

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 320, MS 3-9
SACRAMENTO, CA 95814
TDD 654-2054 (For the Hearing Impaired)
(916) 654-2140



December 30, 2011

Mr. Bob Hamilton, Director
North Bay Regional Center
10 Executive Court, Suite A
Napa, CA 94558

Dear Mr. Hamilton:

Thank you for submitting North Bay Regional Center's (NBRC) response to the Department of Developmental Services' (Department) Home and Community-based Services Waiver, Targeted Case Management and Nursing Home Reform draft reports for the monitoring review conducted from May 23 - June 2, 2011.

The Department 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 Shelton Dent, Manager, Residential Services and Monitoring Branch at (916) 654-2140.

Sincerely,

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

JIM KNIGHT
Assistant Deputy Director
Community Operations Division

cc: January Crane, NBRC
John Shen, DHCS

"Building Partnerships, Supporting Choices"

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 320, MS 3-9
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December 30, 2011

Martha Cornejo, Board President
North Bay Regional Center
10 Executive Court, Suite A
Napa, CA 94558

Dear Ms. Cornejo:

Enclosed are the final reports from the joint Department of Developmental Services (DDS) and Department of Health Care Services (DHCS) monitoring review of the Home and Community-based Services (HCBS) Waiver, Targeted Case Management and Nursing Home Reform programs conducted from May 23 – June 2, 2011, at North Bay Regional Center (NBRC). The period of review was from March 1, 2010 through February 28, 2011.

The reports discuss the criteria reviewed along with any findings and recommendations and include NBRC's responses. DDS has approved NBRC's responses to all of the recommendations.

If there is a disagreement with the findings of the enclosed reports, a written "Statement of Disputed Issues" should be sent within 30 days of the receipt of the reports to:

Department of Developmental Services
Attn: Shelton Dent, Manager
Residential Services and Monitoring Branch
1600 Ninth Street, Room 320, MS 3-9
Sacramento, CA 95814

The cooperation of NBRC's staff in completing the monitoring review is appreciated. If you have questions, please contact Shelton Dent, at (916) 654-2140.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Knight'.

JIM KNIGHT
Assistant Deputy Director
Community Operations Division

Attachments

"Building Partnerships, Supporting Choices"

cc: January Crane, NBRC
John Shen, DHCS

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Final Report NBRC-Cycle 7.doc

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

Conducted by:

Department of Developmental Services

May 23 - 25, 2011

TABLE OF CONTENTS

EXECUTIVE SUMMARY page 3

SECTION I: TARGETED CASE MANAGEMENT page 4

SECTION II: NURSING HOME REFORM page 6

SAMPLE CONSUMERS page 7

ATTACHMENT I: TCM AND NHR DISTRIBUTION OF FINDINGS page 8

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 23 - 25, 2011 at North Bay Regional Center (NBRC). The monitoring team selected 41 consumer records for the TCM review. A sample of ten records was selected for consumers who had previously been referred to NBRC for a 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 Center for Medicare & Medicaid Services guidelines relating to the provision of these services.

Findings

Section I – Targeted Case Management

Forty-one consumer records, containing 2,950 billed units, were reviewed for three criteria. The sample records were 100% in compliance for criterion 1 (TCM service and unit documentation matches the information transmitted to DDS), 98% in compliance for criterion 2 (TCM service documentation is consistent with the definition of TCM service), and 100% 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 ten sample records were 100% in compliance for the three criteria.

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 2,950 TCM units to DDS for the 41 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.

Finding

The sample of 41 consumer records contained 2,950 billed TCM units. Of this total, 2,895 (98%) of the units contained descriptions that were consistent with the definition of TCM services. Fifty-five of the billed units had descriptions of activities that were not consistent with the definition of TCM services. Detailed information on these findings and the actions required will be sent under a separate cover letter.

Recommendation	Regional Center Plan/Response
NBRC should ensure that the time spent on the identified activities that are inconsistent with TCM claimable services (sent separately) is reversed.	NBRC will reverse all TCMs inconsistent with claimable services as recommended; IQM will continue to instruct and train staff re: appropriate TCM notes.

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

Finding

The TCM documentation in the 41 sample consumer records identified the service coordinator or other individual who wrote the note and the date the service was provided.

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 ten 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 ten sample consumer records contained a PAS/RR Level II document or written documentation responding to the Level I referral.

Recommendation

None.

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

Finding

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

Recommendation

None.

SAMPLE CONSUMERS TCM Review

#	UCI	#	UCI
1	5685680	22	8011161
2	6124200	23	4833034
3	6312508	24	5049127
4	6545610	25	6126239
5	7100491	26	6303770
6	7172059	27	6316715
7	7178171	28	6730959
8	7178234	29	6908844
9	7178422	30	7100465
10	7179264	31	7176096
11	7181009	32	7176175
12	7182083	33	7178145
13	7194261	34	7180024
14	7197227	35	7184274
15	6920511	36	7190465
16	7131603	37	7190471
17	7133019	38	7191047
18	7138771	39	7192459
19	6197189	40	7196430
20	7121010	41	7199128
21	7175042		

NHR Review

#	UCI
1	8004172
2	7187310
3	4832775
4	7187526
5	6125108
6	7173007
7	7136986
8	H002856
9	H002858
10	7133664

ATTACHMENT I

TCM DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 41 Records Billed Units Reviewed: 2,950	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. The TCM service and unit documentation matches the information transmitted to DDS.	2,950	0		100	0
2. The TCM service documentation billed to DDS is consistent with the definition of TCM service.	2,895	55		98	2
3. The TCM documentation identifies the service coordinator recording the notes and each note is dated	2,950	0		100	0

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	0		100	
2. Dispositions are reported to DDS.	10	0		100	
3. The regional center submits claims for referral dispositions.	10	0		100	

**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 23, 2011 – June 2, 2011

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 RECORD REVIEW	page 25
SECTION IV DAY PROGRAM CONSUMER RECORD REVIEW	page 28
SECTION V CONSUMER OBSERVATIONS AND INTERVIEWS	page 31
SECTION VI	
A. SERVICE COORDINATOR INTERVIEWS	page 32
B. CLINICAL SERVICES INTERVIEW	page 34
C. QUALITY ASSURANCE INTERVIEW	page 36
SECTION VII	
A. SERVICE PROVIDER INTERVIEWS	page 37
B. DIRECT SERVICE STAFF INTERVIEWS	page 38
SECTION VIII VENDOR STANDARDS REVIEW.....	page 39
SECTION IX SPECIAL INCIDENT REPORTING.....	page 40
SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS	page 42

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 23-June 2, 2011 at North Bay Regional Center (NBRC). The monitoring team members were Corbett Bray (Team Leader), Linda Rhoades, and Ray Harris 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 all services needed for eligible individuals with developmental disabilities in California. All HCBS Waiver services are provided through this system. It is the responsibility of DDS to ensure, with the oversight of DHCS, that the HCBS Waiver is implemented by regional centers in accordance with Medicaid statute and regulations.

Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

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

Scope of Review

The monitoring team reviewed a sample of 42 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers whose HCBS Waiver eligibility had been previously terminated; 2) one consumer who moved from a developmental center; 3) ten consumers who had special incidents reported to DDS during the review period of March 1, 2010 through February 28, 2011.

The monitoring team completed visits to five community care facilities (CCFs) and 12 day programs. The team reviewed seven CCF and 16 day program consumer records and had face-to-face visits and/or interviews with 36 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 majority of the findings were related to four criteria. Criterion 2.5.b was 74% in compliance because eleven of the 42 consumer records identified level-of-care qualifying conditions that were not consistent with other information in the record. Criterion 2.10.a was 86% in compliance because six of the 42 consumer individual program plans did not identify all services and supports purchased by the regional center. Criterion 2.13.a was 73% in compliance because nine of the 33 applicable consumer records did not contain documentation of all required quarterly face-to-face visits. Criterion 2.13.b was 85% in compliance because five of the 33 applicable consumer records did not contain documentation of all required quarterly progress reports.

The sample records were 95% in overall compliance for this review. NBRC's records were 99% in overall compliance for the collaborative reviews conducted in 2009 and in 2007.

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

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

NBRC's records were 99% and 100% in overall compliance for the collaborative reviews conducted in 2009 and in 2007.

Section IV – Day Program Consumer Record Review

Sixteen consumer records were reviewed at 12 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. Three criteria were rated as not applicable for this review. The sample records were 94-100% in compliance for the 14 applicable criteria.

The sample records were 99% in overall compliance for this review. NBRC's records were 99% in overall compliance for the collaborative reviews conducted in 2009 and in 2007.

Section V – Consumer Observations and Interviews

Thirty-six 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 the consumers were in good health and were treated with dignity and respect. All of the interviewed consumers/parents indicated that they were satisfied with their services, health and choices.

Section VI A – Service Coordinator Interviews

Nine 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

An NBRC psychologist and a nurse consultant were interviewed using a standard interview instrument. They responded to informational questions regarding the monitoring of consumers with medical issues, medications and 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 Committee.

Section VI C – Quality Assurance Interview

A community resource consultant was interviewed using a standard interview instrument. The consultant responded to informational questions regarding how NBRC is organized to conduct Title 17 monitoring reviews, verification of provider qualifications, resource development activities, special incident reporting, and QA activities where there is no regulatory requirement.

Section VII A – Service Provider Interviews

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

Section VII B – Direct Service Staff Interviews

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

Section VIII – Vendor Standards Review

The monitoring team reviewed five CCFs and three day programs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. All of the reviewed vendors were in good repair with no immediate health or safety concerns observed.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 42 HCBS Waiver consumers and ten supplemental sample consumers for special incidents during the review period. NBRC reported all special incidents for the sample 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 five 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 (HCBS) Waiver assurances criteria and is designed to provide information about the regional center's processes and practices. The responses are used to verify that the regional center has processes in place to ensure compliance with federal and state laws and regulations.

The self assessment obtains information about North Bay Regional Center'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>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 MOU between DDS and Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 community care facilities.</p> <p>The regional center reviews each community care facility annually to assure services are consistent with the program design and applicable laws, and development and implementation of corrective action plans as needed.</p> <p>The regional center conducts not less than two unannounced monitoring visits to each CCF annually.</p> <p>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.)	The regional center ensures that needed services and supports are in place when a consumer moves from a developmental center (DC) to a community living arrangement. Service coordinators provide enhanced case management to consumers who move from a DC by meeting with them face-to-face every 30 days for the first 90 days they reside in the community.
Only qualified providers serve HCBS Waiver participants	The regional center ensures that all HCBS Waiver service providers have signed the "HCBS Provider Agreement Form" and meet the required qualifications at the time services are provided.
Plans of care are responsive to HCBS Waiver participant needs	The regional center ensures that all HCBS Waiver consumers are offered a choice between receiving services and living arrangements in an institutional or community setting. Regional centers ensure that planning for IPPs includes a comprehensive assessment and information gathering process which addresses the total needs of HCBS Waiver consumers and is completed at least every three years at the time of his/her triennial IPP The IPPs of HCBS Waiver consumers are reviewed at least annually by the planning team and modified, as necessary, in response to the consumers' changing needs, wants and health status. The regional center uses feedback from consumers, families and legal representatives to improve system performance. The regional center documents the manner by which consumers indicate choice and consent.

SECTION II

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

The review is based upon documentation criteria derived from federal/state statutes and regulations and from the Centers for Medicare & Medicaid Services directives and guidelines relating to the provision of Home and Community-based Services (HCBS) Waiver services. The criteria address requirements for eligibility, consumer choice, notification of proposed action (NOA) 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 (CCF)	14
With Family	9
Independent or Supported Living Setting	19

2. The review period covered activity from March 1, 2010 – February 28, 2011.

III. Results of Review

The 42 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Three supplemental records were reviewed solely for documentation that NBRC had either provided the consumer with written notification prior to termination of the consumer's HCBS Waiver eligibility or the consumer had voluntarily disenrolled from the HCBS Waiver. Additionally, one supplemental record was reviewed solely for documentation indicating that the consumer received face-to-face reviews every thirty days after moving from a developmental center.

- ✓ The sample records were in 100% compliance for 16 criteria. There are no recommendations for these criteria.
- ✓ Findings for fifteen 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

Forty of the 42 (95%) sample consumer records contained a dated and signed DS 2200 form. However, the DS 2200 forms for consumers #27 and #31 were signed after the date of the consumer's initial enrollment in the HCBS Waiver.

2.2 Recommendation	Regional Center Plan/Response
NBRC should ensure that in the future, a DS 2200 form is completed and signed by the consumer at the time of the consumer's initial enrollment in the HCBS Waiver, or on the date of reenrollment in the Waiver.	NBRC will continue to automatically send the DS 2200 form to the consumer for signature upon enrollment and reenrollment, and assist the CPC in attaining these forms in a timely manner.

- 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)

Findings

Forty of the 42 (95%) consumer records contained a CDER that had been reviewed annually. However, the CDER for consumers #30 and #39 had not been reviewed within the last twelve months.

2.4 Recommendation	Regional Center Plan/Response
NBRC should ensure that the CDER for consumers #30 and #39 are reviewed annually.	All CDERs are reviewed annually by the IQM upon recertification and the CPCs are reminded to keep these current; recertifications will not take place unless the CDERs are current within the prior 12 months.

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

Findings

Thirty-one of the 42 (74%) applicable consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in eleven consumer records (detailed below) did not support the determination that all of the issues identified in the CDER and DS 3770 could be considered qualifying conditions. Unless otherwise noted in the list below, the following were identified as qualifying conditions on the DS 3770 but there was no supporting information in the consumers' records (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports.

1. Consumer #10: "Personal care", "Dressing", and "Eating."
2. Consumer #12: "Lacks safety awareness."
3. Consumer #25: "Safety awareness."
4. Consumer #26: "Self-injurious behavior."
5. Consumer #28: "Aggressive social behavior" and "Emotional outbursts."
6. Consumer #31: "Lacks safety awareness."
7. Consumer #34: "Emotional outbursts."
8. Consumer #35: "Behaviors-multiple."
9. Consumer #37: "Lacks safety awareness."
10. Consumer #38: "Behaviors-multiple."
11. Consumer #41: "Lacks safety awareness"

2.5.b Recommendations	Regional Center Plan/Response
<p>1. NBRC should determine if the items listed above are appropriately identified as qualifying conditions. The consumers' DS 3770 forms 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. For consumers #31, #34, and #41, 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 supports the original determinations should be submitted with the response to this report.</p>	<p>#10: DS 3770 has been updated to reflect the conditions of disruptive social behaviors and emotional outbursts and are supported in the IPP and CDER #12: addendum to IPP completed addressing lack of safety awareness #25: addendum to IPP completed addressing hearing impairment and lack of safety awareness #26: addendum to IPP completed addressing SLS supports regarding self injurious behaviors #28: addendum to IPP completed to address personal care needs (now on the DS 3770) and emotional outbursts #31: will be termed from the Waiver upon final review with CPC re: insufficient impairments #34: will be termed from the Waiver upon final review with CPC re: insufficient impairments #35: DS 3770 has been updated to reflect the conditions of psychiatric condition w/ RX and disruptive social behaviors #37: addendum to IPP completed addressing lack of safety awareness #38: DS 3770 has been updated to reflect the conditions of seizure disorder w/ RX and personal care needs. #41: will be termed from the Waiver upon final review with CPC re: insufficient impairments</p>
<p>2. NBRC should determine what steps are necessary to ensure that only issues determined to represent substantial limitations in consumers' ability to perform activities of daily living and/or participate in community activities are identified as qualifying conditions on DS 3770 forms.</p>	<p>CPCs will continue to be notified annually of the conditions chosen for eligibility to the waiver; CPCs and IQM will continue to manually review the charts annually to ensure that the qualifying conditions are addressed appropriately, and updated if necessary.</p>

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

Finding

Forty-one of the 42 (98%) sample consumer records contained documentation that the consumers' IPP had been reviewed annually by the planning team. However, there was no documentation that the IPP for consumer #2 had been reviewed during the monitoring review period. Subsequently, a new IPP was completed in April 2011. Accordingly, no recommendation is required.

- 2.6.b The HCBS Waiver Standardized Annual Review Form (SARF) is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary and that the consumer's health status and CDER have been reviewed. (HCBS Waiver Requirement)

Finding

Twenty-eight of the 29 (97%) applicable sample consumer records contained a completed SARF. However, the SARF for consumer #21, who is not conserved, was signed by the consumer's mother.

2.6.b Recommendation	Regional Center Plan/Response
NBRC should ensure that the SARF is signed by consumer #21 during the annual IPP review process. If the consumer does not sign, NBRC should ensure that the record addresses what actions were taken to encourage the consumer to sign and the reason why she did not sign.	NBRC will state in the IPP and/or addendums the specific situation regarding the inability of the client to sign; in this case the client is an unconserve adult with severe impairments, being cared for by her mother. NBRC will include a statement in the IPP that identifies why the ID team determined it was appropriate for the mother of the adult consumer to sign the SARF on her behalf.

- 2.7.a The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer or, where appropriate, his/her parents, legal guardian, or conservator. (WIC § 4646(g))

Finding

Forty-one of the 42 (98%) consumer records contained IPPs that were signed by NBRC and the consumers or their legal representatives. However, the IPP for consumer #21, who is not conserved, was signed by the consumer's mother.

2.7.a Recommendation	Regional Center Plan/Response
NBRC should ensure that consumer #21 signs the IPP. If the consumer does not sign, NBRC should ensure that the record addresses what actions were taken to encourage the consumer to sign and the reason why she did not sign.	NBRC will state in the IPP and/or addendums the specific situation regarding the inability of the client to sign; in this case the client is an unconserved adult with severe impairments, being cared for by her mother. NBRC will include a statement in the IPP that identifies why the ID team determined it was appropriate for the mother of the adult consumer to sign the IPP on her behalf.

- 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.

Finding

Twenty of the 21 (95%) applicable sample consumer records contained IPP addenda signed by a NBRC representative and the consumer or their legal representative. However, the IPP addenda for consumer #21, who is not conserved, were signed by the consumer's mother.

2.7.b Recommendation	Regional Center Plan/Response
NBRC should ensure that consumer #21 signs the IPP addenda. If the consumer does not sign, NBRC should ensure that the record addresses what actions were taken to encourage the consumer to sign and the reason why she did not sign.	NBRC will state in the IPP and/or addendums the specific situation regarding the inability of the client to sign; in this case the client is an unconserved adult with severe impairments, being cared for by her mother. NBRC will include a statement in the IPP that identifies why the ID team determined it was appropriate for the mother of the adult consumer to sign the addenda on her behalf.

- 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-eight of the 42 (90%) sample consumer records contained IPPs that addressed the consumers' qualifying conditions. However, the IPPs for consumers #8, #14, #25, and #28 did not identify the supports or services that

are in place to address all of the consumers' qualifying conditions, as indicated below:

1. Consumer #8: The IPP does not address the consumer's need for support for seizure disorder requiring medication and schizophrenia requiring medication.
2. Consumer #14: The IPP does not indicate what services and supports are in place to address the qualifying condition of depressive-like behavior, as stated in the day program individual service support plan.
3. Consumer #25: The IPP does not indicate what services and supports are in place to address the qualifying condition of moderate hearing loss, as stated in the quarterly progress report.
4. Consumer #28: The IPP does not address the consumer's need for support for safety awareness.

2.9.a Recommendation	Regional Center Plan/Response
NBRC should ensure that the IPPs for consumers #8, #14, #25, and #28 address the services and supports in place for the issues identified above.	<p>#8: addendum completed addressing services and supports for seizure disorder and schizophrenia requiring medications</p> <p>#14: addendum completed addressing day program supports provided to the consumer for depressive-like behavior</p> <p>#25: addendum completed addressing services and supports for hearing impairment</p> <p>#28: addendum to IPP completed to address services and supports for personal care needs (now on the DS 3770) and emotional outbursts</p>

- 2.9.d The IPP addresses the services for which the day program provider is responsible for implementing. (WIC §4646.5(a)(2))

Finding

Thirty-two of the 33 (97%) applicable sample consumer records contained IPPs that addressed the consumers' day program services. However, the IPP for consumer #14 did not address the services for which the day program provider was responsible for implementing.

2.9.d Recommendation	Regional Center Plan/Response
NBRC should ensure that the IPP for consumer #14 addresses the services for which the day program provider is responsible for implementing.	#14: addendum completed addressing services and day program supports provided to the consumer for depressive-like behavior.

- 2.9.e The IPP addresses the services for which the supported living services (SLS) agency or independent living services (ILS) provider is responsible for implementing.

Finding

Eighteen of the 19 (95%) applicable sample consumer records contained IPPs that addressed the consumers' SLS or ILS services. However, the IPP for consumer #26 did not address the services for which the SLS provider is responsible for implementing.

2.9.e Recommendation	Regional Center Plan/Response
NBRC should ensure that the IPP for consumer #26 addresses the services for which the SLS provider is responsible for implementing.	#26: addendum to IPP completed addressing SLS supports regarding self injurious behaviors.

- 2.10.a The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. (WIC §4646.5(a)(4))

Findings

Thirty-six of the 42 (86%) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by NBRC. However, six IPPs did not indicate NBRC funded services as indicated below:

1. Consumer #8: Transportation-auto driver.
2. Consumer #26: Public transportation.
3. Consumer #29: Public transportation.
4. Consumer #35: Public transportation.
5. Consumer #36: Public transportation.
6. Consumer #37: Public transportation.

2.10.a Recommendation	Regional Center Plan/Response
NBRC should ensure that the IPPs for consumer's #8, #26, #29, #35, #36, and #37 include a schedule of the type and amount of all services and supports purchased by NBRC.	#8: addendum completed addressing who NBRC is funding to provide transportation support #26, #29, #35, #36, and #37: POS's for bus passes have either been cancelled or an addendum has been completed to address this POS.

- 2.10.b The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. (*WIC §4646.5(a)(4)*)

Finding

Forty-one of the 42 (98%) sample consumer records contained IPPs that included services and supports obtained from generic agencies or resources. However, the IPP for consumer #30 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 #30 identifies Medi-Cal as the funding source for medical and dental services.	NBRC is in the process of completing updated IPP guidelines; this includes instructions that require the CPC to address MediCal as a generic resource, if appropriate, for all IPPs.

- 2.13.a Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (*Title 17, CCR, §56047*), (*Title 17, CCR, §56095*), (*Title 17, CCR, §58680*), (*Contract requirement*)

Findings

Twenty-four of the 33 (73%) applicable sample consumer records contained documentation of all the required face-to-face meetings. However, the records for nine consumers did not meet the requirements as indicated below:

1. The records for consumers #2, #4, #8, #10, #12, #14, #25, and #30 contained documentation of three of the required meetings.
2. The record for consumer #3 contained documentation of two of the required 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 consumers #2, #3, #4, #8, #10, #12, #14, #25, and #30.	<p>#3: TCM note documenting quarterly was face to face for dates 4/21/10 & 7/19/10 has been completed</p> <p>#10: TCM note documenting quarterly was face to face for dates 12/3/10, 9/17/10, and 6/1/10 has been completed</p> <p>#12: TCM note documenting quarterly was face to face on 10/13/10 has been completed</p> <p>#30: TCM note documenting quarterly was face to face on 7/30/10 has been completed.</p>
NBRC should evaluate what action may be necessary to ensure that quarterly face-to-face meetings are completed for all applicable consumers.	For clients listed above, the quarterly report was completed but it was not indicated that it was a face to face contact; NBRC has modified it's review form to add a "face to face" check box for the CPC to check off when the report is completed and are continually reminded through trainings and informational notes to document in the TCM notes.

- 2.13.b Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (*Title 17, CCR, §56047*), (*Title 17, CCR, §56095*), (*Title 17, CCR, §58680*), (*Contract requirement*)

Findings

Twenty-eight of the 33 (85%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for consumers #2, #4, #8, #14 and #34 contained documentation of three quarterly reports of progress.

2.13.b Recommendation	Regional Center Plan/Response
NBRC should ensure that future quarterly reports of progress are completed for consumers #2, #4, #8, #14, and #34.	In the majority of these cases the assigned case manager was out on extended leave and covering case managers did not complete the quarterlies. NBRC will ensure that supervisors and covering case managers track quarterly report due dates for caseloads when a case manager is on an extended leave.

- 2.14 Face-to-face reviews are completed no less than once every 30 days for the first 90 days, following the consumer's move from a developmental center to a community living arrangement. (WIC § 4418.3)

Finding

One applicable sample consumer record was reviewed for documentation that Face-to-face reviews were completed every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. The record for consumer #DC-1 did not contain documentation of a face-to-face meeting with the consumer once every 30 days for the first 90 days.

2.14 Recommendation	Regional Center Plan/Response
NBRC should ensure that face-to-face reviews are completed at least once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement.	This client did receive face to face reviews every 30 days but the documentation was not in the chart or the electronic file; IQM will work with the CPC to update this information.

Regional Center Consumer Record Review Summary Sample Size = 42 + 4 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	46			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Mental Retardation Professional (QMRP), which documents the date of the consumer's initial HCBS Waiver eligibility certification, annual recertifications, the consumer's qualifying conditions and short-term absences. (SMM 4442.1), (42 CFR 483.430(a))	Criterion 2.1 consists of four sub-criteria (2.1a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Mental Retardation Professional and the title "QMRP" appears after the person's signature.	42			100	None
2.1.b	The DS 3770 form identifies the consumer's qualifying conditions and any applicable special health care requirements for meeting the Title 22 level of care requirements.	42			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	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))	40	2		95	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))	3		42	100	None

Regional Center Consumer Record Review Summary
Sample Size = 42 + 4 Supplemental Records

	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5), (42 CFR 441.302)	40	2		95	See Narrative
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in an ICF-DD, ICF-DDH, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. (SMM 4442.5), (42 CFR 441.302(c)), (Title 22, CCR, §51343)	42			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	31	11		74	See Narrative
2.6.a	IPP is reviewed (<i>at least annually</i>) by the planning team and modified as necessary, in response to the consumer's changing needs, wants or health status. (42 CFR 441.301(b)(1)(I))	41	1		98	See Narrative
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. (HCBS Waiver requirement)	28	1	13	97	See Narrative
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. (WIC §4646(g))	41	1		98	See Narrative
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	20	1	21	95	See Narrative
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	42			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. (WIC §4646.5(a))	42			100	None

Regional Center Consumer Record Review Summary Sample Size = 42 + 4 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer's goals and needs. (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).	38	4		90	See Narrative
2.9.b	The IPP addresses the special health care requirements.	15		27	100	None
2.9.c	The IPP addressed the services for which the CCF provider is responsible for implementing.	14		28	100	None
2.9.d	The IPP addressed the services for which the day program provider is responsible for implementing.	32	1	9	97	See Narrative
2.9.e	The IPP addresses the services for which the supported living services agency or independent living services provider is responsible for implementing.	18	1	23	95	See Narrative
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))	4		38	100	None
2.10.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. (WIC §4646.5(a)(4))	36	6		86	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. (WIC §4646.5(a)(4))	41	1		98	See Narrative
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	21		21	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

Regional Center Consumer Record Review Summary Sample Size = 42 + 4 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic review and reevaluations of consumer progress are completed (<i>at least annually</i>) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. (<i>WIC §4646.5(a)(6)</i>)	42			100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	24	9	9	73	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	28	5	9	85	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>)		1	42	0	See Narrative

SECTION III

COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

Seven consumer records were reviewed at 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 100% in compliance for all 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 = 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. (Title 17, CCR, §56017(b)), (Title 17, CCR §56059(b)), (Title 22, CCR, §80069)	7			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	7			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	5		2	100	None
3.1.c	The consumer record contains current health information that includes medical, dental and other health needs of the consumer including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	7			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	7			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	7			100	None
3.1.i	Special safety and behavior needs are addressed.	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. (Title 17, CCR, §56019(c)(1))	7			100	None
3.3	The facility has a copy of the consumer's current IPP. (Title 17, CCR, §56022(c))	7			100	None

Community Care Facility Record Review Summary Sample Size: Consumers = 7; CCFs = 5						
	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>)	1		6	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.	1		6	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>)	4		3	100	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	4		3	100	None
3.5.c	Quarterly reports include a summary of data collected. (<i>Title 17, CCR, §56013(d)(4)</i>), (<i>Title 17, CCR, §56026</i>)	4		3	100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. (<i>Title 17, CCR §56026(a)</i>)	7			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	5		2	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		6	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		6	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		6	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

Sixteen sample consumer records were reviewed at 12 day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria.

III. Results of Review

The consumer records were 100% in compliance for 13 of the 14 applicable criteria. Three criteria were rated not applicable because the consumers did not have any reportable special incidents during this review.

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

✓ Finding for one criterion is detailed below.

IV. Findings and Recommendations

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

Finding

Fifteen of the 16 (94%) sample consumer records contained a copy of the consumer's current IPP. The record for consumer #7 at day program #5 did not contain a copy of the current IPP.

4.2 Recommendation	Regional Center Plan/Response
NBRC should ensure that the provider at day program #5 receives a copy of the current IPP for consumer #7.	IPP has been provided to the day program.

Day Program Record Review Summary Sample Size: Consumers = 16; Day Programs = 12						
	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)	16			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.	16			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.	16			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.	16			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			100	None
4.1.e	The consumer record contains documentation that the consumer and/or the authorized consumer representative has been informed of his/her personal rights.	16			100	None
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing.	15		1	100	None

Day Program Record Review Summary Sample Size: Consumers = 16; Day Programs = 12						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	16			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	10		6	100	None
4.2	The day program has a copy of the consumer's current IPP. (<i>Title 17, CCR §56720(b)</i>)	15	1		94	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>)	15		1	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.	15		1	100	None
4.4.a	The day program prepares and maintains written semiannual reports. (<i>Title 17, CCR, §56720(c)</i>)	14		2	100	None
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services for which the day program is responsible for implementing.	14		2	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>)			16	N/A	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)			16	N/A	None
4.5.c	There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. (<i>Title 17, CCR, §54327</i>)			16	N/A	None

SECTION V

CONSUMER OBSERVATIONS AND INTERVIEWS

I. Purpose

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

II. Scope of Observations and Interviews

Thirty-six of the 42 consumers were interviewed and/or observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Twenty-five adult consumers agreed to be interviewed by the monitoring teams.
- ✓ Five consumers did not communicate verbally, but were observed.
- ✓ Two consumers declined an interview, but were observed
- ✓ Four interviews were conducted with parents of minors.
- ✓ Six consumers were unavailable for an interview or observation.

III. Results of Observations and Interviews

All consumers and parents of minors interviewed indicated satisfaction with their living situation, day program, work activities, health, choices, and regional center services. The consumers' overall appearance reflected personal choice and individual style.

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 nine North Bay Regional Center (NBRC) service coordinators.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to the consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The 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. NBRC's clinical team is available to service coordinators for consultation regarding consumers' behavioral and mental health needs. The clinical team also schedules new employee training on medications and side effects, and offers periodic trainings on new and commonly used medications.

4. The service coordinators monitor the consumers' services, health, and safety during periodic visits. The service coordinators were knowledgeable about the special incident report (SIR) process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed. Service coordinators work closely with quality assurance staff, and are briefed on SIR trends that may affect their caseloads.

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 psychologist and a nurse consultant, who are members of the North Bay Regional Center's (NBRC) Clinical Team.
2. The questions in the interview cover the following topics: routine monitoring of consumers with medical issues; medications 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, psychiatrists, a pharmacist, dental coordinators, and registered nurses.

The clinical team nurses and physicians are available to the service coordinators for any medical issue, and will assist the service coordinators in the referral of consumers for specialized medical care as needed. The clinical team is available to review care plans, make hospital and nursing home visits, attend medical appointments, and provide follow-up on issues. The clinical team may attend the consumers' Individual Education Plan meetings if requested. By referral the dental coordinator is available to assist consumers with dental concerns.

The clinical team is active in monitoring consumers' medications. A NBRC physician and pharmacist are available for consultation, training, and clinical meetings with service coordinators, families, consumers, and service providers. The pharmacist is also available to meet with consumers and providers for medication reviews. On request the pharmacist may conduct on site medication trainings for providers.

The clinical staff is available to service coordinators for consultation regarding consumers' behavioral and mental health needs. Members of the clinical team attend monthly meetings through a partnership with Napa and Solano County Mental Health, which provides services to many regional center consumers.

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
- ✓ Autism Diagnosis Clinic in collaboration with local schools
- ✓ Community Autism classes
- ✓ Clinic Telemedicine: University of California, Los Angeles, and University of San Francisco
- ✓ Participates in telemedicine seminars with other regional centers

The clinical team has an active role in the Risk Management and Mortality Committee. The team reviews medically related special incident reports (SIRs), analyzes SIRs for trends, and makes recommendations for appropriate follow-up and training. The clinical staff presents monthly clinical trainings called "Medical Moments" for staff as a result of SIR trend analysis. Recent topics have included pneumonia, falls and sexual assault.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

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

II. Scope of Interview

The monitoring team interviewed a Community Resource Consultant who is an integral part of the team responsible for conducting QA activities.

III. Results of Interview

1. Community resource consultants (CRC) are responsible for conducting the annual Title 17 monitoring reviews. Results of these reviews are compiled in a report, which includes corrective actions plans (CAPs), if any, that the facility is required to complete. CRCs conduct unannounced visits when special incident reports (SIRs), CAPs, or complaints indicate the need for investigation and further monitoring. Additionally, the service coordinators are responsible for conducting the two required unannounced visits to CCFs.
2. NBRC's QA staff meets monthly to analyze trends of substantial inadequacies, corrective action plans, and SIRs. These reviews assist NBRC in determining if there is a need for additional vendor training. NBRC offers monthly training sessions for all vendors, and those vendors who are having difficulty meeting Title 17 requirements will be requested to participate in training specific to their needs.
3. The QA staff also gathers data on trends from special incident reports in order to identify problematic issues, such as client's rights, abuse, risk management, medication administration, and behavioral supports. This data is provided to NBRC's Risk Management Committee for the purpose of analyzing the need for any policy and procedural changes, or for NBRC staff trainings.

SECTION VII A

SERVICE PROVIDER INTERVIEWS

I. Purpose

The interviews determine how well the service provider knows the consumers, the extent of their assessment process for the annual IPP development and/or review, the extent of their plan participation, how the plan was developed, how service providers ensure accurate documentation, communicate, address and monitor health issues, their preparedness for emergencies, how they monitor safety and safeguard medications.

II. Scope of Interviews

1. The monitoring team interviewed eight service providers at five community care facilities (CCFs) and three day programs where services are provided 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 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 and their understanding of the IPP and service delivery requirements, how they communicate, and their level of preparedness to address safety issues, their understanding of emergency preparedness, and knowledge about safeguarding medications.

II. Scope of Interviews

1. The monitoring team interviewed five direct service staff at three community care facilities (CCFs) and two day programs where services are provided to the consumers that were visited by the monitoring team. Three direct service staffs were not available for an interview.
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 was prepared to address safety issues and emergencies, and was familiar with special incident reporting requirements.
5. The direct service staff demonstrated an understanding about emergency preparedness.
6. The direct service staff was knowledgeable regarding safeguarding and assisting with self-administration of medications where applicable.

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

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

II. Scope of Review

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

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 (SIRs) of deaths received by the Department of Developmental Services (DDS).
2. The records of the 42 consumers selected for the Home and Community-based Services (HCBS) Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of ten consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. NBRC reported all deaths during the review period to DDS.
2. NBRC reported all special incidents in the sample of 42 records selected for the HCBS Waiver review to DDS.
3. NBRC's vendors reported six of the ten (60%) incidents in the supplemental sample within the required timeframes.
4. NBRC reported five of the ten (50%) 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 ten incidents.

IV. Findings and Recommendations

Findings

Consumer #50: The incident occurred on January 18, 2011. However, the vendor did not report the incident to NBRC until January 21, 2011.

Consumer # 51: The incident was reported to NBRC on April 1, 2010. However, NBRC did not report the incident to DDS until April 23, 2010.

Consumer # 53: The incident occurred on May 8, 2010. The vendor did not report the incident to NBRC until May 19, 2010

Consumer # 54: The incident occurred on July 9, 2010. However, the vendor did not report the incident to NBRC until July 12, 2010. Additionally, NBRC did not report the incident to DDS until July 19, 2010.

Consumer # 55: The incident was reported to NBRC on July 1, 2010. However, NBRC did not report the incident to DDS until July 21, 2010.

Consumer #57: The incident occurred on April 22, 2010. However, the vendor did not report the incident to NBRC until April 27, 2010. Additionally, NBRC did not report the incident to DDS until April 30, 2010.

Consumer #59: The incident was reported to NBRC on March 19, 2010. However, NBRC did not report the incident to DDS until March 25, 2010.

Recommendations	Regional Center Plan/Response
1. NBRC should determine what actions are necessary to ensure those vendors for consumer #50, #53, #54, and #57 report special incidents within the required timeframes.	Vendors will be forwarded SIR monthly training calendar to ensure with familiarity and compliance with timelines.
2. NBRC should ensure that all special incidents are reported to DDS within the required timeframes.	NBRC has reviewed data input and integrity with SANDIS last year and feels confident that a system is in place that reflects timely SIR submissions.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

#	UCI	CCF #	DP #	#	UCI	CCF #	DP #
1	5685680	1		22	7186099		8
2	6124200		12	23	8011161		
3	6312508	3		24	4833034		
4	6545610		11	25	5049127		
5	7100491		2	26	6126239		10
6	7172059	1		27	6303770		9
7	7178171		5	28	6316715		2
8	7178234		6	29	6730959		10
9	7178422	4		30	6908844		
10	7179264		7	31	7100465		
11	7181009	2		32	7176096		
12	7182083	3		33	7176175		
13	7194261	5		34	7178145		
14	7197227		1	35	7180024		
15	6920511			36	7184274		
16	7131603			37	7190465		10
17	7133019			38	7190471		
18	7138771			39	7191047		
19	6197189		3	40	7192459		
20	7121010			41	7196430		
21	7175042		4	42	7199128		11

Supplemental Sample Terminated Consumers

#	UCI
T1	7174149
T2	7187014
T3	8028979

Supplemental Sample DC Consumers

#	UCI
DC-1	7176054

HCBS Waiver Review Service Providers

CCF#	Vendor
1	H13304
2	H13603
3	H13546
4	H13499
5	HN0272

Day Program#	Vendor	Day Program #	Vendor
1	H83903	7	HN0176
2	HN0199	8	H83898
3	H13551	9	PN0609
4	H83901	10	H13600
5	H13460	11	H83740
6	HN0340	12	H83899

SIR Review Consumers

#	UCI	Vendor
50	6115489	H07757
51	6602926	HN0277
52	7110123	HN0331
53	7174073	HN0290
54	7176040	HN0056
55	7178184	H83899
56	7182045	HN0131
57	7184025	HN0303
58	7198459	H13314
59	8007219	H13486

ADDENDUM TO INDIVIDUAL PROGRAM PLAN-PERSON CENTERED OBJECTIVES

30 Day ☐

NORTH BAY REGIONAL CENTER

Name: Virginia Riesgo Current IPP Date: 6/29/09 Addendum Date: 12/27/11 UCI#: 7190465

DOB: 6/20/57 CPC: Mary Stukenberg CPC Phone/Ext.: 569-2093

PERSONS WHO HELPED WITH THE PLAN (Indicate if by phone or report):

Virginia Riesgo; Mary Stukenberg, CPC

NOTE: For Minors Living at Home, You Must Have an Objective Which Addresses a Family Support Plan

OBJECTIVE#: 1 TITLE: Home

How Things Are Now?

Virginia lives in her own home with supported living assistance from Becoming Independent. Virginia is independent with many of her daily living tasks such as dressing, hygiene and access to community; however, she needs assistance with assuring her own safety. For example, Virginia has issues of compliance with medication that is necessary for her health and her proper functioning in her environment. The primary role of her SLS support services program is to address Virginia's need for complying with issues of personal health and safety.

How Would You Like Them to Be?

Virginia needs assistance with issues of personal safety and compliance with medication schedules.

Kinds of Support Needed?

POS for supporting living services through Becoming Independent is in place until cancelled.

How Will You Know if Your Plan Has Worked?

Virginia will have supervision for her issues of personal safety and compliance.

☒ **PHONE APPROVAL FOR IPP ADDENDUM OBTAINED FROM CLIENT/LEGAL REPRESENTATIVE:**

12/27/11 (Date) Virginia Riesgo (Name of Client/Legal Representative Approving Addendum)

Mary Stukenberg (Signature of NBRC Employee)
(Obtaining Approval)

☐ **IF WRITTEN APPROVAL NOT YET OBTAINED, DATE AND SIGNATURE OF NBRC EMPLOYEE WHO MAILED ADDENDUM TO CLIENT/LEGAL REPRESENTATIVE TO OBTAIN SIGNATURE FOR WRITTEN APPROVAL:**

____ (Date) _____ (Signature of NBRC Employee)

☐ **DEAR CONSUMER/ LEGAL REPRESENTATIVE. PLEASE SIGN, DATE AND RETURN THIS ADDENDUM TO NBRC. YOUR WRITTEN CONSENT AS CLIENT/LEGAL REPRESENTATIVE FOR THE IPP ADDENDUM IS REQUIRED BY THE STATE. THANK YOU.**

____ (Date) _____ (Signature of Client/Legal Representative)

IPP PREPARED BY: Mary Stukenberg NEXT PROGRESS REVIEW TO BE DONE BY: 6/12
Date

SUPERVISOR'S SIGNATURE: _____ DATE: _____

SEND COPY TO: _____

(x) CLIENT () PARENTS/CONSERVATOR/GUARDIAN () PROGRAM(Specify): _____
() RSP () OTHER(Specify): _____