



## Helping People with Developmental Disabilities Reach Their Maximum Potential

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May 2, 2018

**VALLEY MOUNTAIN REGIONAL CENTER  
CONSUMER SERVICES COMMITTEE MEETING  
702 N. Aurora St., Stockton 95202, Cohen Board Room  
May 14, 2018, 4:00 p.m.**

### AGENDA

- D** 1.0 Public Comment – 5 minutes
- A** 2.0 Review of Minutes (April 9, 2018)
- I** 3.0 Clinical
- I** 4.0 Resource Development
  - 4.1 Current Resource Development Projects
- I** 5.0 Quality Assurance
  - 5.1 Alerts
- I** 6.0 Case Management
  - 6.1 Reports:
    - Caseload Ratio
    - Transfer Reports
    - POS Exceptions
    - SIR
    - Fair Hearing
  - 6.2 Case Management Update
  - 6.3 Respite Policy Revision
- I** 7.0 Transportation
- I** 8.0 Next Meeting

**Note to Committee Members: If you cannot make this meeting, please contact Cindy Strawderman at (209) 955-3256 as far in advance of the meeting as possible.**

**A=ACTION      D= DISCUSSION      E= EDUCATION      F= FOLLOW-UP      I= INFORMATION**

**Consumer Services Board Committee Members:**

- |                             |  |
|-----------------------------|--|
| ➤ Margaret Heinz– Chair     | ➤ Kori Heuvel                                    |
| ➤ Tom Bowe, Ex Officio      | ➤ Marianna Sanfilippo                            |
| ➤ Emily Grunder             | ➤ Tom Toomey                                     |
| ➤ Moe Rashid                | ➤ Daime Hoornaert, CLASP                         |
| ➤ Elizabeth Victor-Martinez | ➤ Cindy Mix, Director of Case Management Service |
| ➤ Tracie Leong              |  |

VALLEY MOUNTAIN REGIONAL CENTER  
MINUTES OF CONSUMER SERVICES COMMITTEE MEETING  
Monday, April 9, 2018

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**PRESENT:** Margaret Heinz, Chair, Dena Pfeifer, Lori Smith her Facilitator, Mo Rashid, Denora Gaganza his facilitator, Emily Grunder, Tom Toomey, Olivia Honch his facilitator, Robert Balderama, Chris Sugabo his facilitator, Mary Sheehan, Anthony Hill, Patricia Green, Daime Hoornaert, Cindy Mix, Nicole Weiss, Kori Huevel, Dena Hernandez, Lisa Culley, Ulysses Madison.

**ABSENT:** Tracie Leong, Elizabeth Victor-Martinez

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Margaret Heinz, Chair, called the meeting to order at 4:30

**1.0 PUBLIC COMMENT**

Dena Hernandez read a letter that she will present to the Board of Directors from the CHOICES team, thanking VMRC for assistance at the 31<sup>st</sup> annual CHOICES Conference that was held on Friday, April 6, 2018.

Dena also informed committee members of a DDS data breach. Some clients have already received a letter from DDS regarding the breach. Cindy Mix has emailed VMRC Board Liaison, Allan Smith, to ask for direction and Tony has put the DDS letter on VMRC's website.

**2.0 REVIEW OF MINUTES**

**M/S/C (RASHID/GRUNDER):** Approve the amended minutes of 12/11/17 with corrections as follows: Under Case Management 6.2, the wording ACTION ITEM: VMREC, should read ACTION ITEM: VMRC. The minutes did not reflect Claire had requested receiving the SIR report earlier than it is usually distributed.

**3.0 CLINICAL**

Mary Sheehan stated that the transition of children without an autism diagnosis with managed care Medi-Cal to behavioral treatment services now provided by the regional center, is to happen on July 1, 2018. VMRC received a list of names from DDS and provided information back to them. This list increases every day with new intakes and DDS is not sure when they will Transition. Managed Care Medi-Cal providers will attempt to keep services the same and contract with consumer's current providers. There have been a number of meetings and VMRC has met with HPSJ, who has the largest number of VMRC clients on the list, however the situation will be different for Early Start. After the transition happens VMRC has to have a plan in place to handle the ongoing intakes. VMRC has to continue providing services until the transition takes place.

VMRC has received verbal approval, but has not yet received written approval for funding for a Dental Coordinator. It looks like DDS will approve this position through the Community Placement Plan (CPP). VMRC cannot create this position until it is known how much money will be allocated. All counties need to have a dental health/oral health plan, and VMRC has been working on the plan for Calaveras County, with plans for San Joaquin County just beginning.

#### 4.0 **RESOURCE DEVELOPMENT**

Cindy Mix reported a good meeting with Pride Industries who are looking to come to our area and provide day programming and possible employment options to some of VMRC's clients.

A film program day program and boot camp is in the works and a service code with the vendor has been agreed upon. Awaiting a program design at this time.

Thirty-seven vendors were identified for not providing proof of insurance and VMRC is following up. Some have since provided the insurance details.

On May 17, Resource Development staff will have an offsite meeting to create a strategic plan for the department, and to discuss best practice policies.

#### 5.0 **QUALITY ASSURANCE**

5.1 **Alerts**: Patricia passed around the Alert Report and summary, which shows VMRC is closing reports in a timely manner with the average number of days dropping from last month at 28 to this month at 24. Last year the average number of days was 43. From the list of 26 alerts given to committee members, 16 were substantiated. Currently the alerts are shown on a 3-monthly basis, and Patricia asked if the committee would prefer to see the totals on a monthly instead. The committee decided to leave the reporting as is.

#### 6.0 **CASE MANAGEMENT**

Anthony gave a report on the Fair Hearing Process, describing all aspects of VMRC's legal system from daily internal to all aspects of external legal support.

- Cindy provided the Fair Hearing list for March, with three mediations and one informal hearing for eligibility.
- The Caseload Ratio report showed an agency average of 76, up from 75 last month's average. This was the result of an ever increasing caseload and staff leaving VMRC.
- There were 20 more transfers in than have been sent out within the first three months of the year. Claire asked for this report to be included with the meeting packet for review ahead of the meeting.
- Most of the POS Exceptions in March were approved as noted on the POS Exceptions list distributed
- The SIR report was over 50 pages and personal information had to be redacted, but the report gives an average idea of the Special Incident Reports that are received. Ulysses asked what happens if a SIR is entered into the system and then disappears, and Cindy advised that it should not disappear. She stated that it is transmitted to DDS after one day, which makes it part of the record, and it will stay in the system until it is taken out for various reasons, an example of which would be privacy issues, specifically issues related to an employee, and is taken on a case by case basis depending on the circumstances.

## Minutes of Consumer Services Meeting

Date: Monday, April 9, 2018

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- There were questions and answers in response to specific situations, and Margaret stated receiving the paperwork earlier would have allowed the committee time to review the report prior to the meeting starting.
- VMRC has been providing Person Centered Planning training, and there are four trainers and 23 coaches identified. A meeting is scheduled for May 1 for coaches and leadership to discuss the training progress.
- Nicole Weiss has been temporarily assigned to oversee the QA Department for the next three months.
- Elizabeth Diaz has been assigned as Program Manager of the Self-Determination team. Volunteers will be sought for Service Coordinators (1 from Stockton/1 from Modesto) to manage those cases.
- Special Projects, Resource Development and Quality Assurance are developing a mission statement, and will discuss processes and procedures
- The San Joaquin County Activity Center is closing and all but 14 of 128 clients have either been placed in or identified to other programs
- Recent and upcoming events:
  - VMRC met with Catholic Charities
  - Three separate POS Disparities meetings were held in March
  - Some good ideas came out of the POS Disparity meetings and Facebook Live, some of which are already being worked on
  - Five Transition Fairs will be held – Modesto April 18, Stockton April 25, San Andreas May 9, Jackson May 10, and May 31 at Sonora High School. There will be a lot of information for agencies and vendors
  - The 31<sup>st</sup> CHOICES Conference took place on Friday, April 6. Forty-eight VMRC staff members attended as well as eight volunteers
  - The Autism Forum is scheduled for tomorrow, April 10

### 7.0 **TRANSPORTATION**

- Wilma advised that Stanislaus County has cut services in the Empire area, and Wilma will be putting out an RFP to find an alternate vendor
- RTD is undergoing a pilot program, the forerunner to connecting with the RTD Care Connection

### 8.0 **NEXT MEETING**

The next Consumer Services Committee meeting will be held on **May 14 at 4:00pm** at VMRC in Stockton.

Meeting adjourned: 5:46

# Caseload Ratios by Team

(As of 5/4/18)

## Early Start Teams:

Stockton—N. Gillespie—86  
Stockton—T. Simmons—82  
Modesto—L. Barr—84  
San Andreas—T. Simmons—68  
Avg. caseload—83

## Children Teams:

Modesto Kids—E. Diaz—69  
Modesto Youth—P. Kidroske—72  
San Andreas Children—T. Sisemore-Hester—72  
Stockton Children—W. Farinelli-Mikita—82  
Stockton Kids—J. de Diego—79  
Stockton Youth—C. Jimenez—79  
Avg. caseload—76

## Transition Teams:

Modesto Transition—N. Clayton—69  
San Andreas Transition—T. Sisemore-Hester—72  
Stockton Transition—D. Vodden—71  
Avg. caseload—71

## Adult Teams:

Modesto Adult—S. Margarite—67  
Modesto Grown Ups—J. Groves—71  
San Andreas Adult—T. Sisemore-Hester—73  
Stockton Adult—E. Goudreau—73  
Stockton Grown Ups—M. Gonzalez—75  
Stockton New Adult—K. Jensen—75  
Avg. caseload—72

## \*Deflection Team:

Deflection Team—N. Weiss—47  
Avg. caseload—47

**Agency Average—76**

\*Not reflected in agency average

Consumer File Transfer Status - To and From VMRC

2014			2015			2016		
Files Received	Files sent out		Files Received	Files sent out		Files Received	Files sent out	
January	39	January	12	January	14	January	39	January
February	25	February	25	February	12	February	34	February
March	24	March	47	March	16	March	19	March
April	28	April	34	April	16	April	31	April
May	30	May	35	May	18	May	35	May
June	21	June	24	June	22	June	30	June
July	36	July	20	July	37	July	37	July
August	28	August	37	August	29	August	31	August
September	32	September	46	September	15	September	31	September
October	29	October	43	October	25	October	25	October
November	22	November	30	November	26	November	49	November
December	25	December	16	December	18	December	31	December
<b>total for 2014</b>	<b>339</b>	<b>Total for 2014</b>	<b>369</b>	<b>Total for 2015</b>	<b>248</b>	<b>total for 2016</b>	<b>392</b>	<b>Total for 2016</b>
								<b>292</b>

2017			2018		
Files Received	Files sent out		Files Received	Files sent out	
January	23	January	53	January	37
February	41	February	33	February	20
March	38	March	28	March	24
April	33	April	36	April	31
May	53	May	1	May	
June	21	June		June	
July	41	July		July	
August	41	August		August	
September	40	September		September	
October	53	October		October	
November	52	November		November	
December	41	December		December	
<b>total for 2017</b>	<b>477</b>	<b>Total for 2017</b>	<b>151</b>	<b>Total for 2018</b>	<b>112</b>

# POS Exceptions Apr. 18.

Date Recvd	POS Meeting	Request	Outcome
04/03/18	POS	one Evaluation on 02/02/18	Approved
04/03/18	POS	Req auth for one hr, for one IDS session on 02/07/18, OOA-AMADOR COUNTY	Approved
04/03/18	POS	Additional 30hrs of respite for 3 months	Approved
04/03/18	POS	OT Home eval for stroller on 03/01/18	Approved
04/03/18	POS	1hr translaor	Approved
04/03/18	pos	Patch funding 2:1 supervision daily	Approved
04/03/18	POS	70 miles monthly	Approved
04/03/18	POS	Retro 160 miles for the month of march	Approved
04/03/18	POS	Retro POS 1 durable Medical Equipmnt eval	Approved
04/03/18	POS	purchase reimbursemnt from December 2017	Approved
04/03/18	POS	Continue with add 10 hrs per month	Approved
04/03/18	POS	Consumer residing Bright futures #2 negotiated rate	Approved
04/03/18	POS	1 time \$500 loan payable to consumer for april rent	Approved
04/03/18	POS	5 Units mnthly	Approved
04/03/18	POS	70 miles monthly	Approved
04/03/18	POS	5 Units monthly	Approved
04/03/18	POS	Receives ongoing SLS 28HRS/mth	Approved
04/03/18	POS	6 add Tier 1 SLS hrs	Approved
04/03/18	POS	70 Add hrs for a total of 100	Approved
04/03/18	pos	Total of 18 hrs/ Quarter aprox 1.5 hrs/wk for Patch svc for support w/ toileting	Approved
04/03/18	POS	vmrc fund for SSI unit Shanes svcs are establisshed. VMRC will also fund negotiated rate supplemnt at Kavere-Pinetown	Approved
04/03/18	POS	148 miles/month	Approved
04/03/18	POS	patch services	Approved
04/03/18	POS	POS was not extended for the month of March. HTC-WAP would like to bill for services	Approved
04/04/18	pos	POS for patch hours 1456 april-june	Approved
04/09/18	pos	20 hrs/mnth of PATCH svcs	Approved
04/09/18	pos	25 hrs per month of patch svc cont	Approved
04/10/18	pos	additional 10 hrs respite for total of 30 hrs/mnth	Approved
04/10/18	pos	Attending day program..no pos since 11-01-17	Approved
04/10/18	pos	Request for patch svcs to coninue at the rate of 12 hrs/week. After 90 days an IDT will discuss progress and fade plan	Approved
04/10/18	POS	Currently qualifies for 20 hrs of respite/mnth. Requesing addtnl 10 hrs/mnth for total of 30hrs/mnth	Approved
04/10/18	pos	VMRC to fund placement starting 04/16/18 until SSI is established	Approved
04/10/18	pos	Patch 3 months (370/mo)	Approved
04/10/18	pos	98 hrs for 03/01/18--03/31/18	Approved
04/10/18	pos	Riemburse PCS/Day Prog for month of FEB 2018 Total of 126.50 units	Approved
04/10/18	POS	20 hrs patch	Approved
04/10/18	POS	Addtl 465 hrs respite	Approved
04/10/18	POS	128 hrs patch	Deferred

04/10/18	POS	Retro SSP Restoration	Approved
04/10/18	POS	SSI Portion of monthly paymnt be covered by VMRC at \$1039.37.	Approved
04/10/18	POS	Consumer will pay regional cntr back	Deferred
04/10/18	pos	VMRC fund stairlift	Denied
04/10/18	POS	Bathroom Modification (POS expired)	Approved
04/10/18	POS	Patch (138 hrs)	Approved
04/10/18	pos	Req PATCH fund for 6hrs/day 1:1 Support 04/01/18--07/31/18	Approved
04/12/18	pos	retro purchase for one time eval for DSR	Approved
04/13/18	pos	Cont. funding for current esaip during summer	Approved
04/13/18	pos	retro for translating services from 3/1/18 through 6/30/18	Approved
04/17/18	pos	Full time patch	Approved
04/17/18	pos	Cont. of add 6 hours in-home respite per month. Total 30hrs/month	Approved
04/17/18	POS	cont. of 138 hours of patch supervision while at day program from 8am-2pm VCAPS PLUS 1:8 Staffing Ratio	Approved
04/17/18	POS	payment for bedhold ext for add two weeks 04/12/18 - 04/25/18	Approved
04/17/18	pos	120 SLS HRS PER MONTH	Approved
04/17/18	pos	10 - additional respite hrs	Approved
04/17/18	pos	Prorated amount B&C SSI portion for 03/09/18--03/31/18 for \$785.22 plus SSI portion for April 2018 at \$2170.63. Total of \$2955.85	Approved
04/17/18	pos	SLS 10 hrs for initial asmt. SLS 184hr/mnth \$16.73 per hr& comm activ svcs. \$1676.48 per month. Attending wayfinders and fresno state	Approved
04/17/18	pos	203 hrs of sls svcs	Approved
04/17/18	POS	SSI portion (4/26-5/31)	Approved
04/17/18	POS	Patch (138 hrs/mo - 3 months)	Approved
04/17/18	POS	Van Conversion	Approved
04/17/18	pos	Convauid Cruiser	Approved
04/17/18	pos	PATCH for 6hrs/wk, 5 days/wk. NTE 138 hrs/mnth	Approved
04/17/18	pos	PATCH for 6hrs/wk, 5 days/wk NTE 138 hrs/mnth	Approved
04/17/18	pos	1:1 PATCH 20hrs/week Mon-Fri. 4hrs/day	Approved
04/17/18	POS	SSI portion - 3 months thru 8/31	Approved
04/17/18	pos	In-Home Respite Addt hrs	Approved
04/17/18	POS	Patch (5/1-7/31)	Approved
04/17/18	POS	Bed Hold thru 4/26	Approved
04/17/18	POS	2:1 patch (496 hrs/248 night)	Approved
04/17/18	POS	40 hrs / mo	Approved
04/17/18	pos	PATCH hrs 05/2018--06/2018 Total 390hrs. Total of \$11,685.15	Approved
04/17/18	pos	PATCH hrs. 05/01/18--07/31/18 MAY 336hrs. JUNE 330 hrs. JULY 465 hrs	Approved
04/17/18	POS	Respite - 132 hrs (4/27-5/7)	Approved
04/17/18	POS		Approved
04/17/18	pos	643-01TR Mileage Rate	Approved
04/17/18	POS	5.5 hrs document translation	Approved
04/17/18	POS	Patch - 138 hrs	Approved
04/17/18	pos	Parent req 2 mnths add respite @ 30hrs/month	Approved



04/17/18	POS	Retro - 24 hrs (feb)	Approved
04/18/18	pos	24 hrs EOR respite units for the month of Feb 2018	Approved
04/18/18	pos	4.5 hrs of translation svcs provided 03/08/18-03/26/18	Approved
04/19/18	POS	24 hrs of agency respite for february	Approved
04/23/18	pos	5.50 hrs of document translation	Approved
04/23/18	pos	Conversion of Van	Approved
04/23/18	pos	Additional 135 miles for translator svcs	Approved
04/23/18	pos	additional 12 hrs translator svcs	Approved
04/23/18	pos	B&C SSI rate for 02/13/18--0a2/28/18 Total of \$412.24	Approved
04/24/18	POS	138 HRS of PATCH svcs	Approved
04/25/18	pos	\$3247.05 SSI POS+ CA Mentor Rate supp	Modified
04/30/18	POS	Continue with add 10 hrs per month. Total of 40hrs per month	Approved

APRIL 1-15 SPECIAL INCIDENT REPORT COUNT: 51

<b>April 1-15 SPECIAL INCIDENT TYPES</b>	<b>Count</b>	<b>Percent</b>
MEDICATION ERROR-VND CARE	8	12.3%
LACERATIONS-SUTURES/STAPLES-VND CR	6	9.2%
ALLEGED PHYSICAL ABUSE-VND CARE	6	9.2%
FRACTURES-VND CARE	6	9.2%
HOSPITAL/INTRNL INFECT-VND CARE	5	7.7%
EMERGENCY ROOM VISIT	4	6.2%
HOSPITAL/RESP ILLNESS-VND CARE	3	4.6%
MISSING PERSON-LAW NOTIF-VND CARE	3	4.6%
HOSPITAL/CARDIAC-VND CARE	3	4.6%
HOSPITAL/WOUND/SKN CARE-VND CARE	2	3.1%
PUNCTURE WOUNDS REQ TRMT-VND CARE	2	3.1%
ALLEGED EMOT/MENTAL ABUSE-VND CARE	2	3.1%
HOSPITAL/DUE TO SEIZURE-VND CARE	2	3.1%
ALLEGED ABUSE-OTHER	1	1.5%
AGGRAVATED ASSAULT	1	1.5%
MEDICATION REACTIONS-VND CARE	1	1.5%
ALLGED CONS FINANCL ABUSE-VND CARE	1	1.5%
ALLEGED VIOLATION OF RIGHTS	1	1.5%
DEATH	1	1.5%
ALLEGED CONS SEXUAL ABUSE	1	1.5%
HOSPITAL/NUTRITION DEFIC-VND CARE	1	1.5%
FAIL TO PROV FOOD/CLOTH/SHLT-VND C	1	1.5%
HOSPITAL/OTHER	1	1.5%
RAPE OR ATTEMPTED RAPE	1	1.5%
ALLEGED SEXUAL ABUSE-VND CARE	1	1.5%
FAIL TO PROV CARE-ELDER/ADULT-VND	1	1.5%
<b>Grand Total</b>	<b>65</b>	

**SIR Report - April 1 - 15, 2018**

SRUC#	SNINC#	AGE	SRDTE	KEY	Incident Description	Follow up	Outcome
7706198	3770046689	55	20180401		was taken to memorial medical center via ambulance due to being pale, crossed eyes, clammy skin, and vomiting. She was admitted upon arrival. She had a UTI and altered consciousness while in the hospital and a CT scan revealed bleeding in the brain. She had neurosurgery on the evening of the 25th and was intubated and on a ventilator post surgery. She was only responsive to pain up until the point of death.		04/05/18 - Routing SIR to PM for review and distribution to SC requesting death certificate. Copy sent to CRA, Cindy Mix and Tony Anderson. CM/vf
7794911	3770046694	64	20180401		On April 1st, 2018 Staff gave 1 wrong AM pill (Levothyroxin 500mcg used for Thyroid). ~When Staff was preparing the medication for the morning, she handed the wrong medication cup which contained 1 tablet of Levothyroxin 500mcg. Staff called House Manager immediately right after because she realized she had given the wrong cup to House Manager called Poison Control and gave them the details on the situation. Poison Control informed that the dose of Levothyroxin was not harmful and no further action was necessary. House Manager called Primary Doctor, Dr. Yao, and informed him of the incident. Dr. Yao informed that the dose of Levothyroxin was not harmful. ~ was fine for the rest of the day.	House Manager will be doing a one on one retraining of medication with Staff before her next scheduled shift emphasizing the 7 rights of proper medication assistance. ~CMS will continue to monitor QM or as needed.	
7704283	3770046707	74	20180401		on the afternoon of 4/1/18, 2 of relatives knocked on the door (a young male and a female identified as . Staff opened the door and family walked in and went straight to the bedroom where was. Family was taking out of the home and care home staff stated not to take him. the young male gave staff a dirty look and they continued to take	Staff called Sonia and she notified police and VMRC. Sonia called at 305pm and police arrived at 6pm. Sonia called the police 3 times to follow up and it still took 3 hours for police to arrive. Sonia explained the situation to police.	04/06/18 - Routing SIR to PM/SC requesting investigative outcome, police report, and return date? Consumer counseled on AWOL? CM/vf
7703945	3770046696	66	20180402		On April 2, 2018, at approximately 9:00am Rachelle Gomez received a phone call from stated, "I am at doctors hospital, I fell on Sunday at home, I was sitting down watching TV and stood up to use the restroom and my knee gave out on me. I came to the hospital and broke my right wrist. They are going to place me in rehabilitation center so I can do physical therapy."	Staff will continue to report all reportable incidents and submit documents as required.	04/05/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist discharge summary. CM/vf
7704108	3770046701	53	20180402		On April 2, 2018 at approximately 4 PM, was taken to Kaiser Permanente in Manteca for evaluation due to appearing sleeping, moist cough, course breath sounds and sweaty. He was admitted to the hospital for pneumonia.	Service Coordinator to request hospital medical records.	04/05/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist discharge summary. CM/vf
7793628	3770046706	25	20180402		The staff took a group of clients including to Operation Care for their weekly session, this week was focusing on sexual abuse. become agitated and stated that his sister touched him. Operation Care staff took to a separate room to discuss further. staff was notified. Operation Care completed an APS report.	Increased case management	04/05/18 - Routing SIR to PM/SC requesting investigative outcome, police report, and risk mitigated? CM/vf

			<p>On 4/2/2018 at 9:19 AM CMS Alissa Agbulos received a call from APS. CMS was informed that an APS report had been submitted by an employee of SLS. 1) Physical abuse and neglect (failure to provide care for dependent adult) in regards to lack of supervision. is supposed to have 2:1 staffing and CMS was informed that sometimes no staff shows up. 2) Recordkeeping with Medication errors with administering and recording: MAR has white-out and no initials showing whether or not medications were given and/or refused. APS stated that did not have working Glucometer and no testing strips, and that she was not given medication 3/1/2018 to 3/15/2018. 3) Exploitation and 4) fiduciary abuse: SLS informed APS that staff knowingly moved into an apartment with bed bugs. pays \$708 rent per month in a two bedroom and while CMS was informed that a woman lived there, CMS received other information that a couple who has ties to the landlord live there. This couple eats all of food. 5) Emotional abuse: Staff encourage by telling her she does not need to live in a care home. 6) Neglect with failure to provide care for dependent adult: There are no furnishings in the apartment and does not have a mattress to sleep on. Closet door is broken in the bedroom.</p>	<p>On 4/6/2018 CMS Agbulos will see along with San Andreas Regional Center representative to offer two residential options other than her current placement.</p>	
6598529	3770046724	21 20180402	<p>On 4/3/18, was standing at the group table preparing for lunch. She bent forward to get her lunch bag out of her back pack that was sitting on the ground next to her seat. As turned to walk to her spot for lunch, she tripped over the leg of a chair that was to her right. She fell forward hitting her chin/lip on the ground. approached and saw that she had a small amount of blood coming from her lower lip provided with an ice pack and tissue to apply pressure to her lip to help in stopping the bleeding. asked if she would like an ambulance called and said, "No, I am okay, just call my mom". (mom) was contacted and arrived to pick up and took her to the ER where received stitches. Mom was unable to recall how many stitches had put in.</p>		<p>Staff will cont. to monitor and observe for health and safety and will report all reportable incidents. ~04/05/18 - Copy sent to CRA. SIR returned to the Special Projects Liaison. CM/vf</p>
7708403	3770046713	53 20180403	<p>On 4/4/18 was admitted to St Joe due to no ileostomy output since 7PM on 4/3/18 and complaining of moderate abdominal pain. is abdomen was soft and his vitals, Temp 96.8, BP, 110/60 and HR 88 minutes. was seen by Dr. Demartinis ER doctor. Labs, CT of abdomen ordered. WBC normal 3.2; Hgb 12.2 Ct of abdomen done at 530 PM. Results revealed bowel obstruction. 710 PM admitted. Plan to insert ng tube to the rest of the bowel. IV line started in the ER. lidocaine nebulization was given to numb the nostrils prior to the ng tube insert.</p>	<p>Check ileostomy bag for output regularly, record, and refer ER for further eval~Admitted to St Joe room 216 Remain on NPOHas ileostomy output of 600 ml on 4/5/18, dark brown liquids and 500ml at night shift per RN No ng tube inserted due to no cooperation from</p>	<p>04/09/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist discharge summary. CM/vf</p>
7705012	3770046725	53 20180404			

			appeared lethargic and was not responding well to his IHSS Staff . After inquiring if he was in pain he stated his back was hurting. He then began throwing up. IHSS Staff felt he may need to go to the emergency room out of concern for his heart condition. picked up the phone called 911 and the IHSS Staff person intervened with the 911 operator to convey medical emergency. First responders came and assessed medical condition which reflected an extremely high blood pressure and transported him to St. Joseph's Medical Hospital. The Staff met at the hospital to advocate and communicate medical history and symptoms. was admitted to the hospital at 7:35 pm in room 409. The doctors discovered he had a kidney infection and kidney stones. On April 5, 2018 The Staff, was informed by Dr. Jordan that was receiving antibiotics for a kidney infection and pain medication and would be released in two to three days to get rid of the infection and a Urologist would be in to determine the course of medical treatment for s kidney stones. After further examination with the Urologist, is scheduled for surgery on the Kidney stones on 4/6/18 by Dr. David Lee.	The Staff will meet with doctors to follow s medical regimen to getting well. has been encouraged to drink water and take his medication. The staff will also continue to be observant of his medical conditions and behavior.	04/11/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist discharge summary. CM/vf	
7703545	3770046738	70	20180404	reported to DP staff ,that she was lifted and felt uncomfortable while being transferred by staff . Staff then reported this to instructor who in turn reported to PM looked into the accusation further and discovered that the lift was with a female instructor and in front of the nurse from care home, and had happened the 1st week of March. Program manager spoke with when she returned after her vacation on 4/4/18. She told that she would only be lifted by female staff if that made her feel more comfortable. replied, "Yes, thank you."~	On 4/5/18 PM received a call from , CH facilitator. She stated that had been touched inappropriately and that said that __ took care of it and she was ok. Program manager stated that this was the first time he had heard of being touched inappropriately and asked when this happened. __ stated that it happened on 3/29/18 while being lifted in the restroom. __ said that she could not remember the staff's name who lifted	04/11/18 - Routing SIR to PM for review and distribution to SC requesting investigative outcome and Long Term Care Ombudsman report. CM/vf
7722519	3770046767	23	20180404			

4928487	3770046729	44	20180405	<p>On 4/5/18, Lauren from Central Valley Training Center called to report CVTC staff completed a report with Adult Protective Services with Monica from APS. Lauren reported that CVTC is in process of completing a Special Incident Report but that CVTC computers are down. A Special Incident Report will follow. She explained that consumer's mother called CVTC staff in the evening on 4/4/18 and reported consumer reported to her that a CVTC in home day program staff member had placed their hand over her mouth. CVTC staff reported to CVTC Supervisor and an APS report has been completed. ~04/09/18, SIR Update.</p> <p>Received Special Incident Report from CVTC, containing the following information: "On April 4th 2018 at approximately 10:30am, Program Coordinator Monica Yager conducted an in-home spot check with Instructor Il Leanna Ortega-ray and in the consumer home. PC Yager met with and her mother regarding the quality of services and staff. and her mother did not indicate any concerns and participated in coming to the day program site as planned. On April 4, 2018, at approximately 7:19 pm, Instructor Il/Another Way SLP Shirley Santana received an after -hours phone call from mother said she did not want instructor Il Leanna Ortega-ray caring for anymore because is afraid of instructor Ortega-ray. Per Victoria, stated Leanna covers her mouth. Instructor Santana informed Victoria that she is not at liberty to discuss another employee. Instructor Santana gave Victoria Another Way Program Director Mary</p>	<p>Requested a Special Incident Report be submitted to VMRC when it becomes available. Confirmed with day program completed an APS report. ~04/09/18, SIR update: VMRC SC, Blanca Vazquez, called consumer's mother and confirmed she is in agreement to have an IDT Meeting as requested by day program at her home. Consumer's mother reported she hopes DP can continue to provide services for consumer and that consumer have a new instructor. VMRC SC will schedule an IDT Meeting.</p>	<p>04/11/18 - Routing SIR to PM/SC requesting investigative outcome, police report, and risk mitigated? Copy given to QA manager for distribution to a CSL, requesting investigative outcome and CCL substantiated? CM/vf ~4/13/18 - QA Manager routing to Wanda Johnson, CSL for f/u and outcome.</p>
7708347	3770046756	36	20180405	<p>On April 10, 2018, (DPS) contacted family and learned he just got home from the hospital yesterday. On April 5, 2018, was taken to Memorial Medical Center due to a lot of seizure activity. He was admitted and they learned he also had pneumonia. He was discharged home yesterday.</p>	<p>DPS will continue to monitor . SC will request medical records.</p>	<p>04/16/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist discharge summary. CM/dc</p>
6497986	3770046760	50	20180405	<p>was at Yosemite Lanes when he fell while going down the stairs. He was asked if he was in pain and responded no. He had a scheduled appointment the following day with his PCP and told the Doctor his right wrist was hurting him. PCP ordered and XRay which revealed a fracture. He was prescribed medication and referred to Orthopedic Doctor.</p>	<p>RSP will continue to monitor . SC will request medical records.</p>	<p>04/11/18 - Copy sent to CRA. SIR returned to the Special Projects Liaison. CM/vf</p>
6405232	3770046745	67	20180406	<p>has had a non-productive cough for the past two weeks with no improvement even with use of medication. HE has even had episodes of coughing so hard his face and lips turned purplish in color and cough lasting up to an hour. In addition, he has a hoarse voice and course breath sounds. He is alert, verbally responsive and afebrile. He was sent to Sutter Tracy community Hospital for evaluation. PCP want to do further lung tests. He is admitted and in room 2025A for possible pneumonia.</p>	<p>RSP will follow orders given by doctor upon discharge and assist with any follow up appointment or medication regimen.</p>	<p>04/11/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist discharge summary. CM/vf</p>

7708149	3770046750	74	20180406	On 4/6/18 at approximately 8:00 am SIS received a call from reporting that he was experiencing chest pains. ___ took to the ER at San Joaquin County hospital where he was evaluated with blood work, chest x-rays, and ultra sound and admitted to the Hospital. had also had his nasal passage flushed due to heavy congestion. The tests results came back normal and remained at the Hospital for observation.	SIS will continue to report to VMRC and will assist with following up with his Primary Physician.	04/11/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist discharge summary. CM/vf
6708337	3770046768	43	20180406	At approximately 6PM, came out from his room and showed me (, staff) his left toe. Stated "I bumped in my bed and my nail came off" and pointed out the leg of the bed (bedlock). First aid was applied but the blood didn't stop. He was brought to urgent care about 6:30PM.	1. Will continue to encourage to use his cane when ambulatory around his room or home. 2. Will continue to remind to walk slowly when ambulatory. 3. To take his prescribed Anti-biotic (Keflex) as ordered by Urgent Care. 4. To follow up with PCP in 3 days and podiatry on 4/9/18.~	04/11/18 - Copy sent to CRA. SIR returned to the Special Projects liaison. CM/vf
7741531	3770046791	24	20180406	While painting at his place of employment, the staff supervising sep-grp () took by his ear, pulling him, and showed him where he was making mistakes.	The Program Manager of UCP claims he was not informed of the incident by staff/consumer. contacted the OD, Jessica C. on 4/11 and made the complaint. ___ was advised to complete an alert as the SIR was not reported and told UCP to also file an APS report.	04/11/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist discharge summary. CM/vf
7793199	3770046741	53	20180407	3/27/18 was brought to LMH ER @ 3:30PM per PCP MD order for further evaluation as he was unable to eat/drink and take medication. Vitals WNR except BP slightly above normal. Discharged 3/28 at 5:30AM with orders to return if condition worsened. SCH monitored. was observed to eat/drink 100% meal and take medication. All vitals WNR. VMRC SC was made aware. 3/30/18 BK was brought back to LMH ER per 3/28 discharge orders as he was unable to take PM medications. He was discharged 4/3. SCH continued to monitor was observed to eat/drink 100% meal and take medication before reducing intake and unable to take medication. Vitals WNR. VMRC SC was made aware. 4/7/18 At approximately 7AM was unable to eat breakfast, drink fluids and take AM medications. Vitals WNR except BP slightly above. 4/7/18 SCH brought to Lodi Memorial ER for evaluation and routine testing. VMRC SC made aware. Per ER MD, test were results were negative and he showed no sign of dehydration or kidney failure. Other than difficulty of swallowing, showed no signs of illness, but d/t his age, DD diagnosis, hx of being at hospital for similar condition and past surgeries MD felt would need a G-tube or Neckline before being discharged. Staff notified VMRC Duty Officer who relayed information to VMRC Clinical Director who has authorization to give medical consent for surgery that LMH MD recommends. SCH also notified his VMRC SC that he will need new placement when discharged since SCH Facility is not licensed to receive consumers with a G Tube or Neckline.	Staff notified VMRC Duty Officer who relayed information to VMRC Clinical Director who has authorization to give medical consent for surgery that LMH MD recommends. SCH also notified his VMRC SC that he will need new placement when discharged since SCH Facility is not licensed to receive consumers with a G Tube or Neckline. ~CMS will continue to monitor QM or as needed.	

7745361	3770046754	22	20180409	<p>On 4/9/18 approximately 1:45pm, ___ was by medical staff having labored breathing and having thick secretions. Medical staff provided P/N breathing TX and suctioned while waiting for 911. 911 was called immediately and ___ was transported to St. Joseph's ER for evaluation and treatment. ___ was admitted to the hospital.</p>	<p>___ was admitted to St. Joseph's. Will follow up with the hospital for ___ condition and plan of discharge. father ___ was made aware of medical condition and transporting to St. Joseph's Medical Center.</p>	<p>04/12/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist discharge summary. CM/vf</p>
7181262	3770046764	60	20180409	<p>On 4/9/18 around 950 am, ___ was sitting on a bench in front of his area in the courtyard at program. Staff asked him to get ready for scheduled vocational skills training. ___ quickly jumped up from the bench and began to proceed to his area. As he did, ___ stepped on the top of his left toes with the heel of his right foot causing him to fall face forward landing on the concrete. When ___ sat up, staff observed that he had a mark on his forehead that was red in color, swollen and with small amounts of blood seeping through. ___ also noticed he had a red mark on the tip of his nose the size of a dime with small amounts of blood dripping from his nose to his lip. ___ was able to speak to staff after the incident while ___ cleaned the wounded areas. PS called 911. The EMTs arrived and took over and he was transported to Doctors hospital. Around 1235 pm, brother ___ arrived at the hospital and he asked what happened to him. ___ stated that ___ pushed me. AC stated that ___ fell over his own feet and that she observed the incident. ___ asked ___ who was and ___ said it was his teacher. ___ received a call from ___ when ___ was at the hospital. ___ asked ___ if he had seen the incident and ___ stated no but that a fellow staff did. ___ told ___ what ___ had said and ___ explained that they do have a staff by the name of ___ but that he was not outside when ___ fell, and instead was in the area conducting the vocational training.</p>	<p>SC will request medical records</p>	<p>04/12/18 - Copy sent to CRA. SIR returned to the Special Projects Liaison. CM/vf</p>
7703911	3770046774	56	20180409	<p>___ fell in class and hit her head on table. She was piced up by care provider and transported to St. Joseph's ER. Laceration on her scalp on the right side of her head was 2 inches long and deep and required staples. She received a tetanus injection.</p>		



7767559	3770046776	46	20180409	<p>on 04-10-18 SC received an SIR from, licensee from ___ that on 04-10-18 around 11:48am she received a voice message from ___ program manager from ___ that she needed to pick up ___ from the day program because his right hand was extremely swollen and he would not use it. Ms. ___ said she picked up ___ and he was taken to Urgent Care that same day. He was seen by Dr. Ahmed who assessed right hand. X-ray were taken at Stockton Diagnostic and was taken home. He was did not appear to be in any pain or discomfort. ~On 04-10-18 approximately around 12:05pm received call from Urgent Care to follow up on the results of the right hand x-ray that was completed at Stockton Diagnostic. Ms. ___ was informed that ___ had boxer fracture (metacarpal fracture) and that they needed to bring ___ back to Urgent Care to get a splint. Ms. ___ informed them that this would not work for ___ because he would manipulate and play with the splint not allowing it to stay on. Ms. ___ was directed to then take ___ to St. Joseph ER so that they could put a cast on the right hand. ~On 04-10-18 ___ was seen at St. Joseph ER by Dr. David Denson who informed Ms. ___ that ER did not do casts. However, they would still need to do an x-ray on right hand to determine what type of splint he would need. The x-rays showed that ___ had a box fracture and a splint was applied to his right hand. He was also prescribed 600mg tab q6h for 7 days. ___ was then referred, by ER, to be seen by Dr. Jaspreet Sidhu (orthopedic) within 5-7 days to get a cast for area. ___ was instructed that in</p>	<p>Ms. ___ will follow up with Orthopedic doctor for ___ to get a cast on right hand. Sc will request medical records.</p>	<p>04/12/18 - Copy sent to CRA. SIR returned to the Special Projects Liaison. CM/vf-</p>
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6598529 3770046830	21	20180409	On Tuesday, April 10, 2018m at approximately 4:30pm, staff Patricia Waters arrived at Delbert's residence for a scheduled visit. During the visit staff observed that Delbert was having a hard time breathing and took him to CMC Urgent Care of March Lane. This is the second time in 2 days that Delbert had been to the same urgent care facility regarding this issue. His first visit occurred on April 9, 2018 where he reported presenting with pain in his side after tripping and hitting the small fridge he has in his home as well as some shortness of breath. Delbert was seen by PA who advised that he may have deep bruising in his rib area and told him to take Ibuprofen for said pain. PA also sent him for an x-ray and advised the office would contact him with the results if warranted. Delbert was also told to schedule an appointment with his PCP within 2 to 3 days if the issue persists and return if the problem gets worse. Staff contacted the doctor's office as recommended but was not able to book an appointment during that time period, however his name was placed on a call back list. Staff contacted Delbert on the morning of April 10th to check on his well being/ He stated that he was fine and had no additional concerns to report at that time. When ___ went to Urgent Care on 4/10 he was again seen by PA Fraser, who at the time advised the x-rays showed he had fractured a rib. He was given an injection of Ketorolac Tromethamine, 60 mg and prescribed Norco 7.5 mg/325 mg to be taken PRN for intense pain. ___ was instructed to rest and stay hydrated, take Ibuprofen to help reduce the swelling and inflammation, ice the area multiple	SLS staff assisted ___ to obtain all medications the same day and ensured he understood all instructions/recommendations following the Urgent Care visit. SLS will continue to check in with ___ on a regular basis to ensure he does not have any recurring concerns or require medical attention prior to the above noted appointment date. SLS will again ensure he has and is familiar with the office and after-hours contact numbers, reminding him to contact SLS for support immediately. SLS will keep the identified service coordinator informed of any additional issues or cause for concern.	4/16/18 - Copy sent to CRA, original returned to SPC. CM/dc
7705166 3770046778	58	20180409	On 4/12/18, Consumer SLS worker reported that was at home on 4/9/18 when she all of the sudden felt chest pains followed by a seizure. Her daughter called 911 and paramedics transported her to Lodi Memorial where she was admitted overnight. ___ was released on 4/10/18 and was told to follow up with her Neurologist/Cardiologist and to keep taking her medication and rest.	VMRC SC will continue to monitor and will follow up.	
7704267 3770046783	47	20180409	While at his job site, stepped on a board with a nail sticking out of it while disassembling a desk. The nail punctured the bottom, middle of his right foot. Staff assisted with first aide but after further evaluation it was determined that would need further medical care. He was taken to Dameron Occupational Health. He was given a tetanus shot and some antibiotics. He was also cleared to return to program and work with no restrictions.	PCS discussed with slowing down and taking a good look around his work area to ensure safety before performing a task. Job coaches will continue to provide instruction to of effective teamwork strategies, skills training and appropriate safety practices while on the job site.	4/16/18 - Copy sent to CRA, original returned to SPC. CM/dc
7724037 3770046789	29	20180409	On Saturday April 7, 2018 at 9:54pm; was given all of her medications. did not completely take all of her Haloperidol Oral Solution medication. spit some in her water cup. The incident was reported to Dr. Abodofour (PCP) about the medication that she did not take.	has a follow up appointment with her PCP Dr. Adubofour on Tuesday April 10, 2018 at 2:45pm.	

5176284	3770046765	39	20180410	On April 10, 2018 reported to his SLS worker that he was in Memorial Medical Center. stated that he had arrived via ambulance around 1AM because he had taken the wrong medication.	will continue to be supported by SLS staff to seek appropriate medical care for his medical needs as they arise.	04/16/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical records - hospitalist discharge summary. CM/dc
				On 4/10/18, was at her day program, complained that she was not feeling well and was sweating and hot. CVTC reports that they called care home at 9:30am asking them to pick up because she wasn't feeling well and the home told them that they were not going to come and get her. Another staff member at CVTC called at 10:00am and was told they did not have their van available and could not get there until later. CVTC felt that condition was getting worse and they called 911. was taken by ambulance to Doctor's Medical Center. She was found to have a urinary tract infection and admitted.		04/16/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist discharge summary. CM/dc
7704195	3770046773	54	20180410	At consumer's IPP meeting on 3/16/2018, while reviewing consumer's medications against the list of reported medications, SC discovered that consumer's "Bubble Pak" did not include Atorvastatin as indicated on the SLS quarterly report. SLS advised that they thought the medication had possibly been discontinued and stated that they would follow-up. SC contacted SLS at a later date to find out if they had checked on the medication and requested an SIR if the medication had not been discontinued and was simply not refilled. On 4/10/2018, SLS contacted the consumer's doctor and found that the medication had not been discontinued. SLS then contacted lone Pharmacy who reportedly accepted blame for the medication not being filled. It is unknown for how long exactly the medication had not been filled; however, it appears it was likely for several months. Pharmacy stated that they had contacted Dr. Hartman for a refill, but had not followed up.	SLS contacted Dr. Hartman's office to find out if he wanted to order blood work before refilling the RX. SLS waiting to hear back from Dr. Hartman's office at the time this report was submitted. SLS will provide support to to follow-up as needed with her physician and to contact lone Pharmacy for refill of medications. SLS will work with consumer to verify all meds are filled as expected as bubble paks are filled, a minimum of once every other week.	04/16/18 - Routing SIR to CSL, L. Christian requesting Investigative Outcome. Copy to Pharmacist. CM/dc ~4/16/18 - CSL reviewed SIR with director of SL. CSL also reviewed T19 notes, the consumer's IPP and the SLS ISP to help CSL in determining if the agency provided the support this consumer requires. CSL determined that the supported living agency provides this consumer with support to get to all medical appointments and follow through with recommendations from her PCP. Per discussion with director of the supported living agency, an error was made by the pharmacy and her dosage of Atorvastatin was not included in the pre-filled bubble pack. The agency learned of the error on 4/10/18 and notified the SC within the required time frames. The support worker then provided the support this consumer needed to contact the pharmacy and the physician to follow up on the error made. SLS worker also provided the support this consumer needed to get the medication refilled. CSL concludes that there was no breach in services expected from the supported living agency who reported the error in a timely manner. Investigation complete. No further follow up required. LChristian, CSL
7706139	3770046781	59	20180410		VMRC SC will continue to monitor and follow up.	04/16/18 - Routing SIR to PM for review and distribution to SC requesting Investigative Outcome. Risk mitigated? CM/dc
772477	3770046782	34	20180410	on 4/10/18, notified her worker, that on 4/7/18 she had to call the police due to her daughter being out of control. The daughter started putting holes in the wall and also started throwing objects around, one of which was a metal object that hit in the back. Police arrived and daughter was taken to Juvenile Hall. stated that she was unable to get a police report number. Daughter was charged with 2 misdemeanors and will remain in custody until further notice.		

7794559	3770046787	24	20180410	On 4/10/18 at about 12:45 pm was sitting in a circle of chairs getting ready to start a classroom structured activity. decided to get up from his chair and grab his peers lunch bag. ignored the verbal prompt and attempted to run outside of the circle of chairs. While was running past the chairs he tripped over one of the chair's legs. fell to the floor and was unable to stop his fall due to holding the lunch bag. hit the right side of his face on the ground, initially refused any assistance from program staff. Once was able to get up, program staff was able to see that he had a cut along his right eyebrow. 911 was called by staff and was transported to St. Joseph's ER for treatment.	SC will follow up as needed.	
				During transportation informed the bus aide that due to the fact that she could not find the hair brush, the care provider got upset and swiped her nose with hand and gave her a cold shower. However did not know the name of the care provider. expressed to the aide that she no longer wants to live at that home.	Wilma Murray from Transportation at VMRC was contacted and a call was placed to the Ombudsman Office.	
7704975	3770046802	70	20180410	On 4/10/2017, at approximately 1:45pm. QUIDP, received call from day program stating that had been sleepy in the morning, ate 100% of lunch (but slower than norm), and was even more sleepy than usual in the afternoon when it was time to board the van. this has been an ongoing problem for over the past several months attributed to his poor sleep pattern (frequently only sleeping 2-4 hours then being awake and alert the remainder of the night). Medical work up had previously ruled out a medical concern or cause of him sleeping during the day other than not sleeping at night. was transported from the day program to the residential facility via Heritage Estates transportation and was met at his residence by the facility nurse for assessment vital were close to normal however due to him being more difficult than usual to awaken it was determined that he should be seen by a physician. Transportation to Doctor's Hospital of Manteca was obtained via ambulance. Examination, blood work, UA, EKG, CT had, and chest x-ray was completed. Physician reported all results at baseline. Emergency room physician felt that lethargy likely due to psychotropic medications and instructed staff to hold or reduce Geodon and to discontinue Ambien (which had not yet been stated due to pending consents).	Dr. Go, psychiatrist was notified of current status and emergency room physician's orders/recommendations. Received order to decrease Geodon from 20mg BID to 20mg QHS. Will also schedule follow up with primary care physician later this week.	
7706295	3770046804	50	20180410			

1990342	3770046775	40	20180411 1990	Summary: _____ was admitted to Sutter Tracy Hospital room 2025B. Wednesday 4/11/18 @ 8:45am for swelling to the right side of his face. Detailed. Crystal's Res. Care Home #2 staff noticed James had swelling to his face on 4/10/18 around 6:30am. Staff informed administrator Delois Bunch, who had scheduled a doctor's appointment with Dr. Zachariah at 10:30am. Dr. Zachariah ordered labs, x-rays of face and amoxicillin 500mg 3X-daily for 8 days. Next morning on 4/11/18 swelling had gotten worse, staff informed administrator once again and was _____ was taken to Sutter Tracy Hospital ER for examination. ER staff took labs, gave fluids, antibiotics and admitted _____ for a sinus infection.		
7743162	3770046786	24	20180411	On 4/22/18 at 7:15 PM, a LVN gave _____ the wrong medications. _____ incorrectly received 400 mg of Gabapentin and 15 mg of Buspar. LVN contacted the LVN Program Medical Coordinator, who then contacted the Program Medical Director, who directed staff to monitor vitals q4h throughout the night and have _____ be seen in his office in the morning of 4/12/2018. _____ was monitored through the night with no concerns and is with the doctor at the time this report was written."	All staff including LVNs trained to assist with medication administration are to perform 6 rights of passage related to medication administration.	
7707702	3770046788	60	20180411	SC received voicemail on 04/12/18 from _____ requesting that SC call Mary Amoah of Sunshine Residential because his staff member Rose hit him. SC called consumer back and asked him what happened. Consumer stated that on 04/11/18 that staff member Rose struck him in the head closed fist with medium force because he did not want to take his evening medication. SC asked consumer if he was okay or needed medical attention and consumer stated that he was okay and did not need medical attention.	SC reported incident to PM Shelli Margartie. SC to contact Ombudsmen, review with liaison after completing SIR.	
6322291	3770046793	70	20180411	Staff indicates _____ and his roommate got into an altercation that became physical. Staff broke them apart and they were not able to get an understanding of what or who started the altercation. Both were treated with ice as _____ knuckles were slightly swollen and he had a bruise on his forearm. The next morning (April 12) _____ had more swelling in his hand and he was taken to the ER for a full examination. X-ray revealed he had a fracture of one of his bones in teh palm of his hand. He was given a splint and referred to a hand clinic for follow up.	RSP will monitor _____ and made an immediate room change. SC will request ER records.	
7725643	3770046821	15	20180411	On 4/13/2018, care home staff noticed that Fluticasone nasal spray was not documented as being passed on 4/11/18 and 4/12/18. _____ investigated and determined that Fluticasone was last passed on 4/10/18. Care home staff did not pick up Fluticasone from the pharmacy until 4/12/18 (even though it was filled on 4/9/18). Staff did not communicate with one another to ensure that medication was picked up from the pharmacy.	_____, care home administrator, reviewed current procedures regarding picking up medication refills. Amanda made changes to the current procedures to ensure that this medication error will not occur again. All staff are now required to notify facility administrator immediately if the last dose of medication is passed and no refills are at the care home.	

				On 4/11/2018 at approximately 1:20 PM, Instructor assisted onto a sofa and left to do another task. When the instructor returned, _____ was on the floor holding his forehead and has 1/2 inch cut on his right side of head. Staff applied first aid and called the care home. As the wound continued to bleed, staff determined to call 911 and had transported to Doctors Hospital via ambulance.	SC to work with day program and care home Staff to continue assisting _____ with his walking abilities on a daily basis.	
7703598	3770046834	71	20180411	On 4/12/18 at around 9:30 p.m., care home staff notified administrator that _____ did not return home. Administrator looked for _____ at his usual hang out locations, including bus stops and local park, Sandman Park. They were unable to locate him. Administrator notified the police (police report #1813733) and notified after hours Maria Sartain.		
7795447	3770046805	40	20180412	On 4/12/18 at approximately 8:50am, Instructor Il Rebecca Rioux was supporting with bus duty when consumer van arrived and began to unload. Instructor Rioux witnessed _____ hitting the back of the seats of the van with her arms. Instructor Rioux heard Sunshine Residential Care Provider, Mary Mouah, ask _____ to stop hitting the seats. Instructor Rioux heard walked over to the van to see if she could assist. Mary informed Instructor Rioux that _____ was taking off her seat belt, hitting people in the van, hit her own glasses off her face, and making the other consumers upset. Instructor Rioux escorted _____ off the bus and asked _____ if she was ok. _____ stated "they hurt me in that place, look at my hand." _____ was visibly crying and yelling. Mary stated that _____ must have hurt her hand when she knocked off her glasses. Instructor Rioux asked Megan "to take a deep breath, calm down, and to speak to her instructor. Instructor Rioux walked _____ into her training room and _____ immediately informed Instructor IV, Ashley Mackenzie. Instructor Mackenzie assisted with giving _____ a break to calm down before joining her group for the day. _____ was offered an ice pack for her injury. However, the injury appeared to be scabbing and did not have any blood exposed. "At approximately 8:55am, Mary and another care provider went into (Central Valley Training Center) CVTC's front office to drop off _____ personal belongings. Mary was going through a binder and appeared to be flustered as she was looking for documents to give the new care provider. Mary stated to Office Assistant, Liliana	On 4/12/18 at approximately 9:28am, PC Tonia Law notified Regional Director of Operations, Hayley Vleiera, of the incident: "On 4/12/18 at approximately 9:36am, CVTC PC Law left a message for VMRC SC, Margaret Smith, informing her of the incident. "on 4/12/18 at approximately 10:17am, PC left a message with CCL Analyst, Tandraa Blake, informing her of the incident. PC Yager later spoke to the officer of the day, Deanna Williams, and informed her of the incident. "On 4/12/18 at approximately 11:09am, PC spoke to Ombudsman Roselynn and informed her of the incident. "On 4/13/18 at approximately 9:45am, PC Tonia Law spoke to a Dispatcher at Modesto PD informing them of the incident and received an incident report number PP008. Case#518-15227~ _____ was placed in a different residential care facility, Mitchell Residential. SSC completed T19 note and follow up SIR. SC will request police report and investigative outcome from APS.	
7792438	3770046806	21	20180412	Staff was giving morning meds to Consumer and did not follow TBR administering medication procedures. Once staff noticed he had used the PM bubble pack not the Am he stopped. Only one medication was given, Melatonin 5mg. Staff correctly provided Am meds, alerted RSP of the error. RSP called the prescribing Doctor. The Doctor stated that Consumer will be sleepy in the morning and ok to continue with evening dose as prescribed.	SSC spoke to RSP and parent that morning due to a meeting that was scheduled. SSC questioned RSP about her Medication procedures. RSP shared that the staff did not follow the procedures and will be going through the training again. Procedures are to have a second staff check pill and county prior giving medication to consumer. this did not happen as well. SSC would like RSP to retain both staff as they bout did not follow the correct medication administration procedure. SSC will follow up with RSP by the end of the week to see when the training will take place.	
7722890	3770046810	16	20180412			

7794910	3770046809	50	20180412	Consumer @ ____ per 1370.4 court order. He left b/c on 4/12 early am, stating he 'needed to see his sister'. PD contacted and missing person's report made (18-13299). Per RSP, PD returned him to Ort House early on 14th, stating consumer's brother had called the police. Consumer refused to drug test and seemed paranoid (had been off meds), talking of wanting to call his attorney and leaving. RSP suggest poss IDT mtg this week.	SC to participate in IDT mtg if scheduled to discuss incident. SC emailed RSP with consumer's attorney contact info. SC will update the court re: AWOL via a letter along with monthly competency progress report from UOP. SC recently had emailed consumer's attorney asking when the 1370.3 yrs time limit expires, but has not heard back.	
5826748	3770046817	58	20180412	5826 On 4/12/18, ____ was taken to her PCP as a follow up to her previous hospitalization. RSP informed PCP of what happened at hospital and that ____ has complained different body parts hurt in the past. He ordered an xray of her abdomen, legs, feet, arm and hands. The following day she returned to the PCP office as it was discovered her left wrist had a fracture. PCP couldn't determine if it was old or new (she was restrained in the hospital). She will be referred to an Orthopedic for a splint. Also noted is she doesn't have a fractured rib as reported by a physician in the hospital.	RSP will monitor ____ SC will request medical records.	
7705718	3770046813	39	20180413	On 4/13/18, ____ came home with a towel held to the back of her head as it was bleeding. She was walking and a car backing up hit her. The man was with ____ and said she refused his offer to call 911. Nesy immediately called 911 and the Police came to take a report. She was transported to Memorial Medical Center where she received 4 staples and she will follow up with her with her PCP. Police report #MIP18-037397.	RSP will monitor ____ and follow up with PCP. SC will request medical records and police report.	
				Consumer, ____ has been under the care of ____ Guest Home since November 8, 2011. Due to the progression of skin wounds (ulcers-stage 3/4)- ____ has been referred to a higher level of care. Due to the severity of the skin wounds it has been challenging finding an appropriate placement at a higher level of care/ICF. ____ was referred to Pacific Wound Clinic by Dr Yao on March 27, 2018. ____ was seen once a week for her wounds. During her visits, no improvements were made. On April 13, 2018, the administrator decided to bring her to Lodi memorial Hospital to get a consult on her condition being outside of the facility's regulations. ____ was admitted on April 13, 2018 at 11 PM.	SC will stay in communication with RSP, as a nursing facility is being considered as a more appropriate level of care for consumer.	
5691159	3770046827	71	20180413	Entered SIR for 4/13/2018 at 9:00 AM. ____ was taking her medication and Lamotrigine 200mg fell out of her hand and on to the floor, causing ____ to not be able to take the medication for that day.	SIS will assist ____ with getting medication administration cups. In the meantime SIS will place the medication in a clean cup from the cabinets.	
6598529	3770046831	21	20180413	On Saturday, 4/14/18, staff were assisting ____ with her morning routine when she began to vomit. Vomiting continued even after breakfast and staff noted that she appeared weak and had the chills. ____ denied water and staff felt she might be dehydrated so they called 911 for emergency help. She was brought to St. Joseph's Hospital and was released the following day, 4/15/18 @ 4 am.	Guest Home staff will abide by the recommendation of the treating Dr. and will follow up with her primary Dr.	
7704196	3770046816	64	20180414			

			<p>AT 1530 hours,        received a PRN for agitation after complaining of intense anxiety. At 1630 hours, requested Maalox for heartburn discomfort in esophageal area. At 1630 hours,        shows signs of distress, ie. shallow breathing, increased chest pain which he described as being "At a 10...and it's getting worse." Program Medical Director, Dr. Riley was notified. He directs        to be given an aspirin and to be transported to the ER via ambulance. 911 was called. EMT's arrived, assesse        and transported him to the ER at 1650 hours.        was medically cleared and returned to the facility at 2220 hours. Hospital record shows that during his stay,        engaged in SIB's, ie. scratching at forearm scab. When instructed to stop,        threw a stool at glass window repeatedly.        was provided PRN Haldol and was able to calm down.</p>	<p>will follow up with PCP in one to two days as directed by the hospital discharge instructions. ~CMS will continue to monitor QM or as needed.</p>	
1990155	3770046826	39	20180415		



Fair Hearings for April 2018

Date Received FHR	Issues	Resolved	Resolved Level	Date Resolved	Withdrawn	Date Withdrawn	Comments
3/12/2018	Vehicle Modification	Yes	Mediation	4/3/2018			
3/27/2018	Eligibility	No					Informal 4/11/18 State Hearing set for 5/16/18
4/5/2018	ABA Services	No					Informal 4/16/18 Mediation set for 5/4/18
4/6/2018	Services	No					Informal 4/18/18 no show, Mediation denied by Claimant, State set for 5/25
4/6/2018	Eligibility	No					State Hearing set for 5/10/18
4/11/2018	Vehicle Modification	Yes	Mediation	4/23/2018			
4/6/2018	Eligibility	No					Informal 4/25/18, State Hearing set for 5/17/18
4/16/2018	Eligibility	No					Informal 5/26/18, State Hearing set for 6/4/18

# VALLEY MOUNTAIN REGIONAL CENTER

## SERVICE STANDARD

### RESPITE SERVICES

**Purpose and Philosophy:** Respite care is designed to intermittently and temporarily relieve families of the demands and constant responsibilities of caring for the consumer. This responsibility may exceed the demands and care needs of a non-disabled person his/her age in order to: 1) restore or maintain the family's well-being; 2) meet emergency needs such as after a natural disaster; 3) assist during periods of crisis such as illness or death of a family member; 4) allow parents or family members the opportunity to enjoy vacations or other activities of natural family life; 5) provide assistance at other times when the planning team, which includes the parent or family member, feels it is advisable. Respite is part of a network of support services for families. It is not meant to supplant other resources, including the parents' routine parenting responsibilities for minors.

**For children ages 0-3 in the Early Start program, see section IV below.**

Valley Mountain Regional Center acknowledges the family's contribution to the care and well being of their minor children who are VMRC consumers. They are also generally expected to provide the same kinds of care and supervision to them as they would for any of their other children. However, some families, because of their child's intensive needs, require additional supports and services, such as respite, which will enable them to maintain that child in their home.

VMRC recognizes the commitment of family members in maintaining their adult family member in their home. To ensure family stability additional supports and services, such as respite, may be necessary.

Assessing the need for respite is part of the planning team process of developing and monitoring a consumer's Individual Program Plan (IPP). The assessment of need will ensure that all available resources are explored and natural support systems, such as extended family, as well as generic services, are developed and utilized.

- I. Eligibility:** to determine the need, type, and amount of respite care services purchased by VMRC, the following criteria must be considered and/or met:
1. The need for the service is identified on the IPP.
  2. Take into consideration the legal responsibilities of other agencies as resources for the consumer and family in developing a respite care plan (i.e. private insurance, Medi-Cal, IHSS, DSS funding, crisis nurses, etc.).
  3. Valley Mountain Regional Center will only consider services such as IHSS and/or generic resources when approved services meet the respite needs as identified in the consumer's IPP/IFSP.
  4. Family situation, such as the number of parents available to provide care, number of other children in the home or other special circumstances.

5. Verification of family's development of natural supports to provide respite such as extended family members, participation in cooperative childcare activities, etc.
6. Medical factors.
7. Mobility skills.
8. Consumer's adaptive skills.
9. Families receiving the AFDC Foster Placement rate for a minor placed in their home are not eligible for respite as they are considered a foster home.
10. Behavioral deficits unrelated to the consumer's age.
11. Hours of attendance at school/day program depending on the consumer's age.
12. Consider what the family is doing to include consumer in routine family and community activities.
13. Is the family actively implementing the consumer's care plans identified in the IPP?
14. The Respite Assessment Tool will be completed with consumer/family members and will determine the amount of respite services through objective evaluation. Regional Center will purchase respite services accordingly. If the Planning Team determines that additional support is needed, an exceptional POS can be presented to the VMRC Review Committee.

**II. Selection Considerations:** Issues that should be considered in selecting the type and amount of respite care services include:

1. Has the planning team considered family/consumer choice and need?
2. Has the planning team determined if the respite option is compatible with the family's life style and commitments?
3. Have the consumer's medical and/or behavior needs been considered?
4. If there is more than one family member who needs respite, (this would necessitate a multiple consumer rate for in-home respite) has a family respite plan been developed?
5. Are family members given the flexibility regarding the use of respite hours? They may choose to use their out-of-home respite allocation on a dollar for dollar basis to fund camp if agreed by the planning team that camp meets their out-of-home respite needs.

6. Families have the option of banking their respite allotment for up to an entire year and redeeming it all at one time. This need must be identified in the individual's IPP per the planning team.
7. Is a family member a Valley Mountain Regional Center Board Member? If so, do they attend Board-related meetings such as:
  - a. Committees
  - b. School/Day Program visits
  - c. Conferences
  - d. Retreats
  - e. Any other VMRC meetings outside of regular Board Meetings

Given these requirements are met; parents will receive up to ten (10) additional hours per month while they are active members on VMRC's Board of Directors.

The ten (10) additional Respite hours will be contingent upon the submittal of records providing specific reasons for attendance for above-mentioned activities including, travel records, training materials, dates and times the activities were held. Board Members who require more than ten (10) additional hours per month may request an exception to obtain additional needed hours.

- III. Exceptions and Appeals Process:** As with all VMRC purchased services, if the Planning Team determines that sufficient support exists to request an exception to these standards, a Purchase of Service Exceptions request should be submitted.

VMRC acknowledges that each consumer is unique and it would not be possible to anticipate the supports and services needed for every individual given the complex needs of our service area. Therefore, for requests which are outside the boundaries of these guidelines, exceptions will be considered based on the specific needs of the individual consumer. The consumer's family members and/or legal representatives will request the exceptional respite service by making contact with the assigned Service Coordinator and specifying the exceptional circumstances and number of hours needed. After exploring pertinent generic resources, the Service Coordinator will complete the POS Exception Summary Form and submit the request to their assigned Program Manager. The requests for exceptional respite will be reviewed by an expanded planning team functioning as the Purchase of Service Committee made up of Program Managers and administrative staff for compliance. The distinct circumstances of each case will be considered. The assigned Program Manager will advise the assigned Service Coordinator of the decision reached by the committee, who will in turn inform the consumer's family and/or legal representative.

VMRC recognizes that there may be occasions when a decision is made by VMRC that may not satisfy the consumer or his/her legally authorized representative. When the consumer or his/her legally authorized representative believes a VMRC decision is illegal, discriminatory or not in the consumer's best interest, an appeal can be made to challenge that decision. All processes shall be in compliance with Welfare and Institutions Code, Section 4700-4730.

- IV. Early Start Infant and Toddlers:** Types of Early Start services are delineated in Federal regulations 303.13. Regulation 303.13(d) refers to other services not mentioned in regulations that may be needed to assist a child and family to make progress on Individual Family Service Plan outcomes. In order for a parent to develop the capacity to assist his/her child in meeting his/her developmental needs, the parent may need respite or other type of care for the child while the parent participates in appropriate early intervention activities. Families may need in-home or other care arrangements for their child in order for the family to participate in early intervention services that include a defined family component, i.e. family training or counseling services, psychological services, or social work. A family may need to participate in sign language classes in order to assist the child in developing communication skills or meet with a psychologist to design appropriate behavioral management strategies to use when the child engages in inappropriate behaviors. Although the provision of respite or other care arrangements may be necessary for some families to participate in appropriate early intervention activities, respite is not intended to serve as child-care or “baby-sitting” assistance in ordinary circumstances.

# RESPITE ASSESSMENT

Date: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

Consumer: \_\_\_\_\_

UCI# \_\_\_\_\_

Qualifying Diagnosis: \_\_\_\_\_

## PRELIMINARY CONSIDERATIONS

### ES and Lanterman Consumers

- ☐ The consumer requires intensive medical monitoring or care including gastrostomy or nasal-gastric feedings, frequent suctioning, ventilator care, tracheostomy care and monitoring constant intravenous therapy or has multiple medical conditions requiring constant vigilance; do not complete the family respite assessment.
- ☐ Consumer displays severe or excessive behaviors daily and consumer has not been successful in traditional forms of respite.
- ☐ All available support systems are not being used. These include natural (extended family) and generic supports: EPSDT, NF Waiver, school programs and after school programs, parenting classes or HOBPT/BIS, etc.
- ☐ Does Consumer receive Protective Supervision through the IHSS program?
- ☐ Is the consumer able to be at home unsupervised for 4 hours or more?

If any of the boxes are checked or if the answer to either of the questions is "yes," consult your Program Manager.

Comments: \_\_\_\_\_

## RESPIRE ASSESSMENT—Lanterman Consumers

Please objectively evaluate the consumer using the following guidelines. Choose the most appropriate number under each heading. If the need is not best represented by any of the given options, consult your PM. Consumer's IPP should support your scoring selections:

### I. AGE OF CONSUMER(S)

- 0 3 – 5 years
- 3 6 – 12 years
- 5 13 – 17 years
- 7 18 and over

Score

### II. ACTIVITIES OF DAILY LIVING (Compare with non-disabled peers in consumer's age group for dressing, eating, grooming, toileting, etc...)

- 0 No special care.
- 1 Daily supervision.
- 2 Daily hands-on assistance.
- 5 Total care in some aspect of activities of daily living.
- 7 Total care

Score

### III. MOTOR ABILITY (Ability to walk, sit, need for wheelchair(s), walker, assistance or total care for transferring or positioning, as it impacts the level of supervision or care needs at home and in the community):

- 0 Independent with *no equipment* at home and in community w/ minimal care needs.
- 1 Independent *with equipment* at home or community w/minimal care needs.
- 2 Independent with *equip or chair(s)* at home or community w/moderate care needs.
- 3 Independent with *equip/chairs/lifting required* at home or community w/moderate care needs.
- 5 Not independently mobile with equip at home and community; needs constant care.
- 6 Not mobile, requires total care and repositioning every 2 hours.

Score

### IV. SCHOOL / CHILD CARE / DAY PROGRAM ATTENDANCE Based on year around average (180 days of school, 6 hours/day = 20 hours week)

- 0 More than 20 hours per week.
- 1 11 to 20 hours per week.
- 2 5 to 10 hours per week.
- 3 Chooses not to attend; home all day.
- 5 Unable to attend; home all day (home/hospital instruction up to 5 hrs/week)

Score

### V. MEDICAL NEEDS and Impact on Supervision or Care:

- 0 No health problems (stable with preventative and routine care).
- 2 Minimal mental or physical health problems (stable w/ongoing medication).
- 4 Moderate mental or physical health problems (stable w/ ongoing medication and continuing f/up care).
- 6 Major Mental or physical Health Problems (constant monitoring by health professionals)

Score

Explain need:

\_\_\_\_\_

**VI. BEHAVIORAL NEEDS****Disruptive Social; Aggressive; Self-Injurious; Destruction; Running; Emotional Outbursts:**

Score

**Note:** For a score of 5, CDER must reflect scores of 1 or 2 for at least two behaviors.**For a score of 7, CDER must reflect scores of 1 for at least 3 behaviors.**

- 0 Behaviors are appropriate for age.  
 1 Behaviors are easily redirected most of the time.  
 3 Behavioral excesses require frequent redirection and is not always successful.  
 5 Behavioral excesses unresponsive to redirection; requires intervention and *close* supervision.

**CDER Score of 2 or less for at least 2 behaviors (Specify):**

\_\_\_\_\_

- 7 Behavioral excesses more often than weekly; require intervention and *constant* supervision.

**CDER Score of 1 for at least 3 behaviors (Specify):**

\_\_\_\_\_

**VII. SPECIAL CIRCUMSTANCES: Score 7 for any one in the first group; 5 for any one in the second group; and, 3 for any one in the third group. Add only 2 points for each additional circumstance in the same group.**Combined  
ScoreGroup 1 (Score 7 for one circumstance and 2 for any additional circumstances)

- ☐ Caregiver has chronic or ongoing illness that affects providing of care and supervision (doctor's verification required)  
☐ Caregiver has acute or short term illness (doctor's verification required)  
☐ Family member in the home has acute illness or health crisis (doctor's verification required)  
☐ Caregiver has physical or mental disability (doctor's verification required)  
☐ Caregiver has advancing age-related decline  
☐ Caregiver is a regional center client  
☐ Multiple children with disabilities in the home needing respite  
☐ Single parent  
☐ Death of parent or child in the household within last year

Group 2 (Score 5 for one circumstance and 2 for any additional circumstances)

- ☐ Birth or adoption within period of previous 6 months  
☐ Death of extended family member within period of previous 6 months  
☐ Health crisis of an extended family member  
☐ Intermittent Single Parent (spouse periodically absent or shared custody situations)  
☐ Loss of adult caregiver in the home (includes siblings) within period of previous 6 months

Group 3 (Score 3 for one circumstance and 2 for any additional circumstance)

- ☐ Dependent adult in home that is not an adult child of the caregiver(s)  
☐ Recent (within 3 months) or imminent relocation  
☐ New caregiver in home within period of 3 months

Group 4 (Score 2 for this circumstance)

- ☐ Two parents with two or more children



**VIII. Justification for a One-Person Rate:** Applies if there is more than one consumer in the family that requires respite services. Any of the following situations will justify a One-Person Rate (indicate reason in IPP objective and Comment Section of POS):

- ☐ Overall assessment score is 30-35
- ☐ Significant behaviors of one or more minor or adult siblings (score is 7 in Section VI)
- ☐ Significant medical needs of one or more minor or adult siblings (score is 6 in Section V)
- ☐ 1:1 supervision ratio is required in the school or day program setting
- ☐ Multiple minor or adult siblings with disabilities in a single-parent home
- ☐ Disparate needs of siblings

## RESPITE ASSESSMENT SUMMARY SCORE SHEET

Consumer: \_\_\_\_\_

SC/SSC: \_\_\_\_\_

Date: \_\_\_\_\_

- |      |   |                |
|------|---|----------------|
| I.   | Age of Consumer(s)  | Score:         |
| II.  | Activities of Daily Living  | Score:         |
| III. | Motor Ability   | Score:         |
| IV.  | School / DP Attendance  | Score:         |
| V.   | Medical Needs (A value of 4 or 6 requires an explanation of need) | Score:         |
| <br> |   |                |
| VI.  | Behavioral Needs  | Score:         |
| VII. | Special Circumstances:  |                |
|      | Group 1 Score:  | Group 2 Score: |
|      | Group 3 Score:  | Group 4 Score: |
|      | Special Circumstances Combined Score:                             |                |

**Note:** If any "group 3" special circumstances apply, the respite need should be reassessed every 3 months.

**TOTAL SCORE:**

Total Score

**Family Preference:**

- ☐ In-Home Respite
- ☐ Out-of-Home Respite
- ☐ Combination of In-Home and Out-of-Home

**In-Home Respite/Hourly Rate:****Need:** \_\_\_\_\_

0-5 points	Routine supervision
6-10 points	12 hours per month
11-15 points	16 hours per month
16-19 points	18 hours per month
20-24 points	20 hours per month
25-29 points	24 hours per month
30-35 points	30 hours per month
35 + points	Expanded ID Team decision

**Out-of-Home/Daily Rate** (24-hour increments)**Need:** \_\_\_\_\_

0-6 points	Routine supervision
7-15 points	12 days per year
16-35 points	24 days per year

**Combination of In-Home Respite and Out-of-Home (OOH) Respite:****Need:** \_\_\_\_\_

0-5 points	Routine supervision
6-10 points	6 hrs per month In-Home & 6 days per year OOH
11-15 points	8 hrs per month In-Home & 6 days per year OOH
16-19 points	9 hrs per month In-Home & 10 days per year OOH
20-24 points	10 hrs per month In-Home & 10 days per year OOH
25-29 points	12 hrs per month In-Home & 11 days per year OOH
30-35 points	15 hrs per month In-Home & 12 days per year OOH
35+ points	20 hrs per month In-Home & 15 days per year OOH

The regional center may grant an exemption for the respite limits if it is demonstrated that the intensity of the consumer's care and supervision needs are such that additional respite is necessary to maintain the consumer in the family home, or there is an extraordinary event that impacts the family member's ability to meet the care and supervision needs of the consumer.