

Workgroup Budget Ideas

Proposal: Eliminate Triennial Quality Assurance Review

Eliminate Regional Center funding and requirement for conducting a Triennial Quality Assurance Review of vendored Community Care Facilities.

Background Information on Program Area:

Funding is provided through the core staffing formula to regional centers to meet this regulatory mandate. Current regulations require a quality assurance evaluation be conducted a minimum of once every three years. This evaluation includes record reviews, consumer observation and interviews to determine satisfaction with facility services, and an assessment of the facility in assisting consumers in achieving the individual life quality outcomes. A written report is issued with regional center follow up as needed which may include the provision of technical assistance. This proposal would eliminate this requirement and associated funding.

Please check applicable box(es):

- Trailer bill language
- Regulation change
- Waiver amendment/New waiver

Pros:

- Generates General Fund (GF) savings.

Cons:

- This review is included in the Department's approved HCBS Waiver so an amendment will be needed.

Fiscal :

2009/10 Savings \$1.5 million TF (\$1.0 million GF)

Annual Savings \$1.5 million TF (\$1.0 million GF)

Assumptions:

The Department does not believe elimination of this requirement will put consumer's health and safety at greater risk due to the following:

- Pursuant to Title 17, Section 56047, a regional center representative will continue to meet at **least** quarterly with the consumer to review progress towards achieving IPP objectives. At **least** two of these reviews must occur at the consumer's residence and may be unannounced. Upon completion of each review the RC representative compiles a progress report which includes: 1) the date of the visit; 2) Documentation of the required meeting; 3) Changes in consumer service needs, and actions

taken in response to these changes; 4) an assessment of the provision of services in relation to the IPP; and 5) the signature of the RC representative.

- Pursuant to Title 17, Section 56048, the regional center must designate a facility liaison for each facility. The facility liaison is responsible for completing a minimum of one monitoring visit to each facility each year, which may be unannounced. During this visit, the liaison reviews staff schedules for compliance with staffing requirements for each service level; reviews personnel training files to assure compliance with staff training requirements; selects and reviews a random sample of consumer records to ensure that services are being provided in accordance with the program design & IPP; reviews residential services records to ensure the records are complete & current; provides a copy of the “Looking at Service Quality Provider’s Handbook” to the administrator; reviews the program design with the administrator to ensure program effectiveness in achieving IPP objectives; and may inspect the facility’s grounds, buildings, and services.
- The Department and regional centers have implemented the revised Client Development and Evaluation Report (CDER). The revised CDER includes a “Personal Outcomes Element” which includes questions to capture the quality of the consumer’s school, work, and living environments. The response options for each question represent individual life quality outcomes such as; increasing levels of independence, well-being, inclusion, and/or productivity.
- The Department’s Home and Community Based Waiver Monitoring Protocol has been expanded since implementation of the triennial quality assurance evaluations. Interviews are now conducted with consumers and direct support professionals to assess consumer satisfaction and program implementation consistent with statutory requirements.
- Department of Social Services conducts annual licensing visits.

The Department believes with the ongoing licensing reviews, RC quarterly monitoring, annual facility monitoring, implementation of the revised CDER, and the HCBS Waiver Monitoring that consumers’ health and safety are at no greater risk by eliminating triennial quality assurance evaluations.