

**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 12-23, 2022**

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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 12-23, 2022 at Golden Gate Regional Center (GGRC). The monitoring team members were Nadia Flores (Team Leader), Nora Muir, Fam Chao, and Bonnie Simmons from DDS, and Janie Hironaka and Deeanna Tran 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 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 38 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) four consumers 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, 2021, through May 31, 2022, and 4) one consumer who was enrolled in the HCBS Waiver during the review period.

The monitoring team completed visits to ten community care facilities (CCF) and five day programs. The team reviewed ten CCF and six day program consumer records and interviewed and/or observed 31 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-eight sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Two criteria were rated as not applicable for this review. Criterion 2.6.b was 84 percent in compliance because 6 of the 38 applicable records did not contain a completed HCBS Waiver Standardized Annual Review Form. Criterion 2.10.a was 74 percent in compliance because 10 of the 38 IPPs did not include the type and amount of all services and supports purchased by the regional center. Criterion 2.13.a was 79 percent in compliance because 6 of the 28 applicable records did not contain documentation of all required quarterly face-to-face visits. Criterion 2.13.b was 75 percent in compliance because 7 of the 28 applicable records did not contain documentation of all required quarterly reports of progress. The sample records were 96 percent in overall compliance for this review.

GGRC's records were 96 percent and 99 percent in overall compliance for the collaborative reviews conducted in 2020 and in 2018, respectively.

**New Enrollees:** One sample consumer was reviewed for level-of-care determination prior to receipt of HCBS Waiver services. GGRC's records were 100 percent in overall compliance for this review.

**Terminations:** Four 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. GGRC's records were 100 percent in overall compliance for this review.

### Section III – Community Care Facility Consumer Record Review

Eleven consumer records were reviewed at 10 CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 97 percent in overall compliance for this review.

GGRC's records were 100 percent in overall compliance for the collaborative reviews conducted in 2020 and in 2018.

### Section IV – Day Program Consumer Record Review

Six consumer records were reviewed at five day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 88 percent in overall compliance for this review. Three criteria were not applicable for this review.

GGRC's records were 97 percent in overall compliance for the collaborative review conducted in 2018. The closure of day programs due to COVID-19 prevented the review of Section IV Day Program records and remote site visits for the 2021 review.

### Section V – Consumer Observations and Interviews

Thirty 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 on the Risk Management and Mitigation Committee and special incident reporting.

### Section VI C – Quality Assurance Interview

A quality assurance supervisor 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

Four CCF and two day program service providers 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

Four CCF and two 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 four CCFs and two day programs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. The reviewed CCFs and day programs 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 38 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 applicable incidents to GGRC within the required timeframes, and GGRC subsequently transmitted all 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 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.

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

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

<b>Living Arrangement</b>	<b># of Consumers</b>
Community Care Facility (CCF)	16
With Family	10
Independent or Supported Living Setting	12

2. The review period covered activity from June 1, 2021–May 31, 2022.

#### III. Results of Review

The 38 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Four 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. One supplemental record was reviewed for documentation that GGRC determined the level of care prior to receipt of HCBS Waiver services.

- ✓ The sample records were in 100 percent compliance for 20 criteria. There are no recommendations for these criteria. Two criteria were not applicable for this review.
- ✓ Findings for 9 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-eight (95 percent) sample consumer records contained a completed DS 2200 form. However, there were identified issues regarding the DS 2200 form for the following consumers:

1. Consumer #9: The DS 2200 form was not signed until July 11, 2022. Accordingly, no recommendation is required.
2. Consumer #14: The DS 2200 form was not signed until July 12, 2022. Accordingly, no recommendation is required.

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

Findings

Thirty-seven of the thirty-eight (97 percent) sample consumer records documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in one consumer record (detailed below) did not support the determination that all the issues identified in the CDER and the Medicaid Waiver Eligibility Record (DS 3770) could be considered qualifying conditions. The following were identified as qualifying conditions on the DS 3770, but there was no supporting information in the consumer’s records (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports:

Consumer #27: “Maladaptive sexual behaviors”, “assault causing injury/death”, “habitual theft”, “vandalism/property destruction”, “habitual lying”, “disruptive behavior”, “running/wandering”, and “outbursts”.

2.5.b Recommendation	Regional Center Plan/Response
GGRC should determine if the items listed above are appropriately identified as qualifying conditions. The consumer’s DS 3770 form should be	The DS3770 form has been revised to remove the qualifying conditions that were not supported in the case record.

<p>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 are correctly identified as qualifying conditions, documentation (updated IPPs, progress reports, etc.) that supports the original determinations should be submitted with the response to this report.</p>	
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- 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)]

### Findings

Thirty-three of the thirty-eight (87 percent) sample consumer records contained documentation that the consumer's IPP had been reviewed annually by the planning team. However, there was no documentation that the IPPs for five consumers were reviewed annually as indicated below:

1. Consumer #1: The IPP was dated October 18, 2019. There was no documentation that the IPP was reviewed during the monitoring review period. An annual review was completed on January 31, 2022. Accordingly, no recommendation is required.
2. Consumer #10: The IPP was dated January 23, 2019. There was no documentation that the IPP was reviewed during the monitoring review period. An IPP was completed on August 29, 2022. Accordingly, no recommendation is required.
3. Consumer #26 The IPP was dated February 19, 2019. There was no documentation that the IPP was reviewed during the monitoring review period. A new IPP was completed on June 20, 2022. Accordingly, no recommendation is required;
4. Consumer #27: The IPP was dated October 4, 2019. There was no documentation that the IPP was reviewed during the monitoring review period; and,

5. Consumer #33: The IPP was dated August 29, 2019. There was no documentation that the IPP was reviewed during the monitoring review period.

2.6.a Recommendation	Regional Center Plan/Response
GGRC should ensure that the IPP for consumers #27 and #33 are reviewed at least annually by the planning team.	Due to staff turnover some documentation was not completed. GGRC's policy is that the IPP is to be reviewed each year during the birth month. Consumer #33 had an IPP on 7/11/22 and annual reviews on 2/9/23 and 2/1/24. Consumer #27 had an IPP on 9/22/23. Next annual review is due September 2024.

- 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

Thirty-two of the thirty-eight (84 percent) applicable sample consumer records contained a completed SARF. However, records for six consumers did not contain a completed SARF as indicated below:

1. Consumer #1: Missing SARF for annual review dated on January 31, 2022;
2. Consumer #2: SARF dated July 1, 2021 was not signed by the consumer. The SARF was signed and dated October 13, 2022. Accordingly, no recommendation is required;
3. Consumer #13: Missing SARF for annual review dated on February 22, 2022;
4. Consumer #19: SARF dated December 13, 2021 was not signed. The SARF was signed on 9/19/22. Accordingly, no recommendation is required;
5. Consumer #26: Missing SARF for annual review dated on February 15, 2022; and,
6. Consumer #27: No SARF completed; IPP was dated October 4, 2019.

2.6.b Recommendation	Regional Center Plan/Response
GGRC should ensure that the SARF for consumers #1, #13, #26 and #27 are completed during the annual IPP review process.	All social work staff have been instructed to complete the SARF at the time of the annual review during unit meetings and individually as needed. Unit meetings are held once per month in each county office.

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, legal guardian, or conservator. [W&I Code §4646(g)]

Findings

Thirty-five of the thirty-eight (92 percent) sample consumer records contained IPPs that were signed by GGRC and the consumers or conservators. However, the following consumers' IPPs were not signed by the appropriate individual:

1. Consumer #18: The IPP dated February 22, 2022 was not signed by the legal representative;
2. Consumer #23: The IPP dated December 10, 2021, was not signed by the consumer; and,
3. Consumer #28: The IPP dated September 21, 2021, was not signed by the consumer.

2.7.a Recommendation	Regional Center Plan/Response
GGRC should ensure the IPP for consumers #18, #23, and #28 are signed by the consumer.	Signature page for #28 was already filed in the record at time of the audit review. Signature page for #23 has been obtained and we will continue to work to receive the one still outstanding (#18). Despite requests for signature, the conservator for #18 has not returned the consent. Attempts are documented in Title 19 notes. Social worker will continue to follow up with conservator.

2.10.a The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. [WIC §4646.5(a)(4)]

Findings

Twenty-eight of the thirty-eight (74 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by GGRC. However, IPPs for 10 consumers did not indicate GGRC funded services as indicated below:

1. Consumer #10: Community Integration Program” and “Transportation Additional Component;
2. Consumer #16: Specialized Residential Facility, Community Integration Training Program, Transportation Additional Component and Dental Services;
3. Consumer #19: Community Integration Program;
4. Consumer #20: Supported Living Services;
5. Consumer #23: Supplemental Day Program Services;
6. Consumer #26: Social Recreation Program;
7. Consumer #28: Day Program Services;
8. Consumer #31: Housing Access Services;
9. Consumer #32: Translation Services; and,
10. Consumer #35: Durable Medical Equipment.

2.10.a Recommendation	Regional Center Plan/Response
<p>GGRC should ensure that the IPPs for consumers #10, #16, #19, #20, #23, #26, #28, #31, #32, and #35 include a schedule of the type and amount of all services and supports purchased by GGRC.</p>	<p>Purchase of service requests are not processed without an IPP stating the type and amount of services.</p> <p><u>Consumer #10</u>: CIT day program is included in IPP of 1/23/19 and IPP Addendum of 1/1/21, 3/4/22 and 6/30/21.</p> <p>Transportation is included in IPP of 1/23/19 and IPP Addendum of 2/28/22, 5/13/21 and 3/4/22.</p>

	<p><u>Consumer #16</u>: IPP was held 10/25/19. Specialized residential facility is included in IPP Addendum of 4/20/20.</p> <p>CIT program is included in IPP Addendum of 1/24/20 and 1/7/21.</p> <p>Transportation is included in IPP Addendum of 6/30/21 and 3/2/20.</p> <p>Dental is included in IPP Addendum, 10/12/21.</p> <p><u>Consumer #19</u>: IPP was held 12/16/19. CIT is included in IPP Addendum of 6/21/21.</p> <p><u>Consumer #20</u>: IPP of 5/25/21 includes supported living.</p> <p><u>Consumer #23</u>: IPP of 12/10/21 contains supplemental day program service.</p> <p><u>Consumer #26</u>: An IPP addendum has been reconstructed for this service. The original could not be located.</p> <p><u>Consumer #28</u>: Day program is included in IPP Addendum 10/1/20 and IPP of 9/21/21.</p> <p><u>Consumer #31</u>: Housing Choices is included in IPP addendum of 8/5/21 and 9/9/21 and in IPP of 2/4/22.</p> <p><u>Consumer #32</u>: Translation service is included in IPP Addendum of 9/29/21.</p> <p><u>Consumer #35</u>: Durable medical equipment is included in IPP Addendum of 9/19/19 and IPP of 9/14/21.</p>
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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-two of the twenty-eight (79 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for six consumers did not meet the requirement as indicated below:

1. The records for consumers #7, and #27 contained documentation of three of the required meetings.
2. The record for consumers #18, #23 and #28 contained documentation of two of the required meetings.
3. The record for consumers #10 contained documentation of one of the required meetings.

2.13.a Recommendations	Regional Center Plan/Response
<p>GGRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #7, #10, #18, #23, #27, and #28.</p>	<p>The requirement to hold face-to-face meetings and to document the meetings will be reviewed with staff at the unit meetings and on an ongoing basis. It is the expectation of GGRC that staff hold these meetings and document them. This is also part of GGRC's "boot camp" for new hires. Documentation requirements are also part of GGRC's "boot camp" that new hires attend. This is an intensive 2-week training for all new case management hires. This has greatly benefited new staff in understanding documentation requirements.</p>
<p>In addition, GGRC should evaluate what actions may be necessary to ensure that quarterly face-to face meetings are completed and documented for all applicable consumers.</p>	<p>The requirement to hold face-to-face meetings and to document the meetings will be reviewed with staff at the unit meetings and on an ongoing basis. It is the expectation of GGRC that staff hold these meetings and document them. This is also part of GGRC's "boot camp" for new hires.</p>

	Documentation requirements are also part of GGRC's "boot camp" that new hires attend. This is an intensive 2-week training for all new case management hires. This has greatly benefited new staff in understanding documentation requirements.
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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-one of the twenty-eight (75 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for seven consumers did not meet the requirement as indicated below:

1. The records for consumers #7 and #27 contained documentation of three of the required quarterly reports of progress.
2. The records for consumer #18, #23, and #28 contained documentation of two of the required quarterly reports of progress.
3. The records for consumers #3 and #10 contained documentation of one of the required meetings.

2.13.b Recommendations	Regional Center Plan/Response
GGRC should ensure that future quarterly reports of progress are completed for consumers #3, #7, #10, #18, #23, #27 and #28.	The requirement to hold Quarterly meetings and to document the meetings will be reviewed with staff at the unit meetings and on an ongoing basis. It is the expectation of GGRC that staff hold these meetings and document them. Quarterly meetings and documentation is part of GGRC's "boot camp" for new hires. Documentation requirements are also part of GGRC's "boot camp" that new hires attend. This is an intensive 2-week training for all new case management hires. This has greatly

	benefited new staff in understanding documentation requirements.
In addition, GGRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable consumers.	The requirement to hold Quarterly meetings and to document the meetings will be reviewed with staff at the unit meetings and on an ongoing basis. It is the expectation of GGRC that staff hold these meetings and document them. Quarterly meetings and documentation is part of GGRC's "boot camp" for new hires. Documentation requirements are also part of GGRC's "boot camp" that new hires attend. This is an intensive 2-week training for all new case management hires. This has greatly benefited new staff in understanding documentation requirements.

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 42 (see Section II, Part III)</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	38		4	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)]	<b>Criterion 2.1 consists of four sub-criteria (2.1.a-d) that are reviewed and rated independently.</b>				
2.1.a	The DS 3770 is signed by a Qualified Intellectual Disabilities Professional and the title "QIDP" appears after the person's signature.	38		4	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.	38		4	100	None
2.1.c	The DS 3770 form documents annual re-certifications.	38		4	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	1		41	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	2	4	95	See Narrative
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. (SMM 4442.7), (42 CFR Part 431, Subpart E), [WIC §4710(a)(1)]	4		38	100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 42 (see Section II, Part III)</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5), (42 CFR 441.302)	38		4	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. (SMM 4442.5), [42 CFR 441.302(c)], (Title 22, CCR, §51343)	38		4	100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	37	1	4	97	See Narrative
2.6.a	IPP is reviewed ( <i>at least annually</i> ) by the planning team and modified as necessary in response to the consumer's changing needs, wants or health status. [42 CFR 441.301(b)(1)(I)]	33	5	4	87	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. (HCBS Waiver requirement)	32	6	4	84	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. [WIC §4646(g)]	35	3	4	92	See Narrative
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.	31		11	100	None
2.7.c	The IPP is prepared jointly with the planning team. [WIC §4646(d)]	38		4	100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. [WIC §4646.5(a)]	38		4	100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 42 (see Section II, Part III)</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.9	The IPP addresses the consumer's goals and needs. [WIC §4646.5(a)(2)]	Criterion 2.9 consists of seven sub-criteria (2.9.a-g) that are reviewed independently.				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	38		4	100	None
2.9.b	The IPP addresses special health care requirements.	4		38	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	16		26	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	27		15	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.	12		30	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	38			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. [WIC §4685(c)(2)]	4		38	100	None
2.10.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. [WIC §4646.5(a)(4)]	28	10	4	74	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. [WIC §4646.5(a)(5)]	38		4	100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [WIC §4646.5(a)(5)]	31		11	100	None
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including but not limited to vendors, contract providers, generic service agencies and natural supports. [WIC §4646.5(a)(5)]	38		4	100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 42 (see Section II, Part III)</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.12	Periodic review and reevaluations of consumer progress are completed ( <i>at least annually</i> ) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. <i>[WIC §4646.5(a)(8)]</i>	38		4	100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. ( <i>Title 17, CCR, §56047</i> ), ( <i>Title 17, CCR, §56095</i> ), ( <i>Title 17, CCR, §58680</i> ), ( <i>Contract requirement</i> )	22	6	14	79	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. ( <i>Title 17, CCR, §56047</i> ), ( <i>Title 17, CCR, §56095</i> ), ( <i>Title 17, CCR, §58680</i> ), ( <i>Contract requirement</i> )	21	7	14	75	See Narrative
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. ( <i>WIC §4418.3</i> )			42	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

Eleven consumer records were reviewed at 10 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 16 criteria.

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

#### IV. Findings and Recommendations

##### 3.3 The facility has a copy of the consumer's current IPP. *[Title 17, CCR, §56022(c)]*

##### Findings

Nine of the eleven (82 percent) sample consumer records contained a copy of the consumer's current IPP. However, the records for consumer #7 at CCF #1 and consumer #13 at CCF #9 did not have a copy of the current IPP.

3.3 Recommendation	Regional Center Plan/Response
GGRC should ensure that the record for consumer #7 at CCF #1 and consumer #13 at CCF #9 contains a copy of the current IPP.	IPP has been given to the home. Home is advised to include this document in all their records.

3.4.a Service Level 2 and 3 facilities prepare and maintain written semiannual reports of the consumer’s progress. *[Title 17, CCR, §56026(b)]*

Finding

The records for the two applicable sample consumers did not contain the required semiannual reports. The records for consumers #14 and #15 at CCF #4 were missing written semiannual reports of the consumers’ progress.

3.4.a Recommendation	Regional Center Plan/Response
GGRC should ensure that CCF provider #4 prepares and maintains written semiannual reports of progress for consumer #14 and #15.	CCF has been advised of this requirement. Home administrator verified all staff has been advised and they will do the semi-annual progress reports.

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. *[Title 17, CCR, §56026(c)]*

Finding

Eight of the nine (89 percent) applicable sample consumer records contained quarterly reports that confirm progress toward achieving each of the IPP objectives. The quarterly reports for consumer #7 at CCF #1 did not address the consumer’s progress in completing personal care activities and displaying appropriate behavior, as identified in the IPP.

3.5.b Recommendation	Regional Center Plan/Response
GGRC should ensure that CCF provider #1 prepares and maintains written quarterly reports that address progress related to the consumer’s IPP objectives.	Home has been advised to write quarterly reports and to include progress on IPP objectives for all residents.

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: 11</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. <i>[Title 17, CCR, §56017(b)], [Title 17, CCR §56059(b)], (Title 22, CCR, §80069)</i>	11			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	11			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		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.	11			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	11			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	11			100	None
3.1.i	Special safety and behavior needs are addressed.	11			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>	11			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	9	2		82	See Narrative

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: 11</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. <i>[Title 17, CCR, §56026(b)]</i>	0	2	9	0	See Narrative
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		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		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.	8	1	2	89	See Narrative
3.5.c	Quarterly reports include a summary of data collected. <i>[Title 17, CCR, §56013(d)(4)], (Title 17, CCR, §56026)</i>	9		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>	11			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	9		2	100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	1		10	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		10	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		10	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

Six consumer records were reviewed at five day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria. Three criteria were not applicable for this review.

#### III. Results of Review

The consumer records were 100 percent in compliance for 8 criteria. Three criteria were rated as not applicable for this review.

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

#### IV. Findings and Recommendations

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

##### Findings

Five of the six (83 percent) sample consumer records contained documentation that the consumer and/or their authorized representative had been informed of their personal rights. However, the record for consumer #10 at day program #5, did not contain documentation that the consumer and/or their authorized representative were informed of the consumer's personal rights.

4.1.e Recommendation	Regional Center Plan/Response
GGRC should ensure the record for consumer #10 at day program #5, contain documentation that the consumer and/or their authorized	Day program has documented they informed resident of personal rights.

representative have been informed of their personal rights.	
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- 4.1.f The consumer record contains up-to-date data collection for IPP objectives. (Title 17, CCR, §56730)

Findings

Five of the six (83 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 record for consumer #34 at DP #6 did not contain documentation that data is collected that measures consumer progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing.

4.1.f Recommendation	Regional Center/Plan Response
GGRC should ensure that the record for consumer #34 at day program #6 contains up-to-date data collection for measuring progress on the services for which the day program provider is responsible.	Day program has been advised of this requirement.

- 4.1.g The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere. (Title 17, CCR, §56730)

Findings

Five of the six (83 percent) sample consumer records contained case notes of important events and information. However, the record for consumer #34 at day program #6 did not contain case notes of important events and information.

4.1.g Recommendation	Regional Center/Plan Response
GGRC should ensure that the record for consumer #34 at day program #6 contain up-to-date case notes of important events and information.	Day program has been advised of this requirement.

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

Findings

Four of the six (67 percent) consumer records contained a copy of the consumer’s current IPP. However, the records for consumer #18 at day program #2 and consumer #34 at day program #6 did not contain a copy of their current IPP.

4.2 Recommendation	Regional Center Plan/Response
GGRC should ensure that the records for consumer #18 at day program #2 and consumer #34 at day program #6 contain a current copy of the consumer’s IPP.	IPPs are sent to providers after being finalized. The missing IPPs were given to the day programs and advised to always file into their records.

- 4.3.a The day program develops, maintains, and modifies, as necessary, documentation regarding the manner in which it will assist the consumer in achieving the IPP/Individual Service Plan (ISP) objectives for which the day program is responsible. [Title 17, CCR, §56720)(a)]

Finding

Five of the six (83 percent) sample consumer records contained documentation on how the day program provider will assist the consumer in achieving their IPP/ISP objectives. However, the record for consumer #34 at day program #6 had no specific program plan or other documentation describing how they will assist the consumers in achieving their objectives.

4.3.a Recommendation	Regional Center Plan/Response
GGRC should ensure that day program #6 develops and maintains documentation on how the program will assist consumer #34 in achieving their IPP/ISP objectives.	The day program has been advised of this requirement.

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

Findings

Three of the five (60 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. Consumer #18 at DP #2
2. Consumer #34 at DP #6

4.4.a Recommendation	Regional Center Plan/Response
GGRC should ensure that day program providers #2 and #6 prepare written semiannual reports of consumer progress.	The day programs have been advised of this requirement.

<b>Day Program Record Review Summary</b>						
<b>Sample Size: 6</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. (Title 17, CCR, §56730)	6			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.	6			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.	6			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.	6			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.	6			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.	5	1		83	See Narrative
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.	5	1		83	See Narrative

<b>Day Program Record Review Summary</b>						
<b>Sample Size: 6</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	5	1		83	See Narrative
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	1		5	100	None
4.2	The day program has a copy of the consumer's current IPP. <i>[Title 17, CCR §56720(b)]</i>	4	2		67	See Narrative
4.3.a	The day program provider develops, maintains, and modifies as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. <i>[Title 17, CCR, §56720(a)]</i>	5	1		83	See Narrative
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.	6			100	None
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	3	2	1	60	See Narrative
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services for which the day program is responsible for implementing.	6			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>			6	NA	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>			6	NA	None
4.5.c	There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. <i>(Title 17, CCR, §54327)</i>			6	NA	None

## SECTION V

### CONSUMER OBSERVATIONS AND INTERVIEWS

#### I. Purpose

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

#### II. Scope of Observations and Interviews

Thirty of the thirty-eight 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.

- ✓ Fifteen consumers agreed to be interviewed by the monitoring teams.
- ✓ Fourteen consumers did not communicate verbally or declined an interview but were observed.
- ✓ One interview was conducted with parent of minor.
- ✓ Eight 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, choice, and regional center services. The appearance for all of the consumers that 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 were 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. This interview aids in determining what measures the regional center is utilizing to ensure the ongoing health and safety of all Home and Community-Based Services Waiver consumers.

#### II. Scope of Interview

1. The questions in the interview cover the following topics: routine monitoring of consumers with medical issues, medications 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 on the Risk Management Assessment and Planning Committee and Special Incident reports (SIR).
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, a dental coordinator, a behavior analyst and operations clinicians, vendor and contractors (OTPT and Speech therapist).
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, BCBA, and a psychologist 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. 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 from University of California, San Francisco visit GGRC to learn about the regional center system and individuals with developmental disabilities.
- ✓ Local Medi-Cal Plan which is called "Help Me Grow." GGRC works with pediatric doctors in the area to assist coordinating referrals for consumers.

5. The Director of Clinical Services is a member of the Risk Management Assessment and Planning Committee and also participates on the Mortality Review Committee. Staff from community unit and director of case management.

6. 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 or GGRC physician. 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 supervisor 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.

Updated assessment tool is now in active use by QA specialists during Annual Reviews. The updates to the tool emphasize person centered planning and includes HCBS Final Rule alignment. Opportunities for QA specialists to interview individuals and/or their conservators as well. The updated form also includes a question to identify residents who may be Deaf or Hard of Hearing. Residents that are Deaf or Hard of Hearing are then flagged to GGRC's Deaf Access Specialist for follow up to ensure service needs are met, identify unmet services needs and link to existing resources or services, and to identify service gaps to be followed up on by the resource development department.

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. In addition, GGRC QA specialists and QBMP meet monthly to address special needs for EBSH and CCH homes. Strengths and concerns related to potential for health, safety, welfare concerns, and preventative measures are discussed in these meetings.

## 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 six service providers at four community care facilities and two 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. 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 six direct service staff at four community care facilities and two day programs where services are provided to the consumer that 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 four CCFs and two 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. Findings and Recommendations

##### 8.1.e Personal Hygiene

CCF #9: The consumers' loofas were hanging together in the shower.

8.1.e Recommendation	Regional Center Plan/Response
GGRC should ensure that CCF #9 stores consumers' personal items separately.	Home administrator verified the corrections were made immediately after the audit. Home continues to monitor to ensure items are stored separately.

##### 8.1.g Appropriate Storage

CCF #1: Cabinets containing pesticides and other toxic substances were unlocked.

8.1.g Recommendation	Regional Center Plan/Response
GGRC should ensure that CCF #1 appropriately stores pesticides and other toxic substances.	Home has corrected this. Provider has reviewed procedures with staff.

### 8.2.c Medication Records Non-Pro Re Nada (PRN)

CCF #1: Consumer #7: Medications on September, 2022 were administered, however, there were no staff initials.

8.2.c Recommendation	Regional Center Plan/Response
GGRC should ensure that CCF #1 documents non-PRN medications.	Home has corrected this. Provider has reviewed procedures with staff.

### 8.2.d Pro Re Nada (PRN) Medication Records

1. CCF #1 was not documenting consumer's PRN medications.
2. CCF #9 was not documenting consumer's PRN medications.

8.2.d Recommendation	Regional Center Plan/Response
GGRC should ensure that CCF #1 and #9 documents PRN medications.	Homes have corrected this. Providers have reviewed procedures with staff.

### 8.3.c First Aid

1. CCF #1 had two direct care staff that did not have first aid certificates available for review.
2. CCF #8: One staff with an expired first aid certificate. However, it was completed on September 22, 2022. Accordingly, no recommendation is required.

8.3.c Recommendation	Regional Center Plan/Response
GGRC should ensure that the providers at CCF #1 have current first aid certificates available for review for all direct care staff.	All staff now have first aid certificates.

## 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 38 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 38 records selected for the HCBS Waiver review to DDS.
3. GGRC's vendors reported all (100 percent) applicable incidents in the supplemental sample within the required timeframes.
4. GGRC reported all (100 percent) incidents in the supplemental sample to DDS within the required timeframes.
5. GGRC's follow-up activities on consumer incidents in the supplemental sample were appropriate for the severity of the situations for all incidents.

#### IV. Finding and Recommendation

None

**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 12-23, 2022**

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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 12-23, 2022, at Golden Gate Regional Center (GGRC). The monitoring team members were Nadia Flores (Team Leader), Nora Muir, Bonnie Simmons, and Fam Chao from DDS, and Janie Hironaka and Deeanna Tran 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 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 were reviewed for five consumers who had special incidents reported to DDS during the review period of June 1, 2021 through May 31, 2022.

### Overall Conclusion

GGRC is in substantial compliance with the federal requirements for the HCBS 1915(i) SPA 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 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. Criterion 1.9.a was 67 percent in compliance because 2 of the 6 applicable records did not contain documentation of all required quarterly face-to-face visits. Criteria 1.9.b was 67 percent in compliance because 2 of the 6 applicable records did not contain documentation of all required quarterly reports of progress. Seven criteria were rated as not applicable for this review.

The sample records were 94 percent in overall compliance for this review. GGRC's records were 100 percent in overall compliance for the collaborative reviews conducted in 2020 and in 2018, respectively.

### Section II – Special Incident Reporting

The monitoring team reviewed the records of the 8 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 five 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 situations for four of the five incidents.

## 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, 2021 to May 31, 2022.

#### 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. Seven criteria were not applicable for this review.

- ✓ The sample records were in 100 percent compliance for 13 applicable criteria. There are no recommendations for these criteria.
- ✓ Findings for 4 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

- 1.3 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

Seven of the eight (88 percent) consumer records contained documentation that the IPPs were reviewed at least annually by the planning team and modified, as necessary. However, there was no documentation that the IPP for consumer #7 had been reviewed during the monitoring review period.

1.3 Recommendation	Regional Center Plan/Response
GGRC should ensure that the IPP for consumer #7 is reviewed at least annually.	Documentation for this case is now up to date. Some cases were not reviewed in a timely manner due to Pandemic and staffing shortages.

- 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)]

Finding

Seven of the eight (88 percent) sample consumer records contained IPPs that were signed by GGRC and the consumers or their legal representatives. However, the IPP for consumer #1 was not signed by the consumer.

1.4.a Recommendation	Regional Center Plan/Response
GGRC should ensure that consumer #1 signs the IPP, or if the consumer does not sign, GGRC should ensure that the record addresses the reason why the consumer did not or could not sign.	An IPP was held 11/11/21 and a consent was signed 9/15/22.

- 1.9.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. (Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)

Findings

Four of the six (67 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for two consumers did not meet the requirement as indicated below:

1. The record for consumer #2 contained documentation of three of the required meetings.
2. The record for consumer #7 contained documentation of one of the required meetings.

1.9.a Recommendations	Regional Center Plan/Response
<p>GGRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #2 and #7.</p>	<p>The requirement to hold face-to-face meetings and to document the meetings will be reviewed with staff at the unit meetings and on an ongoing basis. It is the expectation of GGRC that staff hold these meetings and document them. This is also part of GGRC's "boot camp" for new hires. Documentation requirements are also part of GGRC's "boot camp" that new hires attend. This is an intensive 2-week training for all new case management hires. This has greatly benefited new staff in understanding documentation requirements.</p>
<p>In addition, GGRC should evaluate what actions may be necessary to ensure that all future face-to-face meetings are completed and documented each quarter for all applicable consumers.</p>	<p>The requirement to hold face-to-face meetings and to document the meetings will be reviewed with staff at the unit meetings and on an ongoing basis. It is the expectation of GGRC that staff hold these meetings and document them. This is also part of GGRC's "boot camp" for new hires. Documentation requirements are also part of GGRC's "boot camp" that new hires attend. This is an intensive 2-week training for all new case management hires. This has greatly benefited new staff in understanding documentation requirements.</p>

1.9.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

Four of the six (67 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for consumer two consumers did not meet the requirement as indicated below:

1. The record for consumers #2 contained documentation of three of the required quarterly reports of progress.
2. The record for consumers #7 contained documentation of one of the required quarterly reports of progress.

1.9.b Recommendations	Regional Center Plan/Response
GGRC should ensure that future quarterly reports of progress are completed for consumers #2 and #7.	The requirement to hold Quarterly meetings and to document the meetings will be reviewed with staff at the unit meetings and on an ongoing basis. It is the expectation of GGRC that staff hold these meetings and document them. Quarterly meetings and documentation is part of GGRC's "boot camp" for new hires. Documentation requirements are also part of GGRC's "boot camp" that new hires attend. This is an intensive 2-week training for all new case management hires. This has greatly benefited new staff in understanding documentation requirements.
In addition, GGRC should evaluate what actions may be necessary to ensure that all future face-to-face meetings are completed and documented each quarter for all applicable consumers.	The requirement to hold Quarterly meetings and to document the meetings will be reviewed with staff at the unit meetings and on an ongoing basis. It is the expectation of GGRC that staff hold these meetings and document them. Quarterly meetings and documentation is part of GGRC's "boot camp" for new hires. Documentation requirements are also

	<p>part of GGRC's "boot camp" that new hires attend. This is an intensive 2-week training for all new case management hires. This has greatly benefited new staff in understanding documentation requirements.</p>
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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; WIC §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)]	7	1		88	See Narrative

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 8 Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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. <i>[WIC §4646(g)]</i>	7	1		88	See Narrative
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>[WIC §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>[WIC §4646.5(a)(2)]</i>	8			100	None
1.6	The IPP addresses the consumer's goals and needs. <i>[WIC §4646.5(a)(2)]</i>	Criterion 1.6 consists of six sub-criteria (1.6.a-f) that are reviewed independently.				
1.6.a	The IPP addresses the special health care requirements, health status and needs as appropriate.	1		7	100	None
1.6.b	The IPP addresses the services which the CCF provider is responsible for implementing.			8	NA	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.	6		2	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>[WIC §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>[WIC §4646.5(a)(5)]</i>	8			100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 8 Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
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>[WIC §4646.5(a)(5)]</i>	8			100	None
1.7.c	The IPP specifies the approximate scheduled start date for new services and supports. <i>[WIC §4646.5(a)(5)]</i>	6		2	100	None
1.8	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>[WIC §4646.5(a)(4)]</i>	8			100	None
1.9	Periodic reviews and reevaluations are completed ( <i>at least annually</i> ) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and that the consumer and his/her family are satisfied with the IPP and its implementation. <i>[WIC §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>	4	2	2	67	See Narrative
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>	4	2	2	67	See Narrative

## 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 five 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 special incidents in the sample of 8 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 four of the five (80 percent) incidents.

#### IV. Findings and Recommendations

SIR #4: The incident occurred on April 26, 2022. However, GGRC did not provide follow-up on medical attention or support provided to the consumer.

Recommendation	Regional Center Plan/Response
GGRC should ensure that appropriate follow-up is completed for SIR #4.	Follow up on this incident was obtained and SIR was closed.

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

**Conducted by:**

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

**September 12 – 23, 2022**

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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) Self Determination Program (SDP) Waiver from September 12 – 23, 2022, at Golden Gate Regional Center (GGRC). The monitoring team members were Nadia Flores (Team Leader), Fam Chao, Nora Muir, Bonnie Simmons, and Kelly Sandoval from DDS, and Deeanna Tran and Crystal La 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 SDP Waiver services are provided through this system. It is the responsibility of DDS to ensure, with the oversight of DHCS, that the HCBS SDP Waiver is implemented by regional centers in accordance with Medicaid statute and regulations.

### Overview of the HCBS SDP 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 Centers for Medicare & Medicaid Services directives and guidelines relating to the provision of HCBS SDP Waiver services.

### Scope of Review

The monitoring team reviewed a sample of seven HCBS SDP Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) one consumer who had a special incident reported to DDS during the review period of June 1, 2021, through May 31, 2022, and 2) one consumer who was enrolled in the HCBS SDP Waiver during the review period.

The monitoring team interviewed and/or observed five selected sample consumers.

## Overall Conclusion

GGRC is in substantial compliance with the federal requirements for the HCBS SDP 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

Seven sample consumer records were reviewed for 35 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS SDP Waiver requirements. Eleven criteria were rated as not applicable for this review. The sample records were 99 percent in overall compliance for this review.

GGRC's records were 99 percent in overall compliance for the collaborative review conducted in 2022.

New Enrollees: One sample consumer was reviewed for level-of-care determination prior to receipt of HCBS SDP Waiver services. GGRC's records were 100 percent in overall compliance for this review.

### Section III – Consumer Observations and Interviews

Five sample consumers, or in the case of minors, their parents, were interviewed and/or observed. The monitoring team observed that all of the consumers were in good health and were treated with dignity and respect. Four of the five interviewed consumers/parents indicated that they were satisfied with their services, health and choices.

### Section IV – Service Coordinator Interviews

One service coordinator was interviewed using a standard interview instrument. The service coordinator responded to questions regarding her knowledge of the consumer, the IPP/annual review process, SDP services and supports, the monitoring of services, health issues, and safety. The service coordinator was very familiar with the consumer and knowledgeable about her roles and responsibilities.

## Section V – Special Incident Reporting

The monitoring team reviewed the records of the seven HCBS SDP Waiver consumers and one supplemental sample consumer for special incidents during the review period.

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

For the supplemental sample, the service provider did not report the one applicable incident to GGRC within the required timeframe, and GGRC subsequently transmitted the one special incident to DDS within the required timeframe. GGRC's follow-up activities for the one consumer incident was 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 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.

#### 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.

- ✓ A portion of the self-assessment can be found on the HCBS Waiver Monitoring Report.
- ✓ The full response to the self-assessment is available upon request.

## 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) Self-Determination Program (SDP) 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 program review.

#### II. Scope of Review

1. Seven HCBS SDP Waiver consumer records were selected for the review sample.
2. The review period covered activity from June 1, 2021 – May 31, 2022.

#### III. Results of Review

The seven sample consumer records were reviewed for 35 documentation requirements derived from federal and state statutes and regulations and HCBS SDP Waiver requirements. One supplemental record was reviewed for documentation that GGRC determined the level of care prior to receipt of HCBS SDP Waiver services.

- ✓ The sample records were in 100 percent compliance for 23 criteria. There are no recommendations for these criteria. Eleven criteria were not applicable for this review.
- ✓ Findings for one criterion is 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

Six of the seven (86 percent) sample consumer records contained a completed DS 2200 form. However, the DS 2200 form in the record for consumer #7 was not signed by the consumer until August 11, 2022. Accordingly, no recommendation is required.

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 7</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	7			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 SDP Waiver eligibility certification, annual recertifications, the consumer's qualifying conditions and short-term absences. (SMM 4442.1), [42 CFR 483.430(a)]	<b>Criterion 2.1 consists of four sub-criteria (2.1.a-d) that are reviewed and rated independently.</b>				
2.1.a	The DS 3770 is signed by a Qualified Intellectual Disabilities Professional and the title "QIDP" appears after the person's signature.	7			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.	7			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	7			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.			7	NA	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)]	6	1		86	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 SDP Waiver eligibility has been terminated. (SMM 4442.7), (42 CFR Part 431, Subpart E), [WIC §4710(a)(1)]			7	NA	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 7</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. <i>(SMM 4442.5), (42 CFR 441.302)</i>	7			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>	7			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	7			100	None
2.6.a	IPP is reviewed <i>(at least annually)</i> by the planning team and modified as necessary in response to the consumer's changing needs, wants or health status. <i>[42 CFR 441.301(b)(1)(I)]</i>	7			100	None
2.6.b	The HCBS SDP 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 SDP Waiver requirement)</i>			7	NA	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>[WIC §4646(g)]</i>	7			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.			7	NA	None
2.7.c	The IPP is prepared jointly with the planning team. <i>[WIC §4646(d)]</i>	7			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. <i>[WIC §4646.5(a)]</i>	7			100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 7</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.9	The IPP addresses the consumer's goals and needs. [WIC §4646.5(a)(2)]	<b>Criterion 2.9 consists of seven sub-criteria (2.9.a-g) that are reviewed independently.</b>				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	7			100	None
2.9.b	The IPP addresses special health care requirements.	1		6	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.					N/A
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.					N/A
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.					N/A
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	7			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. [WIC §4685(c)(2)]	2		5	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. Including budget and spending plan [WIC §4646.5(a)(4)]			7	NA	None
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. [WIC §4646.5(a)(5)]	7			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [WIC §4646.5(a)(5)]			7	NA	None
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including but not limited to vendors, contract providers, generic service agencies and natural supports. [WIC §4646.5(a)(5)]			7	NA	None
2.11.a	Copy of the spending plan attached to the participants IPP	7			100	None
2.11.b	The spending plan total amount does not exceed the amount of the certified budget.	7			100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 7</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.11.c	For Individual budgets that were increased or decreased, the IPP documents the specific reason for the adjustment	2		5	100	None
2.11.d	Regional center or IPP team approve transfers in excess of 10 percent of the original amount allocated to any budget category.	2		5	100	None
2.12	Periodic review and reevaluations of consumer progress are completed ( <i>at least annually</i> ) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. <i>[WIC §4646.5(a)(8)]</i>	7			100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., ( <i>Title 17, CCR, §56047</i> ), ( <i>Title 17, CCR, §56095</i> ), ( <i>Title 17, CCR, §58680</i> ), ( <i>Contract requirement</i> )	1		6	100	None
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., ( <i>Title 17, CCR, §56047</i> ), ( <i>Title 17, CCR, §56095</i> ), ( <i>Title 17, CCR, §58680</i> ), ( <i>Contract requirement</i> )	1		6	100	None
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. ( <i>WIC §4418.3</i> )			7	NA	None

## SECTION III

### 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 financial management service provider, independent facilitator, participation in developing budget and spending plan, and regional center services.

#### II. Scope of Observations and Interviews

Five of the seven 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.

- ✓ One consumer agreed to be interviewed by the monitoring teams.
- ✓ Three consumers did not communicate verbally or declined an interview but were observed.
- ✓ One interview was conducted with parent of minor.
- ✓ Two consumers were unavailable for or declined interviews.

#### III. Results of Observations and Interviews

Four of the five consumers/parents of minors indicated satisfaction with their financial management service provider, independent facilitator, participation in developing budget and spending plan, and regional center services. The appearance for all of the consumers that were interviewed and observed reflected personal choice and individual style.

#### IV. Finding and Recommendation

Consumer #3: The parent reported dissatisfaction with the Financial Management Service provider regarding timeliness of payments to care providers.

Recommendation	Regional Center Plan/Response
GGRC should follow up with consumer #3 regarding their concern with the financial management service provider.	GGRC staff and family have met with the FMS provider to resolve the issue. We continue to work with FMS providers whenever an issue arises.

## SECTION IV

### 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, knowledge of self-determination program (SDP) services, and supports and how they monitor services, health and safety issues.

#### II. Scope of Interviews

1. The monitoring team interviewed one GGRC service coordinator.
2. The interview questions are divided into two categories.
  - ✓ The questions in the first category are related to the consumer selected by the monitoring team.
  - ✓ The questions in the second category are related to general areas.

#### III. Results of Interview

1. The service coordinator was very familiar with her consumer. She was able to relate specific details regarding the consumer's desires, preferences, life circumstances and service needs.
2. The service coordinator was knowledgeable about the IPP/annual review process, SDP process, and monitoring requirements. 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 coordinator conducts quarterly face-to-face visits and develop written assessments of consumer progress and satisfaction. In preparation for the quarterly visits, service coordinator reviews the previous progress reports, pertinent case notes, special incident reports, and vendor reports of progress.
3. To better understand issues related to consumer's use of medication and issues related to side effects, the service coordinator utilizes GGRC medical director and online resources for medication.

4. The service coordinator monitors the consumer's services, health and safety during periodic visits. She is aware of the consumer's health issues. The service coordinator was 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 V

### 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 seven consumers selected for the Home and Community-Based Services (HCBS SDP) Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
2. A supplemental sample of one consumer who had a special incident 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 special incidents in the sample of seven records selected for the HCBS SDP Waiver review to DDS.
2. GGRC's vendor did not report the one applicable incident in the supplemental sample within the required timeframes.
3. GGRC reported all (100 percent) incidents in the supplemental sample to DDS within the required timeframes.
4. GGRC's follow-up activities on consumer incidents in the supplemental sample were appropriate for the severity of the situations for the one incident.

#### IV. Finding and Recommendation

SIR #1: The incident occurred on November 21, 2021, and the vendor learned of the incident on November 23, 2021. However, the vendor did not submit a written report to GGRC until November 26, 2021.

Recommendation	Regional Center Plan/Response
GGRC should ensure that the vendor for consumer SIR #1 reports special incidents within the required timeframes.	GGRC staff remind vendors of the reporting timelines. Should late reporting continue with a vendor, our QA department conducts an in-service for the residential staff.

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

**Conducted by:**

**Department of Developmental Services**

**September 12–23, 2022**

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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 12-23, 2022, at Golden Gate Regional Center (GGRC). The monitoring team selected 38 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-eight consumer records, containing 1,634 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), 99 percent in compliance for criterion 2 (TCM service documentation is consistent with the definition of TCM service), and 100 percent in compliance for criterion 3 (TCM service documentation identifies the individual who wrote the note and the date the note was completed).

#### Section II – Nursing Home Reform

Ten consumer records were reviewed for three criteria. The 10 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 1,634 TCM units to DDS for the 38 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 38 consumer records contained 1,634 billed TCM units. Of this total, 1,618 (99 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.	Inconsistent claims have been reversed.

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

Finding

The TCM documentation in the 38 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 10 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 10 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 10 sample consumers had been entered into the AS 400 computer system and electronically transmitted to DDS.

### Recommendation

None