

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

Conducted by:

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

May 15–18, 2017

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EXECUTIVE SUMMARY

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

Purpose of the Review

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

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

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

Scope of Review

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

Overall Conclusion

NBRC is in substantial compliance with the federal requirements for the HCBS 1915(i) SPA program. Specific recommendations that require follow-up actions by NBRC are included in the report findings. DDS is requesting documentation of follow-up actions taken by NBRC in response to each of the specific recommendations within 30 days following receipt of this report.

Major Findings

Section I – Regional Center Consumer Record Review

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

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

Section II – Special Incident Reporting

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

SECTION I

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

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

III. Results of Review

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

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

IV. Findings and Recommendations

None

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

Regional Center Consumer Record Review Summary
Sample Size = 8 Records

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

Regional Center Consumer Record Review Summary
Sample Size = 8 Records

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

SECTION II

SPECIAL INCIDENT REPORTING

I. Purpose

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

II. Scope of Review

1. The records of the eight consumers selected for the HCBS 1915(i) State Plan Amendment (SPA) sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
2. A supplemental sample of five consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. North Bay Regional Center (NBRC) reported all of the special incidents timely in the sample of eight records selected for the HCBS 1915(i) SPA review to DDS.
2. NBRC's vendors reported four of the five (80 percent) special incidents in the supplemental sample within the required timeframes.
3. NBRC reported all five (100 percent) incidents to DDS within the required timeframes.
4. NBRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the five incidents.

IV. Finding and Recommendation

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

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

SAMPLE CONSUMERS

HCBS 1915(i) State Plan Amendment Review Consumers

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

SIR Review Consumers

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