

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

**Conducted by:**

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

**May 15–24, 2017**

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## EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the Home and Community-Based Services (HCBS) Waiver from May 15–24, 2017, at North Bay Regional Center (NBRC). The monitoring team members were Corbett Bray (Team Leader), Nora Muir, and Linda Rhoades from DDS, and Raylyn Garrett and Annette Hanson from DHCS.

### Purpose of the Review

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

### Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

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

### Scope of Review

The monitoring team reviewed a sample of 42 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers whose HCBS Waiver eligibility had been previously terminated; 2) three consumers who moved from a developmental center; and 3) ten consumers who had special incidents reported to DDS during the review period of March 1, 2016, through February 28, 2017.

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

## Overall Conclusion

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

## Major Findings

### Section I – Regional Center Self-Assessment

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

### Section II – Regional Center Consumer Record Review

Forty-two sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Criterion 2.9.a was 76 percent in compliance because 10 of the 41 applicable sample records contained IPPs that did not address all of the consumer's qualifying conditions. Criterion 2.13.a was 79 percent in compliance because seven of the 33 applicable sample records did not include documentation of all required quarterly face-to-face visits. Criterion 2.13.b was 79 percent in compliance because seven of the 33 applicable sample records did not contain documentation of all required quarterly reports of progress. The sample records were 97 percent in overall compliance for this review.

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

### Section III – Community Care Facility Consumer Record Review

Seven consumer records were reviewed at five CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. Three criteria were rated as not applicable for this review. The sample records were 99 percent in overall compliance for the 16 applicable criteria for this review.

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

#### Section IV – Day Program Consumer Record Review

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

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

#### Section V – Consumer Observations and Interviews

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

#### Section VI A – Service Coordinator Interviews

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

#### Section VI B – Clinical Services Interview

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

#### Section VI C – Quality Assurance Interview

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

#### Section VII A – Service Provider Interviews

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

## Section VII B – Direct Service Staff Interviews

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

## Section VIII – Vendor Standards Review

The monitoring team reviewed four CCFs and three day programs utilizing a standard checklist with 24 criteria that are consistent with HCBS Waiver requirements. All of the reviewed vendors were in good repair with no immediate health or safety concerns observed.

## Section IX – Special Incident Reporting

The monitoring team reviewed the records of the HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. NBRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported six of the ten incidents to NBRC within the required timeframes, and NBRC subsequently transmitted eight of the ten special incidents to DDS within the required timeframes. NBRC's follow-up activities on consumer incidents were timely and appropriate for the severity of the situation.

## SECTION I

### REGIONAL CENTER SELF-ASSESSMENT

#### I. Purpose

The regional center self-assessment addresses the California Home and Community-Based Services Waiver (HCBS) assurances criteria and is designed to provide information about the regional center's processes and practices. The responses are used to verify that the regional center has processes in place to ensure compliance with federal and state laws and regulations.

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

#### II. Scope of Assessment

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

#### III. Results of Assessment

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

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

<b>Regional Center Self-Assessment HCBS Waiver Assurances</b>	
HCBS Waiver Assurances	Regional Center Assurances
<p>State conducts level-of-care need determinations consistent with the need for institutionalization.</p>	<p>The regional center ensures that consumers meet ICF/DD, ICF/DD-H, or ICF/DD-N facility level-of-care requirements as a condition of initial and annual eligibility for the HCBS Waiver program.</p> <p>The regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meets the federal definition of a Qualified Mental Retardation Professional (QMRP).</p> <p>The regional center ensures that consumers are eligible for full-scope Medi-Cal benefits before enrolling them in the HCBS Waiver.</p>
<p>Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver services.</p>	<p>The regional center takes action(s) to ensure consumers' rights are protected.</p> <p>The regional center takes action(s) to ensure that the consumers' health needs are addressed.</p> <p>The regional center ensures that behavior plans preserve the right of the consumer to be free from harm.</p> <p>The regional center maintains a Risk Management, Risk Assessment and Planning Committee.</p> <p>The regional center has developed and implemented a Risk Management/Mitigation Plan.</p> <p>Regional centers and local Community Care Licensing offices coordinate and collaborate in addressing issues involving licensing requirements and monitoring of CCFs pursuant to the memorandum of understanding (MOU) between DDS and the Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 CCFs.</p> <p>The regional center reviews each CCF annually to assure services are consistent with the program design and applicable laws, and oversees development and implementation of corrective action plans as needed.</p> <p>The regional center conducts no less than two unannounced monitoring visits to each CCF annually.</p> <p>Service coordinators perform and document periodic reviews (at least annually) to ascertain progress toward achieving IPP objectives and the 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>



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

## SECTION II

### REGIONAL CENTER CONSUMER RECORD REVIEW

#### I. Purpose

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

<b>Living Arrangement</b>	<b># of Consumers</b>
Community Care Facility	11
With Family	8
Independent or Supported Living Setting	23

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

#### III. Results of Review

The sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Three supplemental records were reviewed solely for documentation that North Bay Regional Center (NBRC) had either provided the consumer with written notification prior to termination of the consumer's HCBS Waiver eligibility or the consumer had voluntarily disenrolled from the HCBS Waiver. Three supplemental records were reviewed for documentation of face-to-face meetings no less than once every 30 days for the first 90 days following the consumer's move from a developmental center.

- ✓ The sample records were in 100 percent compliance for 26 applicable criteria. There are no recommendations for these criteria.
- ✓ Findings for five criteria are detailed below.

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

#### IV. Findings and Recommendations

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

##### Findings

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

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

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

##### Findings

Thirty-nine of the forty-two (93 percent) sample consumer records documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in the records for three consumers did not support the determination that all of the issues identified in the CDER and DS 3770 could be considered qualifying conditions. The following were identified as qualifying conditions on the DS 3770, but there was no supporting information in the consumer’s records (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports:

Consumer #15: “Fragile Ambulation;”

Consumer #24: “Disruptive Social Behavior” and “Aggressive Social Behavior;”  
 and,

Consumer #27: “Maladaptive Sexual Behavior.”

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

2.5.b Recommendations	Regional Center Plan/Response
<p>NBRC should determine if the items listed above are appropriately identified as qualifying conditions. The consumers’ DS 3770 form should be corrected to ensure that any items that do not represent substantial limitations in the consumers’ ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying conditions. Due to an insufficient number of qualifying conditions, the correction may require that the consumer’s HCBS Waiver eligibility be terminated. If NBRC determines that any of the issues above are correctly identified as qualifying conditions, documentation (updated IPPs, progress reports, etc.) that support the original determinations should be submitted with the response to this report.</p>	<p>NBRC has determined that the qualifying conditions as listed on the DS 3770 are accurate and have updated documentation for both consumers #15 and #27. See accompanying documents #15A and #27A.</p>

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

Findings

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

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

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

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

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

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

Findings

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

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

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

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

Findings

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

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

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

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 42 + 6 Supplemental Record</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	42			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Mental Retardation Professional (QMRP), which documents the date of the consumer's initial HCBS Waiver eligibility certification, annual recertifications, the consumer's qualifying conditions and short-term absences. [SMM 4442.1; 42 CFR 483.430(a)]	Criterion 2.1 consists of four sub-criteria (2.1.a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a QMRP and the title "QMRP" appears after the person's signature.	42			100	None
2.1.b	The DS 3770 form identifies the consumer's qualifying conditions and any applicable special health care requirements for meeting the Title 22 level-of-care requirements.	42			100	None
2.1.c	The DS 3770 form documents annual recertifications.	40		2	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	1		41	100	None
2.2	Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). [SMM 4442.7; 42 CFR 441.302(d)]	34	8		81	See Narrative
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all, or part, of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. [SMM 4442.7; 42 CFR Part 431, Subpart E; WIC §4646(g)]	4		41	100	None
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5; 42 CFR 441.302)	42			100	None



Regional Center Consumer Record Review Summary						
Sample Size = 42 + 6 Supplemental Record						
	Criteria	+	-	N/A	% Met	Follow-up
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level-of-care requirements for care provided in an ICF/DD, ICF/DD-H, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. [SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343]	42			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	39	3		93	See Narrative
2.6.a	IPP is reviewed ( <i>at least annually</i> ) by the planning team and modified, as necessary, in response to the consumer's changing needs, wants or health status. [42 CFR 441.301(b)(1)(I)]	42			100	None
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. (HCBS Waiver requirement)	30		12	100	None
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. [WIC §4646(g)]	42			100	None
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	27		15	100	None
2.7.c	The IPP is prepared jointly with the planning team. [WIC §4646(d)]	42			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. [WIC §4646.5(a)]	42			100	None
2.9	The IPP addresses the consumer's goals and needs. [WIC §4646.5(a)(2)]	Criterion 2.9 consists of seven sub-criteria (2.9.a-g) that are reviewed independently.				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	31	10	1	76	See Narrative

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 42 + 6 Supplemental Record</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.9.b	The IPP addresses the special health care requirements.	18		24	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	11		31	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	30		12	100	None
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	21		21	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	42			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. <i>[WIC §4685(c)(2)]</i>	3		39	100	None
2.10.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. <i>[WIC §4646.5(a)(4)]</i>	42			100	None
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. <i>[WIC §4646.5(a)(4)]</i>	42			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. <i>[WIC §4646.5(a)(4)]</i>	27		15	100	None
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to, vendors, contract providers, generic service agencies and natural supports. <i>[WIC §4646.5(a)(4)]</i>	42			100	None
2.12	Periodic reviewS and reevaluations of consumer progress are completed ( <i>at least annually</i> ) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and that the consumer and his/her family are satisfied with the IPP and its implementation. <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 CCFs, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	26	7	9	79	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	26	7	9	79	See Narrative
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. <i>(WIC §4418.3)</i>	3		42	100	None

## SECTION III

### COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

#### I. Purpose

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

#### II. Scope of Review

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

#### III. Results of Review

The consumer records were 99 percent in compliance for 16 criteria. Three criteria were rated as not applicable for this review.

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

#### IV. Finding and Recommendation

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

##### Finding

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

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

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 7; CCFs = 5</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. <i>[Title 17, CCR, §56017(b); Title 17, CCR §56059(b); Title 22, CCR, §80069]</i>	7			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	7			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	6		1	100	None
3.1.c	The consumer record contains current health information that includes medical, dental and other health needs of the consumer, including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	7			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	7			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	7			100	None
3.1.i	Special safety and behavior needs are addressed.	6		1	100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17, and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. <i>[Title 17, CCR, §56019(c)(1)]</i>	7			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	7			100	None
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. <i>[Title 17, CCR, §56026(b)]</i>	5		2	100	None

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 7; CCFs = 5</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	5		2	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. <i>[Title 17, CCR, §56026(c)]</i>	1	1	5	50	See Narrative
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	2		5	100	None
3.5.c	Quarterly reports include a summary of data collected. <i>[Title 17, CCR, §56013(d)(4); Title 17, CCR, §56026]</i>	2		5	100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. <i>[Title 17, CCR, §56026(a)]</i>	7			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	6		1	100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>			7	NA	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>			7	NA	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. <i>(Title 17, CCR, §54327)</i>			7	NA	None

## SECTION IV

### DAY PROGRAM CONSUMER RECORD REVIEW

#### I. Purpose

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

#### II. Scope of Review

Fourteen sample consumer records were reviewed at 13 day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria.

#### III. Results of Review

The consumer records were 100 percent in compliance for 13 criteria.

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

✓ Findings for four criteria are detailed below.

#### IV. Findings and Recommendations

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

##### Finding

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

- 4.1.e The consumer record contains documentation that the consumer and/or the authorized consumer representative has been informed of his/her personal rights.



Finding

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

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

Finding

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

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

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

Findings

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

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

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 14; Day Programs = 13</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. <i>(Title 17, CCR, §56730)</i>	14			100	None
4.1.a	The consumer record contains current emergency and personal identification information, including the consumer's address, telephone number; names and telephone numbers of residential care provider, relatives, and/or guardian or conservator; physician name(s) and telephone number(s); pharmacy name, address and telephone number; and health plan, if appropriate.	14			100	None
4.1.b	The consumer record contains current health information that includes current medications; known allergies; medical disabilities; infectious, contagious, or communicable conditions; special nutritional needs; and immunization records.	14			100	None
4.1.c	The consumer record contains any medical, psychological, and social evaluations identifying the consumer's abilities and functioning level, provided by the regional center.	14			100	None
4.1.d	The consumer record contains an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative.	13	1		93	See Narrative
4.1.e	The consumer record contains documentation that the consumer and/or the authorized consumer representative has been informed of his/her personal rights.	13	1		93	See Narrative
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP which the day program provider is responsible for implementing.	14			100	None
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	14			100	None

<b>Day Program Record Review Summary</b> <b>Sample Size: Consumers = 14; Day Programs = 13</b>						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	10		4	100	None
4.2	The day program has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56720(b)]</i>	13	1		93	See Narrative
4.3.a	The day program provider develops, maintains, and modifies, as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. <i>[Title 17, CCR, §56720(a)]</i>	14			100	None
4.3.b	The day program's ISP or other program documentation is consistent with the services addressed in the consumer's IPP.	14			100	None
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	12	2		86	See Narrative
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services which the day program is responsible for implementing.	14		1	100	None
4.5.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	1		13	100	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	1		13	100	None
4.5.c	There is appropriate follow-up to special incidents to resolve issues and eliminate or mitigate future risk. <i>(Title 17, CCR, §54327)</i>	1		13	100	None

## SECTION V

### CONSUMER OBSERVATIONS AND INTERVIEWS

#### I. Purpose

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

#### II. Scope of Observations and Interviews

Thirty of the forty-two consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities (CCF), or in independent living settings:

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

#### III. Results of Observations and Interviews

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

#### IV. Finding and Recommendation

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

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

## SECTION VI A

### SERVICE COORDINATOR INTERVIEWS

#### I. Purpose

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

#### II. Scope of Interviews

1. The monitoring team interviewed 10 North Bay Regional Center (NBRC) service coordinators.
2. The interview questions are divided into two categories:
  - ✓ The questions in the first category are related to the consumers selected by the monitoring team; and,
  - ✓ The questions in the second category are related to general areas.

#### III. Results of Interviews

1. The service coordinators are very familiar with their respective consumers. They were able to relate specific details regarding the consumers' desires, preferences, life circumstances and service needs.
2. The service coordinators are knowledgeable about the IPP/annual review process and monitoring requirements. Service providers and family members provided input on the consumers' needs, preferences and satisfaction with services outlined in the IPP. For consumers in out-of-home placement settings, service coordinators conduct quarterly face-to-face visits and develop written assessments of consumer progress and satisfaction. In preparation for the quarterly visits, service coordinators review their previous progress reports, pertinent case notes, special incident reports, and vendor reports of progress.
3. To better understand issues related to consumers' use of medication and issues related to side effects, the service coordinators utilize NBRC's clinical team and internet medication guides as resources.
4. The service coordinators monitor the consumers' services, health and safety during periodic visits. They are aware of the consumers' health issues. The service coordinators are knowledgeable about the special incident report

process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed.

## SECTION VI B

### CLINICAL SERVICES INTERVIEW

#### I. Purpose

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

#### II. Scope of Interview

1. The monitoring team interviewed a clinical psychologist at the North Bay Regional Center (NBRC).
2. The questions in the interview cover the following topics: routine monitoring of consumers with medical issues; medications and behavior plans; coordination of medical and mental health care for consumers; circumstances under which actions are initiated for medical or behavioral issues; clinical supports to assist service coordinators; improved access to preventive health care resources; and role in Risk Management Assessment and Planning Committee and special incident reports.

#### III. Results of Interview

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

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

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

The clinical staff is available for consultation regarding consumers' behavioral and mental health needs. NBRC clinicians participate in reviewing consumers' behavioral plans for efficacy and effectiveness. The BCBA and Clinical Psychologist work in partnership with behavioral vendors and providers to discuss challenging cases. Members of the clinical team are available to attend monthly meetings with Napa and Solano County Mental Health.

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

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

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



## SECTION VI C

### QUALITY ASSURANCE INTERVIEW

#### I. Purpose

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

#### II. Scope of Interview

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

#### III. Results of Interview

1. The annual Title 17 monitoring reviews are conducted by service coordinators, who serve as facility liaisons. Results of these reviews are compiled in a report that may include a corrective action plan (CAP) that the facility is required to complete. Facility liaisons are also responsible for conducting the two required unannounced visits to CCFs each year. Additional unannounced visits may be conducted when there are special incident reports (SIR), CAPs, or complaints for a particular facility.
2. The QA staff participates on the Risk Management and Mortality Committee, which is composed of department supervisors, the SIR Coordinator, and service coordinators. The committee reviews and analyzes SIRs, and makes recommendations for appropriate follow-up and additional vendor training. NBRC offers monthly training for all vendors. However, vendors who are having difficulty meeting Title 17 requirements are expected to participate in trainings specific to their needs.
3. The QA staff also gathers data on trends from SIRs in order to identify issues that may require targeted follow-up. NBRC utilizes reports prepared by the State's independent risk management contractor to help identify the need for policy and procedural changes, or for NBRC staff trainings.
4. NBRC maintains a Community Resource Development Department that interviews potential providers, reviews applications and program designs and conducts new provider orientation and training.

## SECTION VII A

### SERVICE PROVIDER INTERVIEWS

#### I. Purpose

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

#### II. Scope of Interviews

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

#### III. Results of Interviews

1. The service providers were familiar with the strengths, needs and preferences of their respective consumers.
2. The service providers indicated that they conducted assessments of the consumers, participated in their IPP development, provided the program-specific services addressed in the IPPs, and attempted to foster the progress of consumers.
3. The service providers monitored consumer health issues and safeguarded medications.
4. The service providers communicated with people involved in the consumers' lives and monitored progress documentation.
5. The service providers were prepared for emergencies, monitored the safety of consumers, and understood special incident reporting and follow-up processes.

## SECTION VII B

### DIRECT SERVICE STAFF INTERVIEWS

#### I. Purpose

The interviews determine how well the direct service staff knows the consumers, their understanding of the individual program plan (IPP) and service delivery requirements, how they communicate, their level of preparedness to address safety issues, their understanding of emergency preparedness, and their knowledge about safeguarding medications.

#### II. Scope of Interviews

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

#### III. Results of Interviews

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

## SECTION VIII

### VENDOR STANDARDS REVIEW

#### I. Purpose

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

#### II. Scope of Review

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

#### III. Results of Review

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

#### IV. Findings and Recommendations

##### 8.3.b Contingency Plan

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

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

### 8.3.c First Aid

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

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

## SECTION IX

### SPECIAL INCIDENT REPORTING

#### I. Purpose

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

#### II. Scope of Review

1. Special incident reporting of deaths by North Bay Regional Center (NBRC) was reviewed by comparing deaths entered into the Client Master File for the review period with special incident reports (SIR) of deaths received by the Department of Developmental Services (DDS).
2. The records of the 42 consumers selected for the Home and Community-Based Services (HCBS) Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of 10 consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences and that risks are either minimized or eliminated.

#### III. Results of Review

1. NBRC reported all deaths during the review period to DDS.
2. NBRC reported all special incidents in the sample of 42 records selected for the HCBS Waiver review to DDS.
3. NBRC's vendors reported six of the ten (60 percent) special incidents in the supplemental sample within the required timeframes.
4. NBRC reported eight of the ten (80 percent) incidents to DDS within the required timeframes.
5. NBRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the 10 incidents.

#### IV. Findings and Recommendations

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

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

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

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

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

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

## SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

### HCBS Waiver Review Consumers

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



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

### Supplemental Sample of Terminated Consumers

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

### Supplemental Sample DC Consumers

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

### HCBS Waiver Review Service Providers

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

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

### **SIR Review Consumers**

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