

**Valley Mountain Regional Center  
Community Memorandum  
June 14, 2018  
Re: Vendor SIR Reporting Policy Change Effective July 1, 2018**



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The Department of Developmental Services (DDS) tracks late SIRs for all 21 Regional Centers. The tracking data shows that late vendor SIRs for VMRC has increased, well beyond the statewide average.

The increase in late SIRs has prompted us to critically review our Quality Assurance (QA) process for responding to late SIRs. We found that our process of offering Technical Assistance related to reporting timelines is out of compliance with T.17 regulations, which states that failure to report Special Incidents pursuant to Section 54327 is a Substantial Inadequacy and requires a corrective action plan. Section 54327 refers to all the requirements for reporting special incidents, including time lines.

In an effort to improve VMRC's compliance with the State's expectations concerning timely vendor special incident reporting, late SIRs (the seven reportable categories required by T.17 54327) will result in a finding of Substantial Inadequacy. The vendor will meet with the Regional Center to develop a corrective action plan which will then be monitored by the QA Community Services Liaison (CSL). This change takes effect on July 1, 2018. It does not apply to the five categories of "VMRC" required SIRs (i.e. Containments; ER visits; Law Enforcement/APS/CPS Involvement; Natural Disaster, or Negative Media Attention). The QA Department will continue to offer Technical Assistance for late reporting of the VMRC required SIRs.

We want to remind our provider community that the 24/48 hour verbal/written reporting timelines are "calendar" versus "working hours. Thus, an incident that occurs on a Friday afternoon must be reported by Sunday afternoon.

Currently, VMRC will only accept SIRs that are faxed to the dedicated fax line in each office. This ensures a timely Regional Center response and transmission to DDS. We understand that fax machines are becoming obsolete and while they do offer "security" through encryption, some providers complain that faxing can be unreliable and time consuming. VMRC is exploring improved methods for submission of SIRs. Until then, you must continue to use the dedicated fax lines:

**San Joaquin County: 209-955-3673**  
**Stanislaus County: 209-557-2111**  
**Amador, Calaveras or Tuolumne County: 209-754-3211**

It is important that VMRC comes into compliance with the rules for timely reporting and it is our intention that in partnership with our vendor community we will move from one of the worst in the state to one of the best. Please help us in spreading the word to all providers so that we can all be on the same page and be prepared for this policy change in July.

**17 CCR § 56054**  
**§ 56054. Substantial Inadequacies.**

(a) (13) Failure to report special incidents pursuant to Section 54327.

**17 CCR § 54327**

54327. Requirements for Special Incident Reporting by Vendors and Long-Term Health Care Facilities.

(a) Parent vendors, and consumers vendored to provide services to themselves, are exempt from the special incident reporting requirements set forth in this Article.

(b) All vendors and long-term health care facilities shall report to the regional center:

(1) The following special incidents if they occurred during the time the consumer was receiving services and supports from any vendor or long-term health care facility:

(A) The consumer is missing and the vendor or long-term health care facility has filed a missing person's report with a law enforcement agency;

(B) Reasonably suspected abuse/exploitation including:

1. Physical;
2. Sexual;
3. Fiduciary;
4. Emotional/mental; or
5. Physical and/or chemical restraint.

(C) Reasonably suspected neglect including failure to:

1. Provide medical care for physical and mental health needs;
2. Prevent malnutrition or dehydration;
3. Protect from health and safety hazards;
4. Assist in personal hygiene or the provision of food, clothing or shelter or
5. Exercise the degree of care that a reasonable person would exercise in the position of having the care and custody of an elder or a dependent adult.

(D) A serious injury/accident including:

1. Lacerations requiring sutures or staples;
2. Puncture wounds requiring medical treatment beyond first aid;
3. Fractures;
4. Dislocations;
5. Bites that break the skin and require medical treatment beyond first aid;
6. Internal bleeding requiring medical treatment beyond first aid;
7. Any medication errors;
8. Medication reactions that require medical treatment beyond first aid; or
9. Burns that require medical treatment beyond first aid.

(E) Any unplanned or unscheduled hospitalization due to the following conditions:

1. Respiratory illness, including but not limited, to asthma; tuberculosis; and chronic obstructive pulmonary disease;
2. Seizure-related;
3. Cardiac-related, including but not limited to, congestive heart failure; hypertension; and angina;
4. Internal infections, including but not limited to, ear, nose and throat; gastrointestinal; kidney; dental; pelvic; or urinary tract;

5. Diabetes, including diabetes-related complications;
  6. Wound/skin care, including but not limited to, cellulitis and decubitus;
  7. Nutritional deficiencies, including but not limited to, anemia and dehydration; or
  8. Involuntary psychiatric admission;
- (2) The following special incidents regardless of when or where they occurred:
- (A) The death of any consumer, regardless of cause;
  - (B) The consumer is the victim of a crime including the following:
    1. Robbery, including theft using a firearm, knife, or cutting instrument or other dangerous weapons or methods which force or threaten a victim;
    2. Aggravated assault, including a physical attack on a victim using hands, fist, feet or a firearm, knife or cutting instrument or other dangerous weapon;
    3. Larceny, including the unlawful taking, carrying, leading, or riding away of property, except for motor vehicles, from the possession or constructive possession of another person;
    4. Burglary, including forcible entry; unlawful non-forcible entry; and, attempted forcible entry of a structure to commit a felony or theft therein;
    5. Rape, including rape and attempts to commit rape.
- (c) The report pursuant to subsection (b) shall be submitted to the regional center having case management responsibility for the consumer.
- (d) When the regional center with case management responsibility is not the vendoring regional center, the vendor or long-term health care facility shall submit the report pursuant to subsection (b) to both the regional center having case management responsibility and the vendoring regional center.
- (e) The vendor's or long-term health care facility's report to the regional center pursuant to subsection (b) shall include, but not be limited to:
- (1) The vendor or long-term health care facility's name, address and telephone number;
  - (2) The date, time and location of the special incident;
  - (3) The name(s) and date(s) of birth of the consumer(s) involved in the special incident;
  - (4) A description of the special incident;
  - (5) A description (e.g., age, height, weight, occupation, relationship to consumer) of the alleged perpetrator(s) of the special incident, if applicable;
  - (6) The treatment provided to the consumer(s), if any;
  - (7) The name(s) and address(es) of any witness(es) to the special incident;
  - (8) The action(s) taken by the vendor, the consumer or any other agency(ies) or individual(s) in response to the special incident;
  - (9) The law enforcement, licensing, protective services and/or other agencies or individuals notified of the special incident or involved in the special incident; and
  - (10) The family member(s), if applicable, and/or the consumer's authorized representative, if applicable, who have been contacted and informed of the special incident.
- (f) The report pursuant to subsection (b) shall be submitted to the regional center by telephone, electronic mail or FAX immediately, but not more than 24 hours after learning of the occurrence of the special incident.**
- (g) The vendor or long-term health care facility shall submit a written report of the special incident to the regional center within 48 hours after the occurrence of the special incident, unless a written report was otherwise provided pursuant to subsection (e). The report pursuant to this subsection may be made by FAX or electronic mail.**
- (h) When a vendor makes a report of an event to the Department of Social Services' Community Care Licensing Division pursuant to Title 22, California Code of Regulations, Section 80061(b) the vendor shall simultaneously report the event to the regional center by telephone, FAX or electronic mail.
- (1) The vendor shall concurrently submit to the regional center a copy of any subsequent written report regarding the event that is submitted to the Department of Social Services' Community Care Licensing Division.

(i) When a long-term health care facility reports an unusual occurrence to the Department of Health Services' Licensing and Certification Division pursuant to Title 22, California Code of Regulations, Sections 72541, 75339, 76551 or 76923, the long-term health care facility shall simultaneously report the unusual occurrence to the regional center immediately by telephone, FAX or electronic mail.

(1) The long-term health care facility shall concurrently submit to the regional center a copy of any subsequent report, or any written confirmation of the unusual occurrence, that is submitted to the Department of Health Services' Licensing and Certification Division.

(j) The vendor or long-term health care facility may submit to the regional center a copy of the report submitted to a licensing agency when the report to the licensing agency contains all the information specified in subsection (d)(1) through (10).

(k) These regulations shall not remove or change any reporting obligations under the Elder and Dependent Adult Abuse Reporting Act commencing with Welfare and Institutions Code Section 15600 or the Child Abuse and Neglect Reporting Act commencing with Penal Code Section 11164.