

**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 14–18, 2020

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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 14–18, 2020, at Golden Gate Regional Center (GGRC). The monitoring team members were Nora Muir (Team Leader), Bonnie Simmons, Corbett Bray, Kelly Sandoval, Natasha Clay, and Hope Beale from DDS, and JoAnn Wright, Kevin Phomtheyy, and Janie Hironaka 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) One consumer whose HCBS Waiver eligibility had been previously terminated; 2) Ten consumers who had special incidents reported to DDS during the review period of June 1, 2019 through May 31, 2020, and 3) Two consumers who were enrolled in the HCBS Waiver during the review period.

The monitoring team completed visits to 16 community care facilities (CCF). The team reviewed 16 CCF consumer records and interviewed and/or observed 23 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. Criterion 2.6.b was 44 percent in compliance because 19 of the 34 applicable records did not contain completed Standardized Annual Report Forms (SARF). The sample records were 96 percent in overall compliance for this review.

GGRC's records were 99 percent and 97 percent in overall compliance for the collaborative reviews conducted in 2018 and in 2016, respectively.

Section III – Community Care Facility Consumer Record Review

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

GGRC's records were 100 percent and 99 percent in overall compliance for the collaborative reviews conducted in 2018 and in 2016, respectively.

Section IV – Day Program Consumer Record Review

The closure of day programs due to the COVID-19 pandemic prevented the review of Section IV Day Program records for the 2020 review.

GGRC's records were 97 percent and 92 percent in overall compliance for the collaborative reviews conducted in 2019 and in 2017, respectively.

Section V – Consumer Observations and Interviews

Twenty-three sample consumers, or in the case of minors, their parents, were interviewed and/or observed at their CCFs, day programs, or in independent living settings. The monitoring team observed that all of the consumers were in good health and were treated with dignity and respect. All of the interviewed consumers/parents indicated that they were satisfied with their services, health and choices.

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. She 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 and Mitigation 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

Five service providers at five CCFs 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. The staff was familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interviews

Five CCF 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 utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. The reviewed CCFs 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 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.

GGRC reported all of the special incidents for the sample selected for the HCBS Waiver review.

For the supplemental sample, the service providers reported 8 of the 10 applicable incidents to GGRC within the required timeframes, and GGRC subsequently transmitted 8 of the 10 special incidents to DDS within the required timeframes. Nine of the 10 consumer incidents have appropriate follow-up activities 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 Intellectual Disabilities Professional (QIDP).</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 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> <p>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.</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.)	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.	<p>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.</p> <p>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.</p> <p>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.</p> <p>The regional center uses feedback from consumers, families and legal representatives to improve system performance.</p> <p>The regional center documents the manner by which consumers indicate choice and consent.</p>

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	11
Independent or Supported Living Setting	12

2. The review period covered activity from June 1, 2019 – May 31, 2020.

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. One supplemental record was 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. Two supplemental records were reviewed solely for documentation that GGRC determined the level of care prior to receipt of HCBS Waiver services.

- ✓ The sample records were 100 percent in compliance for 22 criteria. There are no recommendations for these criteria. Two criteria were rated not applicable for this review.
- ✓ Findings for seven criteria are detailed below.

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

IV. Findings and Recommendations

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

Findings

Thirty-six of the thirty-nine (92 percent) sample consumer records contained a completed DS 2200 form. However, the DS 2200 forms in the records for consumers #13, #17, and #21 were not signed by the consumers. Subsequent to the monitoring review, consumers #13, #17, and #21 signed and dated the DS 2200. Accordingly, no recommendation is required.

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

Finding

Thirty-eight of the thirty-nine (97 percent) consumer records documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. For consumer #26 "braces/splints/casts" and "disruptive behavior" were identified as qualifying conditions on the DS 3770, but there was no supporting information in the consumer's record (IPP, progress reports, vendor reports, etc.) that described the impact of the identified condition or the need for services and supports.

2.5.b Recommendation	Regional Center Plan/Response
GGRC should determine if the items listed above for consumer #26 are appropriately identified as qualifying conditions. The consumer's DS 3770 form should be corrected to ensure that any items that do not represent substantial limitations in the consumer's ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying conditions. If GGRC determines that the issues above are correctly identified as qualifying conditions, documentation (updated IPPs, progress reports, etc.) that supports the original determination should be submitted with the response to this report.	These were incorrectly identified. The DS 3770 has been corrected.

- 2.6.a The IPP is reviewed (at least annually) by the planning team and modified, as necessary, in response to the consumer's changing needs, wants or health status. [42 CFR 441.301(b)(1)(I)]

Finding

Thirty-eight of the thirty-nine (97 percent) sample consumer records contained documentation that the consumer's IPP had been reviewed annually by the planning team. For consumer #13, the previous annual review was dated December 12, 2018. However, the following annual review was not completed until February 13, 2020. Accordingly, no recommendation is required.

- 2.6.b The HCBS Waiver Standardized Annual Review Form (SARF) is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary and that the consumer's health status and CDER have been reviewed. (HCBS Waiver Requirement)

Findings

Fifteen of the thirty-four (44 percent) applicable sample consumer records contained a completed SARF. However, records for 19 consumers did not contain a completed SARF as indicated below:

1. Consumer #6: The IPP was dated August 12, 2018. Subsequent to the monitoring review, a SARF was completed on September 22, 2020. Accordingly, no recommendation is required.
2. Consumer #9: The IPP was dated March 19, 2019. Subsequent to the monitoring review, a SARF was completed on October 2, 2020. Accordingly, no recommendation is required.
3. Consumer #13: The IPP was dated December 8, 2017. Subsequent to the monitoring review, a SARF was completed on October 14, 2020. Accordingly, no recommendation is required.
4. Consumer #14: The IPP was dated May 28, 2019. Subsequent to the monitoring review, a SARF was completed on October 2, 2020. Accordingly, no recommendation is required.
5. Consumer #15: The IPP was dated October 9, 2018. Subsequent to the monitoring review, a SARF was completed on October 13, 2020. Accordingly, no recommendation is required.
6. Consumer #16: The IPP was dated March 6, 2019. Subsequent to the monitoring review, a SARF was completed on October 13, 2020. Accordingly, no recommendation is required.
7. Consumer #17: The IPP was dated November 2, 2017. Subsequent to the monitoring review, a SARF was completed on October 13, 2020. Accordingly, no recommendation is required.
8. Consumer #19: The IPP was dated January 16, 2018. Subsequent to the monitoring review, a SARF was completed on October 13, 2020. Accordingly, no recommendation is required.
9. Consumer #21: The IPP was dated May 23, 2018. Subsequent to the monitoring review, a SARF was completed on October 2, 2020. Accordingly, no recommendation is required.
10. Consumer #22: The IPP was dated August 1, 2018. Subsequent to the monitoring review, a SARF was completed on October 2, 2020. Accordingly, no recommendation is required.
11. Consumer #27: The IPP was dated September 18, 2018. Subsequent to the monitoring review, a SARF was completed on October 2, 2020. Accordingly, no recommendation is required.

12. Consumer #28: The IPP was dated April 18, 2019. Subsequent to the monitoring review, a SARF was completed on October 2, 2020. Accordingly, no recommendation is required.
 13. Consumer #29: The IPP was dated October 9, 2018. Subsequent to the monitoring review, a SARF was completed on October 2, 2020. Accordingly, no recommendation is required.
 14. Consumer #31: The IPP was dated March 29, 2019. Subsequent to the monitoring review, a SARF was completed on October 12, 2020. Accordingly, no recommendation is required.
 15. Consumer #33: The IPP was dated November 14, 2018. Subsequent to the monitoring review, a SARF was completed on October 16, 2020. Accordingly, no recommendation is required.
 16. Consumer #34: The IPP was dated March 26, 2018. Subsequent to the monitoring review, a SARF was completed on October 14, 2020. Accordingly, no recommendation is required.
 17. Consumer #36: The IPP was dated June 7, 2017. Subsequent to the monitoring review, a SARF was completed on October 13, 2020. Accordingly, no recommendation is required.
 18. Consumer #38: The IPP was dated October 17, 2017. Subsequent to the monitoring review, a SARF was completed on October 13, 2020. Accordingly, no recommendation is required.
 19. Consumer #39: The IPP was dated February 27, 2019. Subsequent to the monitoring review, a SARF was completed on October 13, 2020. Accordingly, no recommendation is required.
- 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)]

Finding

Thirty-eight of the thirty-nine (97 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by GGRC. However, the IPP for consumer #5 did not indicate the GGRC funded service of "In-home day program."

2.10.a Recommendations	Regional Center Plan/Response
GGRC should ensure that the IPP for consumer #5 includes a schedule of the type and amount of all services and supports purchased by GGRC.	An IPP addendum had been written but was not in the case record so overlooked at time of records submission. A copy is being submitted. Requests for funding are not processed if a schedule of support in either an IPP or an IPP addendum has not been prepared.

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-five of the twenty-eight (89 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:

1. The records for consumers #8 and #27 contained documentation of only two of the required meetings.
2. The record for consumer #9 contained documentation of only one 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 #8, #9, and #27.	Staff will be reminded of the requirement to hold face-to-face meetings for persons in residential care, supported living and independent living settings.

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

Twenty-five of the twenty-eight (89 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:

1. The records for consumers #8, and #27 contained documentation of only two of the required quarterly reports of progress.
2. The record for consumer #9 contained documentation of only one 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 #8, #9, and #27.	Staff will be reminded of the requirement to hold and document quarterly visits with persons who are in residential care, supported living and independent living settings.

Regional Center Consumer Record Review Summary						
Sample Size = 39 + 1 Supplemental Records (see Section II, Part III)						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	39			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Intellectual Disabilities Professional (QIDP), 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 (2.1.a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Intellectual Disabilities Professional and the title "QIDP" 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 recertifications.	39			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	2		37	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)]	36	3		92	See Narrative
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. [SMM 4442.7; 42 CFR Part 431, Subpart E; W&I Code §4710(a)(1)]	1		39	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 39 + 1 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.	38	1		97	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. <i>[42 CFR 441.301(b)(1)(I)]</i>	38	1		97	See Narrative
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. <i>(HCBS Waiver requirement)</i>	15	19	5	44	See Narrative
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. <i>[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.	24		15	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 + 1 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer's goals and needs. <i>[W&I Code §4646.5(a)(2)]</i>	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.	4		35	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	15		24	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	23		16	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. <i>[W&I Code §4685(c)(2)]</i>	6		33	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. <i>[W&I Code §4646.5(a)(4)]</i>	38	1		97	See Narrative
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. <i>[W&I Code §4646.5(a)(4)]</i>	39			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. <i>[W&I Code §4646.5(a)(4)]</i>	23		16	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. <i>[W&I Code §4646.5(a)(4)]</i>	39			100	None

Regional Center Consumer Record Review Summary Sample Size = 39 + 1 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic reviews 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)(8)]</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 community care facilities, 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>	25	3	11	89	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	25	3	11	89	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>			39	NA	None

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

Sixteen consumer records were reviewed at 16 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 19 criteria.

- ✓ The sample records were 100 percent in compliance for 19 applicable criteria. There are no recommendations for these criteria.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Finding and Recommendation

None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 16; CCFs = 16						
	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>	16			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	16			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	9		7	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.	16			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	16			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	16			100	None
3.1.i	Special safety and behavior needs are addressed.	16			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>	16			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	16			100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 16; CCFs = 16						
	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>	7		9	100	None
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	7		9	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. <i>[Title 17, CCR, §56026(c)]</i>	9		7	100	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	9		7	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>	9		7	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>	16			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	9		7	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>	2		14	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>	2		14	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>	2		14	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

The closure of day programs due to COVID-19 prevented the review of Section IV Day Program records and remote site visits for the 2020 review.

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

Twenty-three 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 (CCF), or in independent living settings.

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

III. Results of Observations and Interviews

All consumers/parents of minors indicated satisfaction with their living situation, day program, work activities, health, choices, and regional center services. The appearance for all of the consumers who were interviewed and observed reflected personal choice and individual style.

IV. Finding and Recommendation

None

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.
 - ✓ 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, dental coordinator and a behavior analyst.
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.

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; and,
 - ✓ Local Medi-Cal Plan which is called "Help Me Grow." The Director of Clinical Services works with pediatric doctors in the area to assist coordinating referrals for consumers.

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 workers 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, (social workers) as needed. They are also utilizing an outside consultant to revamp their assessment tool to better align it with Title 17 regulations.

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, trends in SIRs, and COVID strategies.

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 five service providers at five community care facilities 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. The service providers were prepared for emergencies, monitored the safety of the consumer, 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 know 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 five direct service staff at five community care facilities where services are provided to the consumer who was 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 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 HCBS Waiver definition of a homelike setting.

II. Scope of Review

1. The monitoring teams reviewed a total of five CCFs via remote electronic communication. Remote electronic communication was used to conduct service provider, direct staff and consumer interviews, as well as site inspections.
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 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.e Medication Disposal

CCF #5 did not have a procedure in place to dispose of expired or discontinued medications. However, during the monitoring visit, the service coordinator sent the administrator resources and instructions to put a procedure in place. Accordingly, no recommendation is required.

SECTION IX

SPECIAL INCIDENT REPORTING

I. Purpose

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

II. Scope of Review

1. Special incident reporting of deaths by 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, 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 eight of the ten (80 percent) applicable incidents in the supplemental sample within the required timeframes.
4. GGRC reported eight of the ten (80 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 nine of the ten (90 percent) incidents.

IV. Findings and Recommendations

Consumer #SIR 2: The incident occurred on July 16, 2019. However, GGRC did not provide follow-up until September 22, 2020. Accordingly, no recommendation is required.

Consumer #SIR 4: The incident occurred on August 27, 2019. However, GGRC did not report the incident to DDS until September 5, 2019.

Consumer #SIR 7: The incident occurred on November 16, 2019. However, GGRC did not report the incident to DDS until November 21, 2019.

Consumer #SIR 8: The incident occurred on December 14, 2019. However, the vendor did not submit a written report to GGRC until December 30, 2019.

Consumer #SIR 10: The incident occurred on January 17, 2020. However, the vendor did not submit a written report to GGRC until January 23, 2020.

Recommendation	Regional Center Plan/Response
GGRC should ensure that all special incidents are reported to DDS within the required timeframe.	Staff will be reminded of the reporting timeline. We strive to submit all SIRs within the timeline.
GGRC should ensure that the vendors for consumers #SIR 8 and #SIR 10 report special incidents within the required timeframe.	When vendors submit incidents late, our Quality Assurance Department is notified. They will follow up with the vendor.

**Golden Gate Regional Center
Home and Community-Based Services
1915(i) State Plan Amendment
Monitoring Review Report**

Conducted by:

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

September 14–18, 2020

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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) 1915(i) State Plan Amendment (SPA) program from September 14–17, 2020, at Golden Gate Regional Center (GGRC). The monitoring team members were Nora Muir (Team Leader), Bonnie Simmons, Corbett Bray, Kelly Sandoval, Natasha Clay, and Hope Beale from DDS, and JoAnn Wright, Kevin Phomthevy, and Janie Hironaka from DHCS.

Purpose of the Review

DDS contracts with 21 private, non-profit corporations to operate regional centers, which are responsible under state law for coordinating, providing, arranging or purchasing the services needed for eligible individuals with developmental disabilities in California. All HCBS 1915(i) SPA services are provided through this system. It is the responsibility of DDS to ensure, with the oversight of DHCS, that the HCBS 1915(i) SPA is implemented by regional centers in accordance with Medicaid statute and regulations.

Overview of the HCBS 1915(i) SPA 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 plan (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 1915(i) SPA services.

Scope of Review

The monitoring team conducted a record review of a sample of eight HCBS 1915(i) SPA consumers. In addition, a supplemental sample of consumer records was reviewed for five consumers who had special incidents reported to DDS during the review period of June 1, 2019 through May 31, 2020.

Overall Conclusion

GGRC is in substantial compliance with the federal requirements for the HCBS 1915(i) SPA program.

Major Findings

Section I – Regional Center Consumer Record Review

Eight sample consumer records were reviewed for 24 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS 1915(i) SPA requirements. Five criteria were rated as not applicable for this review.

The sample records were 100 percent in overall compliance for this review.

Section II – Special Incident Reporting

The monitoring team reviewed the records of the HCBS 1915(i) SPA consumers and five supplemental sample consumers for special incidents during the review period. GGRC reported all special incidents timely for the sample selected for the HCBS 1915(i) SPA review. For the supplemental sample, the service providers reported all incidents to GGRC within the required timeframes, and GGRC subsequently transmitted all five special incidents to DDS within the required timeframes. GGRC's follow-up activities on consumer incidents were timely and appropriate for the severity of the situation.

SECTION I

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) 1915(i) State Plan Amendment (SPA) services. The criteria address requirements for eligibility, consumer choice, notification of proposed action and fair hearing rights, individual program plans and periodic reviews and reevaluations of services. The information obtained about the consumers' needs and services is tracked as a part of the onsite program reviews.

II. Scope of Review

1. Eight HCBS 1915(i) SPA consumer records were selected for the review sample.
2. The review period covered activity from June 1, 2019 to May 31, 2020.

III. Results of Review

The sample consumer records were reviewed for 24 documentation requirements derived from federal and state statutes and regulations and HCBS 1915(i) SPA requirements. Five criteria were not applicable for this review.

- ✓ The sample records were 100 percent in compliance for 19 applicable criteria. There are no recommendations for these criteria.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

None.

Regional Center Consumer Record Review Summary						
Sample Size = 8 Records						
	Criteria	+	-	N/A	% Met	Follow-up
1.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	8			100	None
1.1	Each record contains a "1915(i) State Plan Amendment Eligibility Record" (DS 6027 form), signed by qualified personnel, which documents the date of the consumer's initial 1915(i) SPA eligibility certification and annual reevaluation, eligibility criteria, and short-term absences. [SMM 4442.1; 42 CFR 483.430(a)]	Criterion 1.1 consists of four sub-criteria (1.1.a-d) that are reviewed and rated independently.				
1.1.a	The DS 6027 is signed and dated by qualified regional center personnel.			8	NA	None
1.1.b	The DS 6027 form indicates that the consumer meets the eligibility criteria for the 1915(i) SPA.			8	NA	None
1.1.c	The DS 6027 form documents annual reevaluations.			8	NA	None
1.1.d	The DS 6027 documents short-term absences of 120 days or less, if applicable.			8	NA	None
1.2	There is written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever services or choice of services are denied or reduced without the agreement of the consumer/authorized representative, or the consumer/authorized representative does not agree with all, or part, of the components in the consumer's IPP. [42 CFR Part 431, Subpart E; W&I Code §4710(a)(1)]			8	NA	None
1.3	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)]	8			100	None
1.4.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, legal guardian, or conservator. [W&I Code §4646(g)]	8			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 8 Records						
	Criteria	+	-	N/A	% Met	Follow-up
1.4.b	IPP addendums are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	6		2	100	None
1.4.c	The IPP is prepared jointly with the planning team. <i>[W&I Code §4646(d)]</i>	8			100	None
1.5	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)(2)]</i>	8			100	None
1.6	The IPP addresses the consumer's goals and needs. <i>[W&I Code §4646.5(a)(2)]</i>					
1.6.a	The IPP addresses the special health care requirements, health status and needs as appropriate.	2		6	100	None
1.6.b	The IPP addresses the services which the CCF provider is responsible for implementing.	1		7	100	None
1.6.c	The IPP addresses the services which the day program provider is responsible for implementing.	7		1	100	None
1.6.d	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	1		7	100	None
1.6.e	The IPP addresses the consumer's goals, preferences, and life choices.	8			100	None
1.6.f	The IPP includes a family plan component if the consumer is a minor. <i>[W&I Code §4685(c)(2)]</i>			8	NA	None
1.7.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. <i>[W&I Code §4646.5(a)(4)]</i>	8			100	None
1.7.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. <i>[W&I Code §4646.5(a)(4)]</i>	8			100	None
1.7.c	The IPP specifies the approximate scheduled start date for new services and supports. <i>[W&I Code §4646.5(a)(4)]</i>	6		2	100	None
1.8	The IPP identifies the provider or providers of	8			100	

Regional Center Consumer Record Review Summary						
Sample Size = 8 Records						
	Criteria	+	-	N/A	% Met	Follow-up
	service responsible for implementing services, including, but not limited to, vendors, contract providers, generic service agencies, and natural supports. <i>[W&I Code §4646.5(a)(4)]</i>					None
1.9	Periodic reviews and reevaluations are completed (at least annually) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and that the consumer and his/her family are satisfied with the IPP and its implementation. <i>[W&I Code §4646.5(a)(8)]</i>	8			100	None
1.9.a	Quarterly face-to-face meetings with the consumer 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>	2		6	100	None
1.9.b	Quarterly reports of progress toward achieving IPP objectives 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>	2		6	100	None

SECTION II

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. The records of the eight consumers selected for the HCBS 1915(i) State Plan Amendment (SPA) sample were reviewed to determine that all required special incidents were reported to Department of Developmental Services (DDS) during the review period.
2. A supplemental sample of five 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, 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 of the special incidents timely in the sample of eight records selected for the HCBS 1915(i) SPA review to DDS.
2. GGRC's vendors reported all five (100 percent) special incidents in the supplemental sample within the required timeframes.
3. GGRC reported all five (100 percent) incidents to DDS within the required timeframes.
4. GGRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the five incidents.

IV. Findings and Recommendations

None

**Golden Gate Regional Center
Targeted Case Management and
Nursing Home Reform
Monitoring Review Report**

Conducted by:

Department of Developmental Services

September 14–18, 2020

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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 September 14–18, 2020, at Golden Gate Regional Center (GGRC). The monitoring team selected 39 consumer records for the TCM review. A sample of 10 records was selected from consumers who had previously been referred to GGRC for an 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 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 Centers for Medicare & Medicaid Services' guidelines relating to the provision of these services.

Findings

Section I – Targeted Case Management

Thirty-nine consumer records, containing 2,229 billed units, were reviewed for three criteria. The sample records were 100 percent in compliance for criterion 1 (TCM service and unit documentation matches the information transmitted to DDS), 98 percent in compliance for criterion two (TCM service documentation is consistent with the definition of TCM service), and 100 percent in compliance for criterion three (TCM service documentation identifies the individual who wrote the note and the date the note was completed).

Section II – Nursing Home Reform

Nine consumer records were reviewed for three criteria. The nine sample records were 100 percent in compliance for all 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

GGRC transmitted 2,229 TCM units to DDS for the 39 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 39 consumer records contained 2,229 billed TCM units. Of this total, 2,182 (98 percent) of the units contained descriptions that were consistent with the definition of TCM services.

Recommendation	Regional Center Plan/Response
GGRC should ensure that the time spent on the identified activities that are inconsistent with TCM claimable services (sent separately) is reversed.	Staff will be trained in what constitutes claimable services and the correct amount of time to claim. All inconsistent claims have been reversed or reduced.

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

Finding

The TCM documentation in the 39 sample consumer records identified the service coordinator who wrote the note and the date the service 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 nine 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 nine sample consumer records contained a PAS/RR Level II document or written documentation responding to the Level I referral.

Recommendation

None

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

Finding

The billing information for the nine sample consumers had been entered into the AS 400 computer system and electronically transmitted to DDS.

Recommendation

None

ATTACHMENT I

TCM DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 39 Records Billed Units Reviewed: 2,229	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. The TCM service and unit documentation matches the information transmitted to DDS.	2,229			100	
2. The TCM service documentation billed to DDS is consistent with the definition of TCM service.	2,182	47		98	2
3. The TCM service documentation is signed and dated by appropriate regional center personnel.	2,229			100	

NHR DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 9 Records	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. There is evidence of dispositions for DDS NHR referrals.	9			100	
2. Dispositions are reported to DDS.	9			100	
3. The regional center submits claims for referral dispositions.	9			100	

**Golden Gate Regional Center
Targeted Case Management and
Nursing Home Reform
Monitoring Review Report**

Conducted by:

Department of Developmental Services

September 14–18, 2020

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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 September 14–18, 2020, at Golden Gate Regional Center (GGRC). The monitoring team selected 39 consumer records for the TCM review. A sample of 10 records was selected from consumers who had previously been referred to GGRC for an 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 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 Centers for Medicare & Medicaid Services' guidelines relating to the provision of these services.

Findings

Section I – Targeted Case Management

Thirty-nine consumer records, containing 2,229 billed units, were reviewed for three criteria. The sample records were 100 percent in compliance for criterion 1 (TCM service and unit documentation matches the information transmitted to DDS), 98 percent in compliance for criterion two (TCM service documentation is consistent with the definition of TCM service), and 100 percent in compliance for criterion three (TCM service documentation identifies the individual who wrote the note and the date the note was completed).

Section II – Nursing Home Reform

Nine consumer records were reviewed for three criteria. The nine sample records were 100 percent in compliance for all 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

GGRC transmitted 2,229 TCM units to DDS for the 39 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 39 consumer records contained 2,229 billed TCM units. Of this total, 2,182 (98 percent) of the units contained descriptions that were consistent with the definition of TCM services.

Recommendation	Regional Center Plan/Response
GGRC should ensure that the time spent on the identified activities that are inconsistent with TCM claimable services (sent separately) is reversed.	Staff will be trained in what constitutes claimable services and the correct amount of time to claim. All inconsistent claims have been reversed or reduced.

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

Finding

The TCM documentation in the 39 sample consumer records identified the service coordinator who wrote the note and the date the service 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 nine 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 nine sample consumer records contained a PAS/RR Level II document or written documentation responding to the Level I referral.

Recommendation

None

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

Finding

The billing information for the nine sample consumers had been entered into the AS 400 computer system and electronically transmitted to DDS.

Recommendation

None