

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

**Conducted by:**

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

**June 11–15, 2018**

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## **EXECUTIVE SUMMARY**

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the Home and Community-Based Services (HCBS) 1915(i) State Plan Amendment (SPA) from June 11–15, 2018, at Far Northern Regional Center (FNRC). The monitoring team members were Corbett Bray (Team Leader), Ray Harris, Nora Muir, and Melissa Averitt 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 1915(i) SPA services are provided through this system. It is the responsibility of DDS to ensure, with the oversight of DHCS, that the HCBS 1915(i) SPA is implemented by regional centers in accordance with Medicaid statute and regulations.

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

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

### **Scope of Review**

The monitoring team conducted a record review of a sample of 16 HCBS 1915(i) SPA consumers. In addition, a supplemental sample of consumer records were reviewed for five consumers who had special incidents reported to DDS during the review period of April 1, 2017 through March 31, 2018.

### **Overall Conclusion**

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

## Major Findings

### Section I – Regional Center Consumer Record Review

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

The sample records were 96 percent in overall compliance for this review.

### Section II – Special Incident Reporting

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

## SECTION I

### REGIONAL CENTER CONSUMER RECORD REVIEW

#### I. Purpose

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

#### II. Scope of Review

1. Sixteen HCBS 1915(i) SPA consumer records were selected for the review sample.
2. The review period covered activity from April 1, 2017 to March 31, 2018.

#### III. Results of Review

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

- ✓ The sample records were in 100 percent compliance for 15 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

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

##### Finding

Fifteen of the sixteen (94 percent) sample consumer records contained documentation that the consumer's IPP had been reviewed annually by the planning team. However, there was no documentation that the IPP for consumer #2 had been reviewed during the monitoring review period. Subsequent to the review, a new IPP was completed on May 14, 2018. Accordingly, there is no recommendation.

- 1.4.b IPP addenda are signed by an authorized representative of the regional center and the consumer or, where appropriate, his/her parents, legal guardian, or conservator.

##### Finding

Nine of the ten (90 percent) applicable sample consumer records contained IPP addenda signed by FNRC and the consumer or, where appropriate, his/her parents, legal guardian, or conservator. However, an addendum for consumer #1 was completed on September 7, 2017, but was not signed. Subsequent to the review, the addendum was signed on May 16, 2018. Accordingly, there is no recommendation.

- 1.9 Periodic reviews and reevaluations of consumer progress are completed (at least annually) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation.

[W&I Code §4646.5(a)(6)]

##### Finding

Fifteen of the sixteen (94 percent) sample consumer records contained documentation of periodic review and reevaluation of consumer progress at least annually. However, the record for consumer #2 did not contain documentation that the consumer's progress had been reviewed during the monitoring review period. Subsequent to the review, a new IPP was completed on May 14, 2018, for consumer #2. Accordingly, there is no recommendation.

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

Findings

Four of the seven (57 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for three consumers did not meet the requirement as indicated below:

1. The records for consumers #12 and #13 contained documentation of only three of the required meetings; and,
2. The record for consumer #15 contained documentation of none of the required meetings.

1.9.a Recommendations	Regional Center Plan/Response
FNRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #12, #13, and #15.	Technical assistance has been provided to service coordinators assigned to consumers #12, #13, and #15. Additionally, FNRC Director of Client Services has emailed case management staff regarding the requirement of face-to-face meetings. Also, Directors of Client Services have met with all Case Management Supervisors, reviewing policy (meetings are to be completed and documented each quarter for all 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).

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

## Findings

Four of the seven (57 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for three consumers did not meet the requirement as indicated below:

1. The records for consumers #12 and #13 contained documentation of only three of the required quarterly reports of progress; and,
2. The record for consumer #15 contained documentation of none of the required quarterly reports of progress.

1.9.b Recommendations	Regional Center Plan/Response
FNRC should ensure that future quarterly reports of progress are completed for consumers #12, #13, and #15.	Technical assistance has been provided to service coordinators assigned to consumers #12, #13 and #15.



Regional Center Consumer Record Review Summary						
Sample Size = 16 Records						
	Criteria	+	-	N/A	% Met	Follow-up
1.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	16			100	None
1.1	Each record contains a "1915(i) State Plan Amendment Eligibility Record" (DS 6027 form), signed by qualified personnel, which documents the date of the consumer's initial 1915(i) SPA eligibility certification and annual reevaluation, eligibility criteria, and short-term absences. [SMM 4442.1; 42 CFR 483.430(a)]	Criterion 1.1 consists of four sub-criteria (1.1.a-d) that are reviewed and rated independently.				
1.1.a	The DS 6027 is signed and dated by qualified regional center personnel.			16	NA	None
1.1.b	The DS 6027 form indicates that the consumer meets the eligibility criteria for the 1915(i) SPA.	16			100	None
1.1.c	The DS 6027 form documents annual reevaluations.			16	NA	None
1.1.d	The DS 6027 documents short-term absences of 120 days or less, if applicable.			16	NA	None
1.2	There is written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever services or choice of services are denied or reduced without the agreement of the consumer/authorized representative, or the consumer/authorized representative does not agree with all, or part, of the components in the consumer's IPP. [42 CFR Part 431, Subpart E; W&I Code §4646(g)]			16	NA	None
1.3	IPP is reviewed (at least annually) by the planning team and modified, as necessary, in response to the consumer's changing needs, wants or health status. [42 CFR 441.301(b)(1)(I)]	15	1		94	See Narrative
1.4.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator. [W&I Code §4646(g)]	16			100	None

Regional Center Consumer Record Review Summary						
Sample Size = 16 Records						
	Criteria	+	-	N/A	% Met	Follow-up
1.4.b	IPP addendums are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	9	1	6	90	See Narrative
1.4.c	The IPP is prepared jointly with the planning team. [W&I Code §4646(d)]	16			100	None
1.5	The IPP includes a statement of goals based on the needs, preferences, and life choices of the consumer. [W&I Code §4646.5(a)(2)]	16			100	None
1.6	The IPP addresses the consumer's goals and needs. [W&I Code §4646.5(a)(2)]	Criterion 1.6 consists of six sub-criteria (1.6.a-f) that are reviewed independently.				
1.6.a	The IPP addresses the special healthcare requirements, health status and needs as appropriate.	2		14	100	None
1.6.b	The IPP addresses the services which the community care facility provider is responsible for implementing.	1		15	NA	None
1.6.c	The IPP addresses the services which the day program provider is responsible for implementing.	7		9	100	None
1.6.d	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	7		9	100	None
1.6.e	The IPP addresses the consumer's goals, preferences, and life choices.	16			100	None
1.6.f	The IPP includes a family plan component if the consumer is a minor. [W&I Code §4685(c)(2)]	3		13	100	None
1.7.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. [W&I Code §4646.5(a)(4)]	16			100	None
1.7.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. [W&I Code §4646.5(a)(4)]	16			100	None
1.7.c	The IPP specifies the approximate scheduled start date for new services and supports. [W&I Code §4646.5(a)(4)]	10		6	NA	None

Regional Center Consumer Record Review Summary						
Sample Size = 16 Records						
	Criteria	+	-	N/A	% Met	Follow-up
1.8	The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to, vendors, contract providers, generic service agencies, and natural supports. <i>[W&amp;I Code §4646.5(a)(4)]</i>	18			100	None
1.9	Periodic reviews and reevaluations are completed (at least annually) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and that the consumer and his/her family are satisfied with the IPP and its implementation. <i>[W&amp;I Code §4646.5(a)(6)]</i>	15	1		94	See Narrative
1.9.a	Quarterly face-to-face meetings with the consumer are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	4	3	9	57	See Narrative
1.9.b	Quarterly reports of progress toward achieving IPP objectives are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	4	3	9	57	See Narrative

## SECTION II

### SPECIAL INCIDENT REPORTING

#### I. Purpose

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

#### II. Scope of Review

1. The records of the 16 consumers selected for the Home and Community-Based Services (HCBS) 1915(i) State Plan Amendment (SPA) sample were reviewed to determine that all required special incidents were reported to the Department of Developmental Services (DDS) during the review period.
2. A supplemental sample of five consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, 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. Far Northern Regional Center (FNRC) reported all special incidents timely in the sample of five records selected for the HCBS 1915(i) SPA review to DDS.
2. FNRC's vendors reported four of the five (80 percent) special incidents in the supplemental sample within the required timeframes.
3. FNRC reported all five (100 percent) incidents to DDS within the required timeframes.
4. FNRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the five incidents.

#### IV. Finding and Recommendation

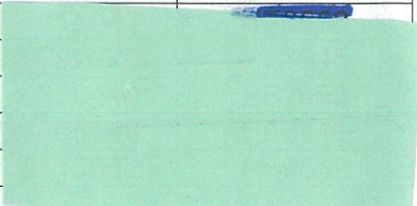
Consumer #SIR 4: The incident occurred on May 7, 2017. However, the vendor did not submit a written report to FNRC until May 10, 2017.

Recommendation	Regional Center Plan/Response
FNRC should ensure that the vendor for consumer #SIR 4 reports special incidents within the required timeframes.	As documented within the SIR report for consumer #SIR 4, assigned service coordinator provided technical assistance to vendor by reviewing DDS and FNRC expectations of SIR reporting requirements (see attached SIR)

**SAMPLE CONSUMERS**  
**1915(i) State Plan Amendment Review Consumers**

#	UCI
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	

**SIR Review Consumers**

#	UCI	Vendor
SIR 1		
SIR 2		
SIR 3		
SIR 4		
SIR 5		