

**North Bay Regional Center
Home and Community-based Services Waiver
Monitoring Review Report**

Conducted by:

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

May 6 - 16, 2013

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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 May 6-16, 2013, at North Bay Regional Center (NBRC). The monitoring team members were Lisa Miller (Team Leader), Linda Rhoades and Ray Harris from DDS, and Annette Hanson and Raylyn Garrett from DHCS.

Purpose of the Review

DDS contracts with 21 private, non-profit corporations to operate regional centers, which are responsible under state law for coordinating, providing, arranging or purchasing the 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 (IPPs). 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 42 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) two consumers whose HCBS Waiver eligibility had been previously terminated; 2) two consumers who moved from a developmental center, and 3) ten consumers who had special incidents reported to DDS during the review period of March 1, 2012 – February 28, 2013.

The monitoring team completed visits to seven community care facilities (CCFs) and eleven day programs. The team reviewed seven CCF and 18 day program consumer records and had face-to-face visits and/or interviews with 34 selected sample consumers.

Overall Conclusion

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

Forty-two sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements.

The sample records were 97% in overall compliance for this review. NBRC's records were 95% and 99% in overall compliance for the collaborative reviews conducted in 2011 and 2009, respectively.

Section III – Community Care Facility Consumer (CCF) Record Review

Seven consumer records were reviewed at seven CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations.

The sample records were 100% in overall compliance for this review. NBRC's records were 100% and 99% in overall compliance for the collaborative reviews conducted in 2011 and 2009, respectively.

Section IV – Day Program Consumer Record Review

Eighteen consumer records were reviewed at 11 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. Three criteria were rated as not applicable for this review.

The sample records were 99% in overall compliance. NBRC's records were 99% in overall compliance for the collaborative reviews conducted in 2011 and 2009.

Section V – Consumer Observations and Interviews

Thirty-four 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. With the exception of one consumer who requested assistance in purchasing a bus pass, the interviewed consumers/parents indicated that they were satisfied with their services, health and choices.

Section VI A – Service Coordinator Interviews

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

Section VI B – Clinical Services Interview

A psychologist and a nurse consultant were interviewed using a standard interview instrument. They responded to informational questions regarding the monitoring of consumers with medical issues, medications, behavior plans, the coordination of medical and mental health care for consumers, the provision of clinical supports to client program coordinators, and the clinical team's participation in the Risk Management Committee.

Section VI C – Quality Assurance Interview

A community resource consultant was interviewed using a standard interview instrument. She responded to informational questions regarding how NBRC 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 Interview

Five CCF and three day program service providers were interviewed using a standard interview instrument. The service providers responded to questions in the context of the sample consumers regarding their knowledge of the consumer, the annual review process and the monitoring of health issues, medications, progress, safety and emergency preparedness. The service providers were familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interview

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

Section VIII – Vendor Standards Review

The monitoring team reviewed five CCFs and three day programs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. All of the reviewed vendors 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 42 HCBS Waiver consumers and ten supplemental sample consumers for special incidents during the review period. NBRC reported all special incidents for the sample of 42 records selected for the HCBS Waiver review to DDS. For the supplemental sample, the service providers reported five of the ten (50%) incidents to NBRC within the required timeframe and NBRC subsequently transmitted four of the ten (40%) special incidents to DDS within the required timeframe. NBRC's follow-up activities on 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 North Bay Regional Center (NBRC) 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

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

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

Regional Center Self-Assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
<p>State conducts level of care need determinations consistent with the need for institutionalization</p>	<p>The regional center ensures that consumers meet ICF/DD, ICF/DD-H, or ICF/DD-N facility level of care requirements as a condition of initial and annual eligibility for the HCBS Waiver Program.</p> <p>Regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meet the federal definition of a Qualified Mental Retardation Professional (QMRP).</p> <p>The regional center ensures that consumers are eligible for full scope Medi-Cal benefits before enrolling them in the HCBS Waiver.</p>
<p>Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services</p>	<p>The regional center takes action(s) to ensure consumers' rights are protected.</p> <p>The regional center takes action(s) to ensure that the consumers' health needs are addressed.</p> <p>The regional center ensures that behavior plans preserve the right of the consumer to be free from harm.</p> <p>The regional center maintains a Risk Management, Risk Assessment and Planning Committee.</p> <p>The regional center has developed and implemented a Risk Management/Mitigation Plan.</p> <p>Regional centers and local Community Care Licensing offices coordinate and collaborate in addressing issues involving licensing requirements and monitoring of CCFs pursuant to the MOU between DDS and Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 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>Client program 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>Client program coordinators have quarterly face-to-face meetings with consumers in CCFs, Family Home Agencies, Supported Living Services, and Independent Living Services to review services and progress toward achieving the IPP objectives for which the service provider is responsible.</p>

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

SECTION II

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

1. Forty-two HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	12
With Family	8
Independent or Supported Living Setting	22

2. The review period covered activity from March 1, 2012 – February 28, 2013.

III. Results of Review

The 42 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 solely for documentation that NBRC had either provided the consumer with written notification prior to termination of the consumer's HCBS Waiver eligibility or the consumer had voluntarily un-enrolled from the HCBS Waiver. Two supplemental records were reviewed for documentation of face-to-face meetings no less than once every 30 days for the first 90 days following the consumer's move from a developmental center.

- ✓ The sample records were in 100% compliance for 21 criteria. There are no recommendations for these criteria.
- ✓ Findings for 10 criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

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

Finding

Forty-one of the 42 (98%) sample consumer records contained a dated and signed DS 2200 form. However, the DS 2200 form for consumer #1, a non-conserved adult, was signed by the consumer’s parent.

2.2 Recommendation	Regional Center Plan/Response
NBRC should ensure the DS 2200 form for consumer #1 is signed by the consumer. If the consumer does not sign, NBRC should ensure that the record addresses what actions were taken to encourage the consumer to sign and the reason why he did not sign.	Consumer #1: DS 2200 form was signed by consumer #1 on 3/31/14, indicating living with parents as choice of living arrangement.

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-nine of the 42 (93%) consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in the records for three consumers did not support the determination that all of the issues identified in the CDER and 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 #23: “Safety Awareness”

Consumer #24: “Ambulation”

Consumer #37 “Outburst”

2.5.b Recommendation	Regional Center Plan/Response
<p>NBRC should determine if the items listed above are appropriately identified as qualifying conditions. The consumers' 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. Due to an insufficient number of qualifying conditions, the correction may require that the consumer's HCBS Waiver eligibility be terminated. If NBRC determines that any of the issues above are correctly identified as qualifying conditions, documentation (updated IPPs, progress reports, etc.) that support the original determinations should be submitted with the response to this report.</p>	<p>Consumer 23: "Safety awareness" was deleted from DS 3770. This condition was replaced with "personal care needs" which is addressed in IPP.</p> <p>Consumer 24: "Ambulation" an IPP addendum was created on 6/6/13 to include ambulation.</p> <p>Consumer 37: "Outbursts" an IPP was created on 2/10/14 and supports the determination of this qualifying condition.</p>

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

Finding

Forty-one of the 42 (98%) 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 IPP for consumer #6 had been reviewed during the monitoring review period. Subsequent to the review period, documentation was completed showing the IPP was reviewed. Accordingly, no recommendation is required.

- 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. (WIC § 4646(g))

Finding

Forty-one of the 42 (98%) consumer records contained IPPs that were signed by NBRC and the consumers or their legal representatives. However, the IPP for consumer #31 dated 2/22/13 was not signed by the consumer.

2.7.a Recommendation	Regional Center Plan/Response
NBRC should ensure that consumer #31 or his legal representative signs the IPP. If the consumer does not sign, NBRC should ensure that the record addresses what actions were taken to encourage the consumer to sign and the reason why the consumer did not sign.	Consumer 31: IPP date 2/22/13 was signed by conservator on 4/2/14.

2.9.a The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770). (*WIC §4646.5(a)(2)*)

Findings

Forty of the 42 (95%) sample consumer records contained IPPs that addressed the consumers' qualifying conditions. However, the IPPs for following consumers did not identify the supports or services that are in place to address all of the consumers' qualifying conditions identified in the CDER and DS 3770, as indicated below:

Consumer #37: The IPP did not indicate what services and supports are in place to address the consumer's behavioral issues as indicated in the Supported Living Assessment.

Consumer #38: The IPP did not indicate what services and supports are in place to address the consumer's behavioral issues as indicated in the annual report.

2.9.a Recommendation	Regional Center Plan/Response
NBRC should ensure that the IPPs for consumers #37 and #38 address the services and supports in place for the issues identified above.	Consumer 37: "Outbursts" an IPP was created on 2/10/14 and support the determination of this qualifying condition. Consumer 38: "Behavioral Issues" an IPP was developed on 1/28/14 and supports the determination of the qualifying conditions.

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

Thirty-seven of the 42 (88%) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by NBRC.

However, the IPPs for five consumers did not indicate NBRC funded services as indicated below:

Consumer #24: Public transportation

Consumer #33: Personal emergency response

Consumer #34: Public transportation

Consumer #40: Public transportation

Consumer #42: Public transportation

2.10.a Recommendation	Regional Center Plan/Response
<p>NBRC should ensure that the IPPs for consumers #24, #33, #34, #40 and #42 include a schedule of the type and amount of all services and supports purchased by NBRC.</p>	<p>Consumer 24: Created an addendum dated 6/6/13 to address public transportation. Consumer 33: Created an addendum dated 5/28/13 to address personal emergency response. Consumer 34: Created an addendum dated 12/31/13 to address public transportation. Consumer 40: Created an addendum dated 5/29/13 to address public transportation. Consumer 42: Created an addendum dated 5/28/13 to address public transportation.</p>

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)(4))

Finding

Forty-one of the 42 (98%) sample consumer records contained IPPs that included services and supports obtained from generic agencies or resources. However, the IPP for consumer #25 did not identify Medi-cal as the funding source for medical services.

2.10.b Recommendation	Regional Center Plan/Response
<p>NBRC should ensure that the IPP for consumer #25 include Medi-cal as a funding source for medical services.</p>	<p>Consumer 25: Created an addendum dated 4/1/14 to address MediCal as funding source for medical services.</p>

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

Thirty of the 34 (88%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for four consumers did not meet the requirements as listed below:

The records for consumers #6, #10 and #38 contained documentation for three of the required face-to-face meetings.

The record for consumer #4 contained documentation for two of the required face-to-face meetings.

2.13.a Recommendation	Regional Center Plan/Response
NBRC should ensure that future face to face meetings are completed and documented each quarter for consumers #4, #6, #10 and #38.	Consumer 4: Created a report due date tickler for this consumer. Report due date now entered into Sandis. Consumer 6: NBRC has hired staff to cover this caseload. Consumer 10: NBRC has hired staff to cover this caseload. Consumer 38: NBRC has hired staff to cover this caseload.

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

Thirty of the 34 (88%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for four consumers did not meet the requirements as indicated below:

The records for consumers #6, #10 and #38 contained three quarterly reports of progress.

The record for consumer #4 did not contain quarterly reports of progress.

2.13.b Recommendation	Regional Center Plan/Response
NBRC should ensure that future reports of progress are completed each quarter for consumers #4, #6, #10 and #38.	Consumer 4: NBRC has hired staff to cover this caseload. Consumer 6: NBRC has hired staff to cover this caseload. Consumer 10: NBRC has hired staff to cover this caseload. Consumer 38: NBRC has hired staff to cover this caseload.

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. (*WIC §4418.3*)

Findings

Two records were reviewed to confirm face-to-face meetings were conducted no less than once every 30 days for the first 90 days following the consumer’s move from a developmental center to a community living arrangement. The two records for consumers DC-1 and DC-2 contained evidence of only two of the required meetings.

2.14 Recommendation	Regional Center Plan/Response
NBRC should ensure that face-to-face meetings are conducted no less than once every 30 days for the first 90 days for all consumers moving from a developmental center to a community living arrangement.	NBRC staff responsible for transition of consumers exiting developmental centers were instructed at a staff meeting on 4/17/14 to conduct face-to-face meetings no less than once every 30 days for the first 90 days for all consumers moving from a developmental center to a community living arrangement.

Regional Center Consumer Record Review Summary						
Sample Size = 42 + 4 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	42			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Mental Retardation Professional (QMRP), which documents the date of the consumer's initial HCBS Waiver eligibility certification, annual recertifications, the consumer's qualifying conditions and short-term absences. (SMM 4442.1), (42 CFR 483.430(a))	Criterion 2.1 consists of four sub-criteria (2.1a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Mental Retardation Professional and the title "QMRP" appears after the person's signature.	42			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.	42			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	42			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	2		40	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))	41	1		98	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 §4646(g))	2		42	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 42 + 4 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5), (42 CFR 441.302)	42			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-DDH, 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)	42			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	39	3		93	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))	41	1		98	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)	24		18	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. (WIC §4646(g))	41	1		98	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.	22		20	100	None
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	42			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))	42			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 42 + 4 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer's goals and needs. (<i>WIC §4646.5(a)(2)</i>)	Criterion 2.9 consists of seven sub-criteria (2.9 a-g) that are reviewed independently				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	40	2		95	See Narrative
2.9.b	The IPP addresses the special health care requirements.	18		24	100	None
2.9.c	The IPP addresses the services for which the CCF provider is responsible for implementing.	12		30	100	None
2.9.d	The IPP addresses the services for which the day program provider is responsible for implementing.	28		14	100	None
2.9.e	The IPP addresses the services for which the supported living services agency or independent living services provider is responsible for implementing.	22		20	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	42			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (<i>WIC §4685(c)(2)</i>)	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. (<i>WIC §4646.5(a)(4)</i>)	37	5		88	See Narrative
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. (<i>WIC §4646.5(a)(4)</i>)	41	1		98	See Narrative
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (<i>WIC §4646.5(a)(4)</i>)	22		20	100	None
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to vendors, contract providers, generic service agencies and natural supports. (<i>WIC §4646.5(a)(4)</i>)	42			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 42 + 4 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
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)(6)</i>)	42			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>)	30	4	8	88	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>)	30	4	8	88	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>)		2	42	0	See Narrative

SECTION III

COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

I. Purpose

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

Seven consumer records were reviewed at seven 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% in compliance for 16 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.

Community Care Facility Record Review Summary						
Sample Size: Consumers = 7; CCFs = 7						
	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)</i>), (<i>Title 17, CCR §56059(b)</i>), (<i>Title 22, CCR, §80069</i>)	7			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	7			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	5		2	100	None
3.1.c	The consumer record contains current health information that includes medical, dental and other health needs of the consumer including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	7			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	7			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	7			100	None
3.1.i	Special safety and behavior needs are addressed.	7			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>)	7			100	None
3.3	The facility has a copy of the consumer's current IPP. (<i>Title 17, CCR, §56022(c)</i>)	7			100	None
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>)	4		3	100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 7; CCFs = 7						
	Criteria	+	-	N/A	% Met	Follow-up
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.	4		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>)	2		5	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.	2		5	100	None
3.5.c	Quarterly reports include a summary of data collected. (<i>Title 17, CCR, §56013(d)(4)</i>), (<i>Title 17, CCR, §56026</i>)	2		5	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>)	7			100	None
3.6.b	The ongoing notes/information verifies that behavior needs are being addressed.	7			100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)			7	N/A	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>)			7	N/A	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>)			7	N/A	None

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

The review criteria address the requirements for day programs (DP) 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

Eighteen sample consumer records were reviewed at 11 day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria.

III. Results of Review

The consumer records were 100% in compliance for 12 of the 14 applicable 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 two criteria are detailed below.

IV. Findings and Recommendations

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

Findings

Sixteen of the 18 (89%) sample consumer records contained a copy of the consumer's current IPP. However, the records for consumer #18 at DP #4 and consumer #20 at DP #1 did not contain a copy of the current IPP.

4.2 Recommendation	Regional Center Plan/Response
NBRC should ensure that day program providers #1 and #4 receive a current copy of the consumers' IPP.	Consumers #18 IPP was sent to the respective day program. Consumer #20 the DP is no longer open for business. NBRC will continue to instruct staff to provide the consumer's IPP to day program providers upon approval and implementation.

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

Finding

Sixteen of the 17 (94%) applicable consumer records contained written semiannual reports of consumer progress. However, the record for consumer #18 at DP #4 contained one of the required progress reports.

4.4.a Recommendation	Regional Center Plan/Response
NBRC should ensure that day program provider #4 prepares written semiannual reports of consumer progress.	QA staff followed up with program provider #4 on 5/1/14 to remind them of their obligation to complete semiannual reports of progress.

Day Program Record Review Summary						
Sample Size: Consumers = 18; Day Programs = 11						
	Criteria	+	-	N/A	% Met	Follow-up
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. (Title 17, CCR, §56730)	18			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.	18			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.	18			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.	18			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.	18			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.	18			100	None
4.1.f	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.	18			100	None
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	18			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 18; Day Programs = 11						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	11		7	100	None
4.2	The day program has a copy of the consumer's current IPP. (<i>Title 17, CCR §56720(b)</i>)	16	2		89	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>)	18			100	None
4.3.b	The day program's ISP or other program documentation is consistent with the services addressed in the consumer's IPP.	18			100	None
4.4.a	The day program prepares and maintains written semiannual reports. (<i>Title 17, CCR, §56720(c)</i>)	16	1	1	94	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.	17		1	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>)			18	N/A	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>)			18	N/A	None
4.5.c	There is appropriate follow-up to special incidents to resolve the issue and eliminate or mitigate future risk. (<i>Title 17, CCR, §54327</i>)			18	N/A	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-four of the 42 consumers were interviewed and/or observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Twenty-three consumers agreed to be interviewed by the monitoring team.
- ✓ Seven consumers did not communicate verbally but were observed.
- ✓ Four interviews were conducted with parents of minors.
- ✓ Eight consumers/parents of minors were unavailable for or declined interviews.

III. Results of Observations and Interviews

Thirty-three of the 34 consumers/parents of minors indicated satisfaction with their living situation, day program, work activities, health, choices, and regional center services. The consumers' overall appearance reflected personal choice and individual style.

IV. Finding and Recommendation

Consumer #38 requested assistance from the regional center to purchase a bus pass.

Recommendation	Regional Center Plan/Response
NBRC should follow-up with consumer #38 regarding his request.	NBRC provides 24 hour RSP support for consumer that is responsible for transporting the consumer as needed.

SECTION VI A

SERVICE COORDINATOR

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed nine North Bay Regional Center (NBRC) 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 client program 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 client program coordinators were knowledgeable about the IPP/annual review process and monitoring requirements. Service providers and family members provide input on the consumers' needs, preferences and satisfaction with services outlined in the IPP. For consumers in out-of-home placement settings, client program coordinators conduct quarterly face-to-face visits and develop written assessments of consumer progress and satisfaction. In preparation for the quarterly visits, they 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, client program coordinators utilize NBRC's clinical team and internet medication guides as resources.
4. The client program coordinators monitor the consumers' services, health and safety during periodic visits. They are aware of the consumers' health issues. The client program coordinators were knowledgeable about the special incident reporting (SIR) process and work with 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 client program coordinators. The 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 monitoring team interviewed a psychologist and a nurse consultant, who are members of the North Bay Regional Center's (NBRC) Clinical Team.
2. The questions in the interview cover the following topics: routine monitoring of consumers with medical issues, medications, behavior plans, the coordination of medical and mental health care for consumers, circumstances under which actions are initiated for medical or behavior issues, provision of clinical support to assist client program coordinators, improved access to preventive health care resources, and their role on the Risk Management Assessment and Planning Committee and special incident reporting.

III. Results of Interview

The NBRC clinical team consists of physicians, psychologist, psychiatrists, pharmacist, dental coordinators, and registered nurses.

The clinical team functions as a resource for the client program coordinators and is available by referral to assess consumers with medical concerns. The clinical team reviews care plans, makes hospital and nursing home visits, attends medical appointments, and provides follow-up as needed. The clinical team may attend the consumers' Individual Education Plan meetings if requested. The dental coordinator is available by referral to assist consumers with dental concerns. A physician and nurse are also involved in new employee orientation training.

The clinical team participates in the monitoring of consumers' medications. The physician and pharmacist are available for consultation with client program coordinators, families, consumers, and service providers. The pharmacist is also available to perform medication reviews upon request from the client program coordinator.

The clinical staff is available to client program coordinators for consultation regarding consumers' behavioral and mental health needs. Members of the clinical team attend monthly meetings with Napa and Solano County Mental Health.

The clinical team has improved access to health care resources by providing staff access to conferences, trainings, and presentations on various health topics. NBRC has also improved access through the following activities:

- ✓ Consultation with Public Health
- ✓ Autism Diagnosis Clinic in collaboration with local schools
- ✓ Assists with coordinating community Autism classes
- ✓ Community Health Fairs

A physician participates on the Risk Management and Mortality Committee. The team reviews medically related special incident reports (SIRs), analyzes SIRs for trends, and makes recommendations for appropriate follow-up and training. The clinical staff conducts quarterly clinical trainings called "Medical Moments" for staff as a result of SIR trend analysis. Recent topics have included pneumonia, falls, diabetes, and head injuries.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

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

II. Scope of Interview

The monitoring team interviewed a community resource consultant who is part of the team responsible for conducting North Bay Regional Center's (NBRC) QA activities.

III. Results of Interview

1. Community resource consultants are responsible for conducting the annual Title 17 monitoring reviews. Results of these reviews are compiled in a report that may include a corrective action plan (CAP) that the facility is required to complete. The client program coordinators are responsible for conducting the two required unannounced visits to CCFs. Community resource consultants conduct the unannounced visits when there are opened special incident reports (SIRs), CAPs, or complaints indicate the need for further investigation or monitoring.
2. The QA staff meets monthly to analyze trends of substantial inadequacies, corrective action plans, and SIRs. These reviews assist NBRC in determining if there is a need for additional vendor training. NBRC offers monthly training for all vendors, however, vendors who are having difficulty meeting Title 17 requirements are expected to participate in trainings specific to their needs.
3. The QA staff also gathers data on trends from special incident reports in order to identify problematic issues, such as medication administration, behavior intervention, risk management and client rights. NBRC utilizes reports prepared by the State's independent risk management contractor to help identify the need for policy and procedural changes, or for NBRC staff trainings.

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 annual 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, how they monitor safety and safeguard medications.

II. Scope of Interviews

1. The monitoring team interviewed eight service providers at five community care facilities (CCFs) and three day programs where services are provided for 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 respective consumers.
2. The service providers indicated that they conduct assessments of the consumers, participate in their IPP development, provide the program specific services addressed in the IPPs and monitor the progress of consumers.
3. The service providers monitor consumer health issues and safeguard medications.
4. The service providers communicate with people involved in the consumers' lives and monitor progress documentation.
5. The service providers are prepared for emergencies, monitor the safety of consumers, and understand 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 knows the consumers and their understanding of the IPP and service delivery requirements, how they communicate, and their level of preparedness to address safety issues, their understanding of emergency preparedness, and knowledge about safeguarding medications.

II. Scope of Interviews

1. The monitoring team interviewed five direct service staff at two community care facilities (CCF) and three day programs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The direct service staff were familiar with the strengths, needs and preferences of their respective consumers.
2. The direct service staff were knowledgeable about their roles and responsibilities for providing the services addressed in the consumers' IPPs.
3. The direct service staff demonstrated that they understood the importance of communication with all individuals concerned with the consumers.
4. The direct service staff were prepared to address safety issues and emergencies, were familiar with special incident reporting requirements and demonstrated an understanding about emergency preparedness.
6. The direct service staff were knowledgeable regarding safeguarding and the administration of medications where applicable.

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

The review ensures that the selected community care facilities (CCFs) and day programs are serving consumers in a safe, healthy and positive environment where their rights are respected.

II. Scope of Review

1. The monitoring teams reviewed a total of five CCFs and three day programs.
2. The teams used a monitoring review checklist consisting of 23 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

8.2 c PRN Medication

Day program #4 did not document the consumers' response to PRN medication and CCF #5 did not document the time taken or consumer's response to PRN medication.

8.2d Recommendation	Regional Center Plan/Response
NBRC should ensure that day program #4 and CCF #5 properly documents all required PRN medication information.	QA staff followed up with program provider #4, on 5/1/14 to remind them of their obligation to document the response and side effects of medications prescribed. QA staff followed up with CCF #5 on 5/1/14 to remind them of their obligation to document the response and side effects of medications prescribed.

8.4 a Money

At CCF #4, consumer #7 did not sign for cash disbursements.

8.4 a Recommendation	Regional Center Plan/Response
NBRC should ensure that consumer #7 at CCF #4 signs cash disbursements.	QA staff followed up with CCF #4, on 5/1/14 to ensure that Consumer #7 signs case disbursements.

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 the North Bay Regional Center (NBRC) was reviewed by comparing deaths entered into the Client Master File for the review period with special incident reports (SIRs) of deaths received by the Department of Developmental Services (DDS).
2. The records of the 42 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 ten consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. NBRC reported all deaths during the review period to DDS.
2. NBRC reported all special incidents in the sample of 42 records selected for the HCBS Waiver review to DDS.
3. NBRC's vendors reported five of the ten (50%) applicable incidents in the supplemental sample within the required timeframe.
4. NBRC reported four of the ten (40%) incidents to DDS within the required timeframe.
5. NBRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the ten incidents.

IV. Findings and Recommendations

Consumer #2-S: The incident occurred on March 24, 2012. However, the vendor did not report the incident to NBRC until March 27, 2012.

Consumer #3-S: The incident was reported to the vendor on April 14, 2012. However, the vendor did not report the incident to NBRC until April 17, 2012. Additionally, NBRC did not report the incident to DDS until April 24, 2012.

Consumer #4-S: The incident was reported to NBRC on June 27, 2012. However, NBRC did not report the incident to DDS until July 10, 2012.

Consumer #5-S: The incident was reported to NBRC on September 11, 2012. However, NBRC did not report it to DDS until September 17, 2012.

Consumer #6-S: The incident was reported to NBRC on November 8, 2012. However, NBRC did not report the incident to DDS until November 15, 2012.

Consumer #7-S: The incident occurred on November 21, 2012. However, the vendor did not report the incident to NBRC until November 26, 2012. Additionally, NBRC did not report the incident to DDS until December 4, 2012.

Consumer #8-S: The incident was reported to NBRC on January 10, 2013. However, NBRC did not report the incident to DDS until January 23, 2013.

Consumer #9-S: The incident occurred on November 17, 2012. However, the vendor did not report the incident to NBRC until November 30, 2012.

Consumer #10-S: The incident occurred on February 6, 2013. However, the vendor did not report the incident to NBRC until February 22, 2012.

Recommendations	Regional Center Plan/Response
NBRC should determine what actions are necessary to ensure the vendors for consumer #2-S, #3-S, #7-S, #9-S, and #10-S reports special incidents within the required timeframes.	Service coordinators alert the SIR Coordinator that a written report is expected to be sent in 24 hours. If none is received the SIR Coordinator follows up. When a pattern of noncompliance is established a corrective action plan is put in place and could include mandatory training. To handle delays in reporting, an additional SIR Coordinator and QA staff has been hired.
NBRC should determine what actions are necessary to improve vendor and regional center compliance with SIR reporting timelines.	When a pattern of noncompliance is established a corrective action plan is put in place and could include mandatory training.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

#	UCI	CCF	DP
1	7195347		1
2	7175069		
3	7189620	1	
4	7182147		2
5	7132038		
6	7121062	7	
7	7186057	4	
8	7173383		6
9	7198459		8
10	7193376	2	
11	7189298		
12	7173335		6
13	8002191		
14	7020852		4
15	7120969		
16	7135512		
17	7110650		
18	5461686		4
19	8005040	6	
20	7191531		1
21	7133283		
22	6142434	3	
23	7183134		5
24	7181169		
25	7179108		2
26	6135941		3
27	6331207		
28	7110658		
29	7184184		11
30	7174378		
31	7100806		
32	7180165		11
33	7180085		
34	7192319		
35	7180092		10
36	7134898		
37	7183137		
38	6545610		6

#	UCI	CCF	DP
39	7189087	5	
40	7181197		5
41	7177152		6
42	7131610		5

Supplemental Sample of Terminated Consumers

#	UCI
T-1	5033449
T-2	5630058

Consumers Developmental Center Movers

#	UCI
DC-1	7178194
DC-2	7128256

HCBS Waiver Review Service Providers

CCF #	Vendor
1	H10202
2	H13625
3	H13304
4	HN0099
5	H07370
6	H83735
7	H13313

Day Program #	Vendor
1	HN0176
2	H13449
3	HN0199
4	H83754
5	HN0293
6	H83741
7	H13600
8	HN0284
9	P20700
10	HN0195
11	H83898

SIR Review Consumers

#	UCI	Vendor
1-S	7184025	HN0303
2-S	7173191	P20286
3-S	7183174	HN0124
4-S	7173327	HN0311
5-S	7184041	H83899
6-S	7186599	HN0041
7-S	7181101	HN0140
8-S	7197656	PF3121
9-S	7192497	HN0365
10-S	4833034	PN0471