

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

Conducted by:

Department of Developmental Services

September 25-29, 2023

TABLE OF CONTENTS

INTRODUCTION	page 3
SECTION I: REGIONAL CENTER CONSUMER RECORD REVIEW	page 5
SECTION II: SPECIAL INCIDENT REPORTING.....	page 9
SAMPLE CONSUMERS.....	page 11

INTRODUCTION

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted a collaborative federal compliance monitoring review of the Home and Community-Based Services (HCBS) Waiver from September 12-23, 2022, at Golden Gate Regional Center (GGRC). A final report including review findings and GGRC's written responses to the findings was provided to GGRC on July 29, 2024.

DDS conducted a follow-up review on September 25-29, 2023, to ensure that issues raised during the collaborative review had been addressed. The monitoring team selected 20 consumer records for the HCBS Waiver follow-up review for the period of June 1, 2022 through May 31, 2023. In addition, the team reviewed a supplemental sample of 10 records of consumers who had special incidents reported to DDS during this review period.

Purpose of the Follow-up Review

DDS contracts with 21 private, not-for-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 regulation. As stipulated in the HCBS Waiver application approved by the Centers for Medicare & Medicaid Services (CMS), the monitoring review process is a two-year cycle with a collaborative review in the first year, and a smaller, focused review in the second year addressing issues raised during the collaborative review.

Overview of the HCBS Waiver Federal Follow-up Review

The collaborative monitoring review protocol is composed of sections/components designed to determine if the consumer's needs and program requirements are being met, and that services are being provided in accordance with the consumer's individual program plan. Specific criteria have been developed that are derived from federal/state statutes and regulations and from CMS directives and guidelines relating to the provision of the HCBS Waiver services.

The DDS and DHCS monitoring report from the September 2022 collaborative review requested GGRC to provide clarification or follow-up to the report findings and recommendations. GGRC submitted a response to DDS on December 19, 2023. Based on the report recommendations and GGRC's response, the monitoring team evaluated supporting documents to determine the degree and completeness of the implementation process. Specifically, the team reviewed, evaluated and made determinations based on the selected HCBS Waiver eligible consumers' records and discussions with GGRC's personnel.

Summary of Follow-up Review Findings

The September 2023 follow-up review indicated that further action is required to ensure that quarterly face-to-face meetings and reports of progress are completed. Also, two vendors did not report a special incident to GGRC within the required timeframes and three special incident reports did not contain appropriate follow up activity for the severity of the situations.

The follow-up review also indicated further action is needed to ensure that the HCBS Waiver Standardized Annual Review Form (SARF) is completed and signed annually by the planning team and that the IPP includes a schedule of the type and amount of all services and supports purchased by the regional center.

SECTION I

REGIONAL CENTER CONSUMER RECORD REVIEW

Summary of the September 2023 Collaborative Monitoring Review Recommendations

The September 2022 review included findings related to ensuring that 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, that records include the type and amount of all services purchased by the regional center, and 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.

Summary of the September 2023 Follow-up Review Findings

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)*

Finding

Nine of the thirteen (69 percent) applicable sample consumer records contained a completed SARF. However, four records did not contain a SARF as indicated below:

1. Consumer #1: No SARF completed; IPP was dated October 31, 2018;
2. Consumer #2: Missing SARF for annual review dated November 15, 2021;
3. Consumer #16: Missing SARF for annual review dated July 21, 2022; and,
4. Consumer #19: Missing SARF for annual review dated on October 20, 2022.

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

Seven of the twenty (35 percent) sample consumer records contained documentation that purchase of services were included in the IPPs. However, the IPPs for 13 consumers did not include GGRC funded services as indicated below:

1. Consumer #1: Residential Facility and Behavior Management Program;
2. Consumer #2: Residential Facility and Community Integration Training Program;
3. Consumer #3: Supplemental Residential Program Support, Community Integration Program, Transportation-Public/Rental/Taxi, and Specialized Residential Facility;
4. Consumer #4: In Home Day Program, Residential Facility, Transportation-Public/Rental/Taxi, Social Recreation Program, and Activity Center;
5. Consumer #5: In Home Day Program and Transportation;
6. Consumer #6: Community Integration Program and In Home Day Program;
7. Consumer #7: In Home Day Program and Supplemental Residential Support Program;
8. Consumer #9: In Home Day Program and Adult Day Center;
9. Consumer #10: In Home Day Program;
10. Consumer #11: Personal Assistance and Transportation Company;
11. Consumer #14: Community Integration Program;
12. Consumer #16: Community Integration Program, Supported Living Services and Home Health Agency; and,
13. Consumer #19: Creative Arts Program.

Recommendation

GGRC should ensure that consumer IPPs include a schedule of the type and amount of all services and supports purchased by the regional center.

- 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

Eleven of the twenty (55 percent) sample consumer records selected for the follow-up review contained documentation that quarterly face-to-face meetings were completed for consumers living in out-of-home community settings. However, the records for the following consumers were missing face-to-face meetings:

1. The record for consumer #5 contained documentation of three of the required meetings.
2. The record for consumers #1 and #18 contained documentation of two of the required meetings.
3. The record for consumers #3, #7, #12, #13, and #16 contained documentation of one of the required meetings.
4. The record for consumer #2 did not contain documentation of any of the required meetings.

Recommendation

GGRC should ensure that face-to-face visits for consumers who live in community out-of-home settings are completed quarterly.

- 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

Eight of the twenty (40 percent) sample consumer records selected for the follow-up review contained documentation that quarterly face-to-face meetings were completed for consumers living in out-of-home community settings. However, the records for the following consumers were missing face-to-face meetings:

1. The record for consumers #5, #6, and #8 contained documentation of three of the required quarterly reports of progress.
2. The record for consumers #1, #4, and #18 contained documentation of two of the required quarterly reports of progress.
3. The record for consumers #3, #12, and #13 contained documentation of one of the required quarterly reports of progress.

4. The record for consumers #2, #7 and #16 did not contain documentation of any of the required quarterly reports of progress.

Recommendation

GGRC should ensure that reports of progress for consumers who live in community out-of-home settings are completed quarterly.

SECTION II

SPECIAL INCIDENT REPORTING

Summary of the September 2022 Collaborative Monitoring Review Recommendations

Golden Gate Regional Center (GGRC) should continue to determine what actions are necessary to ensure that vendors report special incidents within the required timeframes.

Scope of the September 2023 Follow-up 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 20 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.

Results of the September 2023 Follow-up Review

1. GGRC reported all deaths during the review period to DDS.
2. GGRC reported all of the SIRs in the sample of 20 records selected for the HCBS Waiver review to DDS.
3. GGRC's vendors reported 8 of the 10 (80 percent) special incidents within the required timeframes.
4. GGRC reported all 10 (100 percent) special incidents to DDS within the required timeframes.
5. GGRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for 7 of the 10 (70 percent) incidents.

Findings

SIR #1: The incident occurred on May 30, 2023. However, the vendor did not send a written report to GGRC until June 2, 2023.

SIR #3: The incident occurred on March 17, 2023. However, the vendor did not send a written report to GGRC until March 28, 2023.

SIR #6: The incident occurred on March 14, 2023. However, GGRC did not provide follow-up on medical attention or support provided to the consumer.

SIR #8: The incident occurred on December 17, 2022. However, GGRC did not provide follow-up on medical attention or support provided to the consumer.

SIR #10: The incident occurred on April 27, 2023. However, GGRC did not provide follow-up on medical attention or support provided to the consumer.

Further Action Needed

GGRC should ensure that all the vendors report special incidents within the required timeframes. Also, GGRC should document follow-up activity for all special incident reports.