

**Frank D. Lanterman 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**

February 10–14, 2020

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	page 3
SECTION I REGIONAL CENTER CONSUMER RECORD REVIEW.....	page 5
SECTION II SPECIAL INCIDENT REPORTING.....	page 10
SAMPLE CONSUMERS.....	page 11

EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the Home and Community-Based Services (HCBS) 1915(i) State Plan Amendment (SPA) program from February 10–14, 2020, at Frank D. Lanterman Regional Center (FDLRC). The monitoring team members were Nora Muir (Team Leader), Kathy Benson, Bonnie Simmons, and Kelly Sandoval from DDS, and Kevin Phomthevy from DHCS.

Purpose of the Review

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

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

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

Scope of Review

The monitoring team conducted a record review of a sample of 11 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 November 1, 2018 through October 31, 2019.

Overall Conclusion

FDLRC is in substantial compliance with the federal requirements for the HCBS 1915(i) SPA program. Specific recommendations that require follow-up actions by FDLRC are included in the report findings. DDS is requesting documentation of follow-up actions taken by FDLRC 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

Eleven 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 eleven sample records were 99 percent in overall compliance for this review. FDLRC's records were 99 percent in overall compliance for the collaborative review conducted in 2018.

Section II – Special Incident Reporting

The monitoring team reviewed the records of the 11 1915(i) SPA consumers and five supplemental sample consumers for special incidents during the review period. FDLRC reported all special incidents for the sample selected for the HCBS 1915(i) SPA review. For the supplemental sample, the service providers reported all five incidents to FDLRC within the required timeframes, and FDLRC subsequently transmitted all five special incidents to DDS within the required timeframes. FDLRC'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 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. Eleven HCBS 1915(i) SPA consumer records were selected for the review sample.
2. The review period covered activity from November 1, 2018 through October 31, 2019.

III. Results of Review

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

- ✓ The eleven sample records were 100 percent in compliance for 18 applicable criteria. There are no recommendations for these criteria.
- ✓ Finding for one criterion is detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Finding and Recommendation

- 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)]

Finding

Ten of the eleven (91 percent) sample consumer records contained IPPs that include all services and supports purchased by the regional center. However, the IPP for consumer #7 did not include Personal Assistant. However, FDLRC completed an addendum dated February 6, 2020, adding the service. Accordingly, no recommendation is required.

Regional Center Consumer Record Review Summary
Sample Size = 11 Records

	Criteria	+	-	N/A	% Met	Follow-up
1.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	11			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.			11	NA	None
1.1.b	The DS 6027 form indicates that the consumer meets the eligibility criteria for the 1915(i) SPA.			11	NA	None
1.1.c	The DS 6027 form documents annual reevaluations.			11	NA	None
1.1.d	The DS 6027 documents short-term absences of 120 days or less, if applicable.			11	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 §4710(a)(1)]			11	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)]	11			100	None
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)]	11			100	None

Regional Center Consumer Record Review Summary
Sample Size = 11 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.	11			100	None
1.4.c	The IPP is prepared jointly with the planning team. [W&I Code §4646(d)]	11			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)]	11			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 health care requirements, health status and needs as appropriate.	1		10	100	None
1.6.b	The IPP addresses the services which the CCF provider is responsible for implementing.	3		8	100	None
1.6.c	The IPP addresses the services which the day program provider is responsible for implementing.	5		6	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.	2		9	100	None
1.6.e	The IPP addresses the consumer's goals, preferences, and life choices.	11			100	None
1.6.f	The IPP includes a family plan component if the consumer is a minor. [W&I Code §4685(c)(2)]	4		7	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)]	10	1		91	See Narrative
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)]	11			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)]	11			100	None

Regional Center Consumer Record Review Summary
Sample Size = 11 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&I Code §4646.5(a)(4)]</i>	11			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&I Code §4646.5(a)(8)]</i>	11			100	None
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>	5		6	100	None
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>	5		6	100	None

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 11 consumers selected for the 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. FDLRC reported all special incidents in the sample of 11 records selected for the HCBS 1915(i) SPA review to DDS.
2. FDLRC's vendors reported all five (100 percent) special incidents in the supplemental sample within the required timeframes.
3. FDLRC reported all five (100 percent) incidents to DDS within the required timeframes.
4. FDLRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the five incidents.

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

#	UCI
1	6050011
2	6058902
3	6055884
4	5725965
5	7697259
6	6044884
7	6066437
8	7997745
9	7826654
10	1977124
11	6061993

SIR Review Consumers

#	UCI	Vendor
SIR 1	7879362	HD0028
SIR 2	6053499	PD3133
SIR 3	6012645	H16760
SIR 4	7581183	PD3839
SIR 5	5724174	HD0230

DEPARTMENT OF DEVELOPMENTAL SERVICES

1215 O Street, MS 7-40
Sacramento, CA 95814
TTY: 711
(833) 421-0061



October 14, 2021

Confidential Client Information
See California Welfare and Institutions
Code Sections 4514 and 5328

Gloria Leiva, Board President
Los Angeles County Developmental Services Foundation, Inc.
3303 Wilshire Blvd., Suite 700
Los Angeles, CA 90010

Dear Ms. Leiva:

Enclosed are the final reports from the joint Department of Developmental Services' (DDS) and Department of Health Care Services' monitoring review of the Home and Community-Based Services Waiver, 1915(i) State Plan Amendment, Targeted Case Management and Nursing Home Reform programs conducted from February 10–14, 2020, at Frank D. Lanterman Regional Center (FDLRC). The period of review was November 1, 2018 through October 31, 2019.

The reports discuss the criteria reviewed along with any findings and recommendations and include FDLRC's responses. DDS has approved FDLRC's responses to all of the recommendations. If there is a disagreement with the findings of the enclosed reports, a written "Statement of Disputed Issues" should be sent within 30 days from the date of this letter to:

Department of Developmental Services
Attn: Nathaniel Taleon, Chief
Federal Programs Monitoring Section
1215 O Street, MS 7-40
Sacramento, CA 95814

"Building Partnerships, Supporting Choices"

Gloria Leiva, Board President
October 14, 2021
Page two

The cooperation of FDLRC's staff in completing the monitoring review is appreciated. If you have questions, please contact Nathaniel Taleon at (714) 957-5153.

Sincerely,

Original signed by:

MARICRIS ACON
Deputy Director
Federal Programs Division

Enclosures

cc: Melinda Sullivan, FDLRC
Jocelyn Doucette, FDLRC

**Frank D. Lanterman Regional Center
Targeted Case Management and
Nursing Home Reform
Monitoring Review Report**

Conducted by:

Department of Developmental Services

February 10–14, 2020

TABLE OF CONTENTS

EXECUTIVE SUMMARY	page 3
SECTION I: TARGETED CASE MANAGEMENT	page 4
SECTION II: NURSING HOME REFORM.....	page 6
SAMPLE CONSUMERS	page 7
ATTACHMENT I: TCM AND NHR DISTRIBUTION OF FINDINGS.....	page 8

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 from February 10–14, 2020, at Frank D. Lanterman Regional Center (FDLRC). The monitoring team selected 25 consumer records for the TCM review. A sample of nine records was selected from consumers who had previously been referred to FDLRC for an 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 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

Twenty-five consumer records, containing 1,556 billed units, were reviewed for three criteria. The sample records were 100 percent in compliance for criterion 1 (TCM service and unit documentation matches the information transmitted to DDS), 94 percent in compliance for criterion 2 (TCM service documentation is consistent with the definition of TCM service), and 100 percent in compliance for criterion 3 (TCM service documentation identifies the individual who wrote the note and the date the note was completed).

Section II – Nursing Home Reform

Nine consumer records were reviewed for three criteria. The nine sample records were 100 percent 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

FDLRC transmitted 1,556 TCM units to DDS for the 25 sample consumers. All of the recorded units matched the number of units reported to DDS.

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.

Findings

The sample of 25 consumer records contained 1,556 billed TCM units. Of this total, 1,470 (94 percent) of the units contained descriptions that were consistent with the definition of TCM services.

Recommendation	Regional Center Plan/Response
FDLRC should ensure that the time spent on the identified activities that are inconsistent with TCM claimable services (sent separately) is reversed.	All FDLRC Service Coordinators will receive training in the documentation of Title 19 ID notes (detailed description of activity and the corresponding activity type) within the fourth quarter of 2021.

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

Finding

The TCM documentation in the 25 sample consumer records identified the service coordinator who wrote the note and the date the service was completed.

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 nine sample consumer records contained a copy of the Pre-Admission Screening/Resident Review (PAS/RR) Level I form, or NHR automated printout.

Recommendation

None

2. The disposition is reported to DDS.

Finding

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

Recommendation

None

SAMPLE CONSUMERS

TCM Review

#	UCI
1	6028948
2	7601632
3	6057028
4	6042568
5	6039143
6	6032700
7	5728860
8	6013775
9	6044445
10	6096404
11	6020077
12	5818125
13	4930426
14	6099353
15	6097908
16	6045360
17	6095583
18	7503741
19	6057958
20	6928029
21	6050450
22	6045798
23	6063138
24	6047655
25	6056926

NHR Review

#	UCI
1	7409719
2	6011670
3	6635516
4	6042626
5	7545585
6	6035729
7	6014351
8	5333117
9	7406773

ATTACHMENT I

TCM DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 25 Records Billed Units Reviewed: 1,556	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. The TCM service and unit documentation matches the information transmitted to DDS.	1,556			100	
2. The TCM service documentation billed to DDS is consistent with the definition of TCM service.	1,470	86		94	6
3. The TCM service documentation is signed and dated by appropriate regional center personnel.	1,556			100	

NHR DISTRIBUTION OF FINDINGS

CRITERION PERFORMANCE INDICATOR Sample Size: 9 Records	# OF OCCURRENCES			% OF OCCURRENCES	
	YES	NO	NA	YES	NO
1. There is evidence of dispositions for DDS NHR referrals.	9			100	
2. Dispositions are reported to DDS.	9			100	
3. The regional center submits claims for referral dispositions.	9			100	