

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

Conducted by:

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

September 13–24, 2021

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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 13–24, 2021, at Westside Regional Center (WRC). The monitoring team members were Nadia Flores (Team Leader), Kelly Sandoval, Hope Beale, and Fam Chao from DDS, and Deeanna Tran and Janie Hironaka from DHCS.

Purpose of the Review

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

Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

The compliance monitoring review protocol is comprised of sections/components designed to determine if the consumers' needs and program requirements are being met and that services are being provided in accordance with the consumers' individual program plans (IPP). Specific criteria have been developed for the review sections listed below that are derived from federal/state statutes and regulations and from the Centers for Medicare & Medicaid Services' directives and guidelines relating to the provision of HCBS Waiver services.

Scope of Review

The monitoring team reviewed a sample of 34 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) 10 consumers who had special incidents reported to DDS during the review period of June 1, 2020 through May 31, 2021, and 2) 2 consumers who were enrolled in the HCBS Waiver during the review period.

The monitoring team completed visits to six community care facilities (CCF). The team reviewed six CCF consumer records and interviewed and/or observed 21 selected sample consumers.

Overall Conclusion

WRC is in substantial compliance with the federal requirements for the HCBS Waiver program. Specific recommendations that require follow-up actions by WRC are included in the report findings. DDS is requesting documentation of follow-up actions taken by WRC 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 WRC 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-four sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Three criteria were rated as not applicable for this review. Criterion 2.10.a was 53 percent in compliance because 18 of the 34 applicable records did not include the type and amount of all services purchased by the regional center. Criterion 2.13.a was 77 percent in compliance because 5 of the 22 applicable records did not contain documentation of all required quarterly face-to-face visits. Criterion 2.13.b was 73 percent in compliance because 6 of the 22 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.

WRC's records were 93 percent and 99 percent in overall compliance for the collaborative reviews conducted in 2019 and in 2017, respectively.

New Enrollees: Two sample consumers were reviewed for level-of-care determination prior to receipt of HCBS Waiver services. WRC's records were 100 percent in overall compliance for this review.

Section III – Community Care Facility Consumer Record Review

Six consumer records were reviewed at six CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 88 percent in overall compliance for 19 criteria on this review.

WRC's records were 81 percent and 100 percent in overall compliance for the collaborative reviews conducted in 2019 and in 2017, respectively.

Section IV – Day Program Consumer Record Review

The closure of day programs due to COVID-19 prevented the review of Section IV Day Program records and remote site visits for the 2021 review. Consequently, Section IV is not included in this report.

Section V – Consumer Observations and Interviews

Twenty-one 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

Six 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

Westside Regional Center's Interim Executive Director 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 specialist for residential was interviewed using a standard interview instrument. He responded to questions regarding how WRC 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

Two service providers at two CCFs were interviewed using a standard interview instrument. The service providers responded to questions regarding their knowledge of the consumer, the annual review process, and the monitoring of health issues, medication administration, progress, safety and emergency preparedness. The staff was familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interviews

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

Section VIII – Vendor Standards Review

The monitoring team reviewed two CCFs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. The reviewed CCFs were in good repair with no immediate health or safety concerns observed.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 34 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. WRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported all 10 incidents to WRC within the required timeframes, and WRC subsequently transmitted all 10 special incidents to DDS within the required timeframes. WRC'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 WRC's procedures and practices to verify that there are processes in place to ensure compliance with state and federal laws and regulations as well as the assurances contained in the HCBS Waiver application approved by the Centers for Medicare & Medicaid Services.

II. Scope of Assessment

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

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

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

Regional Center Self-Assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver services (cont.)	Service coordinators provide enhanced case management to consumers who move from a DC by meeting with them face-to-face every 30 days for the first 90 days they reside in the community.
Only qualified providers serve HCBS Waiver participants.	The regional center ensures that all HCBS Waiver service providers have signed the "HCBS Provider Agreement Form" and meet the required qualifications at the time services are provided.
Plans of care are responsive to HCBS Waiver participant needs.	<p>The regional center ensures that all HCBS Waiver consumers are offered a choice between receiving services and living arrangements in an institutional or community setting.</p> <p>Regional centers ensure that planning for IPPs includes a comprehensive assessment and information-gathering process which addresses the total needs of HCBS Waiver consumers and is completed at least every three years at the time of his/her triennial IPP.</p> <p>The IPPs of HCBS Waiver consumers are reviewed at least annually by the planning team and modified, as necessary, in response to the consumers' changing needs, wants and health status.</p> <p>The regional center uses feedback from consumers, families and legal representatives to improve system performance.</p> <p>The regional center documents the manner by which consumers indicate choice and consent.</p>

SECTION II

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

The review is based upon documentation criteria derived from federal/state statutes and regulations and from the Centers for Medicare & Medicaid Services' directives and guidelines relating to the provision of Home and Community-Based Services (HCBS) Waiver services. The criteria address requirements for eligibility, consumer choice, notification of proposed action and fair hearing rights, level of care, individual program plans (IPP) and periodic reviews and reevaluations of services. The information obtained about the consumer's needs and services is tracked as a part of the onsite program reviews.

II. Scope of Review

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

Living Arrangement	# of Consumers
Community Care Facility (CCF)	6
With Family	12
Independent or Supported Living Setting	16

2. The review period covered activity from June 1, 2020–May 31, 2021.

III. Results of Review

The 34 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Two supplemental records were reviewed for documentation that WRC determined the level of care prior to receipt of HCBS Waiver services.

- ✓ The sample records were 100 percent in compliance for 23 criteria. There are no recommendations for these criteria. Three criteria were not applicable for this review.
- ✓ Findings for 5 criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

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

Findings

Thirty-one of the thirty-three (94 percent) applicable sample consumer records documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in two consumer records (detailed below) did not support the determination that all of 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:

1. Consumer #29: “no control of bladder/bowel”;
2. Consumer #33: “has caused major damage.”

2.5.b Recommendations	Regional Center Plan/Response
<p>WRC should determine if the items listed above are appropriately identified as qualifying conditions. The consumer’s DS 3770 form should be corrected to ensure that any items that do not represent substantial limitations in the consumers’ ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying conditions. If WRC 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>	<p>WRC service coordinators have reviewed and updated both of these cases to reflect all qualifying conditions are in alignment throughout the record.</p>

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)]

Finding

Thirty-three out of thirty-four (97 percent) applicable sample consumer records contained IPPs signed by WRC and the consumer or, where appropriate, his/her parents, legal guardian, or conservator. However, the IPP for consumer #2 completed on May 22, 2019, was not signed by the consumer.

2.7.a Recommendation	Regional Center Plan/Response
WRC should ensure the IPP for consumer #2 is signed by the consumer.	WRC has obtained the signed IPP signature page from the individual supported.

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

Findings

Nineteen of the thirty-four (56 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by WRC. However, IPPs for 15 consumers did not indicate WRC funded services as indicated below:

1. Consumer #3: “Residential Facility” and “Community Integration Training Program”;
2. Consumer #4: “Dentistry”;
3. Consumer #5: “Individual or Family Training Services” and “Specialized Residential Facility”;
4. Consumer #8: “Individual or Family Training Services” and “Housing Access Service”;
5. Consumer #11: “Transportation,” “Psychiatrist” and “Supported Living Services”;
6. Consumer #13: “Supported Living Services” and “Specialized Therapeutic Services”;
7. Consumer #16: “Individual or Family Training Services”;
8. Consumer #17: “Behavior Management Program,” “Supported Living Services” and “Transportation Company”;
9. Consumer #18: “Counseling Services,” “Transportation” and “Supported Living Services”;

- 10. Consumer #21: “Supported Living Services,” “Behavior Management Program,” “Transportation-auto driver,” “Dentistry”;
- 11. Consumer #22: “Adult Development Center,” “Supported Living Services” and “Transportation”;
- 12. Consumer #24: “Socialization Program”;
- 13. Consumer #25: “Personal Assistance” and “In-home Respite Service Agency”;
- 14. Consumer #27: “Personal Assistance,” “Behavior Management Program,” “In-Home Respite Service Agency” and “Transportation Company”; and,
- 15. Consumer #32: “In-Home Respite Service Agency.”

2.10.a Recommendations	Regional Center Plan/Response
WRC should ensure that the IPPs for consumers #3, #4, #5, #8, #11, #13, #16, #17, #18, #21, #22, #24, #25, #27, and #32 include a schedule of the type and amount of all services and supports purchased by WRC.	Addendums have been completed to add all services to the IPPs. WRC service coordination was provided with counseling and will receive ongoing training regarding the importance of all services purchased being included in the IPP.

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

Seventeen of the twenty-two (77 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for five consumers did not meet the requirement as indicated below:

- 1. The records for consumers #9, #15, #16, and #18 contained documentation of three of the required meetings.
- 2. The record for consumers #8 contained documentation of two of the required meetings.

2.13.a Recommendations	Regional Center Plan/Response
WRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #8, #9, #15, #16, and #18.	WRC service coordinators have been provided with counseling and ongoing training regarding the importance of completing and documenting quarterly meetings.
In addition, WRC should evaluate what actions may be necessary to ensure that quarterly face-to face meetings are completed and documented for all applicable consumers.	WRC is in discussion with Managers to develop a tracking system for quarterly meetings, which we hope to have implemented soon. In addition, WRC is in the process of hiring new service coordinators to address caseload ratios.

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

Sixteen of the twenty-two (73 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for six consumers did not meet the requirement as indicated below:

1. The records for consumers #9, #15, #16, #18, and #20 contained documentation of only three of the required quarterly reports of progress.
2. The record for consumer #8 contained documentation of only two of the required quarterly reports of progress.

2.13.b Recommendations	Regional Center Plan/Response
WRC should ensure that future quarterly reports of progress are completed for consumers #8, #9, #15, #16, #18 and #20.	Managers in Client Services are providing service coordinators with counseling and ongoing training in the importance of completing the quarterly reports of progress.
In addition, WRC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable consumers.	WRC is evaluating our current process to adjust as needed to make sure quarterly progress reports are being completed. In addition, WRC is in the process of hiring new service coordinators to address caseload ratios.

Regional Center Consumer Record Review Summary						
Sample Size = 34						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	34			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Intellectual Disabilities Professional (QIDP), which documents the date of the consumer's initial HCBS Waiver eligibility certification, annual recertifications, the consumer's qualifying conditions and short-term absences. [SMM 4442.1; 42 CFR 483.430(a)]	Criterion 2.1 consists of four sub-criteria (2.1.a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Intellectual Disabilities Professional and the title "QIDP" appears after the person's signature.	34			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.	34			100	None
2.1.c	The DS 3770 form documents annual recertifications.	34			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.			34	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)]	34			100	None
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. [SMM 4442.7; 42 CFR Part 431, Subpart E; W&I Code §4710(a)(1)]			34	NA	None

Regional Center Consumer Record Review Summary						
Sample Size = 34						
	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. <i>(SMM 4442.5; 42 CFR 441.302)</i>	34			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>	34			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	31	2	1	94	See Narrative
2.6.a	IPP is reviewed (at least annually) by the planning team and modified as necessary in response to the consumer's changing needs, wants or health status. <i>[42 CFR 441.301(b)(1)(I)]</i>	34			100	None
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. <i>(HCBS Waiver requirement)</i>	34			100	None
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. <i>[W&I Code §4646(g)]</i>	33	1		97	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.	17		17	100	None
2.7.c	The IPP is prepared jointly with the planning team. <i>[W&I Code §4646(d)]</i>	34			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. <i>[W&I Code §4646.5(a)]</i>	34			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 34						
	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer's goals and needs. [W&I Code §4646.5(a)(2)]	Criterion 2.9 consists of seven sub-criteria (2.9.a-g) that are reviewed independently.				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	33		1	100	None
2.9.b	The IPP addresses special health care requirements.	4		30	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	6		28	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	18		16	100	None
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	12		22	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	34			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. [W&I Code §4685(c)(2)]	6		28	100	None
2.10.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. [W&I Code §4646.5(a)(4)]	19	15		56	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. [W&I Code §4646.5(a)(5)]	34			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [W&I Code §4646.5(a)(5)]	16		18	100	None
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including but not limited to vendors, contract providers, generic service agencies and natural supports. [W&I Code §4646.5(a)(5)]	34			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 34						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic reviews and reevaluations of consumer progress are completed (at least annually) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. <i>[W&I Code §4646.5(a)(8)]</i>	34			100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	17	5	12	77	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	16	6	12	73	See Narrative
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. <i>(W&I Code §4418.3)</i>			34	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

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

III. Results of Review

The consumer records were 88 percent in compliance for 19 criteria.

- ✓ The sample records were 100 percent in compliance for 15 applicable criteria. There are no recommendations for these criteria.
- ✓ Findings for four criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

- 3.2 A written admission agreement is completed for the consumer that is signed by the consumer or his/her authorized representative, the regional center, and the facility administrator that includes the certifying statements specified in Title 17. [Title 17, CCR, §56019(c)(1)]

Finding

Five of the six (83 percent) sample consumer records contained a completed and signed admission agreement. However, the record for consumer #2 at CCF #1 did not have an admission agreement that was signed by the consumer and/or their authorized representative.

3.2 Recommendation	Regional Center Plan/Response
WRC should ensure that CCF #1 has a signed admission agreement by consumer #2 and/or their authorized representative.	WRC service coordinator has provided an admission agreement signed by the individual served and/or their representative.

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

Finding

Three of the six (50 percent) sample consumer records contained a copy of the consumer’s current IPP. However, the records for consumer #1 at CCF #3, consumer #6 at CCF #4 and consumer #3 at CCF #5 did not have a copy of the current IPP.

3.3 Recommendation	Regional Center Plan/Response
WRC should ensure that CCF providers #3, #4, and #5 have a copy of consumer’s current IPP.	WRC service coordinator has provided a copy of the IPP to the CCF providers for all individuals. Additional counseling/training has been provided to the service coordinators regarding this requirement.

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

Two of the three (67 percent) applicable sample consumer records contained semiannual reports of the consumer’s progress. However, the record for consumer #4 at CCF #2 was missing one written semiannual report of the consumer’s progress.

3.4.a Recommendation	Regional Center Plan/Response
WRC should ensure that CCF provider #2 prepares and maintains written semiannual reports of progress for consumer #4.	WRC QA staff provided technical assistance to CCF #2 to review the Title 17 requirements for documentation. CCF #2 will adhere to documentation guidelines and WRC QA will continue to monitor compliance.

3.6.b The ongoing notes/information verifies that behavior needs are being addressed.

Finding

Four of the five (80 percent) applicable sample consumer records contained notes or information that verifies that behaviors are being addressed. However, the record for consumer #2 at CCF #1 did not contain information that verifies that disruptive behaviors, physical aggression, and emotional outbursts are being addressed.

3.6.b Recommendations	Regional Center Plan/Response
WRC should ensure that CCF provider #1 maintains notes or information that verifies that consumer needs expressed through behaviors are being addressed for consumer #2.	WRC QA staff provided technical assistance to CCF #1 to review the Title 17 requirements for documentation. CCF #1 will adhere to documentation guidelines and WRC QA will continue to monitor compliance.

Community Care Facility Record Review Summary						
Sample Size: Consumers = 6; CCFs = 6						
	Criteria	+	-	N/A	% Met	Follow-up
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. <i>[Title 17, CCR, §56017(b); Title 17, CCR §56059(b); Title 22, CCR, §80069]</i>	6			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	6			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	3		3	100	None
3.1.c	The consumer record contains current health information that includes medical, dental and other health needs of the consumer including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	6			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	6			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	6			100	None
3.1.i	Special safety and behavior needs are addressed.	2		4	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>	5	1		83	See Narrative
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	3	3		50	See Narrative

Community Care Facility Record Review Summary						
Sample Size: Consumers = 6; CCFs = 6						
	Criteria	+	-	N/A	% Met	Follow-up
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. <i>[Title 17, CCR, §56026(b)]</i>	2	1	3	67	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.	3		3	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>	3		3	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.	3		3	100	None
3.5.c	Quarterly reports include a summary of data collected. <i>[Title 17, CCR, §56013(d)(4); Title 17, CCR, §56026]</i>	3		3	100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. <i>[Title 17, CCR, §56026(a)]</i>	6			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	4	1	1	80	See Narrative
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>	3		3	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>	3		3	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>	3		3	100	None

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

The closure of day programs due to the COVID-19 pandemic prevented the review of Section IV Day Program records for the 2021 review.

SECTION V

CONSUMER OBSERVATIONS AND INTERVIEWS

I. Purpose

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

II. Scope of Observations and Interviews

Twenty-one of the thirty-four 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.

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

III. Results of Observations and Interviews

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

IV. Finding and Recommendation

None

SECTION VI A

SERVICE COORDINATOR INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed six WRC 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 WRC's medical director and online resources for medication.
4. The service coordinators monitor the consumers' services, health and safety during periodic visits. They are aware of the consumers' health issues. The service coordinators are knowledgeable about the special incident reporting process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed.

SECTION VI B

CLINICAL SERVICES INTERVIEW

I. Purpose

The clinical services interview is used to obtain supplemental information on how the regional center is organized to provide clinical support to consumers and service coordinators. 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 in Risk Management and Mitigation Committee and special incident reports (SIR).
2. The monitoring team interviewed the WRC Interim Executive Director.

II. Results of Interview

1. The WRC clinical team includes physicians, clinical psychologists, registered nurses, and occupational, speech, and physical therapists. The team also includes a dental coordinator, wellness, and intake specialists. In addition, WRC's clinical team utilizes consultants for pediatric, neurology, and psychiatric services.
2. The clinical team reviews the medical records and receives updates from the consumer's physicians on consumer status. The clinical team nurses and physicians provide support in the management of clients with health care issues. Nurses are available to assist with onsite nursing assessments and hospital discharge planning as requested. The team also provides a variety of training and education to staff, consumers, families, and providers. Recent topics have included medication training and signs and symptoms of illness.
3. The clinical team participates in monitoring consumers' medications and are available to perform medication reviews upon request from the service coordinator and based on trend information in SIRs. They perform regular chart reviews and review special incident reports for medication errors or health and compliance issues. The WRC nurses are also available to provide additional medication monitoring and training to residential providers.

- Members of the clinical team review reports from Mission Analytics Group, Inc., regarding polypharmacy and follow up as needed.
4. The clinical team is involved with consumers' behavioral plans and mental health issues. The behavioral team is available to review behavior plans and makes recommendations as needed. Members of the clinical team participate in meetings and provider training with the Department of Mental Health.
 5. WRC has relationships with the University of California Los Angeles (UCLA) and Kaiser Hospital to perform dental procedures at these facilities. The dental coordinator is available to assist with coordination and dental services and provides education and training to provider and families.
 6. WRC has improved access to health care resources through the following programs and services:
 - ✓ Managed care liaison;
 - ✓ LA Care grant for preventive dental care;
 - ✓ Collaboration with local crisis support teams;
 - ✓ Mobility equipment clinic;
 - ✓ Collaboration with the UCLA Neuropsychiatric Institute;
 - ✓ Internship with University of Southern California MSW students;
 - ✓ Collaboration with Achievable (Community Health Center) that provides medical and mental health services, and;
 - ✓ Trainings for UCLA medical residents.
 7. The clinical team has an active role in risk management. Medical related special incident reports are referred to the team for review and follow-up as indicated. A clinical team physician and nurse review all deaths and participate on the morbidity and mortality review committee. The regional center utilizes Mission Analytics Group, Inc., the State's risk management contractor, to analyze special incident trends. The clinical team members that are a part of the Risk Management Committee include the Medical Director, Quality Assurance Nurse, clinical Psychologist, pharmacist, Intellectual Disability Specialist, Board Certified Behavior Analyst, and Marriage and Family Therapist. The committee uses the trend analysis to provide training to regional center staff and providers.
 8. The clinical team monitors hospitalizations of consumers in order to provide services that support preventive care. By monitoring a consumer's progress after discharge, the clinical team is able to discuss the best form of action to ensure that the same special incident does not occur again. Also, additional training opportunities for service coordinators and health care providers can be recommended based on the special incidents the clinical team reviews.
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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 Quality Assurance Specialist, who is a member of the team responsible for conducting WRC's QA activities.

III. Results of Interview

1. The QA specialist provided specific information about WRC's process for conducting annual Title 17 reviews, unannounced visits and provider training. The annual Title 17 visits are completed by QA specialists. Title 17 visits include comprehensive review of the home, client record review, and other items on the checklist. A service coordinator (facility liaison) assigned to the home conducts two unannounced visits each year. When issues of substantial inadequacies are identified, a form is completed and sent to the QA team. The QA team meets bi-weekly with directors and managers. A QA specialist investigates to determine whether a Corrective Action Plan (CAP) will be issued and will conduct the follow-up with the assistance of facility liaisons to ensure providers complete the CAP requirements.
2. The risk management and assessment and planning coordinators review all special incident reports (SIRs) and ensure effective follow-up on an individual and systemic basis. The coordinators develop trend analysis reports for the Risk Management and Mitigation Committee. The committee reviews these reports and trends on a bi-monthly basis. These trends are then provided to all program managers and QA managers to share with case management staff. The QA team meets bi-monthly to review and discuss the reports and trends. The QA team also communicates these trends to the Department of Developmental Services.

3. The information obtained from QA activities is compiled and analyzed for trends of related issues that need to be addressed with training and/or referrals to appropriate consultants. These items are discussed at the bi-weekly QA meetings. Case management staff and QA staff meet monthly to discuss trends and develop appropriate vendor training. Monthly vendor training is based on what further training is needed. CPI-non-violent crisis intervention is offered once a month. They also meet on a quarterly basis with Community Care Licensing. All vendors are encouraged to attend trainings. Each participant receives units and a certificate for proof of training to meet Title 17 requirements. The "Training and Events Calendar" is posted quarterly on the Internet with topics, dates, and times of available trainings offered by WRC.
4. The resource development committee reviews and recommends for approval vendor applications for CCFs, independent living services, supported living services, and day programs. The QA team also monitors day programs and provides support for other vendored providers periodically. There are monthly QA meetings to review SIRs and go over follow-up and update as needed. Meetings may be held more frequently if there are concerns. Service Coordinators conduct up to four unannounced visits during the year.

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 two service providers at two community care facilities where services are provided to the consumers who were visited by the monitoring team.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ 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 two direct service staff at two community care facilities where services are provided to the consumers who were visited by the monitoring team.
2. The interview questions are divided into two categories:
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ 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) 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 two CCFs via remote electronic communication. Remote electronic communication was used to conduct service provider, direct care staff and consumer interviews, as well as site inspections.
2. The teams used a monitoring review checklist consisting of 24 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

III. Results of Review

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

IV. Findings and Recommendations

None

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 WRC was reviewed by comparing deaths entered into the Client Master File for the review period with special incident reports of deaths received by the Department of Developmental Services (DDS).
2. The records of the 34 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. WRC reported all deaths during the review period to DDS.
2. WRC reported all special incidents in the sample of 34 records selected for the HCBS Waiver review to DDS.
3. WRC's vendors reported all 10 (100 percent) applicable incidents in the supplemental sample within the required timeframes.
4. WRC reported all 10 (100 percent) incidents to DDS within the required timeframes.
5. WRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for all incidents.

III. Findings and Recommendations

None

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

#	UCI	CCF	DP
1	7829880	3	
2	7696500	1	
3	7605706	5	
4	5650973	2	
5	7613398	6	
6	7596835	4	
7	7599763		
8	7697354		
9	7612501		
10	7600505		
11	7600372		
12	6020937		
13	5466701		
14	7602565		
15	5644893		
16	7812308		
17	7409209		
18	7600365		
19	4857181		
20	5833868		
21	6711297		
22	7604196		
23	7697187		
24	4978888		
25	5625280		
26	7613084		
27	7698388		
28	7693553		
29	7630447		
30	7626374		
31	7426858		
32	7623947		
33	7633297		
34	7619099		

HCBS Waiver Review Service Providers

CCF #	Vendor
1	HW0571
2	HW0386
3	H19317
4	H04774
5	HW0348
6	PW5330

New Enrollees

#	UCI
NE-01	6067384
NE-02	7462250

SIR Review Consumers

#	UCI	Vendor
SIR 1	6698910	PW7022
SIR 2	7604267	PW6919
SIR 3	7613281	HW0345
SIR 4	7609366	PW0016
SIR 5	7423621	PW5664
SIR 6	5759451	PW5065
SIR 7	7605267	HW0443
SIR 8	7600018	PW5791
SIR 9	7547193	PW8118
SIR 10	7409102	PW8052