



*Promoting Opportunities
Supporting Choices*

*Sponsors of
North Bay Regional Center
and other programs
for persons with developmental disabilities
610 Airpark Road
Napa, CA 94558
707-256-1224
Fax: 707-256-1230*

MEETING NOTICE

The next meeting of the Board of Directors is a regular business meeting scheduled as follows:

DATE: September 5, 2018
TIME: 5:00 – 7:00 p.m.
PLACE: North Bay Regional Center
610 Airpark Road
Napa, CA 94558

Map & Agenda Enclosed

Board Related Meetings: The next meeting of the Vendor Advisory Committee will be September 11, 2018, at North Bay Regional Center office "Board Room" from 10:00 to noon.

REMINDER: Notices are posted at www.nbrc.net. All meetings are made accessible to persons with disabilities and all members of the public are welcome to attend. Please contact Danielle Bernardo at (707) 256 1224 for further information or to request any disability-related modifications or accommodations.

**North Bay Developmental Disabilities Services, Inc.
Board of Directors' Regular Business Meeting
Wednesday, September 5, 2018, 5:00 p.m.
North Bay Regional Center
610 Airpark Road, Napa, CA 94558**

AGENDA

- I. **CALL TO ORDER** – Angel Giroux-Greber, President
- II. **ROLL CALL AND INTRODUCTIONS** – Rita Edmonds-Norris, Vice President and Secretary (2 mins)
- III. **CONSIDERATION OF MINUTES**
Minutes of Regular Business Meeting of July 11, 2018 be approved as submitted (Pgs. 1-5) (3 min) ACTION
- IV. **TREASURER'S REPORT**
A. Treasurer's Report be approved as submitted (Pg. 6) (2 min) ACTION
Franklin Phillips, Treasurer
B. Board Fund Update (Pgs. 7-8) (3 min) INFO
Beth DeWitt, Director of Client Services
- V. **ANNOUNCEMENTS**
- VI. **NEW BUSINESS**
A. Contracts (Pgs. 9-12) (20 min) ACTION
Courtney Singleton, Director of Community Services
• R&D Transportation Services, Inc., – Transportation Broker
• Anka – Community Crisis Home
• Elwyn, CA – Enhanced Behavioral Support Home
• Behavior Analysis Technologies, Inc., – Enhanced Behavioral Support Home
• Povi Wagner – Day Program
B. Caseload Ratios (Pgs. 13-16) (10 min) ACTION
Thomas Maseda, Director of Administrative Services
Beth DeWitt, Director of Client Services
- VII. **FEATURE PRESENTATION**
Performance Contract
January Crane, Federal Revenue Manager (Pgs. 17-28) (30 min)
- VIII. **COMMITTEE REPORTS**
A. Nominating Committee (5 min) ACTION
Angel Giroux-Greber, President
• Proposed Treasurer
 o Rosemarie Perez
B. Vendor Advisory Committee (Pgs. 29-36) (10 min) INFO
Linda Plourde, VAC Rep
• Proposed VAC Members
 o Stephanie Martinez
 o Jamie Freymuth Johnson
C. Proposed Legislative Committee ACTION
Linda Plourde, VAC Rep
D. Client Advisory Committee INFO
Franklin Phillips, Chairperson

IX. DIRECTOR'S REPORTS (30 minutes)

- A. Courtney Singleton, Director of Community Services (Pg. 37) (10 min) INFO
- Sonoma Developmental Center Closure Update
 - Community Placement Plan/ Community Resource Development Plan Update
- B. Beth DeWitt, Director of Client Services (10 min) INFO
- C. Nancy Kubota, Interim Chief Financial Officer (Pg. 38) (10 min) INFO
- D. Gabriel Rogin, Executive Director (10 min) INFO

XI. GENERAL PUBLIC COMMENT - Sign-up sheet (2 minutes per person unless otherwise allowed by Board Chairperson). Public invited to comment on any matter. Public comment will also be invited on each Action item after the Board has discussed the item and prior to a motion.

XII. GOOD OF THE ORDER - any other Board business may be brought up at this time.

XIII. ADJOURNMENT

CLOSED SESSION – The governing board of a regional center may hold a closed meeting to discuss or consider one or more of the following: (1) real estate negotiations, (2) the appointment, employment, evaluation of performance, or dismissal of a regional center employee, (3) employee salaries and benefits, (4) labor contract negotiations, (5) pending litigation -- W&I Code 4663(a).

NEXT MEETING ANNOUNCEMENT - The next Board of Directors meeting is a regular business meeting scheduled for Wednesday, October 3, 2018 at Sonoma Developmental Center at 5:00 p.m.

North Bay Developmental Disabilities Services, Inc.
Board of Directors' Regular Business Meeting
July 11, 2018, 5:00 p.m.
2351 Mendocino Ave., Santa Rosa, CA 95403

MINUTES

NBRC BOARD MEMBERS PRESENT:

Linda Plourde, VAC Rep, via Conference Call
Rhonda Foster, Board Member
Franklin Phillips, Treasurer
Rosemarie Perez, Board Member

Angel Giroux-Greber, Vice President
Jose Ayala, Board Member
Rita Edmonds-Norris, Secretary
Sara Speck, Board Member
Jeremy Johnson, Board Member

NBRC BOARD MEMBERS ABSENT:

STAFF PRESENT:

Angelie Foronda, Temp. Executive Assistant
Dave Johnson, Chief Financial Officer
Thomas Maseda, Director, Administration
Courtney Singleton, Interim Dir. Comm. Services
Ashley McConnell, Fed. Rev. Supervisor
Maura McDonough, QA Supervisor
Hernani Mac Dula, IT
Miranda Dodson, Intake CSA
Beth DeWitt, Director of Client Services
Dee Skrypczak, Fiscal Supervisor

Gabriel Rogin, Executive Director
Maura McDonough, QA Supervisor
Deanna Heibel, Assoc. Dir. Client Services
Deanna Mobley, Assoc. Dir. Client Services
Isabel Calder, Fiscal Manager
Ivan Arce, QA Liaison
Micheline Justman, Service Coordinator
Tami Jo McMahon, Intake Assessment Counselor
BJ Thompson, Service Coordinator
Rick Burkett, Assoc. Director IT
Jeannette Prosser, Service Coordinator

GUESTS PRESENT:

Daniel Johnson, Client
Jay Jay Rico, Becoming Independent
Marie Marchese
Christin Niederberger

Kathleen Miller, PHA
Leticia Leon, R&D
Lashell Mitchell
Cindy Cahill

CALL TO ORDER – Angel Giroux-Greber, President, called the meeting to order at 5:07 p.m. A quorum was present and the Board and audience introduced themselves.

CONSIDERATION OF MINUTES

M/S/C (Edmonds-Norris/Giroux-Greber) Move that the minutes of May 18, 2018 regular business meeting be approved as submitted. UNANIMOUS

TREASURER'S REPORT

M/S/C (Edmonds-Norris/Foster) Move that the Treasurer's Report for the period of April 1, – June 31, 2018 be approved as submitted. UNANIMOUS

ANNOUNCEMENTS:

NEW BUSINESS:

Performance Contract Measures (Employment First) Maura McDonough, Quality Assurance Supervisor
Employment First provides a framework for systems change that is centered on the premise that all citizens, including individuals with significant disabilities are capable of full participation in integrated employment and community life. All regions must review the measures and outcomes as part of the contract. This was presented to the board to review at the end of August last year. We have changed the measures around internships and employment options. A number of adults have been placed in the integrated program. The categories are an incentive program and a paid employment program that vendors are able to sign up for.

If someone assists a person to get a job, they are eligible for 3 different payments. Internships up to \$10,000 per year (must be included in the IPP.) We will create a brochure and guidebook that will be given to stakeholders and partners. NBRC has been working with DOR and local schools. NBRC will continue to be active in the partnership with ARCA and employment dialog.

Maura asked for a motion to approve the employment measures in the Performance Contract

**UNANIMOUS
APPROVAL**

M/S/C (Giroux-Greber/Plourde)

Brilliant Corners Housing Contract *Courtney Singleton, Interim Director of Community Services*
Housing contractor– Board approval required for any awards over \$250,000 – Courtney Singleton, NBRC

Development Type	Max. Acquisition Amt.	Max. Renovation Amt.	Total
Enhanced Behavioral Support Home (Solano County)	\$300,000	\$350,000	\$650,000
Adult Residential Facility for Persons with Special Healthcare Needs	0	\$183,013	\$183,013
Adult Residential Facility for Person with Special Healthcare Needs	0	\$200,147	\$200,147
Total Contract Amt.			\$1,033,160

Courtney asked for a motion to approve the above request

**UNANIMOUS
APPROVAL**

M/S/C (Giroux-Greber/Plourde)

R&D Contract *David Johnson, Chief Financial Officer; Leticia Leon, Director of Operations for R&D*

The company mission is to partner with our customers to provide a transportation management service that produce safe, reliable, coast effective and efficient transportation. Our roles and responsibilities are:

- Computerized Route Design / Transportation Planning
- Vendor Billing / Contract Administration
- Customer Service Department
- Regional Field Operations Service
- Quality Assurance
- Travel Training

Leticia asked for a motion to approve the new five year contract

**UNANIMOUS
TABLE**

M/S/C (Giroux-Greber/Plourde)

(Until numbers are reviewed)

Public Speaker:

Stated that her family hosts a “Prom Night” for her kids that present a disability. The problem that has been stated is that no one is able to drive the kids that wanted to attend to the event. It was suggested that she contact NBRC to discuss a possible solution for her event.

FEATURE PRESENTATION:

Community Resource Development Plan (CRDP) Public Input Meeting *Courtney Singleton, Interim Director of Community Services*

NBRC provides service to people with developmental disabilities in Napa, Solano and Sonoma Counties. NBRC wants your input.

Suggestions are as follows:

- Children’s Crisis Home/Services
- Special Instructions/Behavior redirection
- Mental health (bilingual)

- Early Start (OT, PT, ST)
- Older Adult Services (Alzheimer's)
- Housing (affordable, Low income, subsidized, HDO owned, Multi-unit)
- Dental (IVGA Funding)
- Drug/Alcohol Rehab
- Day Program
- DSP training (local PCP, tech based training)
- Communications Devices (Pecs, training)
- Person Centered Planning in Service delivery training
- QA-SLS
- Respite (rate, bilingual)
- Recreation (Camp)
- Quality of life enrichment

COMMITTEE REPORTS:

A. Executive Committee – Angel Giroux-Greber, Vice President

- Angel Giroux-Greber has been elected as President
- The Board of Directors has elected Rita Edmonds-Norris as Vice President/Secretary

B. Nominating Committee – Angel Giroux-Greber, President

The Nominating Committee interviewed potential Board Members, Sara Speck and Jeremy Johnson
M/S/C (Giroux-Greber/ Phillips) Move approval of the seating of Sara Speck and Jeremy Johnson to the North Bay Regional Center Board of Directors. APPROVED

DIRECTOR'S REPORTS

SDC Closure Report, Courtney Singleton, Interim Director of Community Services

- Of the 29 SDC Homes built, 25 Completed with construction, 4 are under construction.
- 2 Day Programs are still under construction.
- Day programs on target; everything is open except for 2 in Santa Rosa which will open on Aug. 1st

Respite Policy Update, Beth DeWitt, Director of Client Services

The Respite Policy has been modified to reflect:

“If an exceptional request is made for respite the services coordinator will consult with their supervisor and associate director to review the need. If an agreement cannot be made at that level, NBRC Director of Client Services may review and authorize if warranted by individual circumstances. If NBRC is not in agreement, NBRC will issue a Notice of Action allowing the family to appeal the decision”.

- Tracking: There should be some tracking on cases.
- We have given a draft copy to DDS for approval
- Staffing: NBRC has added 8 positions.
- Kimberly Soeiro will be leaving NBRC

Beth asked for a motion to approve the above request

M/S/C (Giroux-Greber/Phillips)

**UNANIMOUS
APPROVAL**

Dave Johnson - Chief Financial Officer

- 85% of our budget is to pay staff.
- DDS will offer more positions due to growth.
- May will be Budgeting Month and July we should have the beginning of next year started.

- We are experiencing a delay in government funding, which can delay payment to our vendors.
- We will send all our vendors a memorandum that states the possible delay in payment.
- Reviewing possible line of credit from a bank.

Gabriel Rogin, Executive Director

- NBRC is hosting an Annual Picnic which is schedule for August 24th at McNear Park.
- Staff appreciation has been added to our Executive Team meetings. More to come.
- Fires: We have connected with our vendors/clients on their safety. Fires are now 85% contained.
- Self-determination has been approved by the State of California.
- Social Recreation was not passed.
- Agreed to suspend the Uniform Holiday Schedule for one year.
- Approved \$25 million for Temporary Bridge Funding.
- Senator McGuire has offered a bill to increase capacity at Canyon Springs by 10 beds.
- There is a housing survey being distributed by the Lanterman Housing Alliance. If you see the survey please fill it out.
- Assembly member Frazer is leading a Select Committee on Intellectual and Developmental Disabilities. A hearing is scheduled for August 7th.
- Friends of North Bay; they have notified us that they are temporarily suspending services. Our Board Fund will be impacted due to the termination of Friends. The Board Fund is for urgent needs for our clients. Anything over \$750 will need Board approval.

LIAISON REPORTS:

A. State Council on Developmental Disabilities - North Bay Regional Office – *Angel Giroux- Greber, President*

Angel reached out to Lisa Hooks who could not make the meeting, but sent updates.

- State Council sponsored bills making progress. AB271 (Frazier) one person one goal requires Superintendent, Director of DDS and Director of DOR to develop and amend the existing interagency agreement to ensure seamless coordinated of service to people with disabilities who are eligible for special education services, to provide services, or who are eligible for State services provided by DDS or DOR. This will require interagency agreement with specific components be submitted January 1st 2020.
- SB12 (McGuire) employment data sharing. Current law prohibits County welfare department and State departments from disclosing records in regards to Grants.

Commented: January Crane, Federal Department Manager

- This is part of why we have lack of employment data. There is no measure in place to start tracking our employment of clients with disabilities.
- State Council Board of Directors had to say goodbye to 6 old member and welcome 6 new.
- My First IDP; this program is designed to help family in transition from early start to special education pre-school.
- North Bay Get Safe is a program that prepares people for crisis situations such an active shooters or violent assaults.

Commented: *January Crane, Federal Department Manager*

- We will be rescheduling Regional Orientations for families once again.
- Self Determination Program Informational meeting: July 19th – Napa Board room 3-5 and July 26th Santa Rosa Oaks Thai Room 1-3PM. Spanish speaking staff will be present for interpretation, if needed.
- IEP presentation event will be scheduled in August, and we will be providing new backpacks donated by Premier to attendees.

- Website enhancement to include Events tab.
- Senior Companion Program now managed by NBRC as of 7/1/18; working on MOUs with SDC through end of year and another day programs (more sites are being developed)
- Seven new HCBS contracts with vendors for CMS compliance; all under \$250,000 so do not need prior Board approval.

Comment: *BJ Thompson, Service Coordinator*

- BJ has announced his resignation from NBRC. He will be attending Sacramento State to obtain a degree in Public Policy and work on Developmental Disability Legislation.

GENERAL PUBLIC COMMENT - Sign-up sheet (three minutes per person unless otherwise allowed by Board Chairperson). Public invited to comment on any matter. Public comment will also be invited on each Action item after the Board has discussed the item and prior to a motion.

GOOD OF THE ORDER: None

ADJOURNMENT - M/S/C (Phillips/Edmonds-Norris) Move to adjourn the meeting at 7:07 p.m.

UNANIMOUS

NEXT MEETING ANNOUNCEMENT: The next Board meeting will be the Annual meeting scheduled for September 5, 2018 at North Bay Regional Center Napa Office, 610 Airpark Road, Napa, CA at 5:00 p.m.

**North Bay Regional Center
NBRC Treasurers' Report
For the Month of July 2018**

July 2018 NBRC's Board Opportunity Fund money market account increased by \$ 1.17 to end the month with a balance of \$38,288.05

The board checking account ended the month with a balance of \$5,287.01. No change from last month

North Bay Regional Center Board Fund

North Bay Regional Center (NBRC) is a non-profit 501(c)3 agency under contract with the State Department of Developmental Services. NBRC is funded annually in accordance with State law (Lanterman Developmental Disabilities Services Act). NBRC's State allocation is restricted to funding only those services mandated under the Lanterman Act.

DESCRIPTION OF NBRC BOARD FUND

NBRC serves over 9,000 people with developmental disabilities including intellectual disabilities, Autism, Epilepsy, and Cerebral Palsy in the North Bay counties of Napa, Solano and Sonoma. Our mission is to enable and support individuals with developmental disabilities and their families to achieve their full potential and a rightful place in our community.

The NBRC Board Fund is a donation fund used entirely for services and/or supports that cannot be purchased with State funds. These funds are used as one time grants to assist individuals and their families with unforeseen emergencies or situations that could be relieved if funds were available.

Board funds are accumulated from mostly private donations. However, absolutely no monies from the State of California funds are deposited into this account. This fund provides NBRC individuals an alternative financial aid with situations that cannot be supported by Purchase of Service dollars (POS). The Board Fund provides small grants and loans to NBRC individuals and their family members who have emergency needs that cannot be addressed through any other resource. In all instances, the funds must directly benefit the NBRC participant. These emergency needs are identified through the NBRC Case Manager and could include rental deposit assistance to secure housing, car repairs if they are the primary driver for the family, certain home related bills (i.e. loss of income and need for temporary aid for food or utilities), or funeral expenses. Most NBRC participants are on limited incomes (SSI/SSA) and do not have the means to cover expenses that arise in an emergency. The Board Fund can respond quickly to these situations and ideally avoid further consequences to the individual and/or family.

SELECTION PROCESS

Individuals eligible to access the Board Fund must be a NBRC participant and reside in Napa, Solano or Sonoma County. All requests for loans and grants are initiated by Case Managers and their supervisors who complete the required form. NBRC individuals should contact their Case Manager directly for more information if they would like to pursue a Board Fund request. Once complete, the form is submitted to the Director of Client Services who will review the request with the Executive Director. This review ensures that all generic resources are exhausted before Board Funds are disbursed.

ACCOUNTABILITY

The Board Fund is maintained separate from all other Regional Center funds and operations, and the Fund's integrity is validated by NBRC's outside auditors on an annual basis. All approved Board Funds goes directly to individuals and their families. There are no administrative costs associated with this fund. Funds are maintained in an interest bearing account.

****Upon request, Donors can receive a summary of supports and goods provided by their donation to the Board Fund. All donors to the Board Fund receive a letter acknowledging their donation to a 501(c)3 organization. All donations to the Board Fund are tax deductible within the provisions of the law.**

Criteria for Board fund Request

The North Bay Regional Center Board Fund was established to provide emergency aid (example: food, clothing or shelter) to individuals and families served by our agency. The fund consists entirely of private donations, and its monies can be expended in cases where the following circumstances exist:

- The individual or family that is to receive Board Fund aid lacks the financial resources necessary to purchase the identified need.
- No other public or private funding is available to meet the identified need of the individual or family.
- Without the financial aid, the individual or family are at risk for further harm or negative consequence.



Operations _____
Purchase of Service X

Date submitted to NBRC Board for review

9/5/18

Date approved by NBRC Board Executive Committee (if applicable)

N/A

Date approved by NBRC Board

The following contracts have been reviewed by Courtney Singleton, Interim Director Community Resources and Gabriel Rogin, Executive Director, both of whom recommend approval by the NBRC Board of Directors.

Purpose of Contract	Consumers Served (if applicable)	Contractor Name and Vendor# (if applicable)	Term of Contract	Rate of Reimbursement	NOTES:
Transportation Broker	1433	R&D Transportation	7/1/18-06/30/23	\$635,262.60-Total Annual Contract	R&D brokers \$10 million annually in vendor transportation contracts for NBRC
Enhanced Behavioral Support Home-Facility Costs SDC	4	Elwyn, California	07/20/18-06/30/19	\$852,060- Total Annual Contract \$71,005/per month	Home for individuals from Sonoma Developmental Center
Enhanced Behavioral Support Home-Facility Costs SDC	4	Behavioral Analysis Technologies, Inc.	8/14/17-8/30/18 9/1/18-8/30/19	\$586,163.40- Total Annual Contract \$48,846.95/per month	Home for individuals from Sonoma Developmental Center
Community Crisis Home-Facility Costs	4	Anka Behavioral Health Inc.	01/19/18-1/31/19	\$676,842 -Total Annual Contract \$56,403.50/per month	Home to defect individuals from locked settings
Day Program-Medically fragile-SDC	30	Povi Wagner (Kaleidoscope)	06/12/15-3/31/17	\$346,575 Total	Requesting retro-active approval

Attachment A

FEE STRUCTURE FOR TRANSPORTATION BROKER SERVICES										ATTACHMENT A	
R&D TRANSPORTATION SERVICES, INC											
NBRC PURCHASE OF SERVICE CONTRACT											
CONTRACT TERM: JULY 1ST, 2018 - JUNE 30TH, 2023											
SERVICE DESCRIPTION	Fixed Annual Rate	Fixed Monthly Rate	Performance Transaction Fees	Direct Care Rate Increase	Admin Rate Increase	5% Rate Increase	New Monthly Fixed Fees Rate	Performance Transaction Fees	New Fixed Annual Rate		
				5.31%	0.42%	5.00%	10.73%	10.73%			
A TRANSPORTATION PLANNING SERVICES											
A-1 ROUTE DESIGN, SCHEDULING & DATABASE MANAGEMENT <ul style="list-style-type: none">• Geographic Information System (GIS) utilization• Computerized routing / scheduling and transportation systems optimization• Transportation Planning Assistance: immediate and long-range service needs• Generate rider cost analysis as requested, or if cost exceeds established benchmark for average cost per rider	\$ 247,118	\$ 20,593.17	N/A	\$ 1,093.50	\$ 86.49	\$ 1,029.66	\$ 22,802.82		\$ 273,633.84		
A-1a VERSATRANS SOFTWARE ANNUAL SUPPORT/LICENSE FEE	\$ 3,708	\$ 309.00	N/A	\$ 16.41	\$ 1.30	\$ 15.45	\$ 342.16		\$ 4,105.92		
A-2 VENDOR BILLING ADMINISTRATION SERVICES <ul style="list-style-type: none">• Review, reconcile, and approve transportation vendor billing submissions• Monitor and invoice out-of-area consumers (other regional cities)• Prepare consumer authorizations• Reconcile consumer records• Add/Delete Report with draft of individual Purchase of Service (POS) if needed• Monitor, document, and process Monthly One-Time Trip Billing• Vendor Payment Audit Reports• Audit Vendor Attendance Reports	\$ 53,726	\$ 4,477.17		\$ 237.74	\$ 18.80	\$ 223.86	\$ 4,957.57		\$ 59,490.84		
A-3 VENDOR CONTRACT ADMINISTRATION / VENDOR DEVELOPMENT SUPPORT <ul style="list-style-type: none">• Ensure that rate negotiations are compliant with State regulatory median rates• New contracts, amendments, and contract extensions and/or renewals	\$ 31,990	\$ 2,665.83	N/A	\$ 141.56	\$ 11.20	\$ 133.29	\$ 2,951.88		\$ 35,422.56		
TOTAL TRANSPORTATION PLANNING SERVICES (Fixed Fees)	\$ 336,542	\$ 28,045.17		\$ 1,489.21	\$ 117.79	\$ 1,402.26	\$ 31,054.43	\$ -	\$ 372,653.16		
B QUALITY ASSURANCE (FIELD OPERATIONS)											
B-1 TRANSPORTATION EFFICIENCY <ul style="list-style-type: none">• Field observations to ensure that transportation vendors meet on-time performance and service standards as defined in the transportation service agreements• Services are also supported by QA Specialist and Regional Manager	\$ 67,079	\$ 5,589.92	N/A	\$ 296.82	\$ 23.48	\$ 279.50	\$ 6,189.72		\$ 74,276.64		
QUALITY ASSURANCE (FIELD OPERATIONS) PERFORMANCE / TRANSACTION FEES											
B-2 TRANSPORTATION SAFETY <ul style="list-style-type: none">• Vendor audits to monitor contractual compliance and safety in the following areas:<ul style="list-style-type: none">• Vehicle Requirements - ensure that vendors operate safe and well-maintained vehicles, review vendors' maintenance program/schedule• Driver Qualifications - review pre-hire driver screening, best practices for driver training programs, and credential checks• Operational Expectations - insurance requirements, staff/driver training, emergency procedures, and compliance with applicable State/Federal laws.	\$ 772.50		\$ 41.02	\$ 3.24	\$ 38.63			\$ 855.39	To Be Determined		
B-3 DRIVER TRAINING: <ul style="list-style-type: none">• ADA service expectations, behavior management, sensitivity training, safety practices, and emerging needs of the population served by the CENTER• Special Incident Reporting (SIR) Requirements	\$ 25.75		\$ 1.37	\$ 0.11	\$ 1.29			\$ 28.52	To Be Determined		
TOTAL QUALITY ASSURANCE (Field Operations-Fixed Fees)	\$ 67,079	\$ 5,589.92		\$ 296.82	\$ 23.48	\$ 279.50	\$ 6,189.72	\$ -	\$ 74,276.64		

C-1	CUSTOMER SERVICE	\$	123,600	\$	10,300.00	\$	546.93	\$	43.26	\$	515.00	\$	11,405.19	\$	136,862.28
	* Call center staffed 6:00 am to 6:30 pm														
	* Emergency after-hours availability 24 hr/7 day														
	* Toll Free 800 number														
	* Bi-lingual customer service agents and multi-lingual language live support services														
	* Handling, documenting, and tracking of incidents reports, including SIRs, and service complaints														
	* Notice of change in service 24 hours prior to effective date.														
CALL CENTER SUPPORT PERFORMANCE / TRANSACTION FEES															
C-2	SPECIAL TRIP COORDINATION	\$	2,787	\$	232.25	\$	12.33	\$	0.98	\$	11.61	\$	257.17	\$	3,086.04
	Includes vendor payment reconciliation: Charter trips, One Time Trips, and On-going Taxi Trips														
	These services are provided at a variable rate as shown in the following scale:														
	◆ 0-10 Trips per Month - no additional charges	No Additional Charge													
	◆ 11-20 Trips per Month - Additional \$250 per month	\$ 250				\$ 13.28			\$ 1.05		\$ 12.50		\$ 276.83		
	◆ 21-30 Trips per Month - Additional \$500 per month	\$ 500				\$ 26.55			\$ 2.10		\$ 25.00		\$ 553.65		
	◆ 31-40 Trips per Month - Additional \$750 per month	\$ 750				\$ 39.83			\$ 3.15		\$ 37.50		\$ 830.48		
	◆ 41-50 Trips per Month - Additional \$1,000 per month	\$ 1,000				\$ 53.10			\$ 4.20		\$ 50.00		\$ 1,107.30		
	TOTAL CALL CENTER SUPPORT (Fixed Fees)	\$	126,387	\$	10,532.25	\$	559.26	\$	44.24	\$	526.61	\$	11,662.36	\$	139,948.32
D	MOBILITY TRAINING PROGRAM														
D-1	TRANSPORTATION ACCESS PLANS														
	Transportation Access Plans for statutory compliance with AB104, Chapter 37, Statutes of 2011 that amended Section 4646.5 to enhance community integration and participation.														
	TRAINING FOR GENERIC/PUBLIC TRANSPORTATION														
	* Training and maintenance of consumers for travel on public transportation, up to a maximum of 12 months														
	* Report showing consumers completing 3, 6, 9 & 12 months of generic/public transportation.														
	* Report due each month as applicable.														
	* Report showing consumers who have been assessed for travel training each month: individuals who have been trained to use public transportation;														
	individuals who have been retrained;														
	individuals who have gone through refresher orientation with explanations for all required trainings.														
D-2	MOBILITY TRAINING SERVICES PERFORMANCE / TRANSACTION FEES														
	TRAINING FOR GENERIC/PUBLIC TRANSPORTATION														
	Paid upon completion of training.					\$ 2,317.50			\$ 123.06		\$ 9.73		\$ 115.88	\$	2,566.17
	Per Retraining of individuals within noted parameters					\$ 1,210.25			\$ 64.26		\$ 5.08		\$ 60.51	\$	1,340.10
	Refresher training of consumers within noted parameters included in mobility training fee.					\$ -			\$ -		\$ -		\$ -	\$	-
	TOTAL MOBILITY TRAINING SERVICES (Fixed Fees)	\$	43,696	\$	3,641.33	\$	380.67	\$	30.10	\$	358.46	\$	4,032.04	\$	48,384.48
	TRANSPORTATION BROKER FIXED SERVICE FEES	\$	573,704	\$	47,808.67	\$	2,725.96	\$	\$215.61	\$	\$2,566.83	\$	\$52,938.55	\$	\$635,262.60

Attachment A

IN WITNESS WHEREOF, the parties hereby agree to execute this Agreement:	
R&D Transportation Services, Inc.	North Bay Regional Center
Charles J. Devlin CEO and President	David Johnson Chief Financial Officer
Date	Date



North Bay Regional Center

Gabriel Rogin
Executive Director

August 27, 2018

NBRC Board of Directors
610 Airpark Rd.
Napa, CA 94558

610 Airpark Rd.
Napa, CA 94558
(707) 256-1100
TTY (707) 256-0213

Re: NBRC Caseload Ratios

2351 Mendocino Avenue
Santa Rosa, CA 95403
(707) 569-2000
TTY (707) 525-1239

From Fairfield, Vacaville,
Cordelia, and Suisun
1-888-246-2555

Early Start Warm Line
1-800-646-3268
(1-800-6 INFANT)

Emergency Response
800-884-1594

Dear NBRC Board of Directors,

Each year in March the State Department of Developmental Services (DDS) requires all regional centers to report on their caseload ratios. The caseload ratio is a measure to determine how many client cases are assigned on average to each case manager. This report measures three main categories, clients that are on the Medicaid Waiver, clients in the Early Start program, and all other clients. The caseload ratio report is very important because it helps NBRC and the State measure the level of workload our case managers are carrying. The State has established caseload ratio requirements that apply to all regional centers. If a regional center is not meeting any of the ratio requirements they are required to develop a corrective action plan. As part of developing this plan regional centers are to seek public input. As of March 2018, NBRC did not meet all of the State required caseload ratios. At our September public board meeting we will be seeking input from our community and stakeholders on how we can bring our ratios into compliance. Enclosed is some of the information that will be reviewed at our September board meeting.

Sincerely,
Thomas Maseda
Director of Administrative Services
North Bay Regional Center

North Bay Regional Center Caseload Ratios

March 2018 DDS Report:

MedWaiver Ratio = 1:70 Required = 1:62
(8 SCs needed to meet requirement)

Early Start Ratio = 1:60 Required = 1:62
(Meeting requirement)

All Others = 1:80 Requirement = 1:66
(9 SC's needed to meet requirement)

North Bay Regional Center Caseload Ratios

Caseload Compliance:

Average Annual Case Manager Cost= \$76,000

17 Case Managers Needed to meet requirement= \$1.3 Million

**ASSOCIATION OF REGIONAL CENTER AGENCIES
DDS SERVICE COORDINATOR CASELOAD SURVEY
MARCH 2018**

CONSUMER CASELOAD PER STAFF FTE

	Medicaid Waiver	Age 36 Months and Under	Moved from DC since 4/93, lived in Community >24 months	Moved from DC since 4/93, lived in Community Between 12 and 24 Months	Moved from DC since 4/93, lived in Community < 12 months	All Others	Totals
Alta	77.19	54.37	67.94	53.33	40.95	81.17	75.81
Central Valley	63.32	62.54	54.59	25.00	15.00	67.15	64.68
East Bay	73.69	62.82	58.27	36.11	25.16	83.15	76.47
East LA	61.90	58.90	49.58	50.00	25.00	71.80	65.81
Far Northern	65.32	58.00	64.63	28.72	20.85	78.22	71.12
Golden Gate	78.24	56.26	64.34	34.43	21.96	80.86	74.13
Harbor	72.65	65.10	75.34	26.09	22.22	73.97	72.12
Inland	69.93	65.77	51.04	42.86	33.33	73.95	71.12
Kern	85.39	89.71	80.69	17.81	17.86	93.97	89.13
Lanterman	78.96	62.63	56.52	33.33	22.22	76.88	74.87
North Bay	70.54	60.49	48.91	12.77	5.59	80.78	70.50
North LA	88.78	63.96	73.85	50.00	33.33	93.64	86.17
Orange	78.78	59.03	69.62	8.85	6.38	80.60	75.06
Redwood Coast	67.31	52.62	65.71	50.00	33.33	70.07	67.12
San Andreas	82.94	71.65	71.85	33.33	42.31	73.57	77.27
San Diego	79.75	69.65	64.84	39.58	31.58	79.94	78.18
San Gabriel	61.88	60.39	42.32	33.33	25.00	71.74	65.46
South Central	67.74	70.00	44.56	33.33	23.88	68.75	68.12
Tri Counties	67.53	58.08	59.53	44.44	33.33	71.55	66.59
Valley Mountain	65.98	67.96	45.45	13.17	40.00	59.92	62.64
Westside	76.77	68.12	59.76	36.84	16.67	71.95	73.12
Statewide Average	73.37	63.58	59.40	23.12	20.62	76.23	72.77

Performance Contract Plan 2019

North Bay Regional Center promotes opportunities and supports choices for people with developmental disabilities in Solano, Sonoma, and Napa Counties. This Plan for 2019 reflects targeted activities NBRC will engage in to improve outcomes related to Local and Public Policy Measures as of a result of both internal review and external feedback sessions.

***NBRC's Performance Goals are achieved (★) when NBRC data exceeds the statewide average or has improved over the prior year's performance.**

Performance Plan 2019: Public Policy Measures	Statewide Averages	NBRC Outcomes	Planned Activities for 2019
Fewer clients reside in state developmental centers	<p>0.33% 2016</p> <p>0.26% 2017</p> <p>★ 0.16% 2018</p>	<p>1.22%/101 2016</p> <p>1.00%/86 2017</p> <p>★ 0.57%/50 2018</p>	<ul style="list-style-type: none"> NBRC will reduce the number of individuals living in DCs Increase staffing for resource development and service coordination of DC clients will result in more individuals being transitioned to community living options NBRC will work with DDS, SDC, and Regional Projects to coordinate the planned closure of SDC in a supportive manner NBRC will increase resource development to address individual's support needs
More children live with families (including own family, foster family, and/or guardian)	<p>99.22% 2016</p> <p>99.28% 2017</p>	<p>99.19%/3167 2016</p> <p>99.20%/3492 2017</p> <p>★</p>	<ul style="list-style-type: none"> NBRC continues monitoring family and children's support needs around health, living arrangements, school, and community integration Service Coordinators will continue to assess for behavior, respite and daycare needs, durable medical equipment, and other services that support families to maintain children in the family home

	99.34% 2018	99.39%/3561 2018	
Performance Plan 2019: Public Policy Measures	Statewide Averages	NBRC Outcomes	Planned Activities for 2019
Fewer children live in licensed homes serving more than 6 children	0.05% 2016 0.04% 2017 0.05% 2018	0.09%/3 2016 0.09%/3 2017 0.08%/3 2018	<ul style="list-style-type: none"> NBRC will continue developing alternative living arrangements that meet children's support needs in the least restrictive setting
More adults live in home settings (includes living with family, parent or conservator; adult family home agency-FHA; independent living; or supported living arrangements)	78.47% 2016 79.27% 2017 79.9% 2018	77.62%/3861 2016 78.51%/3970 2017 ★ 79%/4088 2018	<ul style="list-style-type: none"> NBRC continues advocating for individuals to assert their rights to access the living arrangement of their choice, and NBRC is committed to developing a wide array of options including family support for adults choosing to live in the family home NBRC will continue utilizing the Living Arrangements Committee to identify living arrangements that meet both support needs and choice in the least restrictive manner
More adults reside in Independent Living arrangements	11.15% 2016 10.89% 2017	10.80%/537 2016 ★ 11.75%/594 2017	<ul style="list-style-type: none"> NBRC will continue working with clients and families to identify appropriate living arrangements, including development of ILS/SLS services

	10.56% 2018	11.86%/614 2018	<ul style="list-style-type: none"> Service Coordinators will review and monitor support needs to include implementation of ILS in the family home to support independent skill development
Performance Plan 2019: Public Policy Measures	Statewide Averages	NBRC Outcomes	Planned Activities for 2019
<i>More adults reside in Supported Living arrangements</i>	5.52% 2016 5.49% 2017 5.45% 2018	14.90%/741 2016 13.88%/702 2017 ☆ 12.54%/649 2018	<ul style="list-style-type: none"> NBRC will continue identifying supported living options and advocating for affordable housing options NBRC will utilize internal procedures to monitor quality outcomes and ensure access to all generic resources, e.g., IHSS Quarterly monitoring visits to ensure quality services
<i>More adults reside in Family Home Agency (FHA) living arrangements</i>	0.97% 2016 0.98% 2017 0.97% 2018	1.31%/65 2016 1.42%/75 2017 ☆ 1.35%/70 2018	<ul style="list-style-type: none"> NBRC will continue identifying FHA as a living option, working with vendors to ensure quality services and supports that meet individuals' needs Service Coordinators will conduct quarterly monitoring visits, with a minimum of 2 unannounced visits a year
<i>Fewer adults live in licensed homes serving more than 6 adults</i>	2.72% 2016 2.55%	1.55%/77 2016 1.31%/66	<ul style="list-style-type: none"> NBRC develops homes that serve 4 adults or less while meeting health and behavioral needs and anticipated CMS settings rules

	<p>2017</p> <p>2.39%</p> <p>2018</p>	<p>2017</p> <p>★ 1.18%/61</p> <p>2018</p>	<ul style="list-style-type: none"> NBRC will continue monitoring homes and assessing for support needs on a quarterly basis
<p>Performance Plan 2019: Measures Related to Employment</p>	<p>Statewide Averages</p>	<p>NBRC</p>	<p>Planned Activities for 2019</p> <ul style="list-style-type: none"> NBRC will continue working with the Dept. of Rehabilitation and local collaborative groups (e.g., Mayors' Committees, Community Advisory Committees) to promote Work First with the individual planning team and increase employment opportunities NBRC will increase business outreach and education and produce materials/media highlighting the benefits of employing individuals with disabilities
<p>Number and percent of consumers (ages 16-64) with earned income</p> <p>(2017 EDD data)</p>	<p>20,196/13.6%</p> <p>2015</p> <p>23,265/14.50%</p> <p>2017</p>	<p>22.4%</p> <p>2015</p> <p>★ 24.2%</p> <p>2017</p>	
<p>Average annual wages for consumers ages 16-64</p> <p>(2017 EDD data)</p>	<p>\$7248 (\$604/mo)</p> <p>2015</p> <p>\$8698 (\$724/mo)</p> <p>2017</p>	<p>\$6684 (\$557/mo)</p> <p>2015</p> <p>★ \$7758 (\$647/mo)</p> <p>2017</p>	<p>See above</p>
<p>Annual earnings of consumers ages 16-64 compared to people with all disabilities</p> <p>(EDD data)</p>	<p>*statewide data collection under development</p>		<p>See above</p>

Number of adults who were placed in competitive, integrated employment following participation in a Paid Internship Program (NBRC data)	*statewide data collection under development	<ul style="list-style-type: none"> • NBRC will increase training opportunities on Competitive Integrated Employment (CIE) for clients, vendors, Board members and service coordinators in order to increase employment, awareness, and utilization of supports and programs • NBRC will create brochures and a guidebook on employment-related supports to be distributed to clients and all stakeholders • NBRC will collaborate with DOR and local school districts, through the LPA process, to increase opportunities for informed choice and employment • NBRC will continue to be an active participant in and proponent of the Employment Specialists' Meetings and ongoing dialogues. 	See above
Percentage of adults who were placed in competitive, integrated employment following participation in a Paid Internship Program (NBRC data)	*statewide data collection under development		
Average wages and hours worked for adults who participated in a Paid Internship Program (NBRC data)	*statewide data collection under development	<p>\$10.88/hr 18 hrs/week 2018</p>	See above

Average wages and hours worked for adults engaged in competitive, integrated employment, on behalf of whom incentive payments have been made (NBRC data)	*statewide data collection under development	\$11.01/hour 18 hours/week 2017 ★\$11.34/hour 20 hrs/week 2018	See above
Total number of \$1000, \$1250 and \$1500 incentive payments made for the fiscal year (FY 17/18 NBRC data)	*statewide data collection under development	24 2017 ★ 43 2018	<ul style="list-style-type: none"> NBRC will continue to track and provide this information to the Agency and Employment Specialist
Percentage of adults reporting integrated employment as a goal in IPP (NCI FY 14/15 data)	27%	★ 39%	<ul style="list-style-type: none"> NBRC will promote Work First with the individual planning team and provide training to Service Coordinators on advocating for integrated employment preparation and opportunities in the community NBRC will work with the Department of Rehabilitation and school transition teams to promote integrated employment and Workforce Investment Opportunity Act legislation aimed at increasing competitive employment outcomes
Performance Plan 2019: Compliance Measures: NBRC is in compliance with Performance Contract when CDER and Intake timelines are met and NBRC passes auditing and budget management criteria			

Compliance Measures	Statewide Average	NBRC Outcomes	Planned Activities for 2019
Intake/Assessment is completed in a timely manner:			
142 days or less	98.32% - 2016 97.91% - 2017 99.12% - 2018	94.74% - 2016 99.31% - 2017 96.92% - 2018	<ul style="list-style-type: none"> NBRC will continue providing timely completion of intake/assessment for children 3 years old and above NBRC will continue to submit RFPs for speech, OT, and PT for additional assistance in timely assessments
143-240 days	1.56% - 2016 1.85% - 2017 .76% - 2018	4.31% - 2016 .69% - 2017 3.08% - 2018	
Over 240 days	.12% - 2016 .24% - 2017 .12% - 2018	.96% - 2016 0% - 2017 ☆ 0% - 2018	
Intake/assessment and Individual Family Service Plans are completed in a timely manner	*Statewide data collection under development	88% - 2018 compliance for IFSPs, see Intake	<ul style="list-style-type: none"> NBRC will continue monitoring IFSP input data internally to ensure IFSP's are completed in a timely manner
	98.44% - 2016 98.34% - 2017	97.57% - 2016 98.72% - 2017 ☆	<ul style="list-style-type: none"> NBRC will continue monitoring monthly reports to ensure CDERS and ESRs are current

Client Development Evaluation Reports (CDERs) and Early Start Reports (ESRs) are current	98.52% -2018	98.86% - 2018	<ul style="list-style-type: none"> Internal quality monitoring and monthly auditing will identify reporting errors and missed dates to increase reporting compliance Federal Revenue staff will continue to send monthly reminders to Service Coordinators
Compliance Measure	2017	2018	Planned Activities for 2019
NBRC operates within OPS budget	YES	YES	NBRC will continue to monitor through monthly reporting
NBRC passes unqualified independent audit with no material findings	YES	NO*	NBRC will continue to utilize business practices in compliance with audits
NBRC is in substantial compliance with DDS Fiscal Audits	YES	YES	NBRC will add staff to fulfill internal auditing requirements to address audit findings and ensure compliance in the future
NBRC POS fiscal % projections are accurate (based on February 2018 POS Expenditure Report)	YES	YES	NBRC monitors POS spending monthly to make accurate projections
NBRC Operates within the POS budget	YES	YES	NBRC monitors POS spending through internal business practices
NBRC participates in the Federal Waiver	YES	YES	NBRC Internal Quality Monitor conducts monthly audits, as well as ongoing training of all Federal Programs

NBRC complies with Vendor Audit requirements	NO*	YES	NBRC has staffed this position; we will continue to address this with our vendors to the best of our ability
NBRC develops IPPs that meet Welfare & Institutions Codes (WIC) requirements	YES	YES	NBRC will continue to monitor IPP reports per Supervisor; 98% and 100% compliance per 2015 and 2017 DDS audits, respectively.
NBRC completes IFSPs to meet Title 17 requirements in compliance with timelines	88%	88%	NBRC will continue to comply with Title 17 requirements.
		<p>* NBRC expects to receive the FY 16-17 draft independent audit within the next 30 days</p> <p>*NBRC achieved compliance with the number of audits performed. Submission of the audit summary was delayed</p>	
NBRC PERFORMANCE CONTRACT MEASURES RELATED TO REDUCING DISPARITIES AND IMPROVING EQUITY			
Current NCI data identifies that per survey:			
Number and percent of individuals, by ethnicity, who are satisfied with the services and supports received by the family and family member	<ul style="list-style-type: none"> • Child Family Survey: 87% of respondents are satisfied (FY 15/16) • Adult Family Survey: 70% of respondents are satisfied (FY 13/14) • Family Guardian Survey: 87% of respondents are satisfied (FY 13/14) <p>NBRC will analyze data sorted by ethnicity to identify areas where disparity exists regarding satisfaction with services.</p>		

NBRC Service Coordinators will complete trainings in cultural sensitivity; language support needs will be identified to ensure effective translation and interpretation of service planning including expansion of bi-lingual vendors. NBRC will use data related to satisfaction to identify and develop targeted resource and support needs in the community.

Current NCI data identifies that per survey:

- Child Family Survey: 85% report services have made a difference (FY 15/16)
- Adult Family Survey: 75% report services have made a difference (FY 13/14)

Number and percent of families, by ethnicity, who report that services have made a difference in helping to keep their family member at home.

NBRC will analyze data sorted by ethnicity to identify areas where disparity exists regarding service needs. NBRC will use data to identify and develop resource and support needs in the community and coordinate with Family Resource Centers to advocate for increased access to community resources.

Birth to age two, inclusive:

Number and percent of individuals receiving only case management services by age and ethnicity:

(FY 16/17 DDS/NBRC data)

Ethnicity	Client Count	Has Services	No Services	Percent No Services
Asian	38	38	0	0.0%
Black/African-American	64	60	4	6.3%
Filipino	36	31	5	13.9%
Hispanic	639	615	24	3.8%
Native American	5	5	0	0.0%
Other Ethnicity or Race	266	247	19	7.1%
Polynesian	2	2	0	0.0%
White	530	520	10	1.9%
Totals	1,580	1,518	62	3.9%

Age three to 21, inclusive:

Ethnicity	Client Count	Has Services	No Services	Percent No Services
Asian	67	42	25	37.3%
Black/African-American	286	166	120	42.0%
Filipino	128	72	56	43.8%
Hispanic	1,101	790	311	28.3%
Native American	14	7	7	50.0%
Other Ethnicity or Race	726	530	196	27.0%
Polynesian	13	8	5	38.5%
White	1,331	820	511	38.4%
Totals	3,666	2,435	1,231	33.6%

Number and percent of individuals receiving only case management services by age and ethnicity:

Twenty-two and older:

Ethnicity	Client Count	Has Services	No Services	Percent No Services
Asian	89	76	13	14.6%
Black/African-American	517	437	80	15.5%
Filipino	153	131	22	14.4%
Hispanic	564	468	96	17.0%
Native American	16	15	1	6.3%
Other Ethnicity or Race	297	243	54	18.2%
Polynesian	9	6	3	33.3%
White	2,720	2,471	249	9.2%
Totals	4,365	3,847	518	11.9%

(FY 16/17 DDS/NBRC data)

Total annual per capita purchase of service expenditures by individual's primary language (for primary languages chosen by 30 or more consumers only)	Language	Consumer Count	Per Capita Expenses
	English	7,798	\$17,932
	Spanish	1,648	\$6,233
	Tagalog	46	\$15,461
	Totals	9492	\$39,626

(FY 16/17 DDS/NBRC data)

Vendor Advisory Committee
Report to the NBDDS Board of Directors
September 5, 2018
submitted by
Linda Plourde

The VAC met on Tuesday, August 14, 2018.

Please refer to the minutes included in this board packet for details of the meeting.
Please also see additional minutes for the Residential Services Committee, May 2018.

Electronic Visit Verification Update (EVV):

The Centers for Medicare and Medicaid Services (CMS) issued the following message to states on August 14 clarifying the impact of the EVV delay bill. Please note that in addition to clarifying compliance dates, CMS has also clarified that they have now pushed their receipt of good faith delay requests to 2019.

CMS MESSAGE TO STATES ISSUED AUGUST 14, 2018

EVV Update: Deadline to Implement EVV for Personal Care Services Delayed until 2020

On July 30, 2018, [legislation was passed](#) to amend Section 1903(l) of the Social Security Act to delay the timeline for states to implement electronic visit verification (EVV) for personal care services by one year. The legislation does not affect timelines for home health care services. Previously, states were required to implement EVV for personal care services by January 1, 2019, or otherwise be subject to Federal Medical Assistance Percentage (FMAP) reductions as follows:

- .25 percentage points for calendar quarters in 2019,
- .25 percentage points for calendar quarters in 2020
- .5 percentage points for calendar quarters in 2021
- .75 percentage points for calendar quarters in 2022
- 1 percentage point for calendar quarters in 2023 and each year thereafter

Under the new timeline, states are required to implement EVV for personal care services by January 1, 2020, or otherwise be subject to FMAP reductions as follows:

- .25 percentage points for calendar quarters in 2020,
- .5 percentage points for calendar quarters in 2021
- .75 percentage points for calendar quarters in 2022,
- 1 percentage point for calendar quarters in 2023 and each year thereafter

States that have not implemented EVV by January 1, 2020 will be subject to FMAP reductions unless they have both made a "good faith effort" to comply and

have encountered "unavoidable system delays." States with good faith effort exemptions will not be subject to FMAP reductions in 2020, however will be subject to incremental FMAP reductions beginning with 0.5 percentage points for calendar quarters in 2021 if they have not implemented an EVV system by January 1, 2021. Please be advised that the provision on good faith effort exemptions does not provide CMS with authority to delay the FMAP reductions for more than one year.

CMS had previously indicated that it would accept requests for good faith efforts starting in July, 2018. However given the passage of this legislation, requests should be submitted to CMS in July, 2019. Please contact the CMS EVV mailbox at EVV@cms.hhs.gov for questions or concerns.

Please be advised that EVV resources published on [Medicaid.gov](https://www.Medicaid.gov) prior to July 30, 2018 may reference dates that are impacted by this change.

Worker's Compensation Update:

The Worker's Compensation Insurance Review Board (WCIRB) is in the process of revamping classification codes for specific jobs within our field. The 8868-classification code is specific to those jobs that are described as providing instruction to our clientele. It has become apparent that this change could result in higher premiums for employers in our field if they have classified their employees as such, using the 8868 code. The increase is estimated to be about 25%, leaving providers of service with an exorbitant and as yet unfunded mandate. Those who utilize the 8827 code (homemaker) for their agencies already pay a higher rate for worker's comp insurance, but will not be affected by this change. It may be that the 8868 classification code will eventually be the least cost effective category. The latest update is that the law if implemented this year will include delays in implementation so that the hit to providers is spread over a 10- year period. Additionally, it is key to work with DDS to address this cost increase and ask that this new mandate be funded in full. This is another cost that should not be left to the provider of service to deal with.

Our next VAC meeting is Tuesday, September 11, 2018, 10 a.m. at NBRC.
The next Residential Services Committee meeting is August 23, 2018 at 10 a.m. at 2573 Clay Bank Road, Suite #7, Fairfield.

VAC – Residential Committee Meeting Minutes

May 17, 2018

Membership

Alexis Williams-Patton, Ali Tabatabai, David Mauger, Dawn Baker, Evelyn Samson, Gwendolyn Brooks, Joe Geisner, Joetta Griffin, Lisa Ann Carbone, Mills Manor, Morgan Hobbs, Nena Casuga, Nenita Ledda, Saanen Kerson, Sonia Almonia, Zina Lee, Tiffany Spiecker, Lashell Mithell, Dana Thomas, Barbara McKinley, Christina Gotay, Tessa Reyes, Jasmine Badillo, Ellen M., Tess Kuehnhackl, R. Kuehnhackl, Amber Stickels, Kim Grindell

NBRC Liaison: Maura McDonough, Quality Assurance Supervisor, NBRC

Attendance

Barbara McKinley, Gwendolyn Brooks, Lashell Mitchell, Saanen Kerson, David Mauger, Sonia Almonia, Tiffany Spiecker, Zina Lee, Dana Thomas, Joetta Griffin

1. Interesting discussion about residents aging out of our facilities, from an Adult Residential Facility to Residential Care Facilities for the Elderly. North Bay Regional Center and Community Care Licensing allow the person to stay in the Adult Residential Facility which may be mutually agreeable, yet RCFE regulations are more extensive and not applied when the person remains in an ARF. This point may place the ARF in a yellow zone given a legal claim. As noted, sometimes the home wants to keep the individual, and in others, NBRC may not have RCFE resources.
2. Committee members had questions related to negotiated rates. What are they and how might they serve our homes in a challenging situation?
3. Our committee continues to discuss the process for how NBRC makes referrals to our homes. Administrators wonder if they are blacklisted or just off the radar when they go many months without consideration. There is hope all homes get notified if they are on a non-referral status and provided with a plan of corrective action to get back in good standing. One idea we previously discussed, included conducting meetings that allow providers to come in and present their home to the quality assurance team. Conversations may include private rooms, renovations, specialized outings, vacations, or any other thing that helps the home to stand out.
4. We discussed an incident of how a resident gave a thirty-day notice. Here, the service coordinator met with the provider's resident in private, then said the consumer was requesting a thirty-day notice. It surprised the administrator her resident could communicate this and assumed it was more the influence of the service coordinator than the resident's wish.

The service coordinator may work in the best interest of their client, yet the process was awkward and left the administrator feeling disrespected.

A better process/protocol might include the service coordinator having more ID team members available during the private conversation, even if there was a decision to exclude the administrator. It may be helpful having the full ID Team available to define the problem and show why the current provider cannot fix the problem. Losing a single person is a severe financial loss to the home. Although not the priority, it should be a consideration in determining how carefully we make these decisions.

5. Discussion about QA citing homes for not having the current IPP. Instead, we would like QA not to cite the home and instead go back to the service coordinator, discuss this problem, and encourage the service coordinator to send out the current IPP.
6. Continued discussions about the challenges associated with Home and Community-Based Services.
7. David Mauger met with NBRC's new Executive Director, Gabriel Rogin, who expressed his support of this committee and made an open offer to attend a meeting if asked.

Next Meeting:

TBA

Location:

2573 Clay Bank Road, Suite #7, Fairfield

Agenda Items:

Please send via email to David Mauger: djmauger@comcast.net

Next NBRC Board Meeting:

6/6/18 / NBRC Napa / 5 pm

Next Vendor Advisory Meeting:

6/12/18 / Napa Office / 10 am

Minutes submitted by David Mauger

Residential Committee History:

- Request QA not to merge outside Title 17/22, such as *Best Practices*, unless notices have gone out to all homes.
- Consideration of a Residential Services survey.
- Home and Community-Based Services – Implementation.
- Lack of residential resources disabling thirty-day notices.
- The desire to be treated professionally and respectfully in all relationships with NBRC. Maura McDonough, Quality Assurance Supervisor, NBRC, shares this value and wants any concerns reported to her.

Meeting Minutes

NBRC Vendor Advisory Committee
North Bay Regional Center, Napa

August 14, 2018



I. Introductions and Acceptance of Minutes	
<p><input checked="" type="checkbox"/> Call to Order Holly Pagel, VAC Co-Chair, called the meeting to order at 10:04 am</p> <p><input checked="" type="checkbox"/> quorum met</p> <p><input checked="" type="checkbox"/> previous meeting minutes M/S/C: Kelley/David/unan.</p>	<p><u>VAC Co-Chairs</u></p> <p><input checked="" type="checkbox"/> Holly Pagel, Connections for Life (VAC Facilitator)</p> <p><input checked="" type="checkbox"/> Linda Plourde, Bayberry, Inc. (VAC Board Representative)</p> <p><u>VAC Membership</u></p> <p><input checked="" type="checkbox"/> Elizabeth Clary, Alchemia</p> <p><input checked="" type="checkbox"/> Kelley Hanson, PACE Solano</p> <p><input checked="" type="checkbox"/> Mike Lisenko, UCP of the North Bay</p> <p><input checked="" type="checkbox"/> Karen Lustig, Aldea Supported Living Services</p> <p><input checked="" type="checkbox"/> David Mauger, C. House</p> <p><input checked="" type="checkbox"/> Andrea Mendoza, REI/CHD</p> <p><input type="checkbox"/> Michelle Ramirez, On My Own</p> <p><input type="checkbox"/> Ali Tabatabai, New Leaf</p> <p><u>NBRC Staff</u></p> <p>Gabriel Rogin, Executive Director</p> <p>Beth DeWitt, Director of Client Services</p> <p>Countney Singleton, Interim Director of Community Services</p> <p>Nancy Kubota, Interim Chief Financial Officer</p> <p>Isabel Calder, Fiscal Manager</p> <p>Ana Horta, Senior Companion Program Coordinator</p> <p>Sara Stamps, SIR Coordinator</p> <p><u>Service Provider Representatives</u></p> <p>Nicholas Aguilar, Premier Healthcare Services</p> <p>Adria Carson, On My Own</p> <p>Michelle Condit, Lifehouse</p> <p>Debbi Davis, Special Care SLS</p> <p>Mary Eble, North Bay Housing Coalition</p> <p>Cynthia Flores, Sonia Corina Inc.</p> <p>Jamie Freymuth, North Bay Industries</p> <p>Joetta Griffin, Griffin Family Care Home/IMPACT</p> <p>Hillary Herbst, R & D Transportation</p> <p>Doug Hillyard, A Bright Future</p> <p>Beth Kahiga, Napa Valley Support Services</p> <p>Saanen Kerson, Vine Village</p> <p>Sherri Kimball, CBEM</p> <p>Letitia Leon, R&D Transportation</p> <p>Eric Martin, Oaks of Hebron</p> <p>Julie Philpott, Solano Diversified Services</p> <p>Terri Rowland, Milestones</p> <p>Luana Vaetoe, Becoming Independent</p> <p>Kelly Weber, CBEM</p> <p><u>Guests</u></p> <p>Tobias Weare, State Council on Developmental Disabilities</p> <p>Leslie Egge, San Gabriel Pomona Senior Companion Program Coordinator</p>

II. Agenda changes/Additions	
	<p>VAC Representation Linda Plourde announced that David Mauger will be taking over as the VAC representative to the NBRC Board of Directors beginning in September. Holly, Gabriel, and the group thanked Linda for her service and leadership.</p> <p>Superfest International Disability Film Festival Emily Smith Beitiks, Associate Director of Superfest International Disability Film Festival, provided an overview of the festival and its mission. Presented October 20 and 21, Superfest is the longest running disability film festival in the world. For more than 30 years, Superfest has celebrated cinema that portrays disability through a diverse lens. Superfest is one of the few festivals worldwide that is accessible to disabled filmgoers of all kinds. All films are pre-screened by a community jury who follow strict guidelines and only advance films that meet Superfest's standards of artistry, portrayal of disability and ingenuity. Superfest's final-tier jury is made up of a diverse group of filmographers, disability rights advocates, scholars, community organizers and award-winning creatives — all of whom are people with disabilities.</p> <p>Emily also shared Superfest's mission to partner with community organizations throughout the North Bay. Currently, Superfest films are shown in Berkeley and San Francisco. Superfest hopes to broaden its audience and encourages interested organizations to contact them to explore partnership opportunities. www.superfestfilm.com</p> <p>Senior Companion Program Ana Horta, NBRC Senior Companion Program Coordinator, provided an overview of the Senior Companion program. Ana was assisted by Leslie Egge, who coordinates the program at San Gabriel Pomona Regional Center, and Michael Luna from DDS. Formerly based at developmental centers, the Senior Companion program pairs volunteers with people with intellectual and developmental disabilities. The program is open to low-income seniors 65 and over and is funded through a federal grant, which is matched by DDS. Each volunteer receives a small stipend. Volunteers are vetted via LiveScan (Department of Justice, Federal Bureau of Investigation) and receive 4 hours inservice training per month.</p>
III. Group Reports	Summary
	<p>Napa-Solano Vendor Group:</p> <ul style="list-style-type: none"> The Napa-Solano Vendor Group did not meet. <p>Sonoma Vendor Group:</p> <ul style="list-style-type: none"> The Sonoma Vendor Group meets on the third Wednesday of each month at North Bay Industries in Rohnert Park. The group discussed confusion surrounding NBRC's program referral process and 30-day notices/notice procedure. The group plans to put together a legislative breakfast. <p>North Bay Housing Coalition: Mary Eble provided an overview of Senate Bill 912 (Beall & Skinner). SB 912 allocates \$2 billion in one-time general fund revenues for cities, counties, and non-profits to immediately house and help the homeless, as well as low-income families most at risk of homelessness. The Lanterman Housing Alliance advocated for people with I/DD to be explicitly included in this legislation.</p>

NBHC, Brilliant Corners, and NBRC continue to meet monthly on the second Tuesday of the month at NBRC to discuss housing issues.

Trade Associations:

Linda Plourde provided an overview of trade association activities. The House of Representatives is on recess the week of August 13; the Senate is on recess the week of August 20. Linda encourages legislative visits while legislators are home. Jessica Sadowsky will be reaching out via email.

Electronic Visit Verification has been delayed to 2020.

Linda will update the group on changes to insurance ratings being made at the Workers' Compensation Insurance Rating Bureau of California. ANCOR is working on bill that would establish a labor code for DSPs.

Board Report:

The NBRC Board did not meet in July and had a retreat in August.

NBRC Report: Gabriel Rogin reported on Regional Center topics:

- Gabriel introduced Nancy Kubota as the interim CFO. Nancy reinforced the importance of NBRC's commitment as a dependable partner to the service provider community.
- Gabriel apologized for NBRC's July cash flow issue and reinforced that NBRC takes service provider payment seriously.
- NBRC is experiencing some challenges connected to the SLS conversion from tiered to hourly. When the transition happened, NBRC obtained approval from DDS with the provision that the change had to be cost-neutral. Under hourly contracts, SLS costs have increased. NBRC is working to determine why this is happening.
- Gabriel highlighted the expectation for collaboration between NBRC and service providers in accordance with the partnership agreement.
- The partnership agreement has been distributed to units; Gabriel will wait for the go-ahead from the VAC voting members to present to the board
- NBRC still taking names for the self-determination projects.

Services and Vendor Relations:

- Beth DeWitt reported that she will be resuming oversight of Quality Assurance for NBRC. NBRC is looking at the processes for LAC and DAC.
- Beth distributed the no-referral procedure for review

Supported Living Services Subcommittee:

Holly Pagel reported on the SLS meeting:

- The NBRC-VAC partnership agreement was discussed
- SLS service providers would like to partner with NBRC to better agree on Title 17 interpretation, education, and training.
- SLS/ILS providers would like to come to some agreements about IHSS, and specifically what to do when participants won't enroll and/or staff do not want to provide IHSS support.
- The group is exploring meeting every other month at a different location
- The group discussed expectations for a process for giving notice/and facilitating transitions between service providers.

	Residential Services Subcommittee: David reported on the subcommittee. <ul style="list-style-type: none"> The next meeting is August 23. Maura McDonough will attend the meeting and take questions from the group. Ashley McConnell will provide an explanation and presentation of HCBS. Membership up to 40. David has been making "cold calls" to grow membership and participation and would love some support from NBRC. David is considering establishing a website or Google group for RSPs.
IV. Community Concerns/Clarifications/Presentations	
	<ul style="list-style-type: none"> Joetta Griffin discussed some potential consequences of AB 2069 (Bonta & Quirk): Medicinal cannabis: employment discrimination. The bill is currently in committee. Kelley Hanson requested clarification regarding community (non-developmental center) referrals to Community Placement Plan resources. Elizabeth Clary requested a service provider presence at community meetings connected to the SDC closure and encouraged service providers to sign up for alerts.
V. NBRC Policies and Procedures	Summary
	Burns and Associates Survey: <ul style="list-style-type: none"> Isabel Calder distributed the survey response rates. Statewide response was low; NBRC's was higher. Community Resource Development Plan <ul style="list-style-type: none"> Courtney Singleton provided a brief overview of the Community Resource Development Plan.
VI. New Business	Summary
	<ul style="list-style-type: none"> There was no new business.
VII. Announcements	Summary
	<ul style="list-style-type: none"> Tobias Weare (State Council on Developmental Disabilities) would like to set up program visits. Michelle Condit will be swimming in the Tiburon Mile. This year's beneficiary is Lifehouse.
Adjourn	
	The meeting concluded at 11:38 am.

Minutes submitted by: Elizabeth Clary



NBRC Community Services

Become an NBRC Vendor! Visit the NBRC website:
<http://nbrc.net/service-providers/becomeavendor/>

Resource Development

The Resource Development Department received 22 requests for vendorization during the months of June and July and vendored 12 new service providers. Please join NBRC in welcoming the new vendors below to the North Bay Regional Center vendor community.

Welcome to the Team!

New Vendors

- Elaina Dalomba-Occupational Therapy Early Start-Solano County
- Special Care SLS-Community Activities and Supports-Solano County
- Kathleen Savage-Early Start Assessments-Solano County
- Atlas Community Services-Independent Living Services-Sonoma County
- Belen Haven I-Specialized Residential Facility-Solano County
- Equiventure, LLC-Community Integration Training-Solano County
- Partners for Inclusion-Specialized Residential Facility-Sonoma County
- Kreative Community Services, Inc.-Community Integration Training-Solano County
- Cheryl Noordhoek-Occupational Therapy-Napa County
- Angela Robinson-Speech Therapy-Solano County
- Manuel Lugo-Translator-Sonoma County
- Acumen Fiscal Agent-Financial Management Services-Sonoma County

Upcoming SIR Trainings

9/26/18 4:00 p.m. – 6:00 p.m.
NBRC Napa Office

11/29/18 2:00 p.m.-4:00 p.m.
NBRC Santa Rosa Office

RSVP to SIR@nbrc.net



NBRC Quality Assurance June and July 2018

36 QA Annual or Quarterly Vendor Reviews
 3 QA Supported Living Services Annual Review
 7 SIRs Follow Up by QA Unit
 2 NBRC Vendor Trainings held-45 vendors attended

119 Individuals @ Day Program Arrangement Committee
 75 Individuals @ Living Arrangement Committees
 96 Vendors received QA technical assistance
 122 QA assistance to NBRC employees

SDC Development Update

Sonoma Developmental Center (SDC) is closing by December 2018. NBRC is developing 29 homes for individuals moving from SDC. Construction of all homes has been completed. As of August 17, 2018 NBRC has 26 individuals remaining at SDC. See chart below for specific types of homes being developed.



Special Incident Report (SIR) and Risk Mitigation

- Congratulations vendors and NBRC staff! NBRC has been in compliance with state average SIR reporting for both NBRC and vendor timeliness reporting.
- DDS and Mission Analytics continues to encourage the promotion of the DDS SafetyNet website (<http://www.ddssafety.net/>) that provides user-friendly information on topics such as health, safety, and everyday life.

Upcoming Trainings Clients Right's Training 9/13/18 from 10 a.m. to 12 p.m. @ NBRC's Santa Rosa Office
 Presenters: Yulahlia Hernandez, Attorney & Clients' Rights Advocate and Annie Breuer, Assistant Clients' Rights Advocate

Keep updated on Service Provider communications? Sign up for NBRC's **VENDOR CONNECTION** newsletter [here](#) or visit <https://nbrc.net/service-providers/>

North Bay Regional Center
CFO Board Report
As of June 30, 2018

100%

12 months

		%	ar		Total YTD
Purchase of Services (POS)	YTD Actual	Total	!	Forecast	Actual + Forecast
Supported Living Services	\$ 47,054,034	25%	\$	75,000	\$ 47,129,034
Community Care Facilities	43,526,313	23%		181,787	\$ 43,708,100
Day Programs	39,559,558	21%		334,905	\$ 39,894,463
Behavioral Services	27,397,281	14%		63,098	\$ 27,460,379
Other	32,412,689	17%		223,660	\$ 32,636,349
Total NON-CPP POS services	\$ 189,949,875	100%	\$	878,450	\$ 190,828,325
Community Placement Plan (CPP)	3,323,430			6,535	3,329,965
TOTAL POS AND CPP EXPENSES	\$ 193,273,305	100%	\$	884,985	\$ 194,158,290

Operations Expense (OPS)					
Personnel	\$ 13,014,639	58%	\$	-	\$ 13,014,639
Benefits	3,955,238	18%		-	3,955,238
Facilities/Insurance	1,738,274	8%		17,000	1,755,274
Equipment / General office	492,565	2%		155,000	647,565
Communications	108,784	0%		22,000	130,784
Mileage	251,829	1%		22,000	273,829
Legal	275,548	1%		20,000	295,548
Consultants	454,885	2%		156,468	611,353
MHSA Grants	143,531	1%		54,368	197,899
Grants	910	0%		105,732	106,642
Other Expenses	31,653	0%		-	31,653
Revenue	(166,620)			-	(166,620)
Total Non-CPP Operations Expense	\$ 20,301,236	91%	\$	552,568	\$ 20,853,804
Community Placement Plan (CPP)	2,172,618			-	2,172,618
Total OPS & CPP Expenses	\$ 22,473,854	91%	\$	552,568	\$ 23,026,422

D3 -POS ALLOCATION \$ 194,547,422 \$ 389,132
D-3 OPERATIONS ALLOCATION \$ 23,026,422 \$ -



610 Airpark Road. Napa, CA 94558
Phone: (707) 256-1100 • TTY (707) 252-0213

2351 Mendocino Avenue, Santa Rosa, CA 95403
Phone: (707) 569-2000 • TTY (707) 525-1239

FAIR HEARING & MEDIATION UPDATE
JULY 1 – JULY 31, 2018

Eligibility (17-31)	<u>Reason for Appeal:</u> Claimant appeals denial of eligibility. <u>Ruling:</u> Fair Hearing request pending.
Eligibility (17-35)	<u>Reason for Appeal:</u> Claimant appeals denial of eligibility. <u>Ruling:</u> Fair Hearing request pending.
Eligibility (17-40)	<u>Reason for Appeal:</u> Claimant appeals denial of eligibility. <u>Ruling:</u> Fair Hearing request withdrawn.
Eligibility (17-42)	<u>Reason for Appeal:</u> Claimant appeals denial of eligibility. <u>Ruling:</u> Fair Hearing request withdrawn.
Eligibility (17-43)	<u>Reason for Appeal:</u> Claimant appeals denial of eligibility. <u>Ruling:</u> Fair Hearing request pending.
Eligibility (17-44)	<u>Reason for Appeal:</u> Claimant appeals denial of eligibility. <u>Ruling:</u> Fair Hearing request withdrawn.
Eligibility (17-45)	<u>Reason for Appeal:</u> Claimant appeals denial of eligibility. <u>Ruling:</u> Fair Hearing request withdrawn.
Respite (18-11)	<u>Reason for Appeal:</u> Claimant appeals denial of respite. <u>Ruling:</u> Fair Hearing request pending.
Eligibility (18-13)	<u>Reason for Appeal:</u> Claimant appeals denial of eligibility. <u>Ruling:</u> Fair Hearing request pending.

NORTH BAY REGIONAL CENTER
CONSUMER STATISTICS
COUNTIES SELECTED: ** ALL **

RUN: 15:49:24 8/22/2018
STATUS CODES SELECTED: 0 P 1 2 3 8

AGE RANGE	NUMBER	% TO TOTAL	GENDER	NUMBER	% TO TOTAL	RESIDENCE TYPE	NUMBER	% TO TOTAL
0 - 2	1,378	14.7 %	MALES	5,960	63.7 %	OWN HOME	6,766	72.3 %
3 - 17	2,697	28.8 %	FEMALES	3,393	36.2 %	ILS	620	6.6 %
18 - 40	3,338	35.6 %			SLS	643	6.8 %	
41 - 60	1,278	13.6 %			DC	41	.4 %	
61 - 80	631	6.7 %			SNF	58	.6 %	
					ICF	229	2.4 %	
80 & OLDER	31	.3 %			CCF	749	8.0 %	
					FOSTER CARE	172	1.8 %	
					OTHER	75	.8 %	
TOTAL:	9,353	100.0 %	TOTAL:	9,353	100.0 %	TOTAL:	9,353	100.0 %

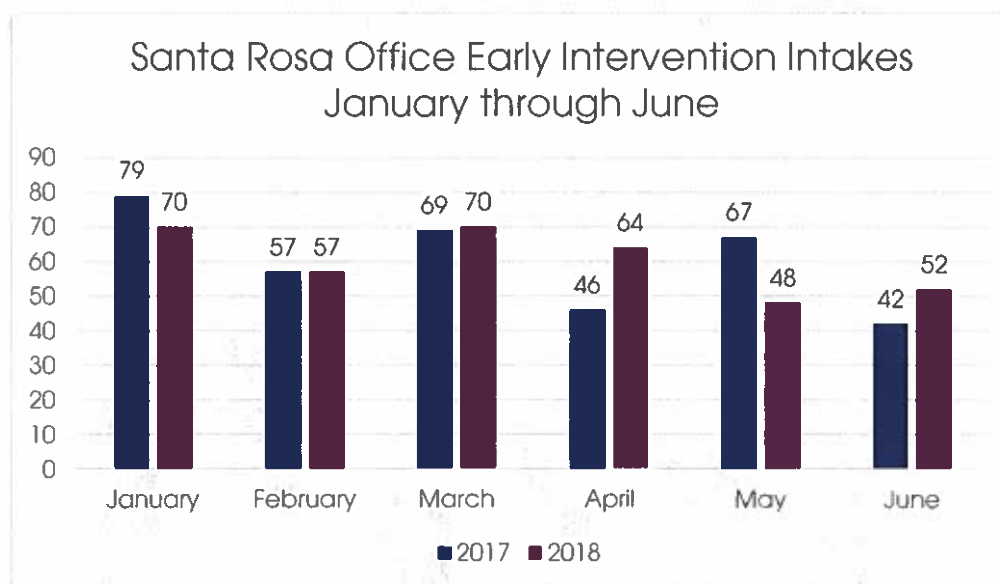
ETHNICITY	NUMBER	% TO TOTAL	DISABILITY	NUMBER	% TO TOTAL	COUNTY	NUMBER	% TO TOTAL
MIXED	692	7.3 %	AUTISM	2,323	24.8 %	28. NAPA	1,171	12.5 %
ASIAN	232	2.4 %	EPILEPSY	1,086	11.6 %	48. SOLANO	3,926	41.9 %
BLACK	853	9.1 %	CEREBRAL PALSY	919	9.8 %	49. SONOMA	4,122	44.0 %
FILIPINO	344	3.6 %	MENTAL RETARDATION	4,813	51.4 %			.0 %
NATIVE AMERICAN	33	.3 %	OTHER	996	10.6 %			.0 %
POLYNESIAN		.0 %						.0 %
SPANISH/LATIN	2,289	24.4 %	CONSUMERS MAY HAVE MULTIPLE DIAGNOSES					.0 %
WHITE	4,390	46.9 %						.0 %
OTHER	165	1.7 %						.0 %
UNKNOWN	355	3.7 %				OTHER	134	1.4 %
TOTAL:	9,353	100.0 %	TOTAL:	9,353	100.0 %	TOTAL:	9,353	100.0 %

PRIMARY LANGUAGE	NUMBER	% TO TOTAL	Status	Count	% TO TOTAL
SIGN LANGUAGE	23	.2 %	0	535	5.7
ENGLISH	7,652	81.8 %	P		
SPANISH	1,536	16.4 %	1	1,073	
OTHER LATIN LANG.	1	.0 %	2	7,704	
CANTONESE CHINESE	6	.0 %	3		
MADARIN CHINESE	4	.0 %	8	41	
JAPANESE	2	.0 %			
VIETNAMESE	17	1.1 %			
KOREAN	3	.0 %			
LAOTIAN	5	.0 %			
CAMBODIAN	4	.0 %			
OTHER ASIAN LANG.	4	.0 %			
RUSSIAN	2	.0 %			
ALL OTHER LANG.	94	1.0 %			
TOTAL	9,353	100.0 %	TOTAL	9,353	100.0

NBRC EARLY INTERVENTION DEPARTMENTS

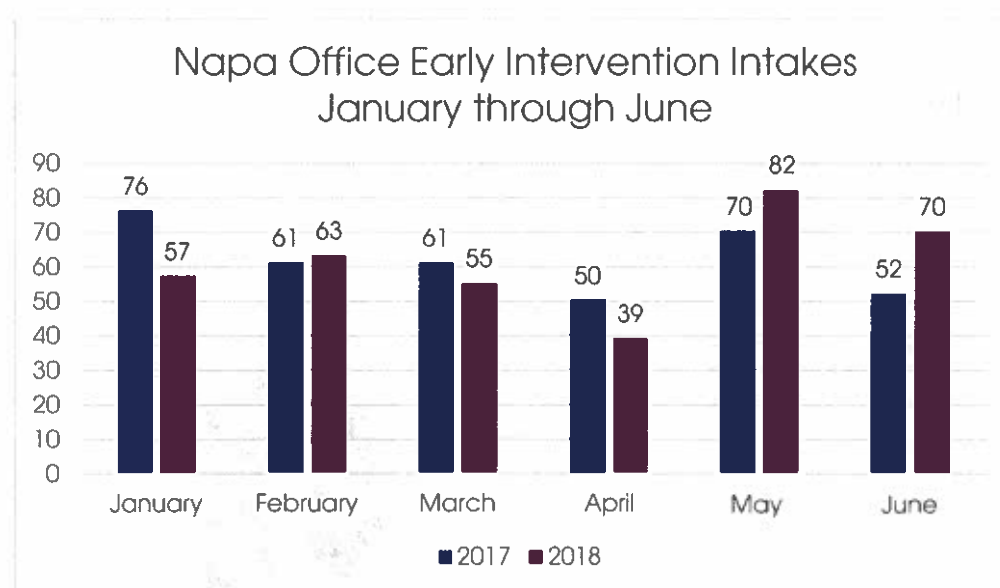
SANTA ROSA EARLY INTERVENTION INTAKES (0-3)

The graph below compares the intakes in Early Intervention from 2017 to 2018 from January through June. In 2017 the Santa Rosa office received 360 Early Intervention intakes compared to 361 in 2018. This is an increase of one intake in the first six months of 2018.



NAPA EARLY INTERVENTION INTAKES (0-3)

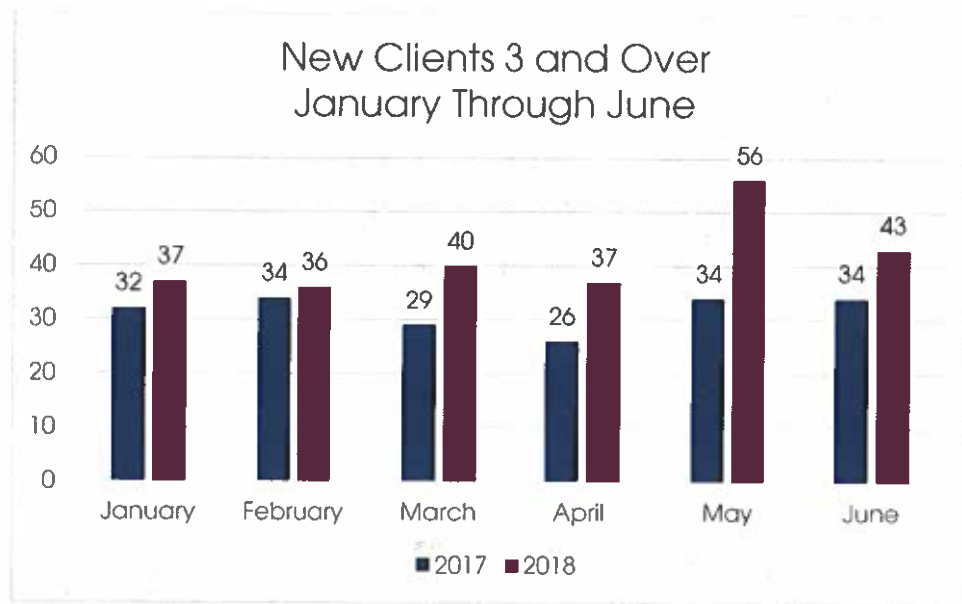
The graph below compares the intakes in Early Intervention from 2017 to 2018 from January through June. In 2017 the Napa office had 370 Early Intervention intakes compared to 366 in 2018. This is a decrease of four intakes in the first six months of 2018.



NBRC INTAKE DEPARTMENT

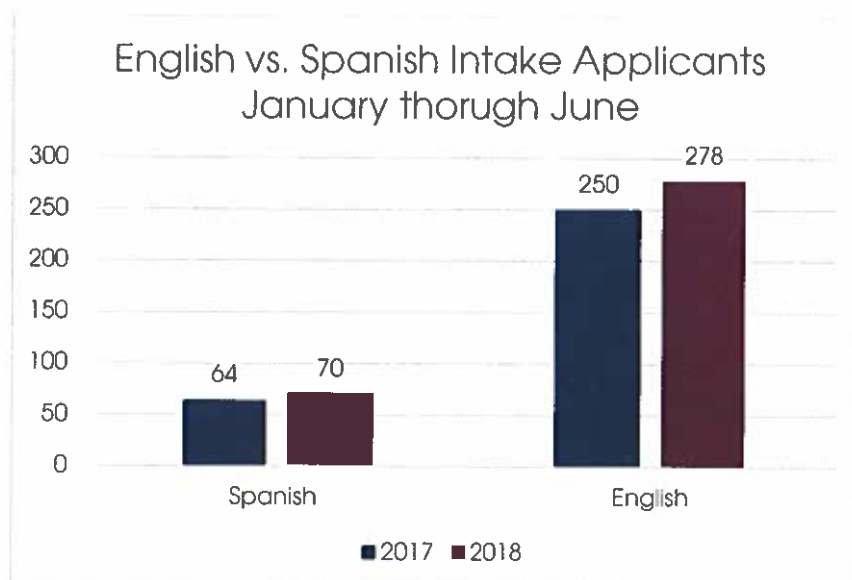
ELIGIBILITY FOR INDIVIDUALS 3 AND OVER

The chart below represents how many applicants were made eligible in 2017 and 2018 from January through June. In 2017 the Intake Team made 189 clients eligible in the first six months of the year. In 2018 that number increased to 249 new clients at NBRC! That is an increase of 60 more clients in 2018 than were made eligible in 2017. Intakes continue to increase as we expand our outreach within in the community by the intake department and disparity committee.



APPLICANTS BY LANGUAGE (3 AND OVER)

The chart below shows applicants by language for 2017 and 2018. In the first six months of 2018 there were 70 Spanish speaking applicants compared to 278 English speaking applicants with 73% of Spanish speaking applicants made eligible compared to 71% of English speaking applicants. NBRC continues to provide outreach to our Spanish speaking community and expects Spanish speaking applicants to rise throughout the year.



Proposed workers' compensation changes

The Workers' Compensation Insurance Rating Bureau (WCIRB) conducts statistical analyses of various industries' workers' compensation insurance claims, which drives the rates that employers pay. To date, adult day programs and special educational services for children or youth (including Applied Behavior Analysis) have been included in the classification for K-College Schools. Interestingly, there is a separate category for sheltered workshops.

Following an analysis of the number of claims per \$10 million in payroll, the leading causes of injuries, and the fiscal impact of the claims as a percentage of payroll has led the WCIRB to conclude the following for both adult day programs and special education services for children or youth:

- Each is an identifiable and homogenous group;
- The fiscal losses for these groups are higher than for other K-College Schools; and,
- The types of injuries by employees are different than for employees of other K-College Schools.

WCIRB is recommending separate reclassification of these providers, which will result in significantly higher workers' compensation insurance rates. ARCA has provided both written and oral testimony in opposition to this proposal, and is actively lobbying on the matter.



980 9th Street, Suite 1450, Sacramento, California 95814 • 916.446.7961 • www.arcanet.org

August 02, 2018

Patricia Hein, Attorney
California Department of Insurance
45 Fremont Street, 21st Floor
San Francisco, CA 94105

RE: REG-2018-00008; Establishment of Classifications 8873 and 8874

Dear Ms. Hein,

The Association of Regional Center Agencies (ARCA) represents the network of 21 non-profit regional centers that coordinate services for, and advocate on behalf of, California's over 300,000 people with developmental disabilities.

On behalf of ARCA, I wish to express our opposition to the proposed segmentation of the K-College Schools classification, removing Training/Day Programs for Adults with Developmental Disabilities as well as Special Educational Services for Children or Youth and recasting those employers within separate classifications (8873 and 8874 respectively). WCIRB staff review led to five findings, upon which those recommendations are based. However, those findings are substantially and fundamentally flawed. In addition, the findings themselves are based on a premise that is antithetical to a functional insurance system. We urge the rejection of this recommendation.

The first finding at issue is that each of these programs forms an "identifiable and homogeneous subgroup." This has two problems. One can artificially create a subgroup within any population through forced selection. But even if the legitimacy of this subgroup is accepted, we note that it is based on a protected class. The key difference seen in these programs is that they serve people with (developmental) disabilities. We strenuously object to the idea that a different insurance rate should be applied due to disability.

The second finding is that the loss to payroll ratio is significantly different between this and other subgroups. This is based on an invalid comparison, though. The average school employee (teacher, professor) makes several times more than the average training/day program employee. Thus, the number of individuals contained within \$10M of payroll will vary significantly – with training/day and special education programs having many more people (and thus, many more opportunities for workplace injury) in that dataset. A proper comparison of risk should use employee hours worked as its denominator. Unless and until a comparison based on hours worked, not dollars earned, is performed, analyses will always be biased against the lower-earning population subset.

The final finding we object to is that the injuries identified in this subgroup differ significantly from other subgroups. Like loss to payroll ratios, this is also based on an invalid comparison, and it is an artificially-

created distinction. Workers' compensation is rooted in job classifications, not injury types. Arguing that a subgroup should be removed from a classification because of injury type suggests that classifications should be based on injuries rather than industry. The obvious problem with that proposal highlights the weakness of this finding.

Lastly, the use of these findings to justify the creation of these new classifications is rooted on a profoundly dangerous premise. In short, this entire process accepts without hesitation the idea that more expensive population segments should be removed from larger groups to reduce costs. This is more commonly referred to as a segmented or high-risk pool. Insurance in general is meant to aggregate and reduce risk by spreading it across as large a population as possible. Cherry-picking low-risk (low-cost) groups is immediately beneficial for those so selected, but is done at the cost of every other group. Using this logic, there is no reason to prevent further segmentation of these classifications (e.g., distinguishing urban from suburban schools), exacerbating costs.

California has a long-standing reputation for exceptionally high workers' compensation rates. While this proposal may benefit those employers who remain in the old classification, it is being done on the backs of service providers who make it possible for people with developmental disabilities to learn skills that enable them to have independent, community-based lives.

Service providers are forbidden from changing what they bill for their work in response to escalating costs. And the regional centers that contract with them do not have a ready mechanism to increase the rates they pay those providers. While we appreciate the rationale some may have for supporting this, we find it unconscionable that some educational settings will receive a rate cut at the expense of committed employers in the disabilities services sector – employers with no ability to meet new costs.

This proposed creation of new workers' compensation classifications is based on flawed findings and a total revision of the premise of insurance programs generally. It will increase costs for businesses that have no mechanism to meet them, and further exacerbate a crisis of underfunding in a system that serves over 300,000 people with developmental disabilities and their families. We urge its rejection.

If you have any questions regarding our position, please do not hesitate to contact Daniel Savino in our office at dsavino@arcanet.org or (916) 446-7961.

Sincerely,

/s/Amy Westling
Executive Director

Cc: Dave Jones, Insurance Commissioner
Nancy Bargmann, Director, Department of Developmental Services

DDS IMPLEMENTATION UPDATE

June 29, 2018

Updated estimated timeline — The "Participant Selection" section below has been updated to include the date by which the Department must receive the names of the individuals who will be considered for selection of the initial 2,500 participants in the Self-Determination Program.

The Department, in collaboration with the self-determination advisory workgroup and other stakeholders, has been working on the major components necessary to implement the Self-Determination Program (SDP). Outlined below are some of the major components requiring completion prior to the SDP becoming operational. The list below is not exhaustive but includes the key components and steps under active development.

The Department will post updates on the progress of each component.

- **Federal Funding Approval**
Status: Completed. The application for federal funding, or Waiver, was approved by the Centers for Medicare and Medicaid Services on June 6, 2018.
- **Individual Budgets** - Target for completion: August 15, 2018
Task: Finalizing guidance information on how the individual budget amount is calculated, and the process for adjusting the budget when needed.
- **Financial Management Services (FMS)** - Target for completion: August 31, 2018.
Task: Finalizing FMS vendorization requirements and rates.
- **Independent Facilitators** - Target for completion: August 31, 2018.
Task: Defining the role(s) an independent facilitator may play and how this may be different if a participant chooses to select their service coordinator to fulfill the functions of an independent facilitator.
- **Participant Selection** - Target for completion: October 1, 2018
Task: Selection of the initial SDP participants. It's important to note that only those individuals who have participated in an informational meeting and whose names have been received by the Department by September 17, 2018 at 5:00 PM will be considered for selection (by the Department) of the initial 2,500 participants in the SDP. Individuals whose names are received after September 17, 2018 will be considered for subsequent selections of SDP participants. Subsequent participant selections will occur if some of the initial 2,500 participants choose not to enroll or they enroll, then decide not to continue in the SDP. Timing for future selections will be established at a later date. Information for those who are interested on how they can be considered for participation in the SDP can be found at www.dds.ca.gov/SDP/sdpEnrollment.cfm.
- **Home and Community-Based "Settings" Requirements** - Target for completion: October 31, 2018.
Task: Finalizing training materials on the federal requirements, how they apply to services in the SDP and the assessment process for ensuring all services, or "settings", meet the requirements. Due to federal regulations effective in March 2014, everywhere

someone receives services (e.g. the "setting" where the service is provided,) must promote, and not prevent, community participation and inclusion. The target date projects time needed to provide training to those who will be involved in the assessment process.

- **Orientation Materials** - Target for completion: October 31, 2018.

Task: Finalize all orientation materials. The orientation materials will form the basis of the information participants need to support them in the SDP. In addition to the components above, the orientation will include information on what services are available in the SDP and tools to help participants choose qualified service providers. Training for those providing these orientations will also be necessary prior to participant orientations.

**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 15–24, 2017

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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 15–24, 2017, at North Bay Regional Center (NBRC). The monitoring team members were Corbett Bray (Team Leader), Nora Muir, and Linda Rhoades from DDS, and Raylyn Garrett and Annette Hanson 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 (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 42 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers whose HCBS Waiver eligibility had been previously terminated; 2) three 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, 2016, through February 28, 2017.

The monitoring team completed visits to five community care facilities (CCF) and 13 day programs. The team reviewed seven CCF and 14 day program consumer records and had face-to-face visits and/or interviews with 30 consumers or their parents.

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. Criterion 2.9.a was 76 percent in compliance because 10 of the 41 applicable sample records contained IPPs that did not address all of the consumer's qualifying conditions. Criterion 2.13.a was 79 percent in compliance because seven of the 33 applicable sample records did not include documentation of all required quarterly face-to-face visits. Criterion 2.13.b was 79 percent in compliance because seven of the 33 applicable sample records did not contain documentation of all required quarterly reports of progress. The sample records were 97 percent in overall compliance for this review.

NBRC's records were 98 percent and 97 percent in overall compliance for the collaborative reviews conducted in 2015 and 2013, respectively.

Section III – Community Care Facility Consumer Record Review

Seven consumer records were reviewed at five CCFs for 19 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 percent in overall compliance for the 16 applicable criteria for this review.

NBRC's records were 99 percent and 100 percent in overall compliance for the collaborative reviews conducted in 2015 and in 2013, respectively.

Section IV – Day Program Consumer Record Review

Fourteen consumer records were reviewed at 13 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 98 percent in overall compliance for this review.

NBRC's records were 100 percent and 99 percent in overall compliance for the collaborative reviews conducted in 2015 and 2013, respectively.

Section V – Consumer Observations and Interviews

Thirty sample consumers, or in the case of minors, their parents, were interviewed and/or observed at their CCFs, day programs, or in independent living settings. The monitoring team observed that all of the consumers were in good health and were treated with dignity and respect.

Section VI A – Service Coordinator Interviews

Ten 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

A clinical psychologist was interviewed using a standard interview instrument. She 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 service coordinators, and the clinical team's participation in the Risk Management and Mortality Committee.

Section VI C – Quality Assurance Interview

An employment specialist was interviewed using a standard interview instrument. She responded to questions regarding how NBRC is organized to conduct Title 17 monitoring reviews, verification of provider qualifications, resource development activities, special incident reporting, and quality assurance activities where there is no regulatory requirement.

Section VII A – Service Provider Interviews

Four CCF and three day program service providers were interviewed using a standard interview instrument. The service providers responded to questions regarding their knowledge of the consumer, the annual review process and the monitoring of health issues, 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 Interviews

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 direct service staff were familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VIII – Vendor Standards Review

The monitoring team reviewed four CCFs and three day programs utilizing a standard checklist with 24 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 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. NBRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported six of the ten incidents to NBRC within the required timeframes, and NBRC subsequently transmitted eight of the ten special incidents to DDS within the required timeframes. 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 Waiver (HCBS) 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's (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
State conducts level-of-care need determinations consistent with the need for institutionalization.	<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>The regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meets 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>
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver services.	<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 memorandum of understanding (MOU) between DDS and the Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 CCFs.</p> <p>The regional center reviews each CCF 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 no 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>

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.)	<p>The regional center ensures that needed services and supports are in place when a consumer moves from a developmental center to a community living arrangement.</p> <p>Service coordinators provide enhanced case management to consumers who move from a developmental center by meeting with them face-to-face every 30 days for the first 90 days they reside in the community.</p>
Only qualified providers serve HCBS Waiver participants.	<p>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.</p>
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 (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	11
With Family	8
Independent or Supported Living Setting	23

2. The review period covered activity from March 1, 2016, to February 28, 2017.

III. Results of Review

The sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Three supplemental records were reviewed solely for documentation that North Bay Regional Center (NBRC) had either provided the consumer with written notification prior to termination of the consumer's HCBS Waiver eligibility or the consumer had voluntarily disenrolled from the HCBS Waiver. Three 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 percent compliance for 26 applicable criteria. There are no recommendations for these criteria.
- ✓ Findings for five criteria are detailed below.

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

IV. Findings and Recommendations

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

Findings

Thirty-four of the forty-two (81 percent) sample consumer records contained a dated and signed DS 2200 form. However, the records for consumers #5, #16, #19, #20, #22, #23, #32, and #36 did not contain a DS 2200 form signed and dated at the time of the consumer's initial Waiver eligibility or reenrollment in the Waiver. Prior to the monitoring review, consumer #16 passed away, and DS 2200 forms were completed and signed by consumers #5, #20, #22, #23, #32, and #36. Accordingly, no recommendation is required for these consumers.

2.2 Recommendations	Regional Center Plan/Response
NBRC should ensure that the DS 2200 form is completed and signed for consumer #19.	A DS 2200 form has been completed and signed by consumer #19. See accompanying document 19A.
NBRC should evaluate what actions may be necessary to ensure that DS 2200 forms are completed for all consumers at the time of their initial HCBS Waiver eligibility, or reenrollment in the Waiver after a period of ineligibility greater than 120 days.	NBRC will request an updated report be added to the electronic (SANDIS) record to alert Service Coordinators and supervisors in the event the DS 2200 has not yet been signed by the enrollee.

- 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 forty-two (93 percent) sample 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 #15: "Fragile Ambulation;"

Consumer #24: "Disruptive Social Behavior" and "Aggressive Social Behavior;"
and,

Consumer #27: "Maladaptive Sexual Behavior."

For consumer #24, neither of the consumer's two qualifying conditions were supported in the record. During the review, NBRC determined that the consumer did not meet the level-of-care requirements and would be terminated from the Waiver. Accordingly, there is no recommendation.

2.5.b Recommendations	Regional Center Plan/Response
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.	NBRC has determined that the qualifying conditions as listed on the DS 3770 are accurate and have updated documentation for both consumers #15 and #27. See accompanying documents #15A and #27A.

- 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

Thirty-one of the forty-one (76 percent) applicable sample consumer records contained IPPs that addressed the consumers' qualifying conditions. However, the IPPs for ten consumers did not address supports for qualifying conditions identified in the record as indicated below:

1. Consumer #1: Services and supports for the consumer's need for "assistance with medication." Subsequent to the review period, an addendum

was completed that addressed services and supports for assistance with medication. Accordingly, no recommendation is required;

2. Consumer #17: Services and supports for the consumer's need for assistance with "bowel and bladder control." Subsequent to the review period, an addendum was completed that addressed services and supports for bowel and bladder control. Accordingly, no recommendation is required;
3. Consumer #19: Services and supports for the consumer's need for assistance with "disruptive social behavior and outbursts." Subsequent to the review period, an addendum was completed that addressed services and supportS for disruptive social behavior and outbursts. Accordingly, no recommendation is required;
4. Consumer #22: Services and supports for the consumer's need for assistance with "lying," as stated in the Annual Review, dated July 27, 2016;
5. Consumer #23: Services and supports for the consumer's need for assistance with "aggressive social behavior and outbursts." Subsequent to the review period, an addendum was completed that addressed services and supports for disruptive social behavior and outbursts. Accordingly, no recommendation is required;
6. Consumer #27: Services and supports for the consumer's need for assistance with "personal care." Subsequent to the review period, an addendum was completed that addressed services and supports for personal care. Accordingly, no recommendation is required;
7. Consumer #32: Services and supports for the consumer's need for assistance with "disruptive social behavior and safety awareness." Subsequent to the review period, an addendum was completed that addressed services and supports for disruptive social behavior and safety awareness. Accordingly, no recommendation is required;
8. Consumer #34: Services and supports for the consumer's need for assistance with "personal care." Subsequent to the review period, an addendum was completed that addressed services and supports for personal care. Accordingly, no recommendation is required;
9. Consumer #37: Services and supports for the consumer's need for assistance with "disruptive social behavior and outbursts." Subsequent to the review period, an addendum was completed that addressed services and supports for disruptive social behavior and outbursts. Accordingly, no recommendation is required; and,

10. Consumer #39: Services and supports for the consumer's need for assistance with "bowel and bladder control." Subsequent to the review period, an addendum was completed that addressed services and supports for bowel and bladder control. Accordingly, no recommendation is required.

2.9.a Recommendation	Regional Center Plan/Response
NBRC should ensure that the IPP for consumer #22 addresses the services and supports in place for the issue identified above.	Lying has been removed from the DS 3770, which now reflects the accurate qualifying conditions. See accompanying document #22A.
NBRC should evaluate what actions may be necessary to ensure that IPPs address the consumers' qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record.	NBRC will continue to provide training to staff to ensure all IPPs/addendum/addenda address the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record. Supervisors will review this requirement annually as well as triennially at IPP development.

- 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 CCFs, family home agencies or supported living and independent living settings. (*Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement*)

Findings

Twenty-six of the thirty-three (79 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, seven records did not contain documentation of all of the required meetings as indicated below:

1. Consumers #1, #6, #17, #22, and #26: The records contained documentation of only three face-to-face quarterly meetings.
2. Consumers #31, and #37: The records contained documentation of only two face-to-face quarterly meetings.

2.13.a Recommendations	Regional Center Plan/Response
NBRC should ensure that all future face-to-face meetings are completed and documented each quarter for the consumers identified above.	NBRC will continue to provide training to staff on quarterly report procedures and appropriate documentation of all required quarterly meetings.
NBRC should evaluate what actions may be necessary to ensure that quarterly	NBRC has an Internal Audit Procedure for supervisors in place with the purpose of assisting new

face-to-face meetings are completed for all applicable consumers.	supervisors and Service Coordinators with agency expectations.
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- 2.13.b Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or supported living and independent living settings. (*Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement*)

Findings

Twenty-six of the thirty-three (79 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, seven records did not contain documentation of all of the required quarterly reports of progress as indicated below:

1. Consumers #1, #6, #17, #22, and #26: The records contained documentation of only three quarterly reports of progress.
2. Consumers #31, and #37: The records contained documentation of only two quarterly reports of progress.

2.13.b Recommendations	Regional Center Plan/Response
NBRC should ensure that all future quarterly reports of progress are completed for the consumers identified above.	NBRC will continue to provide training to staff on quarterly report procedures and appropriate documentation of all required quarterly meetings.
NBRC should evaluate what actions may be necessary to ensure that quarterly progress reports are completed for all applicable consumers.	NBRC has an Internal Audit Procedure for supervisors in place with the purpose of assisting new supervisors and Service Coordinators with agency expectations.

Regional Center Consumer Record Review Summary Sample Size = 42 + 6 Supplemental Record						
	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 (2.1.a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a QMRP 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 recertifications.	40		2	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	1		41	100	None
2.2	Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). [SMM 4442.7; 42 CFR 441.302(d)]	34	8		81	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)]	4		41	100	None
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

Regional Center Consumer Record Review Summary Sample Size = 42 + 6 Supplemental Record						
	Criteria	+	-	N/A	% Met	Follow-up
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level-of-care requirements for care provided in an ICF/DD, ICF/DD-H, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. [SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343]	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)]	42			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. (HCBS Waiver requirement)	30		12	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)]	42			100	None
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	27		15	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
2.9	The IPP addresses the consumer's goals and needs. [WIC §4646.5(a)(2)]	Criterion 2.9 consists of seven sub-criteria (2.9.a-g) that are reviewed independently.				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	31	10	1	76	See Narrative

Regional Center Consumer Record Review Summary Sample Size = 42 + 6 Supplemental Record						
	Criteria	+	-	N/A	% Met	Follow-up
2.9.b	The IPP addresses the special health care requirements.	18		24	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	11		31	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	30		12	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.	21		21	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. [WIC §4685(c)(2)]	3		39	100	None
2.10.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. [WIC §4646.5(a)(4)]	42			100	None
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. [WIC §4646.5(a)(4)]	42			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [WIC §4646.5(a)(4)]	27		15	100	None
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to, vendors, contract providers, generic service agencies and natural supports. [WIC §4646.5(a)(4)]	42			100	None
2.12	Periodic reviewS 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 that the consumer and his/her family are satisfied with the IPP and its implementation. [WIC §4646.5(a)(6)]	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 CCFs, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	26	7	9	79	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	26	7	9	79	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>	3		42	100	None

SECTION III

COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

I. Purpose

The review addresses the requirements for CCFs to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the 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 five 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 99 percent in compliance for 16 criteria. Three criteria were rated as not applicable for this review.

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

IV. Finding and Recommendation

- 3.5.a Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. [Title 17, CCR, §56026(c)]

Finding

One of the two (50 percent) applicable sample consumer records contained quarterly reports of consumer's progress. However, the record for consumer #8 at CCF #3 was missing one of the required reports.

3.5.a Recommendation	Regional Center Plan/Response
NBRC should ensure that CCF provider #3 completes the required quarterly reports of progress for consumer #8.	NBRC will continue to provide technical assistance to vendors regarding documentation requirements.

Community Care Facility Record Review Summary						
Sample Size: Consumers = 7; CCFs = 5						
	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>	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.	6		1	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.	6		1	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>	5		2	100	None

Community Care Facility Record Review Summary Sample Size: Consumers = 7; CCFs = 5						
	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.	5		2	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. [Title 17, CCR, §56026(c)]	1	1	5	50	See Narrative
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. [Title 17, CCR, §56013(d)(4); Title 17, CCR, §56026]	2		5	100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. [Title 17, CCR, §56026(a)]	7			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	6		1	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. (Title 17, CCR, §54327)			7	NA	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. (Title 17, CCR, §54327)			7	NA	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. (Title 17, CCR, §54327)			7	NA	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 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

Fourteen sample consumer records were reviewed at 13 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 percent in compliance for 13 criteria.

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

IV. Findings and Recommendations

- 4.1.d The consumer record contains an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative.
(Title 17, CCR, §56730)

Finding

Thirteen of the fourteen (93 percent) sample consumer records contained signed authorizations for emergency medical treatment. However, the record for consumer #26 at day program #7 did not contain an authorization for emergency medical treatment signed by the consumer. Subsequent to the review period, the consumer signed an authorization for emergency medical treatment. Therefore, there is no recommendation.

- 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.

Finding

Thirteen of the fourteen (93 percent) consumer records contained documentation that the consumer and/or their authorized representative had been informed of their personal rights. However, the record for consumer #26 at day program #7 did not contain documentation that the consumer was informed of their personal rights. Subsequent to the review period, the consumer signed documentation that they had been informed of their personal rights. Therefore, there is no recommendation.

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

Finding

Thirteen of the fourteen (93 percent) sample consumer records contained a copy of the consumer's current IPP. However, the record for consumer #9 at day program #6 did not contain a copy of the current IPP.

4.2 Recommendation	Regional Center Plan/Response
NBRC should ensure that day program provider #6 receives a current copy of consumer #9's IPP.	NBRC will make recommendations to assist service coordinators in ensuring day programs have current copies of IPPs. Day program #6 has been given a current copy of consumer #9's IPP. See accompanying document #9a.

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

Findings

Twelve of the fourteen (86 percent) applicable consumer records contained written semiannual reports of consumer progress. However, the record for consumer #21 at day program #9 and consumer #26 at day program #7 contained only one of the required progress reports.

4.4.a Recommendations	Regional Center Plan/Response
NBRC should ensure that day program providers #7 and #9 prepare written semiannual reports of consumer progress.	NBRC will continue to provide technical assistance to vendors regarding documentation requirements.

Day Program Record Review Summary Sample Size: Consumers = 14; Day Programs = 13						
	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)	14			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.	14			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.	14			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.	14			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.	13	1		93	See Narrative
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.	13	1		93	See Narrative
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP which the day program provider is responsible for implementing.	14			100	None
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	14			100	None

Day Program Record Review Summary Sample Size: Consumers = 14; Day Programs = 13						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	10		4	100	None
4.2	The day program has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56720(b)]</i>	13	1		93	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>	14			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.	14			100	None
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	12	2		86	See Narrative
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services which the day program is responsible for implementing.	14		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>	1		13	100	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>	1		13	100	None
4.5.c	There is appropriate follow-up to special incidents to resolve issues and eliminate or mitigate future risk. <i>(Title 17, CCR, §54327)</i>	1		13	100	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 consumer's satisfaction with their living situation, day program and work activities, health, choices, and regional center services.

II. Scope of Observations and Interviews

Thirty of the forty-two 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:

- ✓ Twenty-two consumers agreed to be interviewed by the monitoring teams;
- ✓ Six consumers did not communicate verbally or declined an interview, but were observed;
- ✓ Two interviews were conducted with parents of minors; and,
- ✓ Twelve consumers were unavailable for or declined interviews.

III. Results of Observations and Interviews

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

IV. Finding and Recommendation

Consumer #15 stated that she would like to receive speech therapy services.

Recommendation	Regional Center Plan/Response
NBRC should follow up with consumer #15 regarding her request for speech therapy.	An NBRC service coordinator followed up with consumer #15 regarding her request for speech therapy and will address as needed with the planning team. See accompanying document #15B.

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 IPP/annual review process, and how they monitor services, health and safety issues.

II. Scope of Interviews

1. The monitoring team interviewed 10 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; and,
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The service coordinators are 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 are 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 NBRC's clinical team and internet medication guides as resources.
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 report

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 monitoring team interviewed a clinical psychologist at the North Bay Regional Center (NBRC).
2. 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 behavioral issues; clinical supports to assist service coordinators; improved access to preventive health care resources; and role in Risk Management Assessment and Planning Committee and special incident reports.

III. Results of Interview

The NBRC clinical team consists of physicians, psychologists, a Board Certified Behavior Analyst (BCBA), a dental coordinator, and registered nurses.

The clinical team functions as a resource for the service coordinators and is available by referral to assess consumers with medical concerns. The clinical team reviews care plans, makes hospital and nursing home visits, and provides follow-up as needed. In addition, they are available to collaborate with local health care providers to assist in coordination of care. NBRC clinicians work with staff and vendors to address immediate health concerns requiring medical intervention. If requested, the clinical team may attend the consumers' Individual Education Plan meetings. The dental coordinator is available by referral to assist consumers with dental concerns. Members of the clinical team are also involved in new employee orientation training.

The clinical team participates in the monitoring of consumers' medications. A physician is available for consultation with service coordinators, families, consumers, and service providers. A member of the clinical team is available to perform medication reviews upon request from service coordinators.

The clinical staff is available for consultation regarding consumers' behavioral and mental health needs. NBRC clinicians participate in reviewing consumers' behavioral plans for efficacy and effectiveness. The BCBA and Clinical Psychologist work in partnership with behavioral vendors and providers to discuss challenging cases. Members of the clinical team are available to 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 outside conferences, trainings, and presentations to providers on health topics. NBRC has also improved access through the following programs:

- ✓ Consultation with Public Health;
- ✓ Dental Coordinator assisting consumers to access dental services;
- ✓ Autism Diagnosis Clinic in collaboration with local schools;
- ✓ Participation in the California Autism Professional Training and Information Network;
- ✓ Outreach with local medical groups regarding NBRC services;
- ✓ Community Health Fairs;
- ✓ Collaboration with local Special Education Local Planning Area (SELPA); and,
- ✓ Legal team.

A nurse participates on the Risk Management and Mortality Committee. The team reviews medically related special incident reports (SIR), analyzes SIRs for trends, and makes recommendations for appropriate follow-up and training. The nurse participates in reviewing all death-related SIRs, with consultation from an NBRC physician as necessary.

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 (CCF), 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 an employment specialist who is part of the team responsible for conducting North Bay Regional Center's (NBRC) quality assurance (QA) activities.

III. Results of Interview

1. The annual Title 17 monitoring reviews are conducted by service coordinators, who serve as facility liaisons. Results of these reviews are compiled in a report that may include a corrective action plan (CAP) that the facility is required to complete. Facility liaisons are also responsible for conducting the two required unannounced visits to CCFs each year. Additional unannounced visits may be conducted when there are special incident reports (SIR), CAPs, or complaints for a particular facility.
2. The QA staff participates on the Risk Management and Mortality Committee, which is composed of department supervisors, the SIR Coordinator, and service coordinators. The committee reviews and analyzes SIRs, and makes recommendations for appropriate follow-up and 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 SIRs in order to identify issues that may require targeted follow-up. 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.
4. NBRC maintains a Community Resource Development Department that interviews potential providers, reviews applications and program designs and conducts new provider orientation and training.

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 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 seven service providers at four 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; and,
 - ✓ 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 conducted assessments of the consumers, participated in their IPP development, provided the program-specific services addressed in the IPPs, and attempted to foster the progress of consumers.
3. The service providers monitored consumer health issues and safeguarded medications.
4. The service providers communicated with people involved in the consumers' lives and monitored progress documentation.
5. The service providers were prepared for emergencies, monitored the safety of consumers, 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 knows the consumers, their understanding of the individual program plan (IPP) and service delivery requirements, how they communicate, their level of preparedness to address safety issues, their understanding of emergency preparedness, and their knowledge about safeguarding medications.

II. Scope of Interviews

1. The monitoring team interviewed five direct service staff at 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, 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. One direct service staff was unable to answer questions related to medication errors.

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

The review ensures that the selected community care facilities (CCF) and day programs are serving consumers in a safe, healthy and positive environment where their rights are respected. The review also ensures that CCFs are meeting the Home and Community-Based Services (HCBS) Waiver definition of a homelike setting.

II. Scope of Review

1. The monitoring teams reviewed a total of four CCFs and three day programs.
2. The teams used a monitoring review checklist consisting of 24 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

III. Results of Review

All of the CCFs and the day program 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

8.3.b Contingency Plan

CCF #2 did not have a contingency plan for alternate staffing necessary to meet the needs of the consumers.

8.3.b Recommendation	Regional Center Plan/Response
NBRC should ensure that CCF #2 has adequate staffing at all times.	NBRC will continue to monitor CCFs for adequate staffing contingency plans. CCF #2 has created a back up schedule. See accompanying document CCF #2A.

8.3.c First Aid

CCF #1 had two direct care staff that did not have current first aid certificates. The staff renewed their first aid certificates after the monitoring review. Therefore, no recommendation is required.

CCF #2 had one direct care staff that did not have a current first aid certificate. The staff renewed their first aid certificate after the monitoring review. Therefore, no recommendation is required.

SECTION IX

SPECIAL INCIDENT REPORTING

I. Purpose

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

II. Scope of Review

1. Special incident reporting of deaths by North Bay Regional Center (NBRC) was reviewed by comparing deaths entered into the Client Master File for the review period with special incident reports (SIR) of deaths received by the Department of Developmental Services (DDS).
2. The records of the 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 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, 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 six of the ten (60 percent) special incidents in the supplemental sample within the required timeframes.
4. NBRC reported eight of the ten (80 percent) incidents to DDS within the required timeframes.
5. NBRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the 10 incidents.

IV. Findings and Recommendations

Consumer #SIR-50: The incident occurred on February 10, 2017. However, the vendor did not submit a special incident report to the regional center until February 17, 2017.

Consumer #SIR-52: The incident was reported to NBRC on January 30, 2017. However, NBRC did not report the incident to DDS until March 3, 2017.

Consumer #SIR-53: The incident occurred on December 19, 2016. However, the vendor did not submit a special incident report to the regional center until January 9, 2017.

Consumer #SIR-56: The incident occurred on October 7, 2016. However, the vendor did not submit a special incident report to the regional center until October 11, 2016.

Consumer #SIR-57: The incident occurred on September 16, 2016. However, the vendor did not submit a special incident report to the regional center until September 20, 2016. In addition, NBRC did not report the incident to DDS until October 17, 2016.

Recommendations	Regional Center Plan/Response
NBRC should ensure that the vendors for consumers #SIR-50, #SIR-53, #SIR-56, and #SIR-57 submit special incident reports within the required timeframe.	NBRC will continue to provide technical assistance and specialized training on SIR requirements to vendors.
NBRC should ensure that all special incidents are reported to DDS within the required timeframe.	NBRC has hired additional staff to assist with SIR reviews and timely submissions.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

#	UCI	CCF	DP
1	6109672	2	
2	6142434	4	
3	6906497	5	
4	7143125		
5	7173022	4	
6	7178079		5
7	7179082	1	
8	7181011	3	
9	7182024		6
10	7193218	3	
11	7184128		8
12	7110687		1
13	7136905		2
14	7186150		
15	7188170		4
16	7196524		
17	5507348		
18	6116677		
19	6394637		
20	6576388		
21	7020852		9
22	7132799		
23	7140189		
24	7140300		
25	7176086		10
26	7179043		7
27	7179074		12
28	7181057		
29	7184201		
30	7184307		
31	7131434		3
32	7186165		
33	7189431		13
34	7189584		11
35	7190490		
36	7191488		11
37	7192439		

#	UCI	CCF	DP
38	7197571		
39	6303770		
40	6574529		
41	7131931		
42	7141576		

Supplemental Sample of Terminated Consumers

#	UCI
T-43	7100557
T-44	7143009
T-45	7190327

Supplemental Sample DC Consumers

#	UCI
DC-46	7132099
DC-47	7177041
DC-48	7184171

HCBS Waiver Review Service Providers

CCF #	Vendor
1	H13038
2	H83909
3	H83744
4	H13304
5	H13547

Day Program #	Vendor
1	H13037
2	HN0284
3	H83756
4	H83756
5	H83837
6	PN0035
7	HN0063
8	HN0138
9	H83754
10	H83740
11	H13600
12	HN0390
13	H13670

SIR Review Consumers

#	UCI	Vendor
SIR-49	7172032	H13389
SIR-50	6409801	PN0795
SIR-51	7194493	PN0471
SIR-52	7178054	P20287
SIR-53	7176096	P20294
SIR-54	7184028	H83756
SIR-55	7177240	HN0278
SIR-56	7178034	H83740
SIR-57	7189166	HN0285
SIR-58	7186165	PN0911

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

Conducted by:

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

May 15–18, 2017

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EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the Home and Community-Based Services (HCBS) 1915(i) State Plan Amendment (SPA) program from May 15–18, 2017, at North Bay Regional Center (NBRC). The monitoring team members were Corbett Bray (Team Leader), Nora Muir, and Linda Rhoades from DDS, and Raylyn Garrett and Annette Hanson from DHCS.

Purpose of the Review

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

Overview of the HCBS 1915(i) SPA Programmatic Compliance Monitoring Protocol

The compliance monitoring review protocol is comprised of sections/components designed to determine if the consumers' needs and program requirements are being met and that services are being provided in accordance with the consumers' individual program plan (IPP). Specific criteria have been developed for the review sections listed below that are derived from federal/state statutes and regulations and from the Centers for Medicare & Medicaid Services' directives and guidelines relating to the provision of HCBS 1915(i) SPA services.

Scope of Review

The monitoring team conducted a record review of a sample of eight HCBS 1915(i) SPA consumers. In addition, a supplemental sample of consumer records were reviewed for five consumers who had special incidents reported to DDS during the review period of March 1, 2016, through February 28, 2017.

Overall Conclusion

NBRC is in substantial compliance with the federal requirements for the HCBS 1915(i) SPA 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 Consumer Record Review

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

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

Section II – Special Incident Reporting

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

SECTION I

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

The review is based upon documentation criteria derived from federal/state statutes and regulations and from the Centers for Medicare & Medicaid Services' directives and guidelines relating to the provision of Home and Community-Based Services (HCBS) 1915(i) State Plan Amendment (SPA) services. The criteria address requirements for eligibility, consumer choice, notification of proposed action and fair hearing rights, IPPs and periodic reviews and reevaluations of services. The information obtained about the consumers' needs and services is tracked as a part of the onsite program reviews.

II. Scope of Review

1. Eight HCBS 1915(i) SPA consumer records were selected for the review sample.
2. The review period covered activity from March 1, 2016, through February 28, 2017.

III. Results of Review

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

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

IV. Findings and Recommendations

None

Regional Center Consumer Record Review Summary Sample Size = 8 Records						
	Criteria	+	-	N/A	% Met	Follow-up
1.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	8			100	
1.1	Each record contains a "1915(i) State Plan Amendment Eligibility Record" (DS 6027 form), signed by qualified personnel, which documents the date of the consumer's initial 1915(i) SPA eligibility certification and annual re-evaluation, eligibility criteria, and short-term absences. [SMM 4442.1; 42 CFR 483.430(a)]	Criterion 1.1 consists of four sub-criteria (1.1.a-d) that are reviewed and rated independently.				
1.1.a	The DS 6027 is signed and dated by qualified regional center personnel.			8		
1.1.b	The DS 6027 form indicates that the consumer meets the eligibility criteria for the 1915(i) SPA.	8			100	
1.1.c	The DS 6027 form documents annual re-evaluations.			8		
1.1.d	The DS 6027 documents short-term absences of 120 days or less, if applicable.			8		
1.2	There is written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever services or choice of services are denied or reduced without the agreement of the consumer/authorized representative, or the consumer/authorized representative does not agree with all, or part, of the components in the consumer's IPP. [42 CFR Part 431, Subpart E; WIC §4646(g)]			8		
1.3	IPP is reviewed (at least annually) by the planning team and modified, as necessary, in response to the consumer's changing needs, wants or health status. [42 CFR 441.301(b)(1)(I)]	7		1	100	
1.4.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator. [WIC §4646(g)]	8			100	
1.4.b	IPP addendums are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	5		3	100	

Regional Center Consumer Record Review Summary Sample Size = 8 Records						
	Criteria	+	-	N/A	% Met	Follow-up
1.4.c	The IPP is prepared jointly with the planning team. [WIC §4646(d)]	8			100	
1.5	The IPP includes a statement of goals based on the needs, preferences, and life choices of the consumer. [WIC §4646.5(a)(2)]	8			100	
1.6	The IPP addresses the consumer's goals and needs. [WIC §4646.5(a)(2)]	Criterion 1.6 consists of six sub-criteria (1.6.a-f) that are reviewed independently.				
1.6.a	The IPP addresses the special health care requirements, health status and needs, as appropriate.	3		5	100	
1.6.b	The IPP addresses the services which the CCF provider is responsible for implementing.			8		
1.6.c	The IPP addresses the services which the day program provider is responsible for implementing.	4		4	100	
1.6.d	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	3		5	100	
1.6.e	The IPP addresses the consumer's goals, preferences, and life choices.	8			100	
1.6.f	The IPP includes a family plan component if the consumer is a minor. [WIC §4685(c)(2)]	3		5	100	
1.7.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)]	8			10	
1.7.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. [WIC §4646.5(a)(4)]	8			100	
1.7.c	The IPP specifies the approximate scheduled start date for new services and supports. [WIC §4646.5(a)(4)]	5		3	100	
1.8	The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to, vendors, contract providers, generic service agencies, and natural supports. [WIC §4646.5(a)(4)]	8			100	

Regional Center Consumer Record Review Summary Sample Size = 8 Records						
	Criteria	+	-	N/A	% Met	Follow-up
1.9	Periodic reviews and reevaluations are completed (<i>at least annually</i>) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and that the consumer and his/her family are satisfied with the IPP and its implementation. [WIC §4646.5(a)(6)]	8			100	
1.9.a	Quarterly face-to-face meetings with the consumer are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or supported living and independent living settings. (Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)	3		5	100	
1.9.b	Quarterly reports of progress toward achieving IPP objectives are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or supported living and independent living settings. (Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)	3		5	100	

SECTION II

SPECIAL INCIDENT REPORTING

I. Purpose

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

II. Scope of Review

1. The records of the eight consumers selected for the HCBS 1915(i) State Plan Amendment (SPA) sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
2. A supplemental sample of five consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, 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. North Bay Regional Center (NBRC) reported all of the special incidents timely in the sample of eight records selected for the HCBS 1915(i) SPA review to DDS.
2. NBRC's vendors reported four of the five (80 percent) special incidents in the supplemental sample within the required timeframes.
3. NBRC reported all five (100 percent) incidents to DDS within the required timeframes.
4. NBRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the five incidents.

IV. Finding and Recommendation

Consumer #SIR 2: The incident occurred on August 22, 2016. However, the vendor did not submit a special incident report to the regional center until August 25, 2016.

Recommendation	Regional Center Plan/Response
NBRC should ensure that the vendor for consumer #SIR 2 submits special incidents within the required timeframe.	NBRC will continue to provide technical assistance and specialized training on SIR requirements to vendors.

SAMPLE CONSUMERS

HCBS 1915(i) State Plan Amendment Review Consumers

#	UCI
1	8022023
2	6493417
3	7198477
4	7146209
5	7131663
6	7110217
7	7198181
8	7179241

SIR Review Consumers

#	UCI	Vendor
SIR 1	7138187	PN0911
SIR 2	7178181	PN0591
SIR 3	7179010	PN0875
SIR 4	5356795	PN0536
SIR 5	8007235	PN0484



Federal Revenue Department Board Report for Quarter 4, April-May-June 2018

The Federal Revenue Department consists of the HCBS/Medicaid Waiver program, 1915(i) State Plan Amendment (SPA) program, Self Determination Program (SDP), Nursing Home Reform (NHR), Audit preparation for all DDS and CPA Audits, CMS Setting Rules/HCBS Compliance, and Agency trainings re: all Federally related programs and supports.

- **HCBS Medicaid Waiver program:**

Goals: Our annual target for the 2017/18 fiscal year has not been established by DDS; we are instructed to continue to add clients monthly. At this time, NBRC is assuring that more clients are added to the Waiver than terminated to demonstrate continual adds to the Waiver. Missing our target or not adding monthly can result in the withholding of federal funds in our operations budget and less POS (purchase of service) reimbursement.

Status: As of 6/30/18, NBRC had 4163 individuals enrolled in the Medicaid Waiver program. This represents 54.4% of all active clients eligible for Federal Financial Participation (FFP).

- **1915 (i) SPA program:**

The 1915(i) SPA will allow California to receive federal funding for POS services for individuals who may not qualify for Medicaid Waiver, but will not provide funds for operational expenditures for Centers at this time. DDS has approved the enrollment of clients into this program for all Regional Centers.

Status: NBRC has received the SANDIS system upgrade and have continued to enroll all clients identified. NBRC will be converted to the Sandis 7 upgrade in the next few months so that this information is more easily tracked.

- **Audits:**

HCBS Audit

California's Department of Developmental Services (DDS) and Department of Health Care Services (DHCS) completed the biannual HCBS Medicaid Waiver audit in May 2017 at NBRC.

Status: Per DDS and DHCS' exit interview, no findings in the areas of Purchase of Service, Special Incident Reporting follow up, Notice of Action requirements, monitoring requirements of those moved out the Sonoma Developmental Center, or Nursing Home Reform procedures. Positive feedback was provided re: interviews with Service Coordinators, vendors, and other agency staff.

Draft audit findings and recommendations have been provided and NBRC has respond to DDS as of February 8, 2018 and the responses have been accepted and final draft posted to the NBRC website.

NBRC to continue improving processes around timely Choice Forms, addressing qualifying conditions, signatures on IPP addendums, and timely quarterly monitoring.

Independent/CPA Audit

The Independent Audit, conducted by an outside CPA firm has been completed for 2016. As this past Audit covered 2016, another CPA/Independent Audit will be scheduled in the fall of 2018 to review 2017. The Federal Revenue team will assist in gathering client charts and information requested by the auditors.

- **Training:** Department Manager and Federal Revenue staff provided New Employee and unit trainings for Service Coordinators in the 4th quarter of the 17/18 fiscal year, to include:
 - The Federal Definition of Case Management
 - Title 19/Targeted Case Management (TCM) notes
 - Completion of the Annual IPP Review form, as required per regulation
 - Client Development and Evaluation Reports (CDER) requirements and instructions
 - Generic Benefits
 - Self Determination Program
 - CMS/HCBS Settings Rules

- **DDS/NBRC updates:**

CMS HCBS Settings Rule

Status: A second round of HCBS Provider Funding Concept Proposals have been approved by DDS and 7 of NBRC's vendors were chosen to receive this funding. NBRC was able to get into contract with all seven. Federal Revenue staff are working with this group of vendors on budget monitoring, billing requirements, and overseeing milestones that meet the Proposal objectives.

At this time, the first round of eight agencies either are on target or are receiving technical assistance from NBRC to stay in compliance.

Self Determination Program

The NBRC Self Determination Advisory Committee met twice in quarter 4, with more Committee meetings scheduled for August and December 2018. New members have been voted in and have continued to participate with providing suggestions for implementation at NBRC.

Status: DDS has completed the training modules of the components of the SDP for identified RC staff and have announced their projected timeline for DDS implementation. This information can be located on the NBRC and DDS websites.

NBRC continued to offer SDP presentations to the community at a variety of times and locations throughout quarter 4 2018. A list of interested applications have been sent to DDS and there is now a portal on the DDS website where families and clients can check to see if their name has been submitted.

Focus of most SDP Advisory Committees throughout all Centers is outreach and education to staff and clients. NBRC has provided training to all case management units as well as Quality Assurance and Resource Development teams and plans to provide an update to staff once more information is provided by DDS. SDP overview will be provided to case management staff in August 2018.

Nursing Home Reform:

DDS continues to capture additional FFP by requesting LTC facilities to provide Pre Admission Screening and Resident Reviews (PAS/RRs) to be sent to DDS upon discharges, not just upon admission. The additional workload of processing these Level II PASRRs has not been significant and is absorbed by the Federal Revenue unit.

- **NBRC Agency Support:** The Federal Revenue Department consists of a Department Manager, Supervisor, 2.5 FTE Internal Quality Monitors (*1 FT position vacant*) and 2 FTE Client Services Assistants who continue to provide trainings and support to service coordinators and supervisors in order to assist with compliance requirements and Federal regulations. The Federal Revenue Department will do so by:
 - Providing support with ongoing Medicaid Waiver enrollment
 - Providing support with ongoing 1915(i) State Plan Amendment (SPA) enrollment
 - Track the Client Development Evaluation Report (CDER) for timely completion
 - Provide ongoing support to staff during all audits
 - Focus on proper Targeted Case Management notes
 - Outreach and trainings regarding the Self Determination Program option for both NBRC staff and community partners
 - Outreach and trainings regarding the CMS HCBS Final Settings Rule to vendors in collaboration with the Quality Assurance team

Prepared by January Crane, MPA

**North Bay Regional Center
Targeted Case Management and
Nursing Home Reform
Monitoring Review Report**

Conducted by:

Department of Developmental Services

May 15–18, 2017

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EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) conducted a federal compliance monitoring review of the Targeted Case Management (TCM) and Nursing Home Reform (NHR) programs from May 15–18, 2017, at North Bay Regional Center (NBRC). The monitoring team selected 42 consumer records for the TCM review. A sample of 10 records was selected for consumers who had previously been referred to NBRC for an NHR assessment.

Purpose of the Review

Case management services for regional center consumers with developmental disabilities were added as a medical benefit to the Medi-Cal State Plan in 1986 under Title XIX of the Social Security Act. TCM services are those "... services which will assist individuals in gaining access to needed medical, social, educational, and other services." DDS implemented the TCM program statewide on July 1, 1988.

The NHR Pre-Admission Screening/Resident Review (PAS/RR) program involves determining whether an individual in a nursing facility with suspected developmental disabilities is developmentally disabled and requires specialized services.

Overview of the TCM/NHR Compliance Monitoring Protocol

The review criteria for the TCM and NHR programs are derived from federal and state statutes and regulations and the Centers for Medicare & Medicaid Services' guidelines relating to the provision of these services.

Findings

Section I – Targeted Case Management

Forty-two consumer records, containing 3,523 units, were reviewed for three criteria. The sample records were 100 percent in compliance for criterion 1 (TCM service and unit documentation matches the information transmitted to DDS), 95 percent in compliance for criterion 2 (TCM service documentation is consistent with the definition of TCM service), and 100 percent in compliance for criterion 3 (TCM service documentation identifies the individual who wrote the note and the date the note was completed).

Section II – Nursing Home Reform

Ten consumer records were reviewed for three criteria. The 10 sample records were 100 percent in compliance for criterion 1 (records contain evidence of DDS' NHR referrals), 100 percent in compliance for criterion 2 (reporting disposition of referrals to DDS), and 100 percent in compliance for criterion 3 (submission of billing claims forms).

SECTION I TARGETED CASE MANAGEMENT

Criterion

1. The Targeted Case Management (TCM) service and unit documentation matches information transmitted to the Department of Developmental Services (DDS).

Finding

NBRC transmitted 3,523 TCM units to DDS for the 42 sample consumers. All of the recorded units matched the number of units reported to DDS.

Recommendation

None

2. The TCM service documentation billed to DDS is consistent with the definition of TCM service.

Allowable TCM units are based on services which assist consumers to gain access to needed social, educational, medical or other services and include the following components: 1) assessment and periodic reassessment to determine service needs; 2) development and periodic revision of an individual program plan (IPP) based on the information collected through the assessment or reassessment; 3) monitoring and follow-up activities, including activities and contacts that are necessary to ensure that the IPP is effectively implemented and adequately addresses the needs of the consumer; and, 4) referral and related activities to help the consumer obtain needed services. However, it is important to note that TCM does not include the direct provision of these needed services.

Findings

The 42 sample consumer records contained 3,523 billed TCM units. Of this total, 3,356 (95 percent) of the units contained descriptions that were consistent with the definition of TCM services. Of the billed units, 167 had descriptions of activities that were not consistent with the definition of TCM services. Detailed information on these findings and the specific actions required will be sent under a separate cover letter.

Recommendations	Regional Center Plan/Response
NBRC should ensure that the time spent on the identified activities that are inconsistent with TCM services (sent separately) is reversed.	The identified units have been reversed. NBRC will continue to provide staff training on the federal definition of case management and consistent TCM services.

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

Finding

The TCM documentation in the 42 sample consumer records identified the service coordinator who wrote the note and the date the service was completed.

Recommendation

None

SECTION II NURSING HOME REFORM

Criterion

1. There is evidence of dispositions for the Department of Developmental Services' (DDS) Nursing Home Reform (NHR) referrals.

Finding

The 10 sample consumer records contained a copy of the Pre-Admission Screening/Resident Review (PAS/RR) Level I form or NHR automated printout.

Recommendation

None

2. The disposition is reported to DDS.

Finding

The 10 sample consumer records contained a PAS/RR Level II document or written documentation responding to DDS' request for a disposition.

Recommendation

None

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

Finding

The billing information for all 10 sample consumers had been entered into the AS 400 computer system.

Recommendation

None

SAMPLE CONSUMERS

TCM Review

#	UCI	#	UCI
1	6106972	22	7132799
2	6142434	23	7140189
3	6906497	24	7140300
4	7143125	25	7176086
5	7173022	26	7179043
6	7178079	27	7179074
7	7179082	28	7181057
8	7181011	29	7184201
9	7182024	30	7184307
10	7193218	31	7131434
11	7184128	32	7186165
12	7110687	33	7189431
13	7136905	34	7189584
14	7186150	35	7190490
15	7188170	36	7191488
16	7196524	37	7192439
17	5507348	38	7197571
18	6116677	39	6303770
19	6394637	40	6574529
20	6576388	41	7131931
21	7020852	42	7141576

NHR Review

#	UCI
1	7184066
2	5263967
3	H004459
4	7176350
5	6706667
6	7185032
7	7176025
8	6405992
9	7190503
10	7185081

ATTACHMENT I

TCM DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 42 Records Billed Units Reviewed: 3523	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. The TCM service and unit documentation matches the information transmitted to DDS.	3,523			100	
2. The TCM service documentation billed to DDS is consistent with the definition of TCM service.	3,356	167		95	5
3. The TCM documentation identifies the service coordinator recording the notes and each note is dated.	3,523			100	

NHR DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 10 Records	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. There is evidence of dispositions for DDS NHR referrals.	10			100	
2. Dispositions are reported to DDS.	10			100	
3. The regional center submits claims for referral dispositions.	10			100	

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 320, MS 3-8
SACRAMENTO, CA 95814
TTY (916) 654-2054 (For the Hearing Impaired)
(916) 654-1954



May 18, 2018

Gabriel Rogin, Executive Director
North Bay Regional Center
610 Airpark Road
Napa, CA 94558

Dear Mr. Rogin:

Thank you for submitting North Bay Regional Center's (NBRC) response to the Department of Developmental Services' (DDS) Home and Community-Based Services Waiver, 1915(i) State Plan Amendment, Targeted Case Management, and Nursing Home Reform draft reports for the monitoring review conducted from May 15-24, 2017.

DDS has approved NBRC's responses to the recommendations made in the draft reports. NBRC's responses are incorporated in the final reports to be sent to your Board of Directors.

If you have any questions, please contact Erin Paulsen, Chief, Federal Programs Monitoring Section, at (916) 654-2977.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim Knight".

JIM KNIGHT
Assistant Deputy Director
Community Services Division

cc: January Crane, NBRC

"Building Partnerships, Supporting Choices"