



Consumer Services Committee

May 4, 2020

Via Zoom: Meeting ID: 995 4397 6344 - Password: 692528

Dial in number: 669-900-6833



Meeting Book - Consumer Services Committee Meeting

Monday, May 4, 2020

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Department Update

Transporation - Wilma Murray

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Next Meeting - June 1. 2020 - 4:00 p.m.

**VALLEY MOUNTAIN REGIONAL CENTER
MINUTES OF CONSUMER SERVICES COMMITTEE MEETING
Monday, April 6, 2020**

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PRESENT: Douc Bonnet; Dena Pfeifer, Lori Smith her facilitator; Mohammad Rashid; Cindy Mix; Patricia Green; Carlos Hernandez, facilitator; Liz Herrera Knapp; Robert Fernandez; Christine Couch; Angelique Shear; Daime Hoornaert; Lisa Culley; Linda Collins; Emily Grunder; Tara Sisemore Hester; Dena Hernandez; Nicole Weiss; Brian Bennett; Tony Anderson; Margaret Heinz; Gabriella Castilla; Claire Lazaro; Crystal Enyeart

ABSENT: Robert Balderama; Wilma Murray

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Dena Pfeifer, Chairperson, called the meeting to order at 4:00 p.m.

1.0 PUBLIC COMMENT

Dena Hernandez SCDD North Valley Hills office shared the following:

- SCDD North Valley Hills would like to thank all the VMRC staff for all their effort during this time.
- A special thanks to Tony Anderson for his leadership and to Doug Bonnet for keeping everyone connected with the Zoom meetings
- The Self-advocacy Council 6 Leadership Team and the Coalition of Local Area Services Providers Leadership team have done a great job communicating and working together for all. It has been wonderful to collaborate with all of you!
- While this is a difficult time, it is great that we are all working together. SCDD North Valley Hills office is closed, however our staff are still working. Many resources in plain language can be found at www.scdd.ca.gov and please call us if we can be of any assistance! Thank you!

2.0 REVIEW OF MINUTES

M/S/C (Grunder/ Heinz): Approve the minutes of March 2, 2020 as written.

3.0 SAC6 UPDATE

Crystal Enyeart, SAC6 representative shared the following:

- Our first board meeting was scheduled for March 14. In order to keep everyone healthy and safe from the virus, we cancelled our meeting. Our next scheduled board meeting is June 13.
- We were excited to participate in the transition fairs and POS Disparity meetings, but those had to be cancelled too.
- Right now, we are encouraging self-advocates to be safe and stay healthy.

4.0 CLASP UPDATE

Daime Hoornaert shared the following update for CLASP:

- Our last meeting was held via Zoom. We switched up the agenda to discuss COVID-19 to get some feedback from vendors on how they have been affected. The residential services providers were having difficulties having people to come to work. If they had children's homes, some of the School districts Aids did not want to work because they felt they were being paid for not doing work. They were also having difficulties getting supplies. The leadership came together along with CLASP & VMRC and we decided to send out an announcement thru constant contact asking the community partners for donations of critical supplies such as toilet paper, paper towels, gloves, hand sanitizers, PPE's & disinfectant sprays. It was decided the donations would be dropped off at VMRC office in Stockton and Modesto offices and at the ARC of Amador. Once we have enough supplies, Doug was going to send out a notification that the supplies would be available to pick up.
- There was also a big discussion about billing for day programs & residential services providers. Lots of questions on how it was going to work with programs being closed and some residential services providers as some consumers were going home with families. How may days without the consumer in the home for their billing. It was decided that they would be paid for the entire month.
- We also had discussed how day programs could help residential service providers in a collaborative effort. They were suggesting the Day Programs could call care homes, send out resource information for activities and find out what care homes needed and possibly deliver to them.
- There was also talk about the fact that we are providing remote services and receiving the verbal ok from people, regarding the Lanterman act for remote services. The Department directive on requirements waived due to the COVID-19. Quite a few day programs were calling individuals about getting a verbal ok for remote services. Whereas VMRC will send out written confirmation to individuals when IPP meetings are going to happen.

5.0 **CONSUMER SERVICES PROJECTS/PRESENTATIONS**

There was no presentation.

6.0 **CLINICAL**

Tara Sisemore Hester provided an update on the intake statistics from February & March.

- For the last month, the intakes have gone down in Modesto and in Stockton due to COVID-19. We are monitoring this closely.
- Early Start Services, we have quite a few providers providing services remotely.
- Service Coordinators & Intake Coordinators are working remotely from home. Business as usual, just lower numbers.

7.0 **RESOURCE DEVELOPMENT**

Brian Bennett provided the following update:

- Resource Development is really working hard with DDS to identify SURGE programs. Trying to expedite vendorization of Residential Homes in anticipation of needed these vacant beds to serve anyone who may become displaced because of COVID-19. We have vendored 4 NEW Adult Residential Surge Homes as of Friday (total of 18 private bedrooms) and are in the process of vendorizing 9 more homes (an additional 31 private bedrooms) DDS is giving us guidance, that if anyone goes into an emergency room or hospital from a care home. Because of COVID-19 it makes it difficult for that person to go back to their home. So many times DDS is asking us to place them somewhere they can have a private room and be isolated for 14 day. There is possibly an issue with them going back to the home they came from. This is causing us to re think how we are doing thing. We have a lot of needs we are finding out.
- We are continuing to work with all providers to be able to meet these expectations.

Robert Fernandez provided the following update:

- We still have scheduled April 21st the HCBS Vendor training at 10:00 a.m. We will offer this as a Zoom for the providers. We have had trainings each month since February.

8.0 **QUALITY ASSURANCE**

8.1 **Alerts**: Patricia Green went over the QA report for February 16 thru March 15th. There were 21 new alerts for this period. Most of the issues were around delivery of care, record keeping & violation of rights. We are still working with a limited database. However, we are working with a consultant to create a much more comprehensive database. Of the 21 open, we closed 2.

- QA has shifted its focus for the last couple of weeks, away from compliance and more towards education and checking in on our providers. Our CLS's are doing a lot of contract with our providers regarding the isolation policies. We received our first 4 COVID SIR's and we are working on following up with those providers.

Nicole Weiss shared that all care homes are being called twice a week, being asked 10 questions. Some of our agency support staff are completing this. They are reporting any issues to Kioti Fleming, our support staff for QA, who will pass the info onto the CSL for follow-up and assistance.

9.0 **CASE MANAGEMENT**

Cindy Mix went over the monthly statistics for case management. She also provided the following information:

- Case Management has been very busy since we last met. We received numerous directives from DDS over the last few weeks:

- **March 12, 2020:** Guidance for Consumers in a Day Program at High Risk for Serious Illness to Stay Home—SCs reviewed their caseloads and identified those 65+ and those with chronic conditions. The list surpassed 2,500 consumers and all of those were called to ensure they stayed home from program.
- March 12, 2020: Guidance for Waiving Requirements for In-Person Eligibility, Services, or Individual Program Plan Meetings and Authority to Regional Centers for Health & Safety Waiver Exemptions—we devised a plan to hold remote meetings and complete our work electronically with the necessary documentation. A letter to families was developed to document their agreement to hold meetings by phone, FaceTime, Skype or Zoom.
- March 12, 2020: Guidance for Regional Centers to Pay Vendors for Absences as a Result of COVID-19—During State of Emergency we were advised that RC were to fund non-residential vendors. RC EDs were given the authority to grant residential rate adjustments.
- March 18, 2020: Guidance for Regional Center Monitoring Staff and Activities—We were informed of the need for supplemental reporting to DDS of all COVID-19 related costs, POS and Ops. Case Mgt Program Managers were asked to complete an Excel spreadsheet of all additional services provided due to COVID-19. At this point, schools were starting to close and additional services were needed in the family homes. Case mgt staff started contacting those consumers affected by not having services during the day, such as school or program. And, inquiring if additional services were needed during this time.
- March 18, 2020: Guidance for Flexibility in Provision of Services and Supports for Consumers and Providers—Services could be provided remotely or in alternative locations. Need for public meetings waived w/exception of board meetings. POS Disparity meetings waived, new deadline 8/31. Consumer rights complaints timeline changed from 20 days to 40 days. Audits and program monitoring was postponed. HCBS Self-Assessment extend to 6/30. DSP trainings on hold until 6/30/20. FCPP and ACPF requirements waived.
- March 20, 2020: Guidance for Fingerprint Clearance and Exemption Transfers—In-home respite workers were waived getting the 1st Aid and CPR prior to providing the service for those with no health concerns. Staff could not move their worksite from one facility to another.
- March 20, 2020: Guidance for Regional Center Requests for Placement into Licensed Residential Settings—RC could no longer place consumers without DDS approval. Approval granted only when absolutely necessary.
- March 23, 2020: Guidance for Visits to Licensed Residential Facilities—Visits limited to medical personnel or govt. agencies.

- March 23, 2020: Guidance for Immediate Risk Management Strategies for ARFPSHN and ICF/DD-CN
- March 25, 2020: Guidance for Reporting Incidents Related to COVID-19— Direct contact with someone testing positive , exhibiting symptoms, recommended for testing, tested positive, exhibited symptoms and quarantined.
- March 25, 2020: Guidance for Eligibility, In-Home Respite Workers and Family Fees—Presumptive eligibility went into place. FCPP and ACPF requirements waived.
- March 25, 2020: Guidance for Admissions and Discharges from State-Operated Facilities—Denied admissions to and delayed discharge from Porterville, Canyon Springs or STAR homes.
- March 30, 2020: Joint Guidance on Non-Discrimination in Medical Treatment for COVID-19
- March 30, 2020: Guidance for Additional Participant-Directed Services— More flexibility given to receive and provide services. More authority over how and by whom services are provided. Categories are: respite, daycare, transportation, nursing, day services, Personal Assistance, ILS, and SE. All go through an FMS vendor, so no separate vendorization needed.
- April 2, 2020: Extension of Waivers, Modifications and Directives due to COVID-19
- Service Coordinators have been contacting their assigned consumers in phases: first—vulnerable consumers, then those affected by program and school closures and needing additional services, and now all others on the caseload. We continue to make adjustments to IPPs. And, along with that letters to families, addendums, exceptions, and Title 19 must all be completed.
- Since the State of Emergency began, we had 189 POSs approved for 3 and above, 527 requests being processed, and 410 additional POSs generated last week for a total of 1,126 POS's thus far.
 - Respite— $165+239=404$
 - PATCH— $336+134=470$
 - SLS— $11+14=25$
 - Personal Assistance— $5+18=23$
 - Daycare— $7+1=8$
 - Homemaker— $1+1=2$
 - Nursing Respite— $1+1=2$
 - RAPID Crisis—1
 - BIS--1

- SLS policy and hours has been adjusted temporarily related to COVID-19. Increased from 39 hours per month to 177. 138 hours per month for loss of day services.
- We developed a list of all care homes, ICFs, and FHAs. A group of staff are calling the homes twice weekly asking COVID-19 related questions. Supply lists are being developed and deliveries to occur as supplies are available.

Christine Couch provided the following information regarding the Fair Hearing update as of March 18, 2020:

- We have 3 open Lanterman eligibility cases. Two are for adults and one is for a child. Two are pending an informal meeting and the third is ready for state level hearing. **4/6/2020 update:** There was one informal today and it will go to state hearing, so we will have 2 state level hearings coming up. Currently OAH is not doing meetings or over the phone and they keep getting postponed. Currently we are scheduling for June.
- We have 2 open service cases. One we have submitted a motion to dismiss as the service being appealed came after the consumer was found not eligible for regional center services. The other is for funding SPED attorney fees. **4/6/2020 Update:** There is a 3rd case that has been added. This is for Medicaid Waiver institutional deeming for a 3 year old, so that is getting ready to go to informal.

10.0 TRANSPORTATION

Wilma Murray was not available; however, Cindy Strawderman read her update:

- All contract services are stopped and the public systems are running on their holiday schedules or modified schedules – making it hard for consumers who work but we're finding ways to adopt work schedules or different routes or public services.
- The City of Turlock is offering free Dial A Ride rides for seniors for early morning shopping – the flyer is attached.
- Calaveras Transit is running service as a demand only. People can call to make a reservation for pick-up and drop-off. Phone number is 209-754-4450.
- Stanislaus Regional Transit is offering free rides as of April 1st on most of their regular bus lines! Shuttles and ADA are not included in that.
- San Joaquin Regional Transit is not enforcing fare collection on their regular bus lines but they are running on weekend schedules. VanGo and Dial A Ride are excluded from the fare waiver.

Mohammad Rashid provided an update that Modesto Area Express is also not charging any of their passengers.

11.0 **NEXT MEETING**

Monday, May 4, 2020, 4:00 p.m., via Zoom.

<https://zoom.us>

Meeting ID: 995 4397 6344

Password: 692528

Call in number: 669 900 6833

The meeting was adjourned at 4:48 p.m.

Recorder: Cindy Strawderman

DRAFT

Self-Advocacy Council 6

May 4, 2020

Report to the VMRC Consumer Services Committee

We are encouraging self-advocates to be safe and stay healthy. We hosted a zoom call for about 70 self-advocates with Tony Anderson. It went really well and self-advocates are asking for another call. We will work with Tony to schedule another one.

We are excited to announce that Rachelle Munoz is our new coordinator. She will support us with managing our business.

We held our goals meeting via zoom and worked on our goals for the 2020-2021 year.

Our next board meeting is scheduled for June.

Sincerely,

Crystal Enyeart
SAC6 representative to the VMRC board

Steps to help prevent the spread of COVID-19 if you are sick

FOLLOW THE STEPS BELOW: If you are sick with COVID-19 or think you might have COVID-19, follow the steps below to help protect other people in your home and community.

Stay home except to get medical care

- **Stay home:** Most people with COVID-19 have mild illness and are able to recover at home without medical care. Do not leave your home, except to get medical care. Do not visit public areas.
- **Stay in touch with your doctor.** Call before you get medical care. Be sure to get care if you have trouble breathing, or have any other emergency warning signs, or if you think it is an emergency.
- **Avoid public transportation:** Avoid using public transportation, ride-sharing, or taxis.



Separate yourself from other people in your home, this is known as home isolation

- **Stay away from others:** As much as possible, stay away from others. You should stay in a specific “sick room” if possible, and away from other people in your home. Use a separate bathroom, if available.
 - See COVID-19 and Animals if you have questions about pets. <https://www.cdc.gov/coronavirus/2019-ncov/faq.html#COVID19animals>



Call ahead before visiting your doctor

- **Call ahead:** Many medical visits for routine care are being postponed or done by phone or telemedicine.
- If you have a medical appointment that cannot be postponed, call your doctor’s office, and tell them you have or may have COVID-19. This will help the office protect themselves and other patients.



If you are sick wear a facemask in the following situations, if available.



- **If you are sick:** You should wear a facemask, if available, when you are around other people (including before you enter a healthcare provider’s office).
- **If you are caring for others:** If the person who is sick is not able to wear a facemask (for example, because it causes trouble breathing), then as their caregiver, you should wear a facemask when in the same room with them. Visitors, other than caregivers, are not recommended.

Note: During a public health emergency, facemasks may be reserved for healthcare workers. You may need to improvise a facemask using a scarf or bandana.

Cover your coughs and sneezes

- **Cover:** Cover your mouth and nose with a tissue when you cough or sneeze.
- **Dispose:** Throw used tissues in a lined trash can.
- **Wash hands:** Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



Clean your hands often

- **Wash hands:** Wash your hands often with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- **Hand sanitizer:** If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- **Soap and water:** Soap and water are the best option, especially if hands are visibly dirty.
- **Avoid touching:** Avoid touching your eyes, nose, and mouth with unwashed hands.



Avoid sharing personal household items

- **Do not share:** Do not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.
- **Wash thoroughly after use:** After using these items, wash them thoroughly with soap and water or put in the dishwasher.



Clean all “high-touch” surfaces everyday

Clean high-touch surfaces in your isolation area (“sick room” and bathroom) every day; let a caregiver clean and disinfect high-touch surfaces in other areas of the home.



- **Clean and disinfect:** Routinely clean high-touch surfaces in your “sick room” and bathroom. Let someone else clean and disinfect surfaces in common areas, but not your bedroom and bathroom.
 - If a caregiver or other person needs to clean and disinfect a sick person’s bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a mask and wait as long as possible after the sick person has used the bathroom.
- High-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables.
- **Clean and disinfect areas that may have blood, stool, or body fluids on them.**
- **Household cleaners and disinfectants:** Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.
 - Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.
 - Most EPA-registered household disinfectants should be effective. A full list of disinfectants can be found [here](#).

Monitor your symptoms

- Common symptoms of COVID-19 include fever and cough. Trouble breathing is a more serious symptom that means you should get medical attention.
- **If you are having trouble breathing, seek medical attention, but call first.**
 - Call your doctor or emergency room before going in and tell them your symptoms. They will tell you what to do.
- **Wear a facemask:** If available, put on a facemask before you enter the building. If you can’t put on a facemask, cover your coughs and sneezes. Try to stay at least 6 feet away from other people. This will help protect the people in the office or waiting room.
- **Follow care instructions from your healthcare provider and local health department:** Your local health authorities will give instructions on checking your symptoms and reporting information.



If you develop **emergency warning signs** for COVID-19 get **medical attention immediately**.

Emergency warning signs include*:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

*This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

Call 911 if you have a medical emergency: If you have a medical emergency and need to call 911, notify the operator that you have or think you might have, COVID-19. If possible, put on a facemask before medical help arrives.

How to discontinue home isolation

- People **with COVID-19 who have stayed home (home isolated)** can stop home isolation under the following conditions:
 - **If you will not have a test** to determine if you are still contagious, you can leave home after these three things have happened:
 - You have had no fever for at least 72 hours (that is three full days of no fever without the use medicine that reduces fevers) AND
 - other symptoms have improved (for example, when your cough or shortness of breath have improved) AND
 - at least 7 days have passed since your symptoms first appeared
 - **If you will be tested** to determine if you are still contagious, you can leave home after these three things have happened:
 - You no longer have a fever (without the use medicine that reduces fevers) AND
 - other symptoms have improved (for example, when your cough or shortness of breath have improved) AND
 - you received two negative tests in a row, 24 hours apart. Your doctor will follow CDC guidelines.



In all cases, follow the guidance of your healthcare provider and local health department. The decision to stop home isolation should be made in consultation with your healthcare provider and state and local health departments. Local decisions depend on local circumstances.

More information is available <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>.

Additional information for healthcare providers: [Interim Healthcare Infection Prevention and Control Recommendations for Persons Under Investigation for 2019 Novel Coronavirus](#).



DDS Expectations for Consumers

Coming back from the Hospital or ER

Or other placements

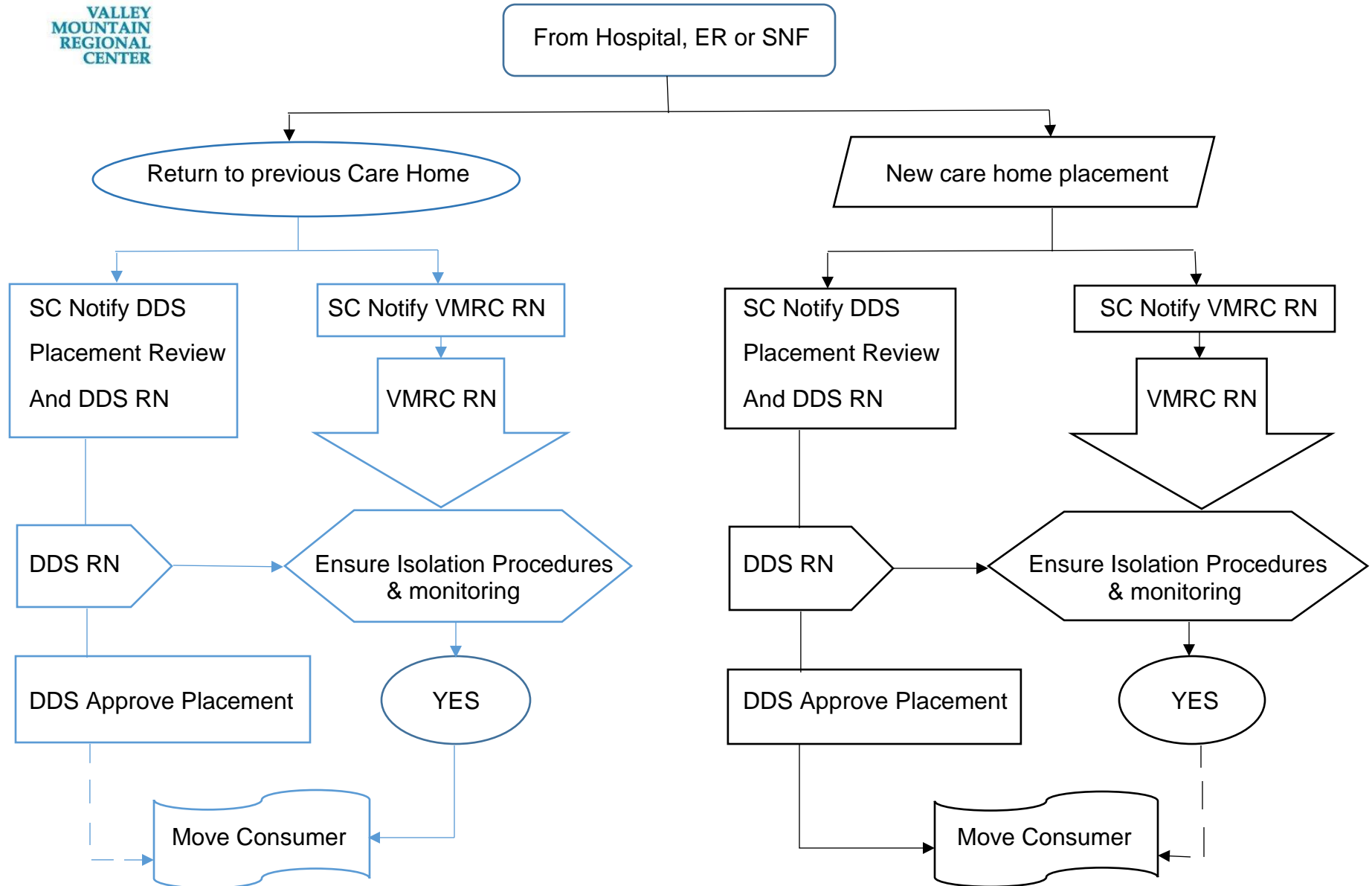
When a consumer is discharged from a skilled-nursing facility (SNF), or being discharged from Hospital admission, or from an Emergency Room visit, or from a psychiatric hold, or from behavioral facility, or from home going to a care home, or going to a new care home, please practice the following guidelines from DDS:

- Isolate the consumer for 14 days. We will call this Consumer A.
- Ideally, consumer A will stay isolated in a private room with private bathroom that only this consumer will access.
- Please separate everything, clothes, eating utensils and others.
- Please have a dedicated staff to care for this consumer only if possible.
- If consumer A is sharing a room with consumer B, please move consumer B to a different room, if possible.
- The care home may also identify a specific area of the home to consumer A, if that is more feasible.
- If a private bathroom for consumer A is not possible, please do your best to clean it very well, and disinfect the bathroom every after use of consumer A, including every after shower or bath.
- An option of providing a bedside commode for consumer A is okay if he/she is comfortable with that.
- Consumer A may come out of his room to the living area as long as there is no one else out there. If there is another person in the living area, Consumer A should be at least 6 feet or more away from other individuals.
- If all the above conditions are not feasible at the care home, the regional center may look into other options such as surge capacity homes, or hotel with SLS or staff as an example. This will be discussed with DDS.
- Regional center should ensure that isolation protocols are in place at each of the care homes.
- Care home staff are trained to check temperature of Consumer A every 8 hours, and monitor for the signs and symptoms of COVID-19, and the development of any fever, cough, or shortness of breath. These should be properly documented.

- Every consumer that will be discharged from a Hospital or Emergency room, whether the reason is COVID-19 related or not, their information should be sent to PlacementReview@dds.ca.gov.
- Information sent to PlacementReview@dds.ca.gov should include the following:
 - Consumer name
 - Consumer UCI
 - Current residence
 - Proposed residence
 - Reasons the request should be approved
- If the consumer is returning back from hospital, the reason can be “Returning back from hospital.”
- If an urgent case, mark “URGENT” on the subject line and make sure it is flagged High Importance.
- If someone is positive with COVID-19, DDS want to have a conversation prior to return to their original home. Depending on the situation (setting and client population and profiles) DDS may request that the RC come up with a different plan or use a surge site for positive individuals.
- If they are persons under investigation (PUI) going back to their original residence then DDS want to have a conversation prior to return, again depending on situation DDS may request other options be considered.
- If they are going from hospital into a new residence then DDS needs to approve regardless of COVID-19 status.



VMRC Discharge Algorithm Based on DDS Expectations

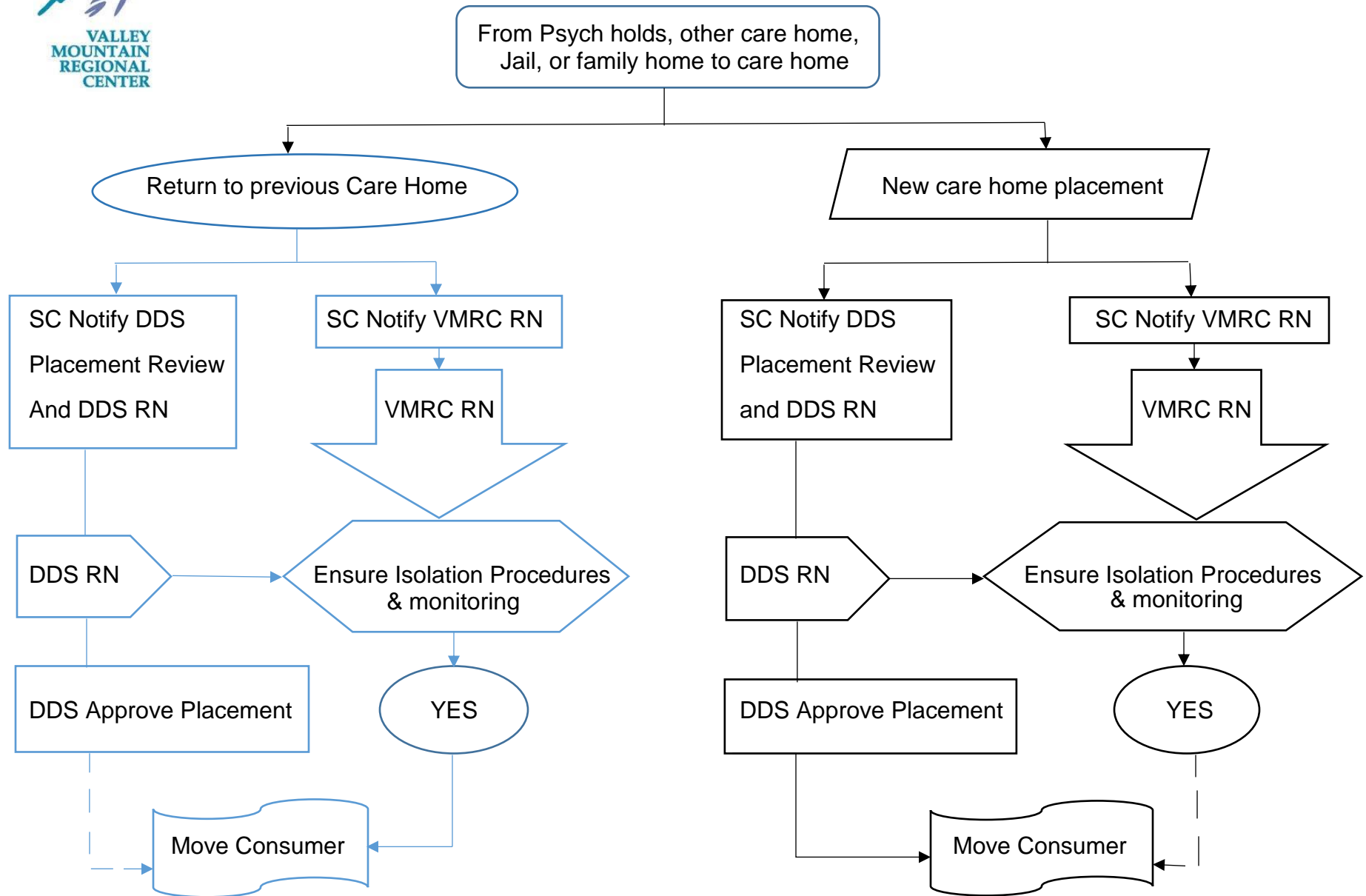


--- Broken line means may use clinical judgment depending on situation.

04/07/2020 CBL | 1 of 1



VMRC Discharge Algorithm Based on DDS Expectations



--- Broken line means may use clinical judgment depending on situation.

04/08/2020 CBL | 1 of 1

Frequently Asked Questions (FAQ)

Q: What is the best way to contact Placement Review at DDS?

A: The best way to contact will be via email at PlacementReview@dds.ca.gov.

Q: When do I contact DDS Placement Review?

A: **DDS will need to be contacted with every consumer that will be discharged from a Hospital, Emergency room, Skilled-nursing facility (SNF), psychiatric hold, jail, other care homes, or from home to care home, whether the reason is COVID-19 related or not.**

Q: If my consumer went to the hospital for reasons other than Covid-19, and was **NOT** admitted into the hospital, do they have to be isolated?

A: **Yes, consumers going to the hospital or emergency room for any reason must go through a 14 day isolation process. This ensures the safety of everyone in the home because we cannot guarantee who the consumer came in contact with.**

Q: My consumer was tested for Covid-19 and the test came back **NEGATIVE**. Do they have to be isolated?

A: **Yes, consumers going to the hospital for any reason must go through a 14 day isolation process.**

Q: If my consumer tests **POSITIVE** for Covid-19, can they go back to their care home?

A: **Usually NO, at this time if a consumer tests positive for Covid-19 they will be assigned to the proper surge home based on what type of patient they are accepting. But if the consumer is the only one in the care home, they may stay there subject to DDS Placement Review approval.**

Q: If my consumer goes to dialysis, do they have to be isolated when returning to the home?

A: **Consumers going to Dialysis 2-3 times a week will NOT have to be isolated. The consumer would need to practice social distancing within the care home they live in. They need to be at least 6 feet away or more from the other people in the home.**

Frequently Asked Questions (FAQ)

Q: Do I need to notify DDS if my consumer from mental health/behavioral facility hold and will be transferred.

A: Yes, DDS placement review will need to be notified, and a 14 day isolation will need to be implemented.

Q: Does VMRC RNs need to be included and notified for those getting transferred from care home to a new care home?

A: Yes, when a consumer is ready to be discharged, and or transferred to a new care home please contact Claire, Angela and Lee Ann via email.

Q: If a care home has one private room that is already in use by someone who is being quarantined, and an additional consumer now needs isolation as well what will the next steps be?

A: In the case when there is not enough private rooms to fit isolation needs, one of the consumers will need to be assigned to the appropriate Surge home. Please contact DDS Placement Review, VMRC residential placement, and VMRC nurses.

Q: What is a Surge Home?

A: A Surge home is a home that has volunteered their rooms, to provide a space for consumers who need to be isolated. These will apply to asymptomatic consumers, symptomatic consumers, and those positive for COVID-19.

Q: Will Consumers being discharged from the hospital to a Skilled Nursing Facility (SNF) need to be isolated for 14 days?

A: No, We don't have to worry on what room our consumer will be placed. SNFs have their own policy/regulations that they have to follow. We do not have to wait for DDS placement review to approve the transfer from hospital to SNF. However DDS will still need to be informed of the transfer as soon as we are made aware.

Q: When the consumer is getting discharged from the SNF and returning back to their care home or a new care home, will they need to go through a 14 day isolation?

A: Yes, when returning to the care home the consumer will need to be isolated for 14 days.

Frequently Asked Questions (FAQ)

Q: Who do I notify if consumer is being tested for COVID-19?

A: If you are aware of your consumer being tested for Covid19, please notify Doug Bonnet, as he is reporting all of our consumers being tested to DDS. Please have the care home do an SIR.

**** Please also refer to the document: “DDS Expectations for Consumers Coming back from the Hospital or ER” on the VMRC website under Covid-19 under 4/2/2020****

INTAKE STATISTICS

Office	# ES cases processed ALL	# ES cases processed	# made eligible	% eligible
Stockton	165	130	103	79%
Modesto	102	87	78	90%
San Andrea	18	13	13	100%
Total	285	230	194	84%

Office	# 3+ cases processed ALL	# 3+ cases processed	# made eligible	% eligible
Stockton	32	29	15	52%
Modesto	38	31	22	71%
San Andrea	9	6	4	67%
Total	79	66	41	62%

VALLEY MOUNTAIN REGIONAL CENTER



Date Opened	Presenting Issue	Action	Finding	Date Closed	Control #
3/18/2020	Untimely SIR				2020-03-13.0
3/19/2020	Untimely SIR				2020-03-14.0
3/25/2020	Health-Related Concerns	None	Unsubstantiated	3/25/2020	2020-03-15.0
3/26/2020	Untimely SIR				2020-03-16.0
3/30/2020	Delivery of Care				2020-03-17.0
4/10/2020	Delivery of Care				2020-04-02.0
4/10/2020	Untimely SIR				2020-04-01.0
4/13/2020	Untimely SIR				2020-04-03.0
4/14/2020	Delivery of Care				2020-04-05.0
4/14/2020	Violation of Rights				2020-04-04.0
4/15/2020	Untimely SIR				2020-04-07.0
4/15/2020	Delivery of Care				2020-04-06.0
Total					12

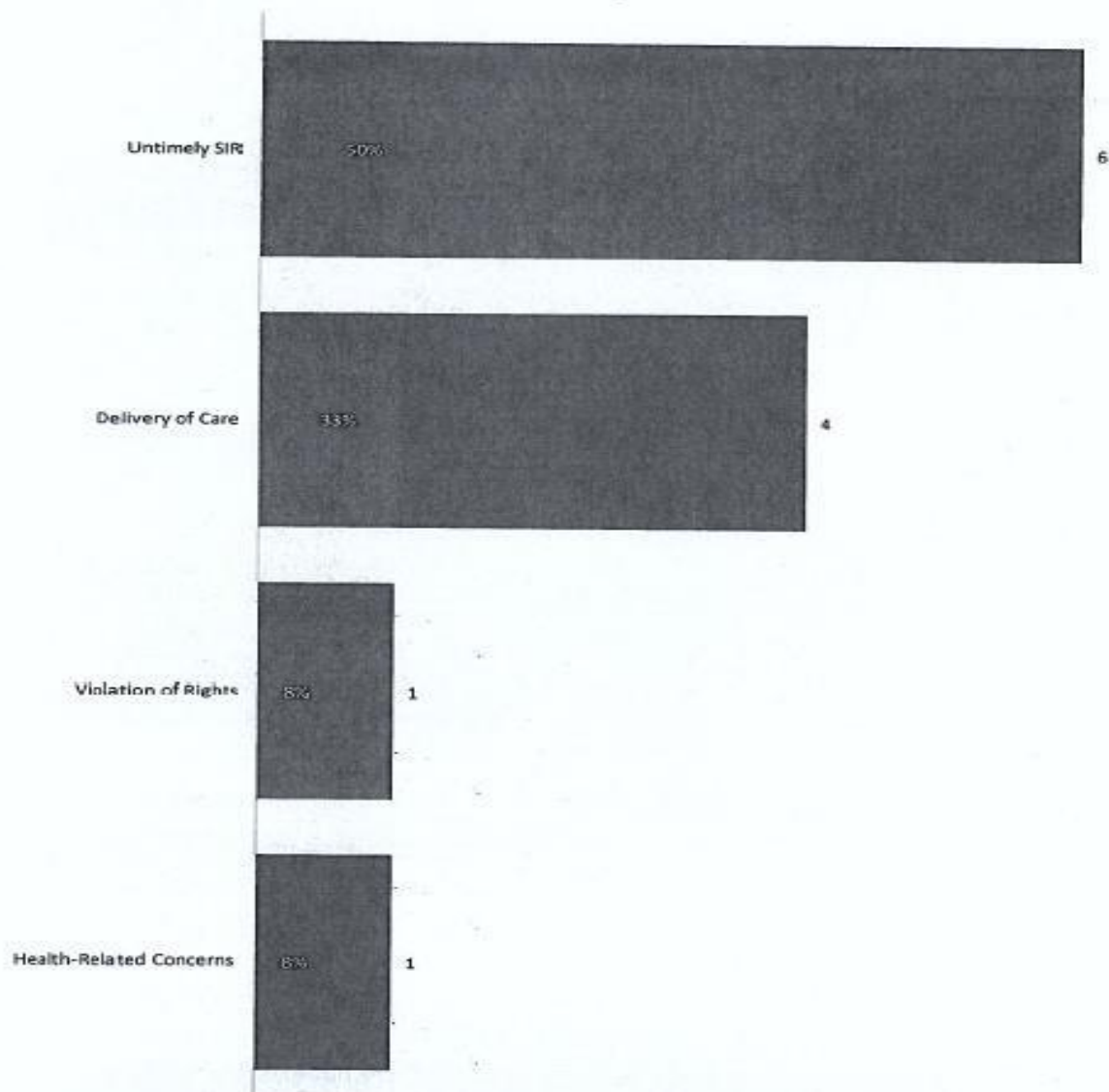
VALLEY MOUNTAIN REGIONAL CENTER



QA Alert Report

3/15/2020 - 4/15/2020

Alert Presenting Issues Received

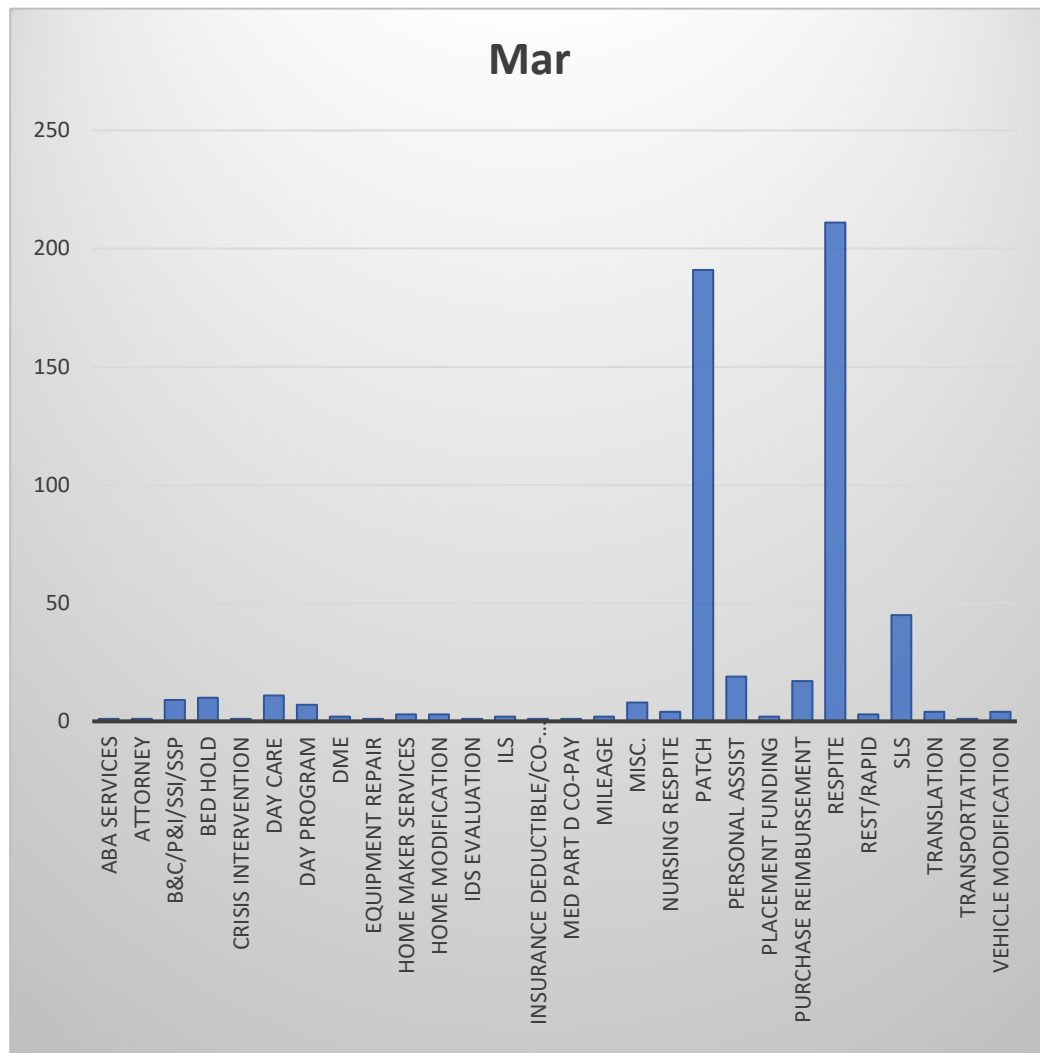


Consumer File Transfer Status - To and From VMRC

2020			
Files Received		Files sent out	
January	36	January	28
February	43	February	29
March	32	March	25
April	17	April	10
May		May	
June		June	
July		July	
August		August	
September		September	
October		October	
November		November	
December		December	
total for 2019	128	Total for 2019	92

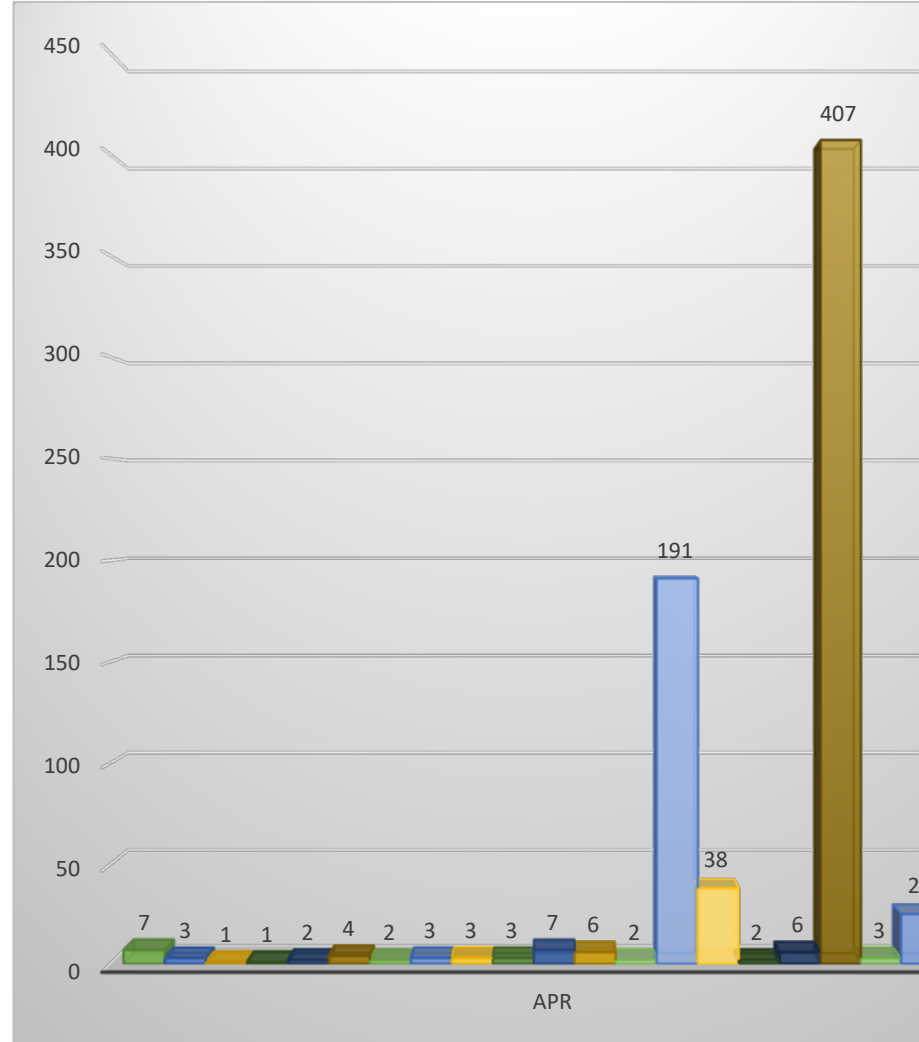
2019/2020	Mar
ABA Services	1
Attorney	1
B&C/P&I/SSI/SSP	9
Bed Hold	10
Crisis Intervention	1
Day Care	11
Day Program	7
DME	2
Equipment Repair	1
Home Maker Services	3
Home Modification	3
IDS Evaluation	1
ILS	2
Insurance Deductible/co-pay	1
Med Part D co-pay	1
Mileage	2
Misc.	8
Nursing Respite	4
Patch	191
Personal Assist	19
Placement funding	2
Purchase Reimbursement	17
Respite	211
REST/RAPID	3
SLS	45
Translation	4
Transportation	1
Vehicle Modification	4
TOTAL POS	565

POS Exceptions March 1 - 31, 2020



POS Exceptions 2019-2020	
2019/2020	Apr
B&C/P&I/SSI/SSP	7
Bed Hold	3
BIS	1
College Living Experience	1
Competency Training	2
Day Care	4
Day Program	2
DME	3
Home Modification	3
Insurance Deductible/co-pay	3
Mileage	7
Misc.	6
Nursing Respite	2
Patch	191
Personal Assist	38
Placement funding	2
Purchase Reimbursement	6
Respite	407
REST/RAPID	3
SLS	25
Translation	1
TOTAL POS	717
Approved	713
Deferred	1
Denied	3

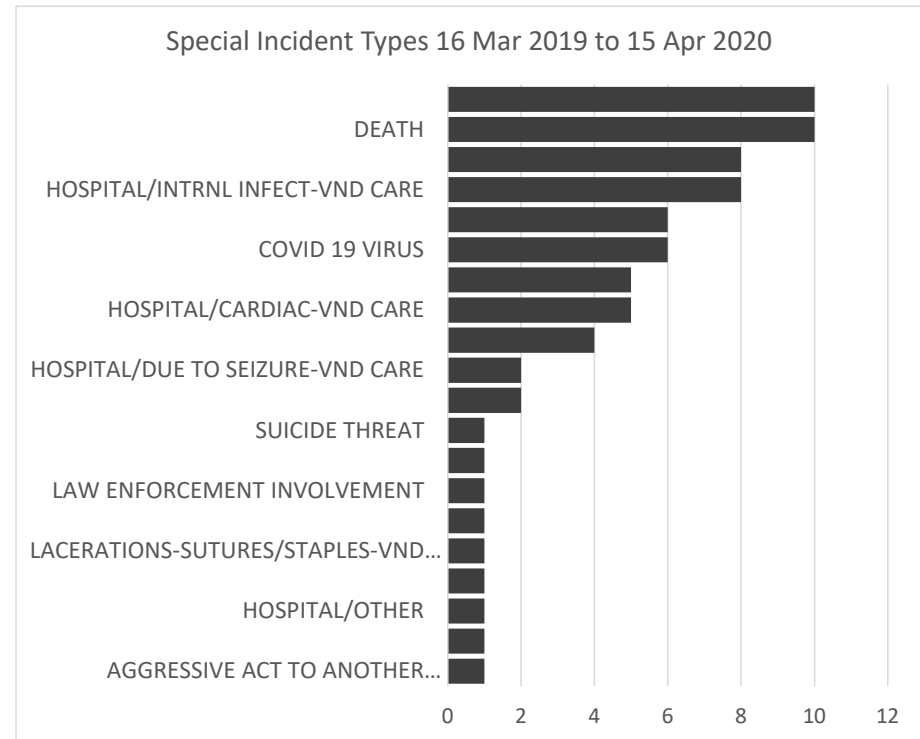
POS Exceptions April 1 - 15, 2020





16 Mar 2020 to 15 Apr 2020 Incident Report Consumer Count: 55

Special Incident Types	Count	Percent
MEDICATION ERROR-VND CARE	10	13.3%
DEATH	10	13.3%
HOSPITAL/RESP ILLNESS-VND CARE	8	10.7%
HOSPITAL/INTRNL INFECT-VND CARE	8	10.7%
COVID 19 VIRUS	6	8.0%
EMERGENCY ROOM VISIT	6	8.0%
HOSPITAL/CARDIAC-VND CARE	5	6.7%
HOSPITAL/INVOL PSYCH ADM-VND CARE	5	6.7%
FRACTURES-VND CARE	4	5.3%
HOSPITAL/DUE TO SEIZURE-VND CARE	2	2.7%
AGGRESSIVE ACT TO STAFF	2	2.7%
MISSING PERSON-LAW NOTIF-VND CARE	1	1.3%
LAW ENFORCEMENT INVOLVEMENT	1	1.3%
LARCENY	1	1.3%
ALLGED CONS FINANCL ABUSE-VND CARE	1	1.3%
AGGRESSIVE ACT TO ANOTHER CONSUMER	1	1.3%
INTERNAL BLEEDING-VND CARE	1	1.3%
SUICIDE THREAT	1	1.3%
LACERATIONS-SUTURES/STAPLES-VND CR	1	1.3%
HOSPITAL/OTHER	1	1.3%
Grand Total	75	



Fair Hearing update as of April 20, 2020:

The OAH, Office of Administrative Hearings, has rescheduled all mediation and state level hearings for June. We continue to hold informal meetings via zoom conference calls.

We have 2 open Lanterman eligibility cases. One adult and one child. Both are scheduled for state level hearings in June.

We have 3 open service request cases. One is for ABA compensatory funding and is pending a state level hearing in June. Another is for HCBS waiver eligibility and has an informal meeting in April, a mediation in June and a state level hearing in July. The third is for SPED attorney fees and has a state level hearing scheduled in June.