

**Eastern Los Angeles Regional Center
Home and Community-Based Services Waiver
Monitoring Review Report**

Conducted by:

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

February 21-March 3, 2023

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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 21-March 3, 2023, at Eastern Los Angeles Regional Center (ELARC). The monitoring team members were Nadia Flores (Team Leader), Natasha Clay, Bonnie Simmons, Kelly Sandoval and Jenny Mundo from DDS, and Deeanna Tran, Arnee Amarillo and Crystal La from DHCS.

Purpose of the Review

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

Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

The compliance monitoring review protocol is comprised of sections/components designed to determine if the consumers' needs and program requirements are being met and that services are being provided in accordance with the consumers' individual program plans (IPP). 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 31 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) Ten consumers whose HCBS Waiver eligibility had been previously terminated, 2) One consumer who moved from a developmental center, and 3) ten consumers who had special incidents reported to DDS during the review period of November 1, 2021, through October 31, 2023, and 4) Eighteen consumers who were enrolled in the HCBS Waiver during the review period.

The monitoring team completed visits to four community care facilities (CCF) and seven day programs. The team reviewed four CCF and eight day program consumer records and interviewed and/or observed 30 selected sample consumers.

Overall Conclusion

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

Thirty-one sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Criterion 2.13.a was 77 percent in compliance because 4 of the 17 applicable records did not contain documentation of all required quarterly face-to-face visits. Criterion 2.13.b was 77 percent in compliance because 4 of the 17 applicable records did not contain documentation of all required quarterly reports of progress. The sample records were 98 percent in overall compliance for this review.

ELARC's records were 99 percent in overall compliance for the collaborative reviews conducted in 2021 and in 2019.

New Enrollees: Eighteen sample consumers were reviewed for level-of-care determination prior to receipt of HCBS Waiver services. ELARC's records were 100 percent in overall compliance for this review.

Terminations: Ten supplemental records were reviewed solely for documentation that ELARC 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. ELARC's records were 100 percent in overall compliance for this review.

Section III – Community Care Facility Consumer Record Review

Four consumer records were reviewed at four CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100 percent in overall compliance for this review. Five criteria were rated as not applicable for this review.

ELARC's records were 100 percent in overall compliance for the collaborative reviews conducted in 2021 and in 2019.

Section IV – Day Program Consumer Record Review

Eight consumer records were reviewed at seven day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100 percent in overall compliance for this review.

ELARC's records were 98 percent in overall compliance for the collaborative review conducted in 2019. The closure of day programs due to COVID-19 prevented the review of Section IV Day Program records and remote site visits for the 2021 review.

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. All of the interviewed consumers/parents indicated that they were satisfied with their services, health and choices.

Section VI A – Service Coordinator Interviews

Six 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 Nurse Coordinator was interviewed using a standard interview instrument. The Nurse Coordinator responded to questions regarding the monitoring of consumers with medical issues, medications, behavior plans, the coordination of medical and mental health care for consumers, clinical supports to assist service coordinators, and the clinical team's role on the Risk Management and Mitigation Committee and special incident reporting.

Section VI C – Quality Assurance Interview

A Community Service QA/Compliance Specialist was interviewed using a standard interview instrument. The quality assurance specialist responded to questions regarding how ELARC 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

Three 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, medication administration, progress, safety and emergency preparedness. The staff was familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interviews

Three 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 staff were familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VIII – Vendor Standards Review

The monitoring team reviewed three CCFs and three day programs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. The reviewed CCFs and day programs 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 31 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. ELARC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported all applicable incidents to ELARC within the required timeframes, and ELARC subsequently transmitted all 10 special incidents to DDS within the required timeframes. ELARC's follow-up activities for the 10 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 ELARC 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

ELARC 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 ELARC 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
<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>Regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meet the federal definition of a Qualified Intellectual Disabilities Professional (QIDP).</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 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> <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>

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.)	Service coordinators provide enhanced case management to consumers who move from a DC by meeting with them face-to-face every 30 days for the first 90 days they reside in the community.
Only qualified providers serve HCBS Waiver participants.	The regional center ensures that all HCBS Waiver service providers have signed the "HCBS Provider Agreement Form" and meet the required qualifications at the time services are provided.
Plans of care are responsive to HCBS Waiver participant needs.	<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 consumers' 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 and fair hearing rights, level of care, individual program plans (IPP) and periodic reviews and reevaluations of services. The information obtained about the consumer's needs and services is tracked as a part of the onsite program reviews.

II. Scope of Review

1. Thirty-one HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	8
With Family	14
Independent or Supported Living Setting	9

2. The review period covered activity from November 1, 2021 – October 31, 2022.

III. Results of Review

The 31 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Ten supplemental records were reviewed solely for documentation that ELARC had either provided the consumer with written notification prior to termination of the consumer's HCBS Waiver eligibility, or the consumer had voluntarily disenrolled from the HCBS Waiver. Additionally, one supplemental record was reviewed solely for documentation indicating that the consumer received face-to-face reviews every 30 days after moving from a developmental center for the first 90 days. Eighteen supplemental records were reviewed for documentation that ELARC determined the level of care prior to receipt of HCBS Waiver services.

- ✓ The sample records were in 100 percent compliance for 25 criteria. There are no recommendations for these criteria.
- ✓ Findings for six 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 of the thirty-one (97 percent) sample consumer records contained a signed and dated DS 2200 form. However, the DS 2200 form for consumer #19 was not signed by the consumer. ELARC provided the signed copy of 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]

Findings

Thirty of the thirty-one (97 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 record for Consumer #16 did not support the determination that all the issues identified in the CDER and the Medicaid Waiver Eligibility Record (DS 3770) could be considered qualifying conditions. The qualifying condition of dressing was identified 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 condition or need for services and supports.

2.5.b Recommendation	Regional Center Plan/Response
ELARC should determine if the qualifying condition of “dressing” for consumer #16 is appropriately identified as a qualifying condition. The consumer’s 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. If ELARC determines that the issue is	IPP reported dated 12/1/2022 does include a description that the consumer is able to assist with dressing by performing helpful movements. However, the IPP report dated 1/6/2021 does not. An IPP addendum was completed on 3/15/23 to the IPP reports dated 1/6/2021 that describes in more detail the qualifying condition of dressing. Consumer assists with dressing by performing helpful movements.

<p>correctly identified as a qualifying condition, documentation (updated IPPs, progress reports, etc.) that supports the original determination should be submitted with the response to this report.</p>	
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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

Twenty-eight of the thirty-one (90 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by the regional center. However, IPPs for three consumers did not indicate ELARC funded services as indicated below:

1. Consumer #5: Supplemental Residential Support Program;
2. Consumer #6: Clinical Psychologist; and,
3. Consumer #22: Supplemental Day Program Support.

2.10.a Recommendation	Regional Center Plan/Response
<p>ELARC should ensure that the IPPs for consumers #5, #6, and #22 include a schedule of the type and amount of all services and supports purchased by ELARC.</p>	<p>#5 An IPP addendum was completed on 3/16/23 for the January 2022 IPP report and Service Provision Agreement dated 2/23/22.</p> <p>#6 An IPP addendum was completed on 3/16/23 for the November 2021 IPP report and Service Provision Agreement dated 11/17/21.</p> <p>#22 An IPP addendum was completed on 3/16/23 for the IPP report dated 5/28/21. However, the addendum did not previously describe in detail how many hours and how many days per week. The IPP addendum has been updated with that information.</p> <p>The importance of detailing all regional center funded services will be emphasized effective immediately in the new staff trainings for completing</p>

	IPP reports and Medicaid Wavier. Supervisors will also ensure that when reviewing/approving IPP reports that Service Coordinators are including all regional center funded and generic funded services in the IPP report and Service Provision Agreement.
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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. [W&I Code §4646.5(a)(4)]

Finding

Thirty of the thirty-one (97 percent) sample consumer records contained an IPP that included services and supports obtained from generic agencies or resources. However, the IPP for consumer #5 did not identify Medi-Cal as the funding source for medical and dental services.

2.10.b Recommendation	Regional Center Plan/Response
ELARC should ensure that the IPP for consumer #5 identifies Medi-Cal as the funding source for medical and dental services.	<p>#5 The funding source for medical/dental services is identified in the Service Provision Agreements dated 02/02/21 and 02/23/22. The Service Provision Agreements are a part of the IPP documents. However, SC has completed IPP addendums for both of those previous IPP reports. The IPP report dated 1/31/23 was reviewed and does include the funding source for medical/dental services.</p> <p>The importance of detailing all regional center funded services will be emphasized effective immediately in the new staff trainings for completing IPP reports and Medicaid Wavier. Supervisors will also ensure that when reviewing/approving IPP reports that Service Coordinators are including all regional center funded and generic funded services in the IPP report and Service Provision Agreement.</p>

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

CCR, §56047), (Title 17, CCR, §56095), (Title 17, CCR, §58680), (Contract requirement)

Findings

Thirteen of the seventeen (77 percent) applicable sample consumer records contained quarterly face-to-face meetings completed and documented. However, the records for four consumers did not meet the requirement as indicated below:

1. The records for consumers #11, #12, #16, and #17 contained documentation of three of the required meetings.

2.13.a Recommendations	Regional Center Plan/Response
<p>ELARC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #11, #12, #16, and #17.</p>	<p>Effective immediately ELARC will develop a monthly report to ensure that all Supervisors follow up with Service Coordinators who must complete quarterly progress reports for their consumers. This report will identify which consumers must be seen on a quarterly basis. However, it is the consumer's choice and right to decide if he/she wishes to have their meetings. Effective immediately, Service Coordinators will counsel consumers on the importance of meeting face to face on a quarterly basis to ensure their health and safety. If a consumer chooses not to meet or is not responsive to the Service Coordinator's attempts to contact him/her, the ELARC Service Coordinator will complete a quarterly progress report even if the consumer chooses not to meet or cannot be contacted. Within the quarterly progress report, the Service Coordinator will document all efforts to contact and educate the consumer on the important of meeting face to face and any contact/updates from service providers working with the consumer.</p>
<p>In addition, ELARC should evaluate what actions may be necessary to ensure that quarterly face-to face meetings are</p>	<p>Effective immediately Service Coordinators will counsel consumers on the importance of meeting to</p>

<p>completed and documented for all applicable consumers.</p>	<p>ensure that face to face visits are conducted consistently on a quarterly basis. Service Coordinators will document all efforts in the ID Notes and progress reports if a consumer is unwilling to meet, the reasons why, and the Service Coordinator's efforts to accommodate any specific requests by the consumer. ELARC Service Coordinators will complete a quarterly progress report even if the consumer chooses not to meet or cannot be contacted. Within the quarterly progress report, the Service Coordinator will document all efforts to contact and educate the consumer on the important of meeting face to face and any contact/updates from service providers working with the consumer.</p> <p>Effective immediately ELARC Supervisors to review during supervision with their Service Coordinators to ensure that quarterly face to face visits are being conducted. If Service Coordinators have a pattern of failing to complete their quarterly face to face visits and reports, the Supervisor will take progressive disciplinary action to address the issue.</p>
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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 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

Thirteen of the seventeen (77 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for four consumers did not meet the requirement as indicated below:

1. The records for consumers #11, #12, #16, and #17 contained documentation of three of the required quarterly reports of progress.

2.13.b Recommendations	Regional Center Plan/Response
<p>ELARC should ensure that future quarterly reports of progress are completed for consumers #11, #12, #16, and #17.</p>	<p>Effective immediately ELARC will develop a monthly report to ensure that all Supervisors follow up with Service Coordinators who must complete quarterly progress reports for their consumers. This report will identify which consumers must be seen on a quarterly basis resulting in the development of a quarterly progress report.</p>
<p>In addition, ELARC should evaluate what actions may be necessary to ensure that quarterly face-to face meetings are completed and documented for all applicable consumers.</p>	<p>Effective immediately ELARC Supervisors to review during supervision with their Service Coordinators to ensure that quarterly face to face visits are being conducted. If Service Coordinators have a pattern of failing to complete their quarterly face to face visits and reports, the Supervisor will take progressive disciplinary action to address the issue.</p> <p>Effective immediately ELARC will develop a monthly report to ensure that all Supervisors follow up with Service Coordinators who must complete quarterly progress reports for their consumers. This report will identify which consumers must be seen on a quarterly basis resulting in the development of a quarterly progress report.</p>

Regional Center Consumer Record Review Summary						
Sample Size = 31 +11 Supplemental Records (see Section II, Part III)						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	31		11	100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Intellectual Disabilities Professional (QIDP), 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 Qualified Intellectual Disabilities Professional and the title "QIDP" appears after the person's signature.	31		11	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.	31		11	100	
2.1.c	The DS 3770 form documents annual recertifications.	31		11	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)]	30	1	11	97	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 §4710(a)(1)]	10		32	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 31 + 11 Supplemental Records (see Section II, Part III)						
	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. <i>(SMM 4442.5), (42 CFR 441.302)</i>	31		11	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/DD-H, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. <i>(SMM 4442.5), [42 CFR 441.302(c)], (Title 22, CCR, §51343)</i>	31		11	100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	30	1	11	97	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. <i>[42 CFR 441.301(b)(1)(I)]</i>	31		11	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. <i>(HCBS Waiver requirement)</i>	1		41	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. <i>[WIC §4646(g)]</i>	31		11	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.	6		36	100	None
2.7.c	The IPP is prepared jointly with the planning team. <i>[WIC §4646(d)]</i>	31		11	100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. <i>[WIC §4646.5(a)]</i>	31		11	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 31 + 11 Supplemental Records (see Section II, Part III)						
	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).	31		11	100	None
2.9.b	The IPP addresses special health care requirements.	15		27	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	8		34	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	14		28	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.	9		31	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	31		11	100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. [WIC §4685(c)(2)]	14		28	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)]	28	3	11	90	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)(5)]	30	1	11	97	See Narrative
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [WIC §4646.5(a)(5)]	6		36	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)(5)]	31		11	100	None

Regional Center Consumer Record Review Summary						
Sample Size = 31 + 11 Supplemental Records (see Section II, Part III)						
	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)(8)]</i>	31		11	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>)	13	4	25	77	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	13	4	25	77	See Narrative
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. (<i>WIC §4418.3</i>)	1		41	100	None

SECTION III

COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

I. Purpose

The review addresses the requirements for community care facilities (CCF) 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

Four consumer records were reviewed at four 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 percent in compliance for 14 criteria. Five criteria were not applicable for this review.

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

IV. Findings and Recommendations

None

Community Care Facility Record Review Summary						
Sample Size = 4						
	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. <i>[Title 17, CCR, §56017(b)], [Title 17, CCR §56059(b)], (Title 22, CCR, §80069)</i>	4			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	4			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	2		2	100	None
3.1.c	The consumer record contains current health information that includes medical, dental and other health needs of the consumer including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	4			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	4			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	4			100	None
3.1.i	Special safety and behavior needs are addressed.	2		2	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>	4			100	None
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	4			100	None

Community Care Facility Record Review Summary						
Sample Size: 4						
	Criteria	+	-	N/A	% Met	Follow-up
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. <i>[Title 17, CCR, §56026(b)]</i>			4	100	None
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.			4	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. <i>[Title 17, CCR, §56026(c)]</i>	4			100	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	4			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		2	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>	4			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	3		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>			4	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>			4	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>			4	100	None

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

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

II. Scope of Review

Eight consumer records were reviewed at seven 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 17 criteria.

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

IV. Findings and Recommendations

None

Day Program Record Review Summary						
Sample Size = 8						
	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)	8			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.	8			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.	8			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.	8			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.	8			100	None
4.1.e	The consumer record contains documentation that the consumer and/or the authorized consumer representative has been informed of his/her personal rights.	8			100	None
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.	8			100	None
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	8			100	None

Day Program Record Review Summary						
Sample Size = 8						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	6		2	100	None
4.2	The day program has a copy of the consumer's current IPP. <i>[Title 17, CCR §56720(b)]</i>	8			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>	8			100	None
4.3.b	The day program's individual service plan or other program documentation is consistent with the services addressed in the consumer's IPP.	8			100	None
4.4.a	The day program prepares and maintains written semiannual reports. <i>[Title 17, CCR, §56720(c)]</i>	8			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.	8			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		7	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		7	100	None
4.5.c	There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. <i>(Title 17, CCR, §54327)</i>	1		7	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 consumers' satisfaction with their living situation, day program, and work activities, health, choice, and regional center services.

II. Scope of Observations and Interviews

Thirty of the thirty-one 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.

- ✓ Eleven consumers agreed to be interviewed by the monitoring teams.
- ✓ Thirteen consumers did not communicate verbally or declined an interview but were observed.
- ✓ Six interviews were conducted with parents of minors.
- ✓ One consumer was unavailable for or declined interview.

III. Results of Observations and Interviews

All of the consumers/parents of minors indicated satisfaction with their living situation, day program, work activities, health, choice, 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

None

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 individual program plan (IPP)/annual review process, and how they monitor services, health and safety issues.

II. Scope of Interviews

1. The monitoring team interviewed six ELARC 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 ELARC medical director and online resources for medication.

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 reporting 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 interview questions 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 the Risk Management Committee and special incident reports (SIR).
2. The monitoring team interviewed one nurse coordinator at ELARC.

III. Results of Interview

1. The ELARC clinical team includes three physicians, two psychologist, one psychiatrist, two behaviorist, three registered nurses, an assessment and special services manager, one pharmacist, one oral health specialist, one speech therapist and one occupational therapist.
2. The clinical team functions as a resource for the service coordinators and is available to assess consumers with medical or medication concerns as needed. Service coordinators utilize a checklist during their annual review of consumers to identify potential issues that might benefit from a clinical team referral, such as multiple hospitalizations, polypharmacy, abnormal lab results, or significant weight loss or gain. When requested, the clinical team is available to assist with hospital discharge planning and make recommendations as needed. A nurse is available to evaluate consumers in CCFs for the appropriate level of care due to a change of medical condition.
3. The team participates in monitoring consumers' medications. The clinical team developed an informational tool to assist service coordinators in identifying possible polypharmacy concerns that may benefit from a referral from the clinical team pharmacist. The regional center also utilizes the

Mission Analytics polypharmacy report in identifying potential medication concerns, which may require further evaluation by the clinical team.

4. The behaviorist is available to review consumers' behavior management plans upon referral by service coordinators. The psychiatrist and pharmacist provide psychotropic medication training annually for regional center staff and vendors. The psychologist and behaviorist also conduct behavior-training classes for providers.
5. The physician, registered nurses, and pharmacist provide ongoing training to service coordinators, providers, consumers, and families on various health subjects. Recent topics have included autism, preventative health, intellectual disability, seizures, diabetes, medications, and vaccinations. Team members also participate in new employee workshops.
6. ELARC has improved access to health care resources through the following programs and services:
 - ✓ Diabetic management training;
 - ✓ Oral Health Specialist training;
 - ✓ Maintain a list of local dental providers/resources;
 - ✓ Online events and training calendar;
 - ✓ Online list of community resources;
 - ✓ Placement Planning training;
 - ✓ Polypharmacy training; and,
 - ✓ COVID-19 facility protocol review.

The assessment and special services manager attends the liaison meetings with local Medi-Cal and insurance providers, resulting in increased access to healthcare for consumers.

7. The Risk Management Assessment Committee members include the assessment and special services manager, along with the other department heads from consumer and residential services. The clinical team reviews all death-related special incident reports and provides mortality review. Medical-related special incidents are reviewed upon request. The regional center utilizes Mission Analytics Group, Inc., the State's risk management contractor, to analyze special incidents for trends. The clinical team uses this information to make recommendations for appropriate follow-up and training as needed.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

The 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, and service provider training. The interview also inquires about verification of provider qualifications, resource development activities, and QA among programs and providers where there is no regulatory requirement to conduct QA monitoring.

II. Scope of Interview

The monitoring team interviewed a community service QA/compliance specialist who is part of the team responsible for conducting ELARC's QA activities.

III. Results of Interview

QA specialists are responsible for conducting the annual Title 17 monitoring reviews of the residential facilities. Each review utilizes standardized report forms and checklists based on Title 17 regulations. The dates of the reviews are tracked in a database and monitored. There are two unannounced CCF visits and announced facility monitor review visit completed annually.

When substantial inadequacies are identified, corrective action plans (CAP) are developed by the QA specialist. There are internal meetings to discuss any CAPs for inadequacies with vendors. QA will meet to discuss the plan and make determinations, and the vendor is notified. A meeting is scheduled to review documentation of the written CAP, date of correction; technical assistance is provided as needed; program design outlined with a copy to the vendor and Community Care Licensing. The QA specialist takes the lead in conducting the follow-up review for the CAPs, with assistance from the facility liaisons as needed.

ELARC's Risk Management Committee collaborates with the quality assurance department, as well as discusses issues with service coordinators. The committee meets quarterly to discuss any trends related to special incident reports (SIR). The SIRs are tracked on a monthly basis, flagged for abuse/neglect, discussed at resource meetings, investigated for fact finding, and reported to additional agencies including law enforcement as needed. Vendor-specific training is provided in person or virtually in response to findings from annual monitoring or incidents to ensure the vendors are in compliance. The QA team has provided training based on the analysis of SIR trends.

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 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 six service providers at three community care facilities and three day programs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The service providers were familiar with the strengths, needs and preferences of their consumer.
2. The service providers indicated that they conducted assessments of the consumer, participated in their IPP development, provided the program-specific services addressed in the IPPs and attempted to foster the progress of their consumer.
3. The service providers monitored the consumer's health issues and safeguarded medications.
4. The service providers communicated with people involved in the consumer's life and monitored progress.
5. The service providers were prepared for emergencies, monitored the safety of the consumer, 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 know the consumers and 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 six direct service staff at three community care facilities and three day programs where services are provided to the consumer that was 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 consumer.
2. The direct service staff were knowledgeable about their roles and responsibilities for providing the services addressed in the consumer's IPP.
3. The direct service staff demonstrated that they understood the importance of communication with all individuals concerned with the consumer.
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 (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 HCBS Waiver definition of a homelike setting.

II. Scope of Review

1. The monitoring teams reviewed a total of three 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 programs were found to be in good condition with no immediate health and safety concerns. Specific findings and recommendations are detailed below.

III. Findings and Recommendations

None

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 ELARC 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 31 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, 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. ELARC reported all deaths during the review period to DDS.
2. ELARC reported all special incidents in the sample of 31 records selected for the HCBS Waiver review to DDS.
3. ELARC's vendors reported all (100 percent) applicable incidents in the supplemental sample within the required timeframes.
4. ELARC reported all (100 percent) incidents in the supplemental sample to DDS within the required timeframes.
5. ELARC's follow-up activities on consumer incidents in the supplemental sample were appropriate for the severity of the situations for all incidents.

IV. Findings and Recommendations

None

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

#	UCI	CCF	DP
1	7314509	2	
2	7306036		3
3	7931344	3	
4	7301436		6
5	7306523	4	
6	7312578		5
7	6562573		1
8	7302438	1	
9	7316424		
10	7306671		
11	7300613		2
12	7404784		
13	7303635		
14	7302815		
15	7301244		
16	7300775		

#	UCI	CCF	DP
17	7304054		
18	7305995		4
19	7315649		4
20	7422753		
21	7304642		
22	7301441		7
23	7307390		
24	6031934		
25	7348471		
26	7343843		
27	7334359		
28	7332356		
29	7338754		
30	7330864		
31	7333395		

Supplemental Sample Terminated Waiver Consumers

#	UCI
T-1	6043071
T-2	7302392
T-3	7311599
T-4	7320160
T-5	7320396
T-6	7321247
T-7	7322048
T-8	7329516
T-9	7335179
T-10	7336485

Supplemental Sample Developmental Center Consumers

#	UCI
DC-1	7315738

Supplemental New Enrollees Sample

#	UCI
NE-1	7300093
NE-2	7308217
NE-3	7326202
NE-4	7328593
NE-5	7331650
NE-6	7336106
NE-7	7337739
NE-8	7338067
NE-9	7338892

#	UCI
NE-10	7340640
NE-11	7341538
NE-12	7346822
NE-13	7347745
NE-14	7348146
NE-15	7350310
NE-16	7350385
NE-17	7350857
NE-18	7351196

HCBS Waiver Review Service Providers

CCF #	Vendor
1	PE2254
2	HE0407
3	HE0380
4	HE0142

Day Program #	Vendor
1	H80771
2	H91740
3	PD1457
4	HP3559
5	HE0142
6	HE0039
7	H26259

SIR Review Consumers

#	UCI	Vendor
SIR 1	7344070	PE2553
SIR 2	4964581	PE2256
SIR 3	7310523	HE0468
SIR 4	7302989	PE1986
SIR 5	7301363	H26261
SIR 6	7302085	PE2186
SIR 7	7301244	HX0545
SIR 8	5427042	H16209
SIR 9	7304542	H91801
SIR 10	7320663	HE0312