical Services, nurses, physicians, psychologists, and a dental coordinator.
2. Members of the clinical team will participate in the consumer's planning team meeting when needed. GGRC's physicians collaborate with local health care providers when indicated to ensure that consumers' health care needs are met. In addition, physicians are available to sign consents for medical treatment when needed. The clinical team physicians and nurses are available to assist with discharge planning when requested. Nurses may also visit hospitalized consumers and will follow consumers with complex medical needs. In addition, the team will review and assist with developing restricted health care plans.
3. The clinical team provides support for consumers with behavior challenges. A physician is available to review behavior plans and requests for services as needed. The clinical team collaborates with community mental health agencies on a case-by-case basis to coordinate services and attends local meetings. A behavioral consultant analyst assists with developing community placement plans for consumers moving from Sonoma Developmental Center.

4. The clinical team provides ongoing support to service coordinators. The team is available to assist service coordinators with consumer-specific health concerns, including end-of-life issues. The clinical team provides training to staff and providers on a variety of health-related topics such as Alzheimer's, seizures, medications, falls, and dehydration. Clinical team members are also involved in new employee orientation training.
5. GGRC has improved access to healthcare resources through the following programs:
 - ✓ The dental coordinator develops community resources and coordinates care with consumers and dental providers
 - ✓ Medical residents and fellows from Stanford University and University of California, San Francisco, visit GGRC to learn about the regional center system and individuals with developmental disabilities.

The Director of Clinical Services is a member of the Risk Management, Assessment and Planning Committee and also participates on the Mortality Review Committee. Special incident reports (SIR) involving medical issues may be referred to a clinical team physician or nurse for review and coordination of follow-up as needed. All death-related SIRs are reviewed by the Director of Clinical Services. The regional center also utilizes Mission Analytics Group, Inc., the State's risk management contractor, to analyze special incidents for trends. Trainings by clinical staff may be provided to staff and providers based on this analysis.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

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

II. Scope of Interview

The monitoring team interviewed a QA specialist who is part of the team responsible for conducting GGRC's QA activities.

III. Results of Interview

Service coordinators are assigned as liaisons to residential facilities and are responsible for conducting the two unannounced visits at each CCF. QA specialists are responsible for conducting the annual Title 17 monitoring reviews of the residential facilities. Each review utilizes standardized report forms and checklists based on Title 17 regulations. The dates of the reviews are tracked in a database monitored by the QA supervisor.

When substantial inadequacies are identified, corrective action plans (CAP) are developed by the QA specialist. The QA specialist also takes the lead in conducting the follow-up review for the CAPs, with assistance from the facility liaisons, as needed.

GGRC's QA supervisor participates on the Risk Management Assessment and Planning Committee. The committee meets quarterly to discuss any trends related to special incident reports (SIR). In addition to vendor-specific training provided in response to findings from annual monitoring, the QA team has provided training based on the analysis of SIR trends. Recent training topics have included prevention of medication errors, reporting abuse, and special incident reporting requirements and expectations.

GGRC's QA staff attends "Around the Bay," a quarterly meeting with QA staff from all regional centers bordering the San Francisco Bay Area, to discuss topics such as new regulations and trends in SIRs.

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 individual program plan (IPP) development and/or review, the extent of their plan participation, how the plan was developed, how service providers ensure accurate documentation, communicate, address and monitor health issues, their preparedness for emergencies, and how they monitor safety and safeguard medications.

II. Scope of Interviews

1. The monitoring team interviewed eight service providers at five community care facilities and three 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 consumer.
2. The service providers indicated that they conducted assessments of the consumer, participated in their IPP development, provided the program-specific services addressed in the IPPs and attempted to foster the progress of their consumer.
3. The service providers monitored the consumer's health issues and safeguarded medications.
4. The service providers communicated with people involved in the consumer's life and monitored progress.
5. Seven of the eight service providers were prepared for emergencies, monitored the safety of the consumer, and understood special incident reporting and follow-up processes.

II. Finding and Recommendation

7.A.2 Emergency procedures

Finding

The service provider at day program #6 was unable to answer questions regarding emergency shelter if forced to evacuate from the facility for 24 hours or more.

7.A.2 Recommendation	Regional Center Plan/Response
GGRC should ensure that the service provider for day program #6 has emergency shelter set up in case there is a forced evacuation of the facility for 24 hours or more.	Day program has been requested to provide GGRC with their plan and to ensure all staff at the program are aware of where and what to do in case of forced evacuation for 24 hours or more.

SECTION VII B

DIRECT SERVICE STAFF INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed eight direct service staff at five community care facilities and three day programs where services are provided to the consumers who 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; and,
 - ✓ 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 consumer.
2. The direct service staff were knowledgeable about their roles and responsibilities for providing the services addressed in the consumer's IPP.
3. The direct service staff demonstrated that they understood the importance of communication with all individuals concerned with the consumer.
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 (CCF) and day programs are serving consumers in a safe, healthy and positive environment where their rights are respected. The review also ensures that CCFs are meeting the Home and Community-Based Services (HCBS) Waiver definition of a homelike setting.

II. Scope of Review

1. The monitoring team reviewed five CCFs and three day programs.
2. The teams used a monitoring review checklist consisting of 24 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

III. Results of Review

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

IV. Finding and Recommendation

8.2.b Medication Storage

At day program #6, medications were kept in a locked cabinet. However, the key was stored on a hook next to the cabinet. The room was not secure, as the doors were not locked.

8.2.b Recommendation	Regional Center Plan/Response
GGRC should ensure that day program #6 maintains medication in a safe locked location.	Day program has been requested to submit a Plan of Correction to GGRC within 30 days.

8.3.c First Aid

The provider at CCF #3 was unable to provide proof of current first aid certificates for their staff during the monitoring visit.

8.3.c Recommendation	Regional Center Plan/Response
GGRC should ensure that the provider at CCF #3 has current first aid certificates for all direct care staff.	Provider has been asked to submit copies of first aid certificates to GGRC.

8.5.c Statement of Rights

At CCF #4 and day program #6, a statement of consumer rights was not posted.

8.5.c Recommendation	Regional Center Plan/Response
GGRC should ensure that the providers at CCF #4 and day program #6 post a statement of rights.	Providers have been asked to submit proof they have posted a statement of rights.

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 GGRC was reviewed by comparing deaths entered into the Client Master File for the review period with special incident reports (SIR) of deaths received by the Department of Developmental Services (DDS).
2. The records of the 39 consumers selected for the Home and Community-Based Services (HCBS) Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of 10 consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences and that risks are either minimized or eliminated.

III. Results of Review

1. GGRC reported all deaths during the review period to DDS.
2. GGRC reported all special incidents in the sample of 39 records selected for the HCBS Waiver review to DDS.
3. GGRC's vendors reported all 10 (100 percent) of the applicable incidents in the supplemental sample within the required timeframes.
4. GGRC reported nine of the ten (90 percent) incidents to DDS within the required timeframes.
5. GGRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the 10 incidents.

IV. Finding and Recommendation

Consumer #SIR 9: The incident occurred on March 21, 2018. However, GGRC did not submit a written report to DDS until April 3, 2018.

Recommendation	Regional Center Plan/Response
GGRC should ensure that they report special incidents to DDS within the required timeframes.	GGRC staff have been reminded of the two-day reporting timeline. All new staff receive in-service training at time of hire.