

**Inland Regional Center
Home and Community-based Services Waiver
Monitoring Review Report**

Conducted by:

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

February 3-14, 2014

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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 February 3 - 14, 2014, at Inland Regional Center (IRC). The monitoring team members were Linda Rhoades (Team Leader), Ray Harris, Corbett Bray, and Kathy Benson from DDS, and Raylyn Garrett, Annette Hanson, and Jalal Haddad 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 (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 86 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers who moved from a developmental center, and 2) 10 consumers who had special incidents reported to DDS during the review period of December 1, 2012 – November 30, 2013.

The monitoring team completed visits to 14 community care facilities (CCFs) and 24 day programs. The team reviewed 17 CCF and 30 day program consumer records and had face-to-face visits and/or interviews with 69 consumers or their parents.

Overall Conclusion

IRC is in substantial compliance with the federal requirements for the HCBS Waiver program. Specific recommendations that require follow-up actions by IRC are included in the report findings. DDS is requesting documentation of follow-up actions taken by IRC 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 IRC 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

Eighty-six sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Criterion 2.10.a was 74% in compliance because 22 consumer individual program plans did not identify all services and supports purchased by the regional center. One criterion was not applicable for this review.

The sample records were 99% in overall compliance for this review. IRC's records were 99% in overall compliance for the collaborative reviews conducted in 2012 and in 2010.

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

Seventeen consumer records were reviewed at 14 CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations.

The sample records were 100% in overall compliance for the 19 criteria. IRC's records were 100% in overall compliance for the collaborative reviews conducted in 2012 and in 2010.

Section IV – Day Program Consumer Record Review

Thirty consumer records were reviewed at 24 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. Three criteria were not applicable for this review.

The sample records were 99% in overall compliance for 14 applicable criteria. IRC's records were 100% and 99% in overall compliance for the collaborative reviews conducted in 2012 and in 2010, respectively.

Section V – Consumer Observations and Interviews

Sixty-nine 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. The interviewed consumers/parents indicated that they were satisfied with their services, health and choices.

Section VI A – Service Coordinator Interviews

Eighteen 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

The Clinical Services Manager was interviewed using a standard interview instrument. The manager 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 Committee.

Section VI C – Quality Assurance Interview

A Quality Assurance Specialist was interviewed using a standard interview instrument. She responded to informational questions regarding how IRC 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

Thirteen CCF and five 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

Ten CCF and five 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 staff were familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VIII – Vendor Standards Review

The monitoring team reviewed 13 CCFs and four 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 86 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. IRC reported all of the special incidents for the sample of 86 records selected for the HCBS Waiver review to DDS. For the supplemental sample, the service providers reported seven of the 10 incidents to IRC within the required timeframe and IRC subsequently transmitted all of the 10 special incidents to DDS within the required timeframe. IRC'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 Inland Regional Center's (IRC) 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

IRC 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 IRC 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 meet 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 consumer's rights are protected.</p> <p>The regional center takes action(s) to ensure that the consumer's 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.)	<p>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.</p> <p>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.</p>
Only qualified providers serve HCBS Waiver participants	<p>The regional center ensures that all HCBS Waiver service providers have signed the "HCBS Provider Agreement Form" and meet the required qualifications at the time services are provided.</p>
Plans of care are responsive to HCBS Waiver participant needs	<p>The regional center ensures that all HCBS Waiver consumers are offered a choice between receiving services and living arrangements in an institutional or community setting.</p> <p>Regional centers ensure that planning for IPPs includes a comprehensive assessment and information gathering process which addresses the total needs of HCBS Waiver consumers and is completed at least every three years at the time of his/her triennial IPP.</p> <p>The IPPs of HCBS Waiver consumers are reviewed at least annually by the planning team and modified, as necessary, in response to the consumer's changing needs, wants and health status.</p> <p>The regional center uses feedback from consumers, families and legal representatives to improve system performance.</p> <p>The regional center documents the manner by which consumers indicate choice and consent.</p>

SECTION II

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

The review is based upon documentation criteria derived from federal/state statutes and regulations and from the Centers for Medicare & Medicaid Services directives and guidelines relating to the provision of Home and Community-based Services (HCBS) Waiver services. The criteria address requirements for eligibility, consumer choice, notification of proposed action (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. Eighty-six HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	33
With Family	35
Independent or Supported Living Setting	18

2. The review period covered activity from December 1, 2012 – November 30, 2013.

III. Results of Review

The 86 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 for documentation of face-to-face meetings no less than once every 30 days for the first 90 days following the consumer's move from a developmental center. One criterion was not applicable for this review.

- ✓ The sample records were in 100% compliance for 26 applicable criteria. There are no recommendations for these criteria.
- ✓ Findings for four 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)*)

Finding

Eighty-five of the 86 (99%) sample consumer records contained a dated and signed DS 2200 form. However, the DS 2200 form for consumer #41, an unconserved adult, was not signed by the consumer. Subsequent to the monitoring review, consumer #41 signed the DS 2200. Accordingly, no recommendation is required.

- 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*)

Finding

Eighty-five of the 86 (99%) sample consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in the record for consumer #42 did not support the determination that disruptive social behavior identified in the CDER and DS 3770 could be considered a qualifying condition. Subsequent to the monitoring review, IRC removed the qualifying condition from the DS 3770 for consumer #42. Accordingly, no recommendation is required.

- 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)*)

Findings

Eighty-four of the 86 (98%) sample consumer records contained IPPs that were signed by IRC and the consumers or their legal representatives. However, the IPPs for consumers #41 and #47 had not been signed by the consumers. Subsequent to the review, IRC stated in the record that consumers #41 and #47 are unable to sign due to the severity of their respective disabilities. Accordingly, no recommendation is required.

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

Sixty-four of the 86 (74%) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by IRC. However, the IPPs for 22 consumers did not indicate IRC funded services as indicated below:

1. Consumers #1, #2, #8, #11, #12, #19, #20, #25, #27, #29, #30, #33, #52, #57, #59, #62, #63, #64, #66, #67, #69 and #70: Dental services.
2. Consumer #52: Family Training.

2.10.a Recommendations	Regional Center Plan/Response
IRC should ensure that the IPPs for consumers #1, #2, #8, #11, #12, #19, #20, #25, #27, #29, #30, #33, #52, #57, #59, #62, #63, #64, #66, #67, #69 and #70 include a schedule of the type and amount of all services and supports purchased by IRC.	The IPP dental objective will reflect the consumer dental services that are purchased by IRC through DENTI-CAL. Consumer #52's IPP has been corrected to reflect Family Training purchased by IRC.

Regional Center Consumer Record Review Summary Sample Size = 86 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	86			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.	86			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.	86			100	None
2.1.c	The DS 3770 form documents annual recertifications.	84		2	100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	7		79	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))	85	1		99	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))	1		85	100	None

Regional Center Consumer Record Review Summary Sample Size = 86 + 3 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)	86			100	None
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)	86			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	85	1		99	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))	86			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)			86	N/A	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))	84	2		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.	9		77	100	None
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	86			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))	86			100	None

Regional Center Consumer Record Review Summary Sample Size = 86 + 3 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).	86			100	None
2.9.b	The IPP addresses the special health care requirements.	48		38	100	None
2.9.c	The IPP addresses the services for which the CCF provider is responsible for implementing.	33		53	100	None
2.9.d	The IPP addresses the services for which the day program provider is responsible for implementing.	51		35	100	None
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		68	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	85		1	100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	14		72	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))	64	22		74	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))	86			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	9		77	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))	86			100	None

Regional Center Consumer Record Review Summary Sample Size = 86 + 3 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>)	86			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>)	51		35	100	None
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>)	51		35	100	None
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		86	100	None

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

Seventeen consumer records were reviewed at 14 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 the 19 criteria.

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

Community Care Facility Record Review Summary Sample Size: Consumers = 17; CCFs = 14						
	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)	17			100	None
3.1.a	The consumer record contains a statement of ambulatory or non ambulatory status.	17			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	16		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.	17			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	17			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	17			100	None
3.1.i	Special safety and behavior needs are addressed.	16		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))	17			100	None
3.3	The facility has a copy of the consumer's current IPP. (Title 17, CCR, §56022(c))	17			100	None
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. (Title 17, CCR, §56026(b))	9		8	100	None

Community Care Facility Record Review Summary						
Sample Size: Consumers = 17; CCFs = 14						
	Criteria	+	-	N/A	% Met	Follow-up
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	9		8	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>)	8		9	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.	8		9	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>)	8		9	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>)	17			100	None
3.6.b	The ongoing notes/information verifies that behavior needs are being addressed.	17			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>)	2		15	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>)	2		15	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>)	2		15	100	None

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

The review criteria address the requirements for day programs (DP) 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

Thirty sample consumer records were reviewed at 24 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 99% in compliance for 14 applicable criteria. Three criteria were not applicable for this review.

- ✓ Findings for two 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

- 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*)

Findings

Twenty-eight of the 30 (93%) sample consumer records contained signed authorizations for emergency medical treatment. However, the records for consumers #18 at DP #9 and #49 at DP #8 did not contain an authorization for emergency medical treatment that was signed by the consumer or conservator. During the review an emergency medical treatment authorization was signed by each of the consumers. Therefore, no recommendation is required.

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

Findings

Twenty-eight of the 30 (93%) sample consumer records contained documentation that the consumer and/or their authorized representative had been informed of their personal rights. The records for consumers #18 at DP #9 and #49 at DP #8 did not contain documentation that the consumers were informed of their personal rights. During the review a personal rights document was signed by each of the consumers. Therefore, no recommendation is required.

Day Program Record Review Summary Sample Size: Consumers = 30; Day Programs = 24						
	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)	30			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.	30			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.	30			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.	30			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.	28	2		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.	28	2		93	See Narrative
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.	30			100	None
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	30			100	None

Day Program Record Review Summary Sample Size: Consumers = 30; Day Programs = 24						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	16		14	100	None
4.2	The day program has a copy of the consumer's current IPP. (<i>Title 17, CCR §56720(b)</i>)	30			100	None
4.3.a	The day program provider develops, maintains, and modifies as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. (<i>Title 17, CCR, §56720(a)</i>)	30			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.	30			100	None
4.4.a	The day program prepares and maintains written semiannual reports. (<i>Title 17, CCR, §56720(c)</i>)	28		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.	29		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>)			30	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>)			30	N/A	None
4.5.c	There is appropriate follow-up to special incidents to resolve the issue and eliminate or mitigate future risk. (<i>Title 17, CCR, §54327</i>)			30	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

Sixty-nine of the 86 consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Forty-seven adult consumers agreed to be interviewed by the monitoring teams.
- ✓ Eleven consumers did not communicate verbally or declined an interview, but were observed.
- ✓ Eleven interviews were conducted with parents of minors.
- ✓ Seventeen consumers/parents of minors were unavailable for or declined interviews.

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 18 Inland Regional Center (IRC) 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. To better understand issues related to consumers' use of medication and issues related to side-effects, the service coordinators utilize IRC's clinical team.
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 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.

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 with Clinical Services helps to understand 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 Inland Regional Center's (IRC) Clinical Services Manager.
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; role in Risk Management Committee and special incident reports.

III. Results of Interview

1. The IRC clinical team consists of the Clinical Services Manager, a physician, a nurse specialist, psychologists, a psychiatrist, a behaviorist, a nutritionist, occupational (OT) and physical therapists (PT), pharmacologist, neurologist, and a dental hygienist.
2. The clinical team meets weekly to discuss medical, medication and/or behavioral concerns. The clinical team members support the service coordinators by providing consultation, training, referrals, and follow-up when needed. Training classes may be offered by the clinical team.

The dental hygienist locates dental providers and assists with treatment authorization requests. The hygienist also coordinates outpatient dental services through Loma Linda School of Dentistry and Redlands Dental Surgery Center. The hygienist is available to do desensitization training and attend dental appointments with consumers.

3. The clinical team is involved in the coordination of mental health care. The program managers and behaviorist review behavior plans and monitor services received by consumers. IRC conducts a mental health clinic where service coordinators can present consumer specific mental health/behavior issues for evaluation. In addition, IRC participates with Riverside and San Bernardino Mental Health Departments to coordinate care.
4. IRC has improved access to preventive health care resources for consumers by:
 - ✓ Genetic Clinic
 - ✓ Health education for consumers
 - ✓ Resource Library
 - ✓ Occupational and physical therapy clinic
 - ✓ Weight control and nutrition program
 - ✓ Psychiatric and neurological clinic
 - ✓ PRUCOL (Person Residing Under Color of Law) Clinic provides assistance to undocumented consumers applying for Medi-Cal

IV. Finding and Recommendation

- 6.B.8. Each regional center shall establish a Risk Management, Assessment and Planning Committee that, at a minimum, includes a representative from the regional center's clinical, quality assurance and training staff. (Title 17, CCR, Section §54327.2 (a))

Finding

Currently, no member of the clinical team participates on the Risk Management Committee.

6.B.8. Recommendation	Regional Center Plan/Response
IRC should ensure that a member of the clinical team participates on the Risk Management Committee.	IRC ensures a member of the clinical team participates in the Risk Management Committee. Sign in sheets will be maintained.

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, service provider training, verification of provider qualifications, resource development activities, and quality assurance among programs and providers where there is no regulatory requirement to conduct quality assurance monitoring.

II. Scope of Interview

The monitoring team interviewed a QA Specialist who is part of the team responsible for conducting Inland Regional Center's (IRC) QA activities.

III. Results of Interview

1. The interviewed staff provided specific information about IRC's process for conducting annual CCF reviews, unannounced visits and provider training. The annual visits are conducted by QA staff using a specific comprehensive protocol. These visits attempt to catch a glimpse of the facility, and looks at specific IRC requirements that can include staffing, medication management, and other similar expectations. Service coordinators are responsible for unannounced visits of facilities utilizing a consumer specific protocol. These visits provide a more consumer orientated focus.
2. When issues of substantial inadequacies are identified, the QA staff is responsible for developing corrective action plans (CAPs) and ensuring providers complete the CAP requirements. A yearly calendar of offered trainings is provided to all vendors.
3. QA staff and the SIR coordinator are part of the Risk Management Committee that meets regularly to discuss outcomes, plans of action, related training or need for additional consumer support and planning. Trends are analyzed and this information is provided to the program managers who in turn inform their respective staff.
4. The Resource Development unit is responsible for verifying qualifications of providers. The QA team requires new residential providers to complete a resource development course, which is part of IRC requirements for vendorization. In addition, the QA team monitors day programs and ILS/SLS programs annually.

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 18 service providers at 13 community care facilities (CCFs) and five 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 15 direct service staff at 10 community care facilities (CCF) and five 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.

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 13 CCFs and four 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 programs 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 c First Aid

CCF #7 had one direct care staff that did not have a current first aid certificate.

CCF #10 had two direct care staff that did not have current first aid certificates.

8.3 c Recommendation	Regional Center Plan/Response
IRC should ensure that the providers at CCF #7 and CCF #10 have current first aid certificates for all direct care staff.	Copies of the first aid certificates for all the direct care staff have been received and are in order. Copies will be sent to DDS/DHS.

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 the Inland Regional Center (IRC) 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 86 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. IRC reported all deaths during the review period to DDS.
2. IRC reported all special incidents in the sample of 86 records selected for the HCBS Waiver review to DDS.
3. IRC's vendors reported seven of the 10 (70%) applicable incidents in the supplemental sample within the required timeframes.
4. IRC reported all 10 (100%) incidents to DDS within the required timeframes.
5. IRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the ten incidents.

IV. Findings and Recommendations

Consumer #90: The incident occurred on January 10, 2013. However, the vendor did not submit a written report to IRC until January 15, 2013.

Consumer #95: The incident occurred on September 12, 2013. However, the vendor did not submit a written report to IRC until September 16, 2013.

Consumer #98: The incident occurred on February 2, 2013. However, the vendor did not submit a written report to IRC until February 6, 2013.

Recommendations	Regional Center Plan/Response
IRC should ensure that the vendors for consumers #90, #95, and #98 report special incidents within the required timeframes.	#90 – facility received a CAP and the consumer was moved. The facility was also counselled by the CSC. #95 facility was counselled by the CSC. #98-lives independently and was visited by his SLS worker four days after the incident. At that time, an SIR was filed regarding the findings of the incident.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

#	UCI	CCF	DP
1	5033504	11	
2	6805177	7	
3	6902002	6	
4	6911895	8	
5	6991865	8	
6	6900960	8	
7	6958099	13	
8	7580519	4	
9	5820980	1	
10	6907010	10	
11	7859127	10	
12	4807285	2	
13	6903644	3	
14	4863007	12	
15	6902482	5	
16	5362140	14	
17	6986335		
18	7400004		9
19	6997405		10
20	5480793		3
21	7209037		20
22	5521067		2
23	6811043		17
24	6909960		11
25	6910014		17
26	6925942		15
27	7400059		1
28	6937616		18
29	6912711		5
30	7404734		12
31	6805918		4
32	5861414		21
33	6900518		
34	6925024		19
35	6955895	9	

#	UCI	CCF	DP
36	6986976		23
37	6999818		16
38	1995992		
39	4864237		
40	4969697		
41	6808398		
42	6906799		13
43	6913706		8
44	6956878		
45	6994516		10
46	1975544		7
47	5207907		
48	5675079		13
49	6904534		8
50	6941520		6
51	6956959		
52	7310116		1
53	6965437		24
54	6994298		25
55	5265244		
56	6804070		22
57	4884103		
58	5390026		
59	5401385		
60	5609789		
61	6722153		
62	6900830		
63	6904165		
64	6906023		
65	6908241		
66	6913064		6
67	6932547		
68	6992994		
69	6995999		
70	7846967		
71	7997056		
72	6579634		
73	6924361		
74	6932269		
75	6932667		
76	6936419		
77	6938530		

#	UCI	CCF	DP
78	6947228		
79	6950238		
80	6952736		
81	6953689		
82	6957684		
83	6961527		
84	6962913		
85	7323522		
86	7615828		

Supplemental Sample of DC Consumers

#	UCI
87	6955938
88	6909991
89	5039942

HCBS Waiver Review Service Providers

CCF #	Vendor
1	H68748
2	HJ0674
3	HJ2519
4	HJ0081
5	HJ0744
6	HJ0860
7	H96381
8	H12559
10	HJ0256
11	HJ0170
12	HJ0386
13	HJ0440
14	HJ0877

Day Program #	Vendor
2	HJ2580
3	H62653
10	H25907
16	HJ0249
19	HJ2515

SIR Review Consumers

#	UCI	Vendor
90	7409917	HJ0913
91	6901581	H30193
92	6905609	HJ0267
93	6910409	HJ0626
94	6932529	HJ0948
95	6926823	H68748
96	5268826	HJ0728
97	6811339	HJ0375
98	6993581	H62678
99	6902342	HJ0043

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

Conducted by:

Department of Developmental Services

February 3 - 6, 2014

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EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) conducted a federal compliance monitoring review of the Targeted Case Management (TCM) and Nursing Home Reform (NHR) programs February 3 - 6, 2014, at Inland Regional Center (IRC). The monitoring team selected 50 consumer records for the TCM review. A sample of 10 records was selected from consumers who had previously been referred to IRC 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 Centers for Medicare & Medicaid Services guidelines relating to the provision of these services.

Findings

Section I – Targeted Case Management

Fifty consumer records, containing 3,813 billed units, were reviewed for three criteria during the period of review. The sample records were 100% in compliance for criterion 1 (TCM service and unit documentation matches the information transmitted to DDS), 99% 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 service coordinator recording the notes and each note is dated).

Section II – Nursing Home Reform

Ten consumer records were reviewed for three criteria. The 10 sample records were 100% in compliance for all 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

IRC transmitted 3,813 TCM units to DDS for the 50 sample consumers. Documentation supporting all of these units was found in the sample consumer records.

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 50 consumer records contained 3,813 billed TCM units. Of this total, 3,763 (99%) of the units contained descriptions that were consistent with the definition of TCM services. Fifty of the billed TCM units had descriptions of activities that were not consistent with the definition of TCM services or were not sufficient to determine if the activities could be considered case management. Detailed information on these findings and the specific actions required will be sent under a separate cover letter.

Recommendation	Regional Center Plan/Response
IRC should ensure that the time spent on the identified activities that are inconsistent with TCM claimable services (sent separately) is reversed.	IRC WILL REVERSE THE TCM UNITS THAT ARE INCONSISTENT WITH CLAIMABLE TCM'S.

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

Finding

The TCM documentation in the 50 sample consumer records identified the service coordinator and the date of the service.

Recommendation

None

SECTION II NURSING HOME REFORM

Criterion

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

Finding

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

Recommendation

None

2. The disposition is reported to DDS.

Finding

The 10 sample consumer records contained either 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 10 sample consumers had been entered into the AS 400 computer system and electronically transmitted to DDS.

Recommendation

None

SAMPLE CONSUMERS

TCM Review

#	UCI	#	UCI
1	5033504	42	6906799
2	6805177	44	6956878
4	6911895	46	1975544
7	6958099	47	5207907
8	7580519	48	5675079
9	5820980	50	6941520
10	6907010	53	6965437
11	7859127	54	6994298
14	4863007	56	6804070
15	6902482	59	5401385
16	5362140	60	5609789
19	6997405	61	6722153
20	5480793	66	6913064
22	5521067	67	6932547
24	6909960	68	6992994
25	6910014	70	7846967
26	6925942	72	6579634
28	6937616	73	6924361
29	6912711	74	6932269
32	5861414	78	6947228
35	6257650	79	6950238
36	6896976	82	6957684
38	1995992	83	6961527
40	4969697	84	6962913
41	6808398	86	7615828

NHR Review

#	UCI
1	6900293
2	H003665
3	6955375
4	5523576
5	5521406
6	6923596
7	7931053
8	H003726
9	H003637
10	H003727

ATTACHMENT I TCM DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 50 Records Billed Units Reviewed: 3,813	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. The TCM service and unit documentation matches the information transmitted to DDS.	3,813			100%	
2. The TCM service documentation billed to DDS is consistent with the definition of TCM service.	3,763	50		99%	1%
3. The TCM service documentation is signed and dated by appropriate regional center personnel.	3,813			100%	

NHR DISTRIBUTION OF FINDINGS

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