

**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 13–23, 2019

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	page 3
SECTION I REGIONAL CENTER SELF-ASSESSMENT.....	page 7
SECTION II REGIONAL CENTER CONSUMER RECORD REVIEW.....	page 10
SECTION III COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW...	page 18
SECTION IV DAY PROGRAM CONSUMER RECORD REVIEW.....	page 21
SECTION V CONSUMER OBSERVATIONS AND INTERVIEWS.....	page 25
SECTION VI	
A. SERVICE COORDINATOR INTERVIEWS.....	page 26
B. CLINICAL SERVICES INTERVIEW.....	page 28
C. QUALITY ASSURANCE INTERVIEW.....	page 30
SECTION VII	
A. SERVICE PROVIDER INTERVIEWS.....	page 31
B. DIRECT SERVICE STAFF INTERVIEWS	page 32
SECTION VIII VENDOR STANDARDS REVIEW.....	page 33
SECTION IX SPECIAL INCIDENT REPORTING.....	page 35
SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS.....	page 37

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 13–23, 2019, at North Bay Regional Center (NBRC). The monitoring team members were Corbett Bray (Team Leader), Nora Muir, and Bonnie Simmons from DDS, and Raylyn Garrett and JoAnn Wright 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 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 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; 3) ten consumers who had special incidents reported to DDS during the review period of March 1, 2018, through February 28, 2019; and 4) four consumers who were enrolled in the HCBS Waiver during the review period.

The monitoring team completed visits to four community care facilities (CCF) and 14 day programs. The team reviewed five CCF and 17 day program consumer records and had face-to-face visits and/or interviews with 31 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. The sample records were 98 percent in overall compliance for this review. One criterion was rated as not applicable for this review.

NBRC's records were 97 percent and 98 percent in overall compliance for the collaborative reviews conducted in 2017 and 2015, respectively.

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

Five consumer records were reviewed at four CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100 percent in overall compliance for the 19 criteria for this review.

NBRC's records were 99 percent in overall compliance for the collaborative reviews conducted in 2017 and in 2015.

Section IV – Day Program Consumer Record Review

Seventeen consumer records were reviewed at 15 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 98 percent and 100 percent in overall compliance for the collaborative reviews conducted in 2017 and 2015, respectively.

Section V – Consumer Observations and Interviews

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

Section VI A – Service Coordinator Interviews

Eight 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 physician 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

A quality assurance 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 four 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

Four CCF and four 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' facilities 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 but two of the special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported seven of the ten incidents to NBRC within the required timeframes, and NBRC subsequently transmitted all 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 HCBS Waiver assurances criteria and is designed to provide information about the regional center's processes and practices. The responses are used to verify that the regional center has processes in place to ensure compliance with federal and state laws and regulations.

The self-assessment obtains information about NBRC's procedures and practices to verify that there are processes in place to ensure compliance with state and federal laws and regulations, as well as the assurances contained in the HCBS Waiver application approved by the Centers for Medicare & Medicaid Services.

II. Scope of Assessment

NBRC is asked to respond to questions in four categories that correspond to the HCBS Waiver assurances with which the regional center is responsible for complying. The questions are shown at the end of this section.

III. Results of Assessment

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

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

Regional Center Self-Assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
<p>State conducts level-of-care need determinations consistent with the need for institutionalization.</p>	<p>The regional center ensures that consumers meet ICF/DD, ICF/DD-H, or ICF/DD-N facility level-of-care requirements as a condition of initial and annual eligibility for the HCBS Waiver program.</p> <p>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>
<p>Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver services.</p>	<p>The regional center takes action(s) to ensure consumers' rights are protected.</p> <p>The regional center takes action(s) to ensure that the consumers' health needs are addressed.</p> <p>The regional center ensures that behavior plans preserve the right of the consumer to be free from harm.</p> <p>The regional center maintains a Risk Management, Risk Assessment and Planning Committee.</p> <p>The regional center has developed and implemented a Risk Management/Mitigation Plan.</p> <p>Regional centers and local Community Care Licensing offices coordinate and collaborate in addressing issues involving licensing requirements and monitoring of CCFs pursuant to the 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 consumers' and the families' 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.)	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. 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.
Only qualified providers serve HCBS Waiver participants.	The regional center ensures that all HCBS Waiver service providers have signed the "HCBS Provider Agreement Form" and meet the required qualifications at the time services are provided.
Plans of care are responsive to HCBS Waiver participant needs.	The regional center ensures that all HCBS Waiver consumers are offered a choice between receiving services and living arrangements in an institutional or community setting. Regional centers ensure that planning for IPPs includes a comprehensive assessment and information-gathering process which addresses the total needs of HCBS Waiver consumers and is completed at least every three years at the time of his/her triennial IPP. The IPPs of HCBS Waiver consumers are reviewed at least annually by the planning team and modified, as necessary, in response to the consumers' changing needs, wants and health status. The regional center uses feedback from consumers, families and legal representatives to improve system performance. The regional center documents the manner by which consumers indicate choice and consent.

SECTION II

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

The review is based upon documentation criteria derived from federal/state statutes and regulations and from the Centers for Medicare & Medicaid Services' directives and guidelines relating to the provision of Home and Community-Based Services (HCBS) Waiver services. The criteria address requirements for eligibility, consumer choice, notification of proposed action and fair hearing rights, level of care, individual program plans (IPP) 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. Forty-two HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	11
With Family	8
Independent or Supported Living Setting	23

2. The review period covered activity from March 1, 2018 to February 28, 2019.

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. One criterion was not applicable for this review.

- ✓ The sample records were 100 percent in compliance for 23 applicable criteria. There are no recommendations for these criteria.
- ✓ Findings for seven criteria are detailed below.

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

IV. Findings and Recommendations

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

Findings

Thirty-six of the forty-two (86 percent) sample consumer records contained a dated and signed DS 2200 form. However, the records for consumers #1, #10, #34, #35, #37, and #38 did not contain a completed DS 2200 form. Prior to the monitoring review, DS 2200 forms were completed and signed by consumers #1, #10, #34, #35, #37, and #38. Accordingly, no recommendation is required for these consumers.

- 2.9.a The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770). [W&I Code §4646.5(a)(2)]

Findings

Thirty-nine of the forty-two (93 percent) applicable sample consumer records contained IPPs that addressed the consumers' qualifying conditions. However, the IPPs for three consumers did not address supports for qualifying conditions identified in the record as indicated below:

1. Consumer #5: Services and supports for the consumer's need for assistance with "disruptive social behavior." Subsequent to the review period, an addendum was completed that addressed services and supports for disruptive social behavior. Accordingly, no recommendation is required;
2. Consumer #16: Services and supports for the consumer's need for assistance with "assistance with medications" and "outbursts." Subsequent to the review period, an addendum was completed that addressed services and supports for assistance with medications and outbursts. Accordingly, no recommendation is required;
3. Consumer #25: 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.

2.9.c The IPP addresses the services which the CCF provider is responsible for implementing. [W&I Code §4646.5(a)(2)]

Finding

Ten of the eleven (91 percent) applicable sample consumer records contained IPPs that addressed the consumers' CCF services. However, the IPP for consumer #5 did not address the services the provider is responsible for implementing.

2.9.c Recommendation	Regional Center Plan/Response
NBRC should ensure that the IPP for consumer #5 addresses the services which the CCF provider is responsible for implementing.	Service Coordinator has completed an updated addendum to the IPP that includes services the CCF is responsible for implementing.

2.10.a The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. [W&I Code §4646.5(a)(5)]

Findings

Forty of the forty-two (95 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by NBRC. The IPP for consumer #11 did not indicate NBRC funded services for community activity support. Subsequent to the review period, NBRC completed an IPP addendum that included the support purchased by the regional center. Accordingly, no recommendation is required. The IPP for consumer #1 did not indicate NBRC funded services for transportation.

2.10.a Recommendation	Regional Center Plan/Response
NBRC should ensure that the IPP for consumer #1 includes a schedule of the type and amount of all services and supports purchased by NBRC.	IPP addendum existed that indicated NBRC funding services for transportation but was not yet signed prior to audit period. NBRC has since obtained client's signature.

2.10.b The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. [W&I Code §4646.5(a)(4)]

Finding

Forty-one of the forty-two (98 percent) sample consumer records contained an IPP that included services and supports obtained from generic agencies or resources. However, the IPP for consumer #1 did not identify Medi-Cal as the funding source for medical and dental services.

2.10.b Recommendation	Regional Center Plan/Response
NBRC should ensure that the IPP for consumer #1 identifies Medi-Cal as the funding source for medical and dental services.	IPP addendum has been created and is waiting on client signature.

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

Thirty-two of the thirty-five (91 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, for consumers #28, #30, and #31, the records contained documentation of only three 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 train staff on quarterly report procedures and appropriate documentation of all required quarterly meetings.

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

Thirty-two of the thirty-five (91 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, for consumers #28, #30, and #31, the records contained documentation of only three 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 train staff on quarterly report procedures and appropriate documentation of all required quarterly meetings.

Regional Center Consumer Record Review Summary						
Sample Size = 42 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	42			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Mental Retardation Professional (QMRP), which documents the date of the consumer's initial HCBS Waiver eligibility certification, annual recertifications, the consumer's qualifying conditions and short-term absences. [SMM 4442.1; 42 CFR 483.430(a)]	Criterion 2.1 consists of four sub-criteria (2.1.a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Mental Retardation Professional and the title "QMRP" appears after the person's signature.	42			100	None
2.1.b	The DS 3770 form identifies the consumer's qualifying conditions and any applicable special health care requirements for meeting the Title 22 level-of-care requirements.	42			100	None
2.1.c	The DS 3770 form documents annual recertifications.	40		2	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.			42	NA	None
2.2	Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). [SMM 4442.7; 42 CFR 441.302(d)]	36	6		86	See Narrative
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all, or part, of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. [SMM 4442.7; 42 CFR Part 431, Subpart E; W&I Code §4710(a)(1)]	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 Records						
	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.	42			100	None
2.6.a	IPP is reviewed (at least annually) by the planning team and modified, as necessary, in response to the consumer's changing needs, wants or health status. [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)	26		16	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. [W&I Code §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.	32		10	100	None
2.7.c	The IPP is prepared jointly with the planning team. [W&I Code §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. [W&I Code §4646.5(a)]	42			100	None
2.9	The IPP addresses the consumer's goals and needs. [W&I Code §4646.5(a)(2)]	Criterion 2.9 consists of seven sub-criteria (2.9.a-g) that are reviewed independently.				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	39	3		93	See Narrative

Regional Center Consumer Record Review Summary						
Sample Size = 42 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.9.b	The IPP addresses the special health care requirements.	21		21	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	10	1	31	91	See Narrative
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	27		15	100	None
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	24		18	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	42			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. <i>[W&I Code §4685(c)(2)]</i>	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. <i>[W&I Code §4646.5(a)(4)]</i>	40	2		95	See Narrative
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. <i>[W&I Code §4646.5(a)(4)]</i>	41	1		98	See Narrative
2.10.c	The IPP specifies the approximate scheduled start date for the new services. <i>[W&I Code §4646.5(a)(4)]</i>	32		10	100	None
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to, vendors, contract providers, generic service agencies and natural supports. <i>[W&I Code §4646.5(a)(4)]</i>	42			100	None
2.12	Periodic reviews and reevaluations of consumer progress are completed (at least annually) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and that the consumer and his/her family are satisfied with the IPP and its implementation. <i>[W&I Code §4646.5(a)(8)]</i>	42			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 42 + 6 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
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>	32	3	7	91	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>	32	3	7	91	See Narrative
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. <i>(W&I Code §4418.3)</i>	3		42	100	None

SECTION III

COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

I. Purpose

The review addresses the requirements for community care facilities (CCF) to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the individual program plan (IPP) for which the facility is responsible. The criteria are derived from Title 17, California Code of Regulations.

II. Scope of Review

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

III. Results of Review

The consumer records were 100 percent in compliance for the 19 criteria.

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

Community Care Facility Record Review Summary						
Sample Size: Consumers = 5; CCFs = 4						
	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>	5			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	5			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	5			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.	5			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	5			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	5			100	None
3.1.i	Special safety and behavior needs are addressed.	5			100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17, and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. <i>[Title 17, CCR, §56019(c)(1)]</i>	5			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	5			100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 5; CCFs = 4						
	Criteria	+	-	N/A	% Met	Follow-up
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. <i>[Title 17, CCR, §56026(b)]</i>	2		3	100	None
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	2		3	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. <i>[Title 17, CCR, §56026(c)]</i>	3		2	100	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	3		2	100	None
3.5.c	Quarterly reports include a summary of data collected. <i>[Title 17, CCR, §56013(d)(4); Title 17, CCR, §56026]</i>	3		2	100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. <i>[Title 17, CCR, §56026(a)]</i>	5			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	5			100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	1		4	100	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	1		4	100	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. <i>(Title 17, CCR, §54327)</i>	1		4	100	None

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

Seventeen sample consumer records were reviewed at 15 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

Sixteen of the seventeen (94 percent) sample consumer records contained signed authorizations for emergency medical treatment. However, the record for consumer #21 at day program #5 did not contain an authorization for emergency medical treatment signed by the consumer.

4.1.d Recommendation	Regional Center Plan/Response
NBRC should ensure the record for consumer #21 at day program #5 contains an authorization for emergency medical treatment form signed by the consumer.	This document has been located and waiting on client signature confirming authorization for emergency medical treatment.

- 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.

Findings

Fifteen of the seventeen (88 percent) consumer records contained documentation that the consumer and/or their authorized representative had been informed of their personal rights. However, the records for consumer #12 at day program #3 and consumer #21 at day program #5 did not contain documentation that the consumer was informed of their personal rights.

4.1.e Recommendations	Regional Center Plan/Response
NBRC should ensure the records for consumer #12 at day program #3 and consumer #21 at day program #5 contain documentation that the consumer has been informed of their personal rights.	Clients have been informed and waiting on client's signature on documentation confirming this notification.

- 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

Eleven of the sixteen (69 percent) applicable consumer records contained written semiannual reports of consumer progress. However, the records for consumer #2 at day program #3, consumer #8 at day program #9, consumer #15 at day program #8, consumer #21 at day program #5, and consumer #28 at day program #16 contained only one of the required progress reports.

4.4.a Recommendations	Regional Center Plan/Response
NBRC should ensure that day program providers #3, #5, #8, #9, and #16 prepare written semiannual reports of consumer progress.	NBRC Quality Assurance team will work with identified day programs in complying with report requirements. A training for vendors is scheduled in July 2020.

Day Program Record Review Summary						
Sample Size: Consumers = 17; Day Programs = 14						
	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. <i>(Title 17, CCR, §56730)</i>	17			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.	17			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.	17			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.	17			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.	16	1		94	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.	15	2		88	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.	16		1	100	None
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	17			100	None

Day Program Record Review Summary						
Sample Size: Consumers = 17; Day Programs = 14						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	11		6	100	None
4.2	The day program has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56720(b)]</i>	11				None
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>	17			100	None
4.3.b	The day program's individual service plan or other program documentation is consistent with the services addressed in the consumer's IPP.	17			100	None
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	11	5	1	69	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.	16		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		16	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		16	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		16	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, work activities, health, choices, and regional center services.

II. Scope of Observations and Interviews

Thirty-one of the 42 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 consumers agreed to be interviewed by the monitoring teams.
- ✓ Ten consumers did not communicate verbally or declined an interview, but were observed.
- ✓ One interview was conducted with parent of minor.
- ✓ Eleven consumers were unavailable for or declined interviews.

III. Results of Observations and Interviews

Forty-one of the 42 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 who were interviewed and observed reflected personal choice and individual style.

IV. Finding and Recommendation

Consumer #36 stated that she felt her SLS staff and roommate were conspiring against her. She said she felt safe in her home, but that she had not mentioned this issue to anyone. The regional center was notified of the consumer's complaint after the visit.

Recommendation	Regional Center Plan/Response
NBRC should follow up with consumer #36 regarding her concerns.	NBRC discussed client's concerns and complaint was resolved.

SECTION VI A

SERVICE COORDINATOR INTERVIEWS

I. Purpose

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

II. Scope of Interviews

1. The monitoring team interviewed eight 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 were very familiar with their respective consumers. They were able to relate specific details regarding the consumers' desires, preferences, life circumstances and service needs.
2. The service coordinators were knowledgeable about the IPP/annual review process and monitoring requirements. Service providers and family members provided input on the consumers' needs, preferences and satisfaction with services outlined in the IPP. For consumers in out-of-home placement settings, service coordinators conduct quarterly face-to-face visits and develop written assessments of consumer progress and satisfaction. In preparation for the quarterly visits, service coordinators review their previous progress reports, pertinent case notes, special incident reports, and vendor reports of progress.
3. To better understand issues related to consumers' use of medication and issues related to side-effects, the service coordinators utilize 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 reporting process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed.

SECTION VI B

CLINICAL SERVICES INTERVIEW

I. Purpose

The clinical services interview is used to obtain supplemental information on how the regional center is organized to provide clinical support to consumers and service coordinators. The interview aids in determining what measures the regional center is utilizing to ensure the ongoing health and safety of all Home and Community-Based Services Waiver consumers.

II. Scope of Interview

1. The monitoring team interviewed a physician at 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 behavior 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, 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. 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, and they visit enhanced behavior homes monthly. The NBRC physician and nurse attend monthly meetings with Napa and Solano County Mental Health agencies.

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;
- ✓ Mental Health Grant which provides training to providers, families and consumers;
- ✓ Dental Coordinator who assists 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 and hospitals regarding NBRC services and resources;
- ✓ Community Health Fairs;
- ✓ Collaboration with Special Education Local Planning Area; and,
- ✓ Legal team.

The NBRC physician and nurse participate on the Risk Management and Mortality Committee. The team is responsible for reviewing medically-related special incident reports (SIR) as requested. All death-related SIRs are reviewed by the physician and nurse. The regional center utilizes Mission Analytics Group, Inc., the State's risk management contractor, to analyze special incidents for trends, and makes recommendations for appropriate follow-up and training as needed. Recent topics have included, falls, aspiration, bowel obstruction and urinary tract infections.

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 a QA specialist who is part of the team responsible for conducting North Bay Regional Center's (NBRC) QA activities.

III. Results of Interview

1. The annual Title 17 monitoring reviews are conducted by QA specialists. Results of these reviews are compiled in a report that may include a corrective action plan (CAP) that the facility is required to complete. Service coordinators, who serve as facility liaisons, are responsible for conducting the two required unannounced visits to CCFs each year. QA specialists may conduct additional unannounced visits 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 their qualifications, 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 eight service providers at four community care facilities and four day programs where services are provided to the consumers who were visited by the monitoring team.
2. The interview questions are divided into two categories:
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team; 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 plans (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 eight direct service staff at four community care facilities and four day programs where services are provided to the consumers who were visited by the monitoring team.
2. The interview questions are divided into two categories:
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The direct service staff were familiar with the strengths, needs and preferences of their 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 Waiver definition of a homelike setting.

II. Scope of Review

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

III. Results of Review

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

IV. Finding and Recommendation

8.2.d Pro Re Nata (PRN) Medication Records

DP #4 was not documenting consumer's response to a PRN medication.

8.2.d Recommendation	Regional Center Plan/Response
NBRC should ensure DP #4 properly documents all required PRN medication information.	Day program has provided training on proper medication administration.

8.3.c First Aid

DP #9 had one direct care staff who did not have a current first aid certificate.

8.3.c Recommendation	Regional Center Plan/Response
NBRC should ensure that the provider at DP #9 has first aid certificates for all direct care staff.	All first aid certificates for direct care staff are on site.

CCF #3 had one direct care staff who did not have a current first aid certificate. The first aid class was completed after the review, and a copy of the new card was sent to DHCS. Accordingly, no recommendation is needed.

8.5.c Statement of Rights

At DP #9, a statement of consumer rights was not posted. During the monitoring review, the provider posted a statement of consumer rights. Accordingly, no recommendation is needed.

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 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 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 but two of the special incidents in the sample of 42 records selected for the HCBS Waiver review to DDS.
3. NBRC's vendors reported seven of the ten (70 percent) special incidents in the supplemental sample within the required timeframes.
4. NBRC reported all ten (100 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 all ten (100 percent) incidents.

IV. Findings and Recommendations

Consumer #32: The incident occurred at the consumer’s residence on May 6, 2018. However, NBRC did not report the incident to DDS.

Consumer #37: The incident occurred at the consumer’s residence on November 17, 2018. However, NBRC did not report the incident to DDS.

Consumer #SIR-49: The incident occurred on June 28, 2018. However, the vendor did not report the incident to the regional center until July 2, 2018.

Consumer #SIR-50: The incident occurred on October 25, 2018. However, the vendor did not report the incident to the regional center until October 29, 2018.

Consumer #SIR-52: The incident occurred on October 23, 2018. However, the vendor did not report the incident to the regional center until October 29, 2018.

Recommendations	Regional Center Plan/Response
NBRC should ensure that all special incidents are reported to DDS within the required timeframes.	NBRC has created a staff position that will support the timely entry and transmission of reportable SIRs to DDS.
NBRC should ensure that the vendors for consumers #SIR-49, #SIR-50, and #SIR-52 report all special incidents within the required timeframes.	Vendors indicated were required to attend SIR training in order to be reminded of timeline submission requirements.

**SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS
 HCBS Waiver Review Consumers**

#	UCI	CCF	DP
1	6561393		6
2	5531330		3
3	6400027	2	
4	6563704	1	
5	7183022	3	
6	7182184		13
7	7180195	1	
8	7181246		9
9	7179065	4	
10	7176349		10
11	7147455		
12	7184184		3
13	7110825		
14	7182217		4
15	7198056		8
16	7194188		
17	6115984		4
18	5738554		
19	7131380		
20	7132007		
21	6893752		5
22	7175123		
23	7176332		15
24	6193869		
25	7146155		
26	7138128		2
27	7175083		
28	7186468		16
29	6811055		14
30	7130308		11
31	7138444		
32	7186098		
33	7176023		12
34	7191410		7
35	7189330		
36	7187368		
37	7182230		
38	7137027		

#	UCI	CCF	DP
39	8018392		
40	7141478		
41	6155644		
42	7130227		

Supplemental Sample of Terminated Consumers

#	UCI
T-43	8031199
T-44	7099222
T-45	7177095

Supplemental Sample DC Consumers

#	UCI
DC-46	7178269
DC-47	7189611
DC-48	7132335

HCBS Waiver Review Service Providers

CCF #	Vendor
1	H13453
2	H07043
3	H13537
4	H13371

Day Program #	Vendor
1	NA
2	PN1050
3	H83899
4	H83740
5	P20700
6	PN1066
7	PN1060
8	PN0235
9	HN0063
10	HN0199
11	HN0284
12	HN0285
13	H83756
14	H01809
15	PN1053

SIR Review Consumers

#	UCI	Vendor
SIR-49	7148564	P20287
SIR-50	7188550	P20287
SIR-51	7097305	HN0065
SIR-52	7189401	PN1008
SIR-53	7174018	HN0140
SIR-54	7706846	HN0441
SIR-55	7144874	HN0386
SIR-56	7729666	HN0417
SIR-57	5250600	PN0253
SIR-58	7190295	PN0471