



Consumer Services Committee Meeting

4:00 P. M.

Monday, September 14, 2020

Join Zoom Meeting 669-900-6833 - Meeting ID: 932 8176 9961 Passcode: 343211

If you need accommodation during the meeting (i.e. translation), please notify us at least 3 days in advance of the scheduled meeting.



Consumer Services - September 15, 2020

Consumers Services

PUBLIC COMMENT - 3 MINUTES	DISCUSSION	
REVIEW OF MINUTES - June 1, 2020	ACTION	
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SAC6 UPDATE CRYSTAL ENYEART	INFORMATION	
CLASP UPDATE DAIME HOORNAERT	INFORMATION	
CONSUMER SERVICES PROJECTS/PRESENTATIONS DENA PFEIFER	INFORMATION/EDUCATION	
CLINICAL UPDATE	INFORMATION	
CLAIRE LAZARO	ACTION	
REVIEW & APPROVE END OF CARE PLANNING DOCUMENT & ipp OBJECTIVE FOR END OF LIFE CARE CLAIRE LAZARO	ACTION	
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RESOURCE DEVELOPMENT
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INFORMATION

QUALITY ASSURANCE
NICOLE WEISS & PATRICIA GREEN

INFORMATION

ALERTS

INFORMATION

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CINDY MIX

INFORMATION

CASE MANAGEMENT REPORTS
CINDY MIX

INFORMATION

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FAIR HEARING STATUS UPDATE
CHRISTINE COUCH

INFORMATION

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CASE MANAGEMENT UPDATE
CINDY MIX

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TRANSPORTATION
WILMA MURRAY

INFORMATION

Transportation Handouts.pdf

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NEXT MEETING - TBD

**VALLEY MOUNTAIN REGIONAL CENTER
MINUTES OF CONSUMER SERVICES COMMITTEE MEETING
Monday, June 1, 2020**

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PRESENT: **Committee Members:** Linda Collins; Daime Hoornaert; Emily Grunder; Liz Herrera Knapp; Dena Pfeifer, Lori Smith her facilitator; Margaret Heinz; Mohamed Rashid; Crystal Enyeart
 VMRC: Brian Bennett; Christine Couch; Cindy Mix; Cindy Strawderman; Claire Lazaro; Doug Bonnet; Erin Goudreau; Nicole Weiss; Robert Fernandez; Tara Sisemore-Hester; Tony Anderson
 GUESTS: Carlos Hernandez, Translator; Dena Hernandez; Lisa Culley; Rachelle Munoz; Ryan; Valerie Segura; 209-XXX-1128; 209-XXX-5904

ABSENT: Robert Baslderama; Nadia Robinson;

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Dena Pfeifer, Chairperson, called the meeting to order at 4:03 p.m..

1.0 PUBLIC COMMENT

Dena Hernandez, SCDD North Valley Hills Office shared the following:

- Thank you to VMRC for collaborating with SCDD & SAC6 on the two Personal Protection Equipment (PPE) drive throughs this week.
- I wanted to say great job on the 3 VMRC Transition Fairs that occurred last week. I was proud to be on the planning team and appreciated all the VMRC staff who pulled those together quickly!
- Next SCDD North Valley Hills Regional Advisory Committee (RAC) meeting will be held on Tuesday, July 28, 2020 and will be a zoom meeting. Details to follow. All are welcome to participate.
- Self Advocacy Council 6 will be hosting SAC6 Zoom Chats during the month of June- info is posted on the SAC6 and SCDD, and VMRC Facebook page. The SAC6 leadership has worked hard to connect with their peers during this pandemic.

2.0 REVIEW OF MINUTES

M/S/C (Rashid/Herrera Knapp): Approve the minutes of May 4, 2020 as written.

3.0 SAC6 UPDATE

Crystal Enyeart shared the following:

- We are continuing to encouraging self-advocates to be safe and stay healthy.
- On May 1st we had our 2nd Zoom CHAT call with the topic being Health and Wellness. Advocates shared helpful activities that they are doing to stay healthy at home and

answered any questions others had. There were about 37 individuals on the Zoom call. Tony Anderson gave a brief update about what VMRC is doing during this time.

- On May 8th we had our 3rd Zoom CHAT with the topic being Coronavirus update: There were about 39 individuals on the Zoom call. Clair gave a corona virus update Tony gave an update on DDS and what Day Program openings may look like.
- On May 15th we hosted our 3rd Zoom Chat there were about 48 individuals on the Zoom call. This Zoom call topic was all about the US Census. Sac 6er's and Dena Hernandez from SCDD office gave lots of great information on Census, such as, why is it important to complete a census, how to fill out a census and what if I live in a care home.
- Our next Friday Zoom Chat is on May 22nd and that topic is on Scams & fraud and how we can prevent not being a victim.
- We published our Spring Chatter Letter 2020, which is posted on the VMRC website under Self Advocacy Council 6.
- Our next board meeting is scheduled for June, which will be via zoom.

4.0 **CLASP UPDATE**

Daime Hoornaert, North Valley Hills – SCDD shared the following:

- CLASP members approved the Provider Conference Budget of \$12,000. Conference is currently scheduled for November 2020. On going discussions of possible virtual conference, if mass gatherings continue to be postponed.
- Membership: CLASP currently has 86 members. 3 new members from last month.
- PPE-Vendors are thankful to SCDD and VMRC collaboration with distribution of PPE.
- CLASP members concerns:
 - The May 7, 2020 DDS directive where there is an expectation to use PPP funds 1st. Some interpreted the directive as required.
 - “Absence funds are provided based on the expectation that other sources of funding are not currently available to providers due to the impact of COVID-19. Accordingly, absence funds are provided as a funding source of last resort. Providers are expected to first seek and apply for all available COVID-19 relief funding before receiving absence funds through regional centers. An application for available “payroll” loan forgiveness or reimbursement program, including but not limited to, the Paycheck Protection Program, Economic Injury Disaster Loan Emergency Advance Program or any other similar federal or state programs for which the provider qualifies should be sought first. Claims submitted to the regional center for absence funds must be reduced by the amount the provider receives from other available sources, including the programs listed. Providers may not receive funding from absence payments and other

relief sources in excess of what the provider otherwise would have received by providing services to consumers absent the State of Emergency.”

- Members are concerned if the loan isn't forgiven, the debt they will incur. Not what the monthly payment could be, on top of possibly having a %1 interest rate. Repayments could be substantial, all depending on the size of the loan, which varies with vendors.
- Also, other funding sources stated in directive had closed to vendors when Directive was given out.
- Billing guidance for April was given after most vendors billed. Billing for May is unclear for many vendors. CLASP has requested that Debbie Beyette be invited to the next CLASP meeting for clarification.
- The state budget and the impact to provider rates if the Heroes act doesn't pass. Could trigger the 14-day mandatory closure dates and decrease service code rates across most service codes from 7% up to 14%. CLASP encouraging everyone to talk with their state and federal elected officials.
- Workers Comp: Employer Liability during COVID 19 Pandemic.
 - “On May 6, 2020, California Gov. Gavin Newsom signed Executive Order N-62-20 (EO N-62-20), which creates a rebuttable presumption, for purposes of receiving workers' compensation benefits, that employees who test positive for or are diagnosed with COVID-19 contracted the virus while at work. With this executive order, California becomes the latest state to expand workers' compensation benefits to employees during the pandemic.”
- Residential Service Provider Group: Ongoing issues:
 - RSP's are still looking for additional staff to cover shifts. Having difficulty with staff leaving and hiring new staff. Many people are content with receiving the additional \$600 unemployment or don't want to work the shifts offered.
 - Several providers may look into Creative Day services for their residents.
- Day Program Network:
 - Programs are collaborating with each other about re opening procedures. UCP San Joaquin invited CLASP Leadership, SCDD Regional Office 6, VMRC staff and others CLASP members to view their proposals for reopening. It was a great presentation and good questions were asked and answered.
 - Transportation-this will impact programs and dates for opening. Providers are unclear of Contracted Transportation plans for starting services again. Many individuals use contracted transportation to get to and from Programs and we haven't received info on their re-starting procedures. May inquire at an upcoming CLASP Meeting.

5.0 CONSUMER SERVICES PROJECTS/PRESENTATIONS

There were no projects or presentations at this time.

6.0 CLINICAL

Claire Lazaro advised that we have been working on “End of Life” training for our Service Coordinators. This was supposed to be sometime in March or April, but because of COVID will have to be pushed out to this fall. In the meantime we are presenting to you the “Thinking Ahead” booklet in English & Spanish that was attached with the meeting packet. Also there an “End of Life” subcommittee that has been meeting to come up with a document to include in the IPP as part of the IPP objective about end of life planning and advance care directive. We are actually presenting it to Consumer Services for review and hoping to get an approval to get this included with our IPP’s so that discussion for advance care planning and supported decision making can begin. If you need further information it is on page 55 & 56 of the meeting packet.

On pages 57 & 58 of the packet, Claire wanted to make the committee aware of the letter received from California Department of Health regarding facility visitation. During COVID-19 there are many hospitals that are not allowing visitors. However, individuals with developmental disabilities who need their support person with them are being denied access. On May 2nd, the California Department of Health issued a letter indicating that individuals with developmental should be allowed their support person with them so that the support person can participate in the health care of these individuals. This can be printed and shared. Claire has e-mailed this letter out to most of the hospitals in our catchment area.

Tara Sisemore Hester went over the intake numbers. For Modesto, the numbers dropped in March & April, but are coming back up for May. For Stockton, March & April went down dramatically, in May we are looking at about 2/3 of what we are normally receive. We are anticipating an increase in intake numbers, once pediatrician offices re-open. San Andreas had a dramatic drop for May. Tara had a phone call with DDS on Friday; this is a trend that is being seen at all Regional Centers within the State. They are looking at several avenues on focusing on child fine. Tara will have more information at our next meeting.

7.0 RESOURCE DEVELOPMENT

Brian Bennett shared that Resource Development was able to identify a service provider for our Children's Enhanced Behavior Support Home. We held 5 separate interview cycles. But we identified this provider on Friday. Their name is Merakey. They are currently working with ALTA California & San Diego Regional Centers. Their home office is based in Philadelphia, PA, but are starting to open EBSH homes for Adults & Children in California. We are happy to be working with them. We have updated our RFP section of our website to indicate that Merakey is our new Children's EBSH Service Provider.

This home was found and acquired over a year and a half ago, and is close to being completed and licensed. This is in North Stockton which is in Lodi Unified's area, so we have been in contact with Lodi Unified.

8.0 QUALITY ASSURANCE

8.1 **Alerts:** **Nicole Weiss** advised that there were 16 alerts for this last month. Most revolved around delivery of care. Which we look at right away and provide assistance as quickly as possible.

We have been following up on all of the COVID SIR's that we have received. We are also following up with care homes that had consumer's returning from a potentially exposure setting such as emergency rooms, psychiatric facility, or parental homes. Anytime they leave the care home and come back, Claire or Angela speak with them to make sure they understand the isolation protocols. QA follows up about a week later to see how they are doing. If there is an issue, it is usually because some of the consumers not wanting to follow or understand the protocol. We do a lot of brainstorming and problem solving with the providers to make it work better for everyone involved.

9.0 CASE MANAGEMENT

9.1 **Reports:** **Cindy Mix** went over the reports for the month. The caseload ration report was not included in the packet as it was just completed today. Our numbers look a bit better than last month. We are down to 1:88 again. Last month we were at 1:92. We have hired some new staff. We have increased our consumer population by about 100 as far as transfer in's, reactivations & new cases. That is one service coordinator/caseload. We have done a change in distribution of two caseloads from children's teams in Stockton. One went to Angie Share and one to Liz Diaz.

Christine Couch gave an update regarding Fair Hearings.

- Today we started preparing for hearings to be held over Microsoft Teams. OAH does not use Zoom. We put in a ticket with our IT department to download that app.
- The OAH, Office of Administrative Hearings, has informed us that all mediation and state level hearings scheduled for June will be in person meetings. We are coordinating all mediations and hearings in either the Modesto or Stockton offices, in large conference rooms, to accommodate social distancing.
- We have 3 open Lanterman eligibility cases. Two adults and one child. Two are scheduled for state level hearings in June and the third is scheduled in September.
- We have 4 open service request cases. One is for ABA compensatory funding and is pending a state level hearing in June. Another is for ABA co-pay funding, with an informal meeting this month and a state level hearing in June. The third is for SPED attorney fees and has a state level hearing scheduled in June. The fourth is for mileage reimbursement and speech therapy funding – OAH granted our motion to consolidate both of these requests into one hearing scheduled for August.
- We were able to resolve the HCBS waiver eligibility request after our informal meeting based upon guidance provided by DDS. We are thankful for VMRC team members who worked diligently on this matter and contributed to the resolution.
- At this time we have no 4731 complaints.

9.2 Case Management Update:

- Due to COVID-19, our annual **Transition Fairs** were held remotely. Three Zoom fairs occurred this year to recognize graduates and provide helpful, well-rounded information for futures planning. The agendas consisted of presentations from Supported Living and Independent Living Service providers, as well as resources pertaining to college programs throughout the state such as Taft College, Fresno State, UCLA, and Delta College. Employment and community resources were presented to the graduates by the Family Resource Network, State Council, and Department of Rehabilitation. And, VMRC-vendored day services and supported employment programs provided various options for those choosing that avenue. In addition, there were raffle prizes donated by the presenters and virtual dance parties held to continue the celebration. Stanislaus County met by Zoom on 5/27, the foothill counties of Amador, Calaveras, and Tuolumne met on 5/28, and San Joaquin County on 5/29.
- Presentation Food Pantry donated **food bags** to 71 families in May who are part of our regional center. Another 55 food bags have been donated and distribution is scheduled for June 6. Thanks to our Cultural Specialist Gabriela Lopez for coordinating the effort and staff who helped with delivery.

- **PPE Distribution**--Large orders of masks, sanitizer, and other items came in from DDS and SCDD. There will be a drive-thru distribution center at our Stockton office on Thursday morning of this week and Friday morning at our Modesto office.
- Directives recently received from DDS--
 - **SEP-** Because many are seeing a reduction or loss of jobs in the Supported Employment Program (SEP) area, the SEP providers can submit a form requesting to change existing groups, change work hours or work days, stagger the work schedule, and or terminate the group and transfer of consumers to another Supported Employment Program. If a SEP group has decreased work hours or days, or has been furloughed due to COVID-19, the provider should show this on the DS 1963 form. This communication has very important directions for the SEP providers for filling out this form.
 - **SIRs** Special Incidents Related to COVID-19 in SANDIS From now on providers and regional centers must complete a special incident report, clearly show in the incident description it applied to any of the following events:
 - An individual tests positive for COVID-19;
 - An individual receives medical attention at a hospital, emergency room, or urgent care clinic due to COVID-19 symptoms; or
 - An individual's death is related to COVID-19, either by confirmed COVID-19 positive testing or by medical diagnosis unconfirmed by testing.
- **Finger Print Clearance and Exemption Transfer**--_Department of Social Services advises of a faster way to transfer their background clearance from one licensed facility to another (homes, day programs, etc.). They did this to help provider get staff during the current COVID-19 outbreak. The CDSS notice says, "If an individual has an active clearance or exemption, they should not be re-fingerprinted as this may delay the processing of the transfer. Licensees may contact their local Community Care Licensing (CCL) office to verify the individual's status." ... "Individuals seeking to transfer from one licensed facility to another licensed facility will be allowed to work at the new facility while the transfer request is pending."
- **Self-Determination Program** continues. Currently 14 people are on the program, 72 of 110 have attended the orientation, 14 people chose to not participate, 30 people need a PCP/IPP, PCP/IPP has been held for 42 people, 13

people are working on budgets and 15 have signed budgets and are developing their spending plans. PCP/IPP meetings continue to be held 4 meetings in March since Stay at home was implemented, 6 in April, 6 in May as of the writing of this report and 5 already scheduled for June. SDAC meets the third Thursday of every month via Zoom. SDP Orientation's next scheduled training is June 10th via Zoom, 9am to 12 noon. Registration is available on FB or VMRC's website. Advised during an ARCA meeting that SD is undergoing a state financial analysis as the program is reported to be about 28% higher in costs than traditional services although it was initially thought to be cost neutral.

- **Budget Concerns** --Still concerns, but it appears to be a moving target due to how things will be handled on a state and federal level. Locally, we are looking to increase our Medicaid Waiver through Institutional Deeming and reviewing our highest cost consumers for necessary expenditures and/or alternatives.
- **Return to Workplace Plan**--unveiled to managers and staff last week. Our buildings will remain closed to the public, but we are surveying managers to see how we can stagger having staff in the office (based on need)and gradually return to the workplace
- **PG&E Power Shut-offs** are expected in the near future--We will be meeting with PG&E staff this week to discuss power shut-offs they plan due to potential fires in the state. We will be working on sending out notifications and helping consumers and families prepare for any power outages, making a Resource Guide and Hotline Assistance available.
- **Asian American Survey** being completed. We have contacted about 40% of our clientele to discuss their experiences during COVID-19 and hope to have information to report within a few weeks.

10.0 **TRANSPORTATION**

Wilma was not able to attend this evening. An update was provided to Cindy Strawderman on June 2nd that Wilma wanted to be shared.

- Modesto MAX : Free rides for essential services has been extended thru June 30th.
- Turlock Transit: Resumed full normal service schedules, effective June 1st. Rides are still free
- AND, I was horrified to see that I forgot to include the Stanislaus Transit System (START) when I did that Advisory update so here you go: [Stanislaus Regional Transit Ph # 800-262-1516.](#) Resumed full normal schedules, effective June 1st. Rides are still free on regular fixed route. Shuttle service and ADA services are regular fare. Visit the website for more info: www.srt.org
- **For our contracted transit providers:** All have developed tentative plans to address COVID-19 directives for health and safe as well as inclusion of any local County

health directives and adjust those requirements as updates are given. This will allow for quicker start-up once specifics are available for re-opening of day programs.

11.0 **NEXT MEETING**

Consumer Services will not meet again until September 2020

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

Recorder: Cindy Strawderman

DRAFT

Instruction to SC:

Mail out the 'Thinking Ahead Booklet' to the Individual prior to the IPP meeting. Individual will complete the booklet with support from family, care provider, SLS, ILS or day program staff, as needed. Planning Team will discuss the responses at the IPP meeting, which will be incorporated in the IPP objective.

Advance Care Planning / Supported Decision-Making

- Describe individual's baseline abilities – ability to feed self, type of diet (regular / puree / mechanical soft / no restrictions / g-tube) ambulation skills, use of hands, does the individual use any DME, continent / incontinent.
- Communication – Describe how the individual communicates - verbal, non-verbal, receptive skills, ability to demonstrate understanding of medical procedure.
- Unique traits – Nickname, preferred activities, any special accommodations, likes / dislikes.
- Legal / Authorized Representative – Is the individual conserved? Does Conservatorship include power over medical decisions? Does the individual have Power of Attorney for medical decisions? Does the individual have an Advanced Health Care Directive? Is there a POLST in place?
- Next of Kin / Circle of Support – Who are the people this individual relies on to make health care decisions and their contact information?
- End of Life Planning –
Has there been an 'End of Life Planning' conversation with the individual? Yes No
What is the individual's choice? Understanding of DNR? Is there a POLST in place?
- If Individual is unwilling to discuss 'End of Life Planning' – note that it will be reviewed at the next meeting.

Organ / Tissue Donor - Yes No

As a non-conserved adult, _____ is presumed to have the capacity to make informed decisions regarding *his / her* health care, residence, psychiatric care and other objectives implemented in her IPP. If a physician is concerned about _____'s capacity to consent for medical treatment, Planning Team will assist _____ with making an informed decision, including, but not limited to, the risks and benefits of said decision. If there remain concerns about _____'s capacity, the family and/or VMRC Medical Director will be contacted. In the event of a medical emergency, if no family member or next of kin can be contacted, the Planning Team will follow Section 4655 of the California Welfare and Institutions

OUTCOME # _____ : Provided with support, _____ will be able to make decisions that require informed consent.

PLANS:

's Role -

- Individual will consent to all services and supports as stated in her IPP, as he / she so chooses.
- _____ will provide his / her Planning Team contact information of family members to contact in case of emergency.

c.

What supports will help _____ achieve his / her outcome.

- d. Planning Team will provide support in weighing risks and benefits with _____ to assist with making informed decision.
- e. Service Coordinator / Service Providers will ensure that _____ 's record has the current contact information of _____ 's next of kin or family members.
- f.

Regulatory Standards (if applicable) -

- g. In the event of a medical emergency, if no family member can be contacted, the IDT will follow Section 4655 of the California Welfare and Institutions Code.
- h. This objective will stay in place until a court rules that Individual is no longer able to give informed consent.
- i.

Funding Source: _____ **Start Date:** _____ **Target Date:** _____



Guide to Consumer Travel During COVID-19

During this COVID-19 pandemic, the goal of VMRC is to promote the health and safety of all the consumers, especially the vulnerable ones with underlying medical conditions and living in group settings with or without roommates.

When a consumer, living in licensed care or group living arrangements, is going to travel or go out in outings individually or groups, and care home staff are able to ensure that the consumer is able to follow all the precautions, the consumer does not have to do the 14-day isolation. During this time, the following conditions must be met:

- the care home staff was able to ensure that the consumer had mask on at all times, covering the nose and mouth
- optional to use a face shield or eye goggles as added protection
- practiced more than 6 feet physical distancing
- avoided touching face
- washed hands frequently or used hand sanitizer
- showered immediately and changed clothes upon return to care home
- clothes washed immediately and separately



Visitation with Families and Outdoor Exposure of Consumers

During this COVID-19 pandemic, the goal of VMRC is to promote the health and safety of all the consumers, especially the vulnerable ones with underlying medical conditions and living in congregate settings.

When a consumer, living in congregate setting, is visiting friends or family members in their homes or other places for a few hours to days, VMRC is highly recommending that consumers will do 14-day isolation upon return to the care home. Please refer to isolation guide with title “DDS Expectations for Consumers Coming back from Hospital or ER or Other placements.”

Similar will be expected when a consumer is working as an essential employee, and lives in congregate setting. The consumer may go to the living area provided that a mask is worn at all times, and he/she is more than 6 feet away from other consumers.

When a consumer, living in congregate setting, is going to an office visit to a primary care provider, doctor visit, dentist visit or laboratory visit, there is a different expectation. Because these settings are controlled environment in such as there is temperature check prior to entry, individuals are required to wear mask at all times inside the building, and chairs are arranged physically distanced with easy access to soap and water or hand sanitizer. If the consumer is able to abide by those safety precautions at all times, and consumer is able to shower and change clothes immediately when he/she returns to care home, the consumer does not have to do 14-day isolation. Clothes should be washed immediately and separately.

Similarly, when a consumer goes out to the community for example, grocery shopping, the consumer does not have to do 14-day isolation when the following conditions are met:

- the care home staff was able to ensure that the consumer had mask on at all times, covering the nose and mouth
- practiced more than 6 feet physical distancing
- avoided touching face
- washed hands frequently or used hand sanitizer
- showered immediately and changed clothes upon return to care home
- clothes washed immediately and separately

Further guidance on the document title “In-person Meeting Outdoors / Outside the Home During COVID-19.”



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 and CDC:

1. Isolate the consumer for 14 days. We will call this Consumer A.
2. Ideally, consumer A will stay isolated in a private room with private bathroom that only this consumer will access.
3. Please separate everything, clothes, eating utensils and others.
4. Please have a dedicated staff to care for this consumer only, if possible.
5. If consumer A is sharing a room with consumer B, please move consumer B to a different room, if possible.
6. The care home may also identify a specific area of the home to consumer A, if that is more feasible.
7. 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.
8. An option of providing a bedside commode for consumer A is okay if he/she is comfortable with that.
9. Consumer A may come out of his room to the living area as long as there is no one else out there and wearing mask. If there is another person in the living area, Consumer A should be more than 6 feet away from other individuals and still wearing mask.
10. 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.
11. Regional center should ensure that isolation protocols are in place at each of the care homes.
12. Care home staff are trained to check temperature of Consumer A, at least twice daily, and document this. Care home staff should also monitor for other symptoms of COVID-19 such as fever, chills, cough, shortness of

breath or difficulty breathing, fatigue, muscle aches or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea.

13. Care home staff are asked to monitor oxygen saturation, if available, and to seek medical attention if it is 92% or less.¹ This is best practice.
14. If any of the above symptoms are recognized, care home staff should contact the primary care provider (PCP) and seek medical attention.
15. Per CA State mandate, care home staff/direct support professionals will wear masks/face coverings while in the care home, whether they are in direct care of a consumer or not. The care home is their work environment.
16. If someone is positive with COVID-19, care home administrator will submit a SIR to VMRC, and isolate the consumer. Testing of other consumers and staff in the care home is highly recommended. The care home staff should monitor the individual with positive result for any symptoms of COVID-19, as well as any other individuals that were exposed. The exposed individual should self-quarantine per CDC guidelines.

Update on the Isolation Plan

1. When discharged from ER/hospital or from parent visit, isolate consumer for 14 days. The reason is we are not sure what type of exposure the consumer had. And continue 14 days because of the incubation period of COVID-19 which is 2-14 days.
2. Based on new CDC guidelines for those with positive COVID-19 result: isolate for 10 days from date of first positive RT-PCR testing if the individual never develop symptoms. If symptomatic, discontinue isolation and precautions 10 days after symptom onset and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms².
3. Example 1: Consumer A exposed to ER/hospital/family visit, will have 14-days isolation. On Day 11, Consumer A develops diarrhea (covid-19 symptom) → seek medical attention and isolate 10 more days based on CDC guidelines from onset of symptoms.
4. Example 2: Consumer B has positive test result but has no symptoms → 10 days isolation. On Day 9 of isolation, develops headache and body ache

¹ Academic Emergency Medicine. July 23, 2020. <https://onlinelibrary.wiley.com/doi/abs/10.1111/acem.14053>

² CDC. July 22, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

(covid-19 symptoms), → seek medical attention and additional 10 days of isolation based on CDC guidelines.

5. For persons with severe illness or severely immunocompromised, isolation will last up to 20 days after symptoms onset; consider consultation with infection control experts.³
6. Severe illness will be classified as those who has been hospitalized due to COVID-19 or COVID-19 related-symptoms.⁴
7. Examples of severely immunocompromised would be individuals who have weak immune system due to solid organ transplant, blood or bone marrow transplant; has immune deficiencies; or use immune weakening medicines.⁵ Additional examples are those on chemotherapy for cancer; has untreated HIV infection with CD4 T lymphocyte count of <200; combined primary immunodeficiency disorder; and individuals on long-term steroid use such as prednisone of >20 mg/day for more than 14 days.⁶

³ CDC. July 22, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

⁴ CDC. June 30, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>

⁵ CDC. July 17, 2020. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html

⁶ Stanislaus County Public Health Officer. July 20, 2020. <http://schsa.org/PublicHealth/pages/coronavirus/pdf/return-to-work-en.pdf>



In-person Meeting Outdoors/Outside the Home During COVID-19

When it has been a mutual agreement between the consumer/family and Service Coordinator (SC) to meet in-person outdoors and outside the home, these outdoor visits should have prior approval of the SC's supervisor.

To ensure health and safety of the consumer/family and SC during COVID-19 pandemic, the following will be observed:

1. The meeting will held be in an open area location, such as a park or front yard/porch, etc., where more than 6 feet physical distancing will be observed at all times.
2. Attendees such as consumer, family member, support staff, SC, etc., are required to wear and keep on at all times the following: mask or face covering, and face shield or eye goggles.
3. No handshakes or fist bumps.
4. Avoid touching face.
5. Have a hand sanitizer handy to practice frequent hand hygiene when soap and water is not available.
6. For consumers who live in care homes, consumer will take a shower and change clothes when he/she returns to the care home. Clothes will be washed separately.
7. VMRC staff will take a shower and change clothes when he/she returns home. Clothes will be washed separately.

When the above strategy has been observed, the consumer who lives in a care home does not have to be isolated.

Risk stratification: the more precautions done, the lower the risk of getting COVID-19. Virtual meeting is lower risk than in-person meeting. Wearing mask, face shield/goggles and staying more than 6 feet away in an open area while having an in-person meeting outside the home poses lower risk of acquiring COVID-19.



State of California—Health and
Human Services Agency
**California Department of
Public Health**



August 7, 2020

AFL 20-38.4

TO: All Facilities

SUBJECT: Visitor Limitations Guidance
(This AFL supersedes AFL 20-38.3)

All Facilities Letter (AFL) Summary

- This AFL notifies all facilities of updated visitor guidelines for pediatric patients, patients in labor and delivery, neonatal intensive care unit (NICU) patients, pediatric intensive care unit patients (PICU) patients, and patients at end-of-life and patients with physical, intellectual, and/or developmental disabilities and patients with cognitive impairments.
- Health facilities may permit a support person to accompany a patient for whom a support person has been determined to be essential to the care of the patient (medically necessary), including patients with physical, intellectual, and/or developmental disabilities and patients with cognitive impairments.
- This AFL has been updated to clarify that long-term care facilities and hospitals may permit students obtaining their clinical experience into the facility if they meet the CDC guidelines for healthcare workers. This revision also clarifies when a doula may be permitted during labor and delivery.

Due to the community spread of Coronavirus Disease 2019 (COVID-19), considerations must be made for the safety of health facility staff and patients, resulting in many health care facilities suspending visitation, except when medically necessary or essential to the care of the patient. The California Department of Public Health (CDPH) recognizes the importance that visitors play in the mental well-being of patients, including pediatric patients, NICU and PICU patients, patients in labor and delivery, and patients at end-of-life. CDPH also recognizes the importance of ensuring people with disabilities receive the support they need while hospitalized. CDPH considers visitors an essential part of patient care and recovery.

CDPH has developed recommended visitor guidelines for certain patients to ensure support for their mental health and well-being, while striving to limit the spread of the virus.

Pediatric Patients

- Visitors are essential for the mental health of pediatric patients. CDPH recommends that pediatric patients be allowed one support person.
- In the case of prolonged hospitalization, CDPH recommends two designated support persons for pediatric patients, provided that only one visitor is present at a time.
- For NICU and PICU patients, CDPH recommends two designated support persons that may visit at the same time.

Labor and Delivery Patients

- The presence of a partner or support person is essential to the mental health of patients who are in labor and delivery. CDPH recommends that one support person and be allowed to be present with the patient. CDPH also recommends that a doula, if used, be permitted to be present if prior arrangements have been made with the hospital and the doula complies with hospital PPE and infection control guidelines.

Patients at End-of-Life

- Visitors are essential to the mental health of patients who are at end-of-life. For their continued mental health, and well-being, the department recommends that one visitor be allowed to be present with the patient.

Patients with Physical, Intellectual, and/or Developmental Disabilities and Patients Cognitive Impairments

- The presence of a support person is essential to patients with physical, intellectual, and/or developmental disabilities and patients with cognitive impairments. CDPH recommends that one support person be allowed to be present with the patient when medically necessary.
- For hospitalized patients, especially with prolonged hospitalization, the patient or family/patient representative may designate two support people, but only one support person may be present at a time.

Students Obtaining Clinical Experience

- CDPH supports efforts to help ensure that new nurses and other professionals coming into the healthcare workforce are able to obtain necessary clinical experience. CDPH encourages students obtaining their clinical experience be permitted to come into the facility if they meet the CDC guidelines for healthcare workers to maintain the workforce needed during this pandemic.

All support persons must stay in the room and be asymptomatic for COVID-19 and not be a suspected or recently confirmed case. Support persons may be screened prior to entering clinical areas. Support persons must comply with any health facility instructions on personal protective equipment.

Additionally, CDPH strongly encourages facilities, including but not limited to skilled nursing facilities, to create ways for residents and patients to have frequent video and phone call visits. If shared devices are used for video calls facilities should ensure appropriate infection control measures are in place.

If you have any questions about this AFL, please contact your local district office.

Sincerely,

Original signed by Heidi W. Steinecker

Heidi W. Steinecker

Deputy Director

Resources

CDC Guidelines

Center for Health Care Quality, MS 0512 . P.O. Box 997377 . Sacramento, CA
95899-7377
(916) 324-6630 . (916) 324-4820 FAX
Department Website (cdph.ca.gov)



INTAKE - JULY 2020

Office	# ES cases processed ALL	# ES cases processed	# made eligible	% eligible
Stockton	79	67	57	85%
Modesto	70	57	41	72%
San Andreas	12	9	8	89%
Total	161	133	106	80%

Office	# 3+ cases processed ALL	# 3+ cases processed	# made eligible	% eligible
Stockton	34	32	22	69%
Modesto	25	24	11	46%
San Andreas	6	5	3	60%
Total	65	61	36	59%

INTAKE - AUGUST 2020

Office	# ES cases processed ALL	# ES cases processed	# made eligible	% eligible
Stockton	84	64	56	88%
Modesto	79	67	52	78%
San Andreas	10	6	6	100%
Total	173	137	114	83%

Office	# 3+ cases processed ALL	# 3+ cases processed	# made eligible	% eligible
Stockton	28	26	16	62%
Modesto	10	6	3	50%
San Andreas	3	2	2	100%
Total	41	34	21	62%

<p># of ES Cases Processed All: all cases including Status 9 and D # of ES Cases Processed: all cases excluding Status 9 and D # of made eligible: Column D divided by Column C for ES</p>

<p># of over 3 Cases Processed All: all cases including Status 9 and D # of over 3 Cases Processed: all cases excluding Status 9 and D # of made eligible: Column C divided by Column D for ES</p>

Detailed Alert Data

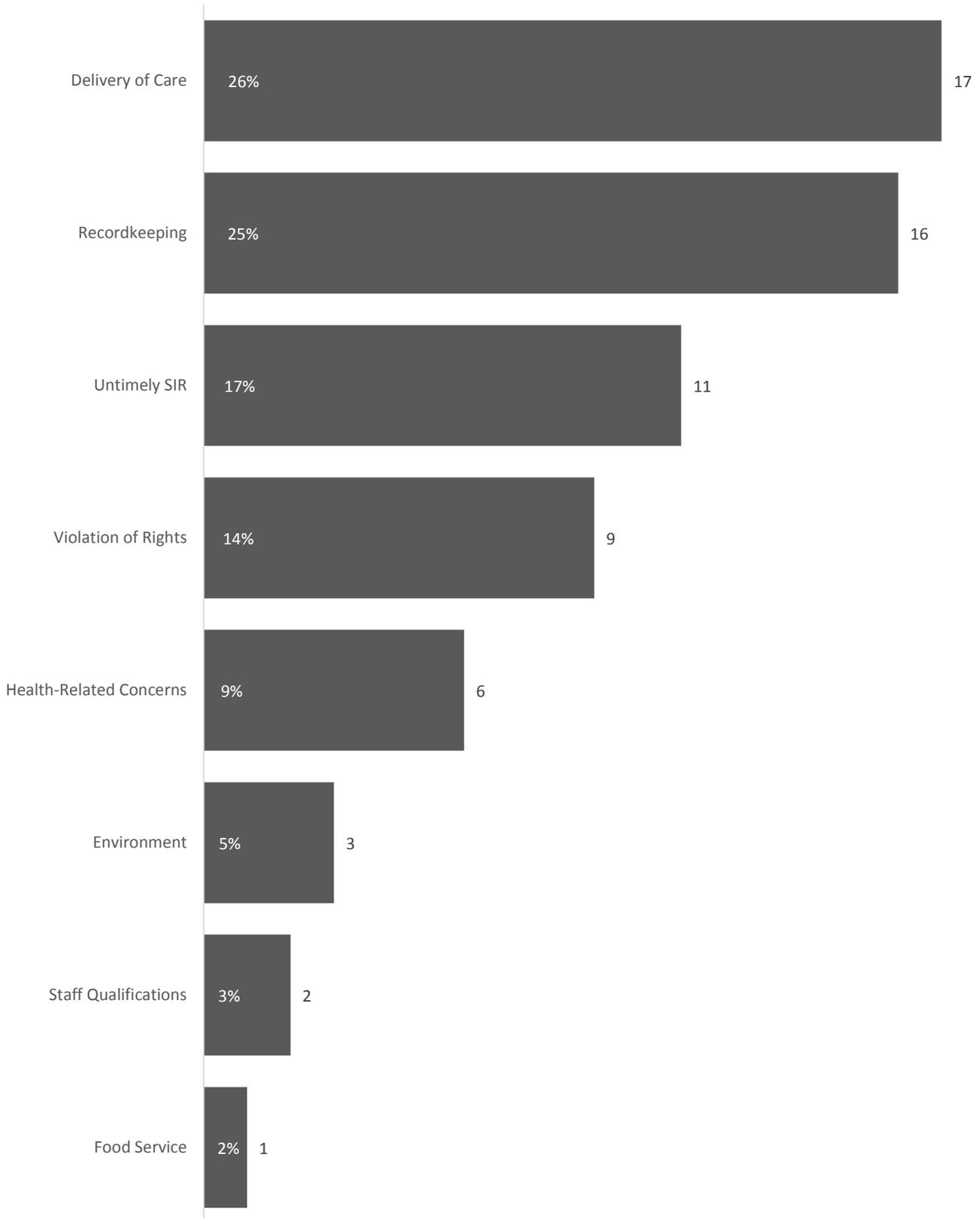
Date Opened	Presenting Issue	Action	Finding	Date Closed	Control #
5/18/2020	Delivery of Care	None	N/A	6/1/2020	2020-05-11.1
5/18/2020	Delivery of Care	None	Unsubstantiated	6/1/2020	2020-05-11.0
5/19/2020	Delivery of Care				2020-05-12.0
5/26/2020	Violation of Rights				2020-05-13.0
5/28/2020	Recordkeeping	Technical Assistance	Substantiated	6/9/2020	2020-05-14.1
5/28/2020	Recordkeeping	Technical Assistance	Substantiated	6/9/2020	2020-05-14.0
5/28/2020	Recordkeeping	Technical Assistance	Substantiated	6/9/2020	2020-05-14.2
6/3/2020	Violation of Rights	Technical Assistance	Unsubstantiated	6/17/2020	2020-06-01.0
6/3/2020	Recordkeeping	Technical Assistance	Substantiated	6/17/2020	2020-06-01.1
6/4/2020	Delivery of Care	None	Unsubstantiated	7/9/2020	2020-06-02.2
6/4/2020	Food Service	Technical Assistance	Unsubstantiated	7/9/2020	2020-06-02.3
6/4/2020	Health-Related Concerns	Technical Assistance	Substantiated	7/9/2020	2020-06-02.4
6/4/2020	Recordkeeping	Technical Assistance	Unsubstantiated	7/9/2020	2020-06-02.5
6/4/2020	Untimely SIR	Technical Assistance	Substantiated	6/9/2020	2020-06-03.0
6/4/2020	Violation of Rights	Technical Assistance	Unsubstantiated	7/9/2020	2020-06-02.0
6/4/2020	Violation of Rights	Technical Assistance	Unsubstantiated	7/9/2020	2020-06-02.1
6/5/2020	Delivery of Care	Deferred	N/A	6/12/2020	2020-06-04.0
6/9/2020	Health-Related Concerns	Technical Assistance	Substantiated	6/18/2020	2020-06-05.0
6/10/2020	Delivery of Care	Technical Assistance	Substantiated	8/7/2020	2020-06-06.0
6/11/2020	Environment				2020-06-08.0
6/11/2020	Health-Related Concerns				2020-06-07.0
6/12/2020	Recordkeeping	Deferred	N/A	6/29/2020	2020-06-09.0
6/12/2020	Violation of Rights	Technical Assistance	Unsubstantiated	6/25/2020	2020-06-10.0
6/15/2020	Delivery of Care	Technical Assistance	Unsubstantiated	7/23/2020	2020-06-11.0
6/18/2020	Recordkeeping	None	Unsubstantiated	6/26/2020	2020-06-12.1
6/18/2020	Recordkeeping	None	Unsubstantiated	6/26/2020	2020-06-12.0
6/19/2020	Environment				2020-06-13.0
6/22/2020	Delivery of Care				2020-06-14.0
6/22/2020	Health-Related Concerns	Technical Assistance	Substantiated	8/17/2020	2020-06-15.0
6/24/2020	Delivery of Care	None	Unsubstantiated	7/15/2020	2020-06-18.2
6/24/2020	Delivery of Care	Non-Compliance	Substantiated	8/14/2020	2020-06-16.0
6/24/2020	Delivery of Care	Technical Assistance	Substantiated	8/17/2020	2020-06-17.0
6/24/2020	Delivery of Care	Technical Assistance	Substantiated	7/15/2020	2020-06-18.0
6/24/2020	Violation of Rights	Technical Assistance	Substantiated	7/15/2020	2020-06-18.1
6/26/2020	Recordkeeping				2020-06-19.0
6/26/2020	Delivery of Care				2020-06-21.0
6/26/2020	Health-Related Concerns				2020-06-20.0
6/30/2020	Recordkeeping				2020-06-23.0
6/30/2020	Untimely SIR				2020-06-22.0

Detailed Alert Data

Date Opened	Presenting Issue	Action	Finding	Date Closed	Control #
7/6/2020	Untimely SIR	Technical Assistance	Substantiated	8/13/2020	2020-07-01.0
7/10/2020	Health-Related Concerns				2020-07-02.0
7/10/2020	Violation of Rights				2020-07-03.0
7/13/2020	Untimely SIR				2020-07-04.0
7/13/2020	Untimely SIR				2020-07-05.0
7/13/2020	Untimely SIR				2020-07-06.0
7/16/2020	Violation of Rights				2020-07-07.0
7/16/2020	Delivery of Care				2020-07-08.0
7/17/2020	Recordkeeping				2020-07-09.0
7/17/2020	Staff Qualifications				2020-07-10.0
7/17/2020	Untimely SIR	Technical Assistance	Substantiated	8/17/2020	2020-07-11.0
7/17/2020	Untimely SIR				2020-07-12.0
7/20/2020	Recordkeeping				2020-07-13.0
7/22/2020	Delivery of Care				2020-07-14.0
7/23/2020	Violation of Rights				2020-07-15.0
7/24/2020	Delivery of Care				2020-07-16.0
7/27/2020	Recordkeeping	Technical Assistance	Substantiated	8/14/2020	2020-07-17.0
7/31/2020	Untimely SIR				2020-07-18.0
8/3/2020	Recordkeeping				2020-07-19.0
8/3/2020	Staff Qualifications				2020-08-01.0
8/3/2020	Recordkeeping				2020-08-02.0
8/4/2020	Untimely SIR	Technical Assistance	Substantiated	8/14/2020	2020-08-04.0
8/6/2020	Delivery of Care				2020-08-06.0
8/6/2020	Recordkeeping				2020-08-07.0
8/6/2020	Untimely SIR				2020-08-08.0
8/11/2020	Environment				2020-08-09.0
Total					65



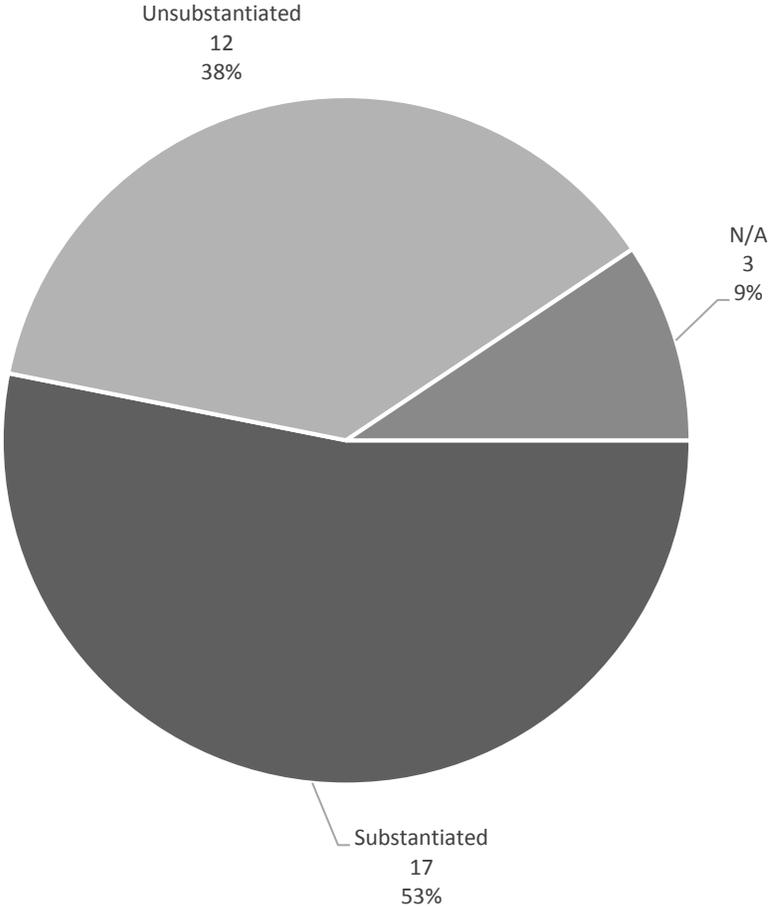
Alert Presenting Issues Received



VALLEY MOUNTAIN REGIONAL CENTER



Alert Findings



Consumer File Transfer Status - To and From VMRC

2017			
Files Received		Files sent out	
January	23	January	31
February	41	February	19
March	38	March	25
April	33	April	14
May	53	May	31
June	21	June	21
July	41	July	12
August	41	August	28
September	40	September	29
October	53	October	30
November	52	November	57
December	41	December	19
total for 2017	477	Total for 2017	316

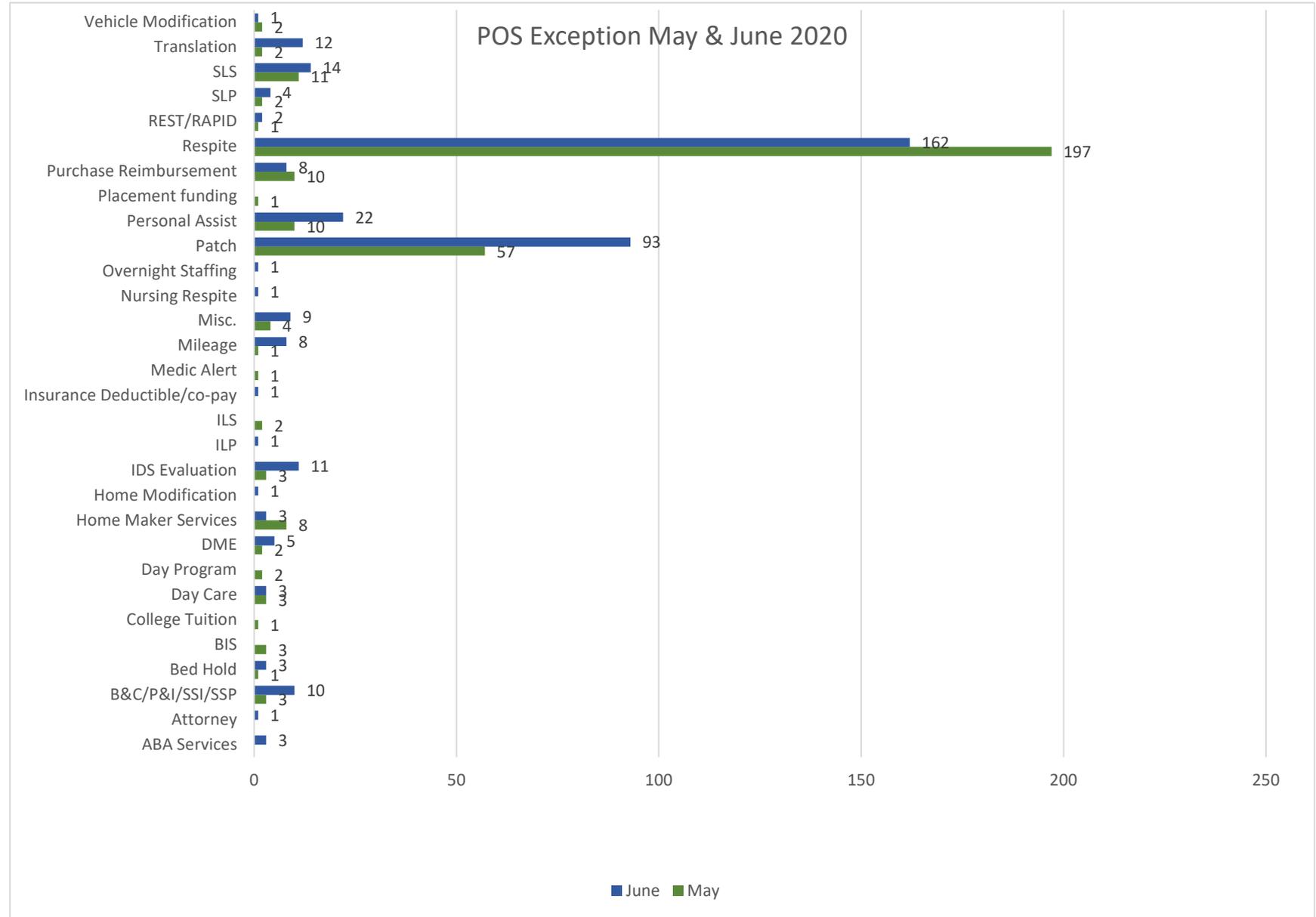
2018			
Files Received		Files sent out	
January	53	January	37
February	33	February	20
March	28	March	24
April	36	April	31
May	32	May	32
June	39	June	28
July	39	July	23
August	51	August	35
September	41	September	22
October	43	October	23
November	37	November	30
December	33	December	18
total for 2018	465	Total for 2018	323

2019			
Files Received		Files sent out	
January	33	January	32
February	31	February	37
March	36	March	33
April	49	April	21
May	33	May	26
June	25	June	26
July	33	July	38
August	42	August	25
September	39	September	38
October	41	October	32
November	28	November	15
December	26	December	23
total for 2019	416	Total for 2019	346

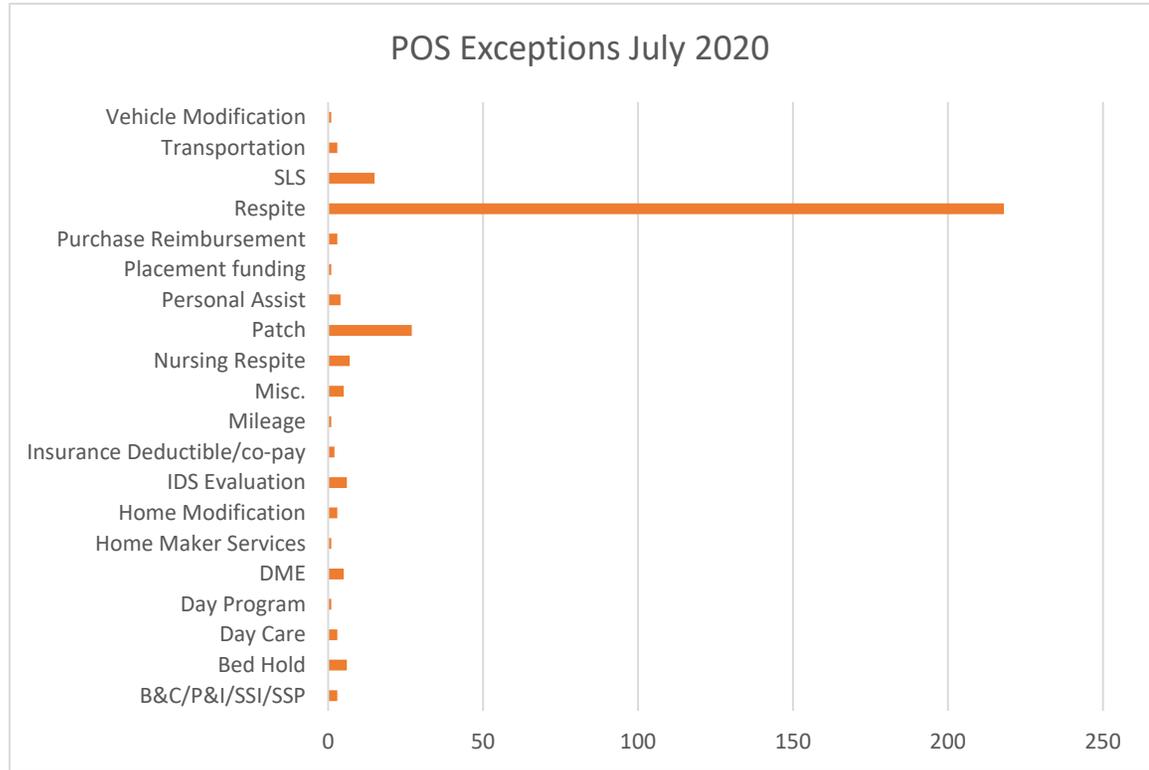
2020			
Files Received		Files sent out	
January	36	January	28
February	43	February	29
March	32	March	25
April	30	April	23
May	15	May	14
June	42	June	21
July	32	July	23
August	25	August	17
September		September	
October		October	
November		November	
December		December	
total for 2019	255	Total for 2019	180

POS Exceptions 2019-2020

2019/2020	May	June
ABA Services		3
Attorney		1
B&C/P&I/SSI/SSP	3	10
Bed Hold	1	3
BIS	3	
College Tuition	1	
Day Care	3	3
Day Program	2	
DME	2	5
Home Maker Services	8	3
Home Modification		1
IDS Evaluation	3	11
ILP		1
ILS	2	
Insurance Deductible/co-pay		1
Medic Alert	1	
Mileage	1	8
Misc.	4	9
Nursing Respite		1
Overnight Staffing		1
Patch	57	93
Personal Assist	10	22
Placement funding	1	
Purchase Reimbursement	10	8
Respite	197	162
REST/RAPID	1	2
SLP	2	4
SLS	11	14
Translation	2	12
Vehicle Modification	2	1
TOTAL POS	327	379
Approved	326	376
Deferred	0	1
Denied	1	2

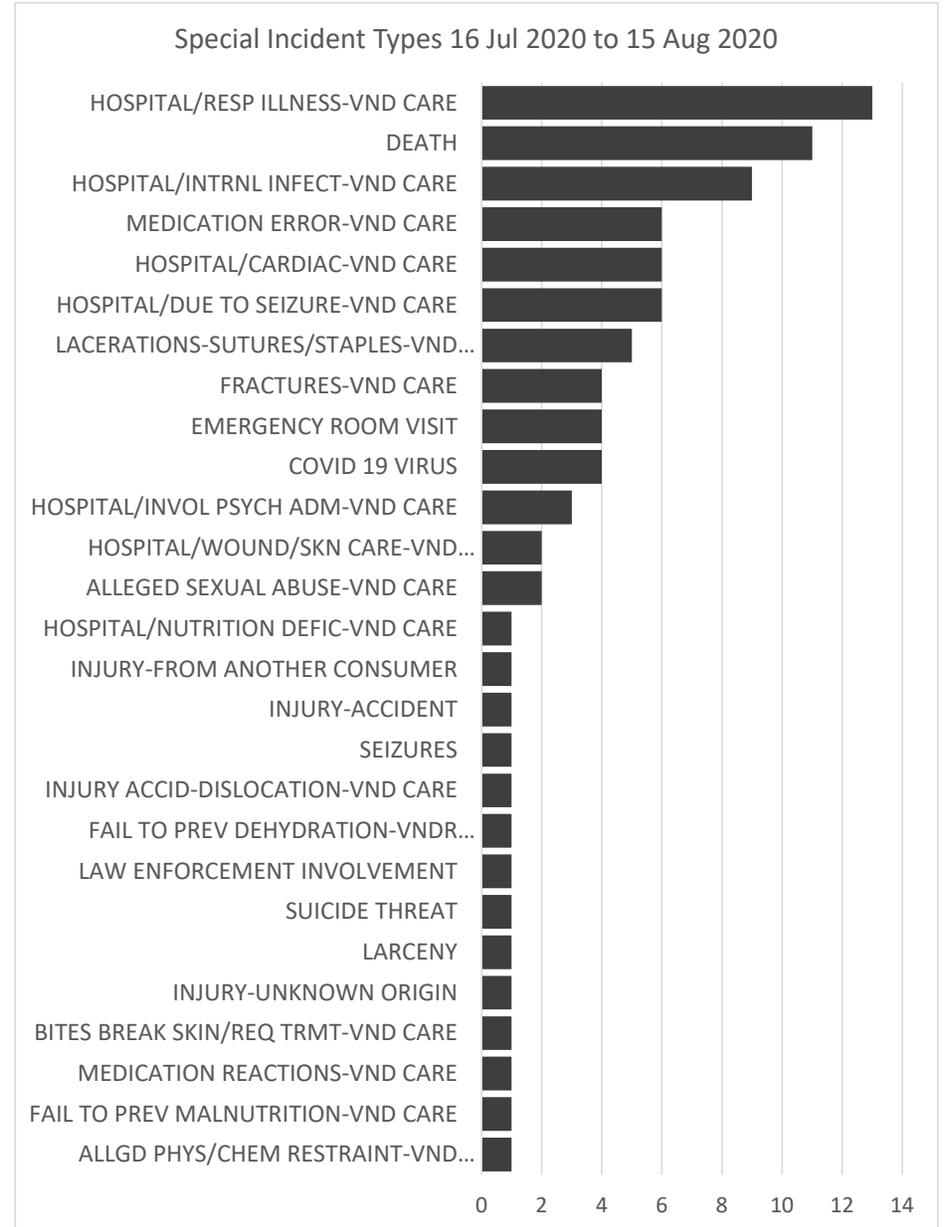


POS Exceptions 2020-2021	
2019/2020	Jul
B&C/P&I/SSI/SSP	3
Bed Hold	6
Day Care	3
Day Program	1
DME	5
Home Maker Services	1
Home Modification	3
IDS Evaluation	6
Insurance Deductible/co-pay	2
Mileage	1
Misc.	5
Nursing Respite	7
Patch	27
Personal Assist	4
Placement funding	1
Purchase Reimbursement	3
Respite	218
SLS	15
Transportation	3
Vehicle Modification	1
TOTAL POS	315
Approved	315
Deferred	0
Denied	0



16 Jul 2020 to 15 Aug 2020 Incident Report Consumer Count: 71

Special Incident Types	Count	Percent
HOSPITAL/RESP ILLNESS-VND CARE	13	14.6%
DEATH	11	12.4%
HOSPITAL/INTRNL INFECT-VND CARE	9	10.1%
HOSPITAL/DUE TO SEIZURE-VND CARE	6	6.7%
HOSPITAL/CARDIAC-VND CARE	6	6.7%
MEDICATION ERROR-VND CARE	6	6.7%
LACERATIONS-SUTURES-STAPLES-VND CR	5	5.6%
COVID 19 VIRUS	4	4.5%
EMERGENCY ROOM VISIT	4	4.5%
FRACTURES-VND CARE	4	4.5%
HOSPITAL/INVOL PSYCH ADM-VND CARE	3	3.4%
ALLEGED SEXUAL ABUSE-VND CARE	2	2.2%
HOSPITAL/WOUND/SKN CARE-VND CARE	2	2.2%
ALLGD PHYS/CHEM RESTRAINT-VND CARE	1	1.1%
FAIL TO PREV MALNUTRITION-VND CARE	1	1.1%
MEDICATION REACTIONS-VND CARE	1	1.1%
BITES BREAK SKIN/REQ TRMT-VND CARE	1	1.1%
INJURY-UNKNOWN ORIGIN	1	1.1%
LARCENY	1	1.1%
SUICIDE THREAT	1	1.1%
LAW ENFORCEMENT INVOLVEMENT	1	1.1%
FAIL TO PREV DEHYDRATION-VNDR CARE	1	1.1%
INJURY ACCID-DISLOCATION-VND CARE	1	1.1%
SEIZURES	1	1.1%
INJURY-ACCIDENT	1	1.1%
INJURY-FROM ANOTHER CONSUMER	1	1.1%
HOSPITAL/NUTRITION DEFIC-VND CARE	1	1.1%
Grand Total	89	



Valley Mountain Regional Center
2019-2020 Fair Hearing Data

Consumer Information			Fair Hearing Information			Resolution/Withdrawal Information					State Level FH Outcome
Age at the Time of Fair Hearing	Ethnicity	Primary Language	Date RC Received Fair Hearing	Fair Hearing Issue	Date of Resolution or Withdrawal	Resolved in Informal Mtg	Resolved in Mediation	Other Reason for Withdrawal	Outcome	Other Explanation	
6	Hispanic	English	3/14/2019	Other	11/19/2019	yes			Ineligible	service request denied	
11	Other	English	4/9/2019	Transportation	7/11/2019		Yes		Service Fully Funded		
3	Other	English	4/23/2019	Eligibility	7/15/2019						Dismissed
8	Other	English	5/1/2019	Eligibility	8/27/2019						Dismissed
3	White	English	5/14/2019	Eligibility	8/5/2019	Yes			Other	Parent withdrew without prejudice	
22	Hispanic	English	5/21/2019	Eligibility	9/3/2019	Yes			Other	Parent withdrew	
33	Hispanic	English	5/20/2019	Transportation	8/1/2019		Yes		Service Fully Funded		
3	Asian	Other Asian	5/24/2019	Eligibility	1/23/2020	Yes			Other	Parent withdrew	
14	Black/African American	English	5/19/2019	Eligibility	7/31/2019	Yes			Eligible		
48	White	English	6/7/2019	Transportation	7/23/2019	Yes			Eligible		
10	Black/African American	English	6/3/2019	Eligibility	12/20/2019	yes			Eligible		
18	Hispanic	Spanish	6/10/2019	Transportation	7/12/2019		yes		Service Fully Funded		
35	White	English	6/2/2019	Transportation	7/11/2019		yes		Service Fully Funded		
12	Hispanic	English	6/28/2019	Transportation	7/19/2019		yes		Service Fully Funded		
9	White	English	6/18/2019	Behavioral Services	8/5/2019	yes			Service Fully Funded		
11	Hispanic	Spanish	6/26/2019	Therapy	7/18/2019	yes			Service Fully Funded		
6	Asian	Arabic	6/25/2019	Other	8/9/2019		yes		Service Fully Funded		
7	White	English	6/28/2019	Eligibility	10/21/2019	yes			Other	Consumer passed away	
3	White	English	7/18/2019	Eligibility					Pending		
21	White	English	7/7/2019	Day Program	9/5/2019		yes		Service Fully Funded		
13	Hispanic	Spanish	7/25/2019	Social Recreation	9/13/2019		yes		Service Fully Funded		
13	Hispanic	Spanish	8/5/2019	Respite	9/13/2019		yes		Service Fully Funded		
24	White	English	7/29/2019	Transportation	10/25/2019	yes			Service Fully Funded		
13	Hispanic	Spanish	7/23/2019	Other	9/13/2019		yes		Other	referred to OCRA/DRC for legal advocacy	
3	Other	English	8/16/2019	Eligibility	2/27/2020	yes			Ineligible		
13	Hispanic	Spanish	8/28/2019	Other	10/25/2019						denied
9	Hispanic	Spanish	8/20/2019	Transportation	9/3/2019		yes		Service Fully Funded		
22	White	English	8/28/2019	Transportation	9/26/2019	yes			Service Fully Funded		
10	Other	English	8/30/2019	Eligibility	11/20/2019	yes			Eligible		
21	Asian	Vietnamese	9/3/2019	Transportation	10/15/2019	yes			Service Fully Funded		
18	Hispanic	Spanish	10/15/2019	HCBS Waiver	11/6/2019						Dismissed
12	White	English	10/21/2019	Eligibility	12/3/2019	yes			Eligible		
25	White	English	10/30/2019	Other	12/12/2019	yes			Service Fully Funded		
27	Hispanic	English	11/18/2019	Other	3/17/2020			Claimant Withdrew	Other	no hearing held	
13	Hispanic	Spanish	11/21/2019	Social Recreation	2/5/2020						Granted
22	Hispanic	English	11/26/2019	Eligibility	3/24/2020	yes			Ineligible		
7	Hispanic	Spanish	12/5/2019	Other	1/23/2020						
5	Hispanic	Spanish	12/16/2019	Social Recreation	2/7/2020						
12	Hispanic	Spanish	12/16/2019	Social Recreation	2/13/2020			Claimant Withdrew	Other	no hearing held	
12	Hispanic	Spanish	12/16/2019	Social Recreation	1/23/2020			Claimant Withdrew	Other	no hearing held	
3	Hispanic	Spanish	12/20/2019	Other	6/2/2020			Claimant Withdrew	Other	services denied at Informal; state level not held as parent withdrew without prejudice	
3	Black/African American	English	1/13/2020	Eligibility	2/20/2020	yes			Other	Parent withdrew without prejudice	
3	Hispanic	English	1/21/2020	Eligibility	2/18/2020	yes			Ineligible		
14	Other	English	2/3/2020	Eligibility	5/26/2020			Claimant Withdrew	Other	eligibility denied at informal; parent withdrew before state level hearing	
4	White	English	1/29/2020	Eligibility	2/10/2020	yes			Ineligible	informal meeting not held; parent encouraged to call intake and request a re-evaluation	
7	White	English	2/4/2020	Other	2/12/2020	yes			Service Partially Funded		
25	White	English	2/20/2020	Transportation	3/6/2020	yes			Service Partially Funded		
11	Black/African American	English	2/27/2020	Assessment	3/5/2020	yes			Service Partially Funded		
20	Hispanic	English	2/27/2020	Eligibility					Pending as of 6/30/2020		Pending
8	Hispanic	English	3/16/2019	Eligibility	3/23/2020	yes			Other	incorrect information given to OAH	
8	Hispanic	English	3/16/2020	Eligibility	4/13/2020	yes			Other	prejudice	
3	Other	English	3/20/2020	HCBS Waiver	5/19/2020	yes			Service Partially Funded		
4	Hispanic	Spanish	4/20/2020	Transportation					Pending as of 6/30/2020		Pending
29	Other	English	4/27/2020	Eligibility					Pending as of 6/30/2020		Pending
4	Hispanic	Spanish	4/29/2020	Therapy					Pending as of 6/30/2020		Pending
5	Asian	English	4/30/2020	Behavioral Services	5/29/2020	yes			Service Fully Funded		
58	Other	English	5/20/2020	Eligibility	5/27/2020	yes			Other	withdrawal without prejudice	
4	Hispanic	English	6/4/2020	Behavioral Services	6/19/2020	yes			Service Fully Funded		
4	Asian	Cantonese Chinese	6/8/2020	Behavioral Services	6/22/2020	yes			Service Fully Funded		

Service Standard

Personal Assistance

Draft

Personal Assistance is the coordination of support, care and supervision in the person's home and/or a variety of settings to enable or maintain integration in the community. Personal Assistance focuses on keeping individuals safe while providing direct support in a variety of settings, including work, appointments, community activities, and in their own home. The goal is to assist with the safety and supervision of individuals at home and in the community to encourage choice, inclusion, and independence.

Valley Mountain Regional Center (VMRC) recognizes that some consumers require additional support for medical and/or daily living skills in order to participate in age appropriate and community based activities. When natural supports and/or generic resources are insufficient to minimize the risks to the health and safety of a consumer, VMRC may provide personal assistance. Personal assistance is typically provided to individuals in order to help them perform tasks that someone could accomplish if he or she did not have a disability. This can include personal care, daily living skills, attending appointments, medication reminders, household activities, support, and supervision. The Planning Team, having utilized all available generic resources and current services and supports, including natural supports, determines the amount of personal assistance hours needed. Hours are based on the needs of the individual identified in the Individual Program Plan process, utilizing the Consumer Services Assessment Tool. These may be services provided in the home, post-secondary school, work and in community activities.

Personal Assistance service is normally geared toward individuals 12 years of age and older. If the Planning Team determines a need for an individual younger in age, and criteria is met through completion of the Checklist and Assessment, the request will be forwarded to the POS Exception Committee.

The person providing the service must be at least 18 years of age and cannot be the consumer's spouse or parent.

Consideration for Personal Assistance shall be based on the following:

- The need is identified and described by the Planning Team and identified as a combination of caregiving and support as opposed to training.
- Documentation exists pertaining to family/extended family availability to provide natural supports.
- Generic resources are identified and are in place (i.e. IHSS, Nursing Waivers, EPSDT, and Disability Student Services).
- The service is necessary to maintain residency in the community.
- The critical needs to be met by the assistance of attendants shall be clearly identified. VMRC places a high priority upon preserving the dignity of independence and promoting least restrictive alternatives. The concept of lowest level of care necessary shall guide the frequency, duration and intensity of the service provided.
- These services shall not duplicate those already being purchased by VMRC or other public entities.

- If parents are unable to provide care due to disability or illness.
- If parents are sleeping due to job responsibilities or they are caring for other family members who have significant needs.

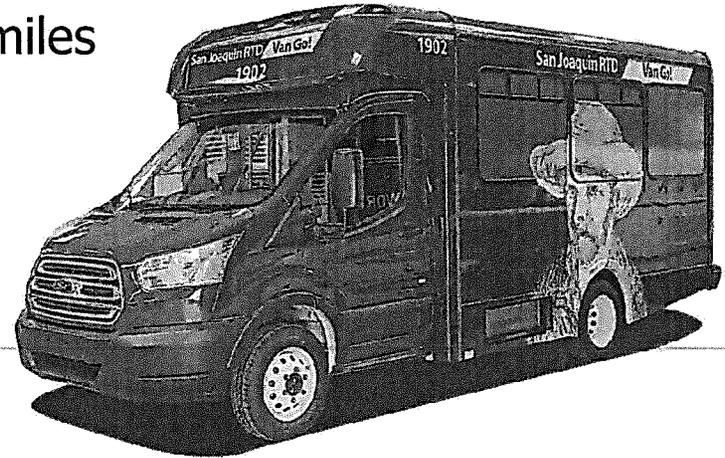
As part of the IPP process, the Planning Team may make exceptions to VMRC's considerations/guidelines. Exceptions may include, but are not limited to:

- A family whose financial resources indicate that they are living at poverty level (e.g. Public Assistance programs – TANF and Food Stamps recipients).
- Situations that will result in maintaining a child in the family home and prevent either the CPS removal or voluntary placement of a child in out-of-home care.
- Situations involving the need for extended summer and other periods when school is not in session may be reviewed on an individual basis. This exception does not include typical family/federal holidays.
- Situations where parent's employment is inconsistent and/or does not lend itself to a routine setting which would meet a child's care needs (i.e. swing shifts requiring off hours, an unemployed parent seeking employment/job interviews).

DRAFT

Van GO! Service Redesign – August 16

- Mileage-based fare to compliment service design and trip length.
- Mileage-based fare structure:
 - \$4.00 one-way base fare for first-five miles
 - \$.50 per mile after 5th mile
- Example: 22 mile one-way trip from Stockton to Lockeford:
 - \$4.00 base fare for first-five miles
 - \$8.50 = 17 miles @ \$.50 per miles
 - \$12.50 = Cost for Trip

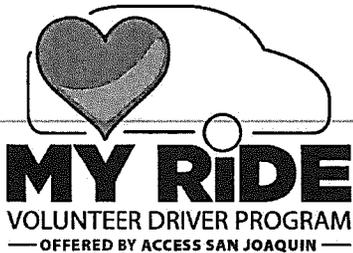


My-Ride Volunteer Driver Program/ Offered Through Access San Joaquin



My-Ride Service Option for ADA-Certified Passengers

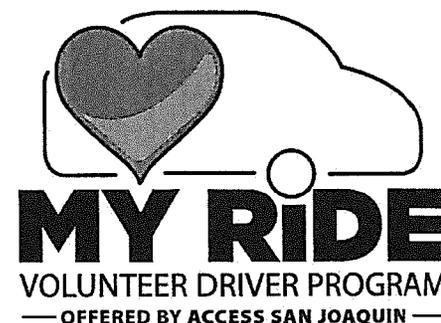
- My-Ride is offered through Access San Joaquin; used to be called VIP (Volunteer Incentive Program)
- How does My-Ride Volunteer Driver Program Work?
 - ADA-certified passengers are automatically eligible for My-Ride
 - ADA-certified passengers receive My-Ride information packet via mail as part of the ADA-certification process
 - To enroll in the program ADA-certified passengers and their driver must complete a waiver which comes in their packet
 - ADA-certified passengers recruit their own driver
 - Driver transports rider in their personal vehicle
 - ADA-certified passenger tracks and record mileage for each trip
 - Rider submits mileage reimbursement from each month
 - Driver receives mileage reimbursement of \$0.50 per mile
 - Passengers are able to travel anywhere in the County using My-Ride



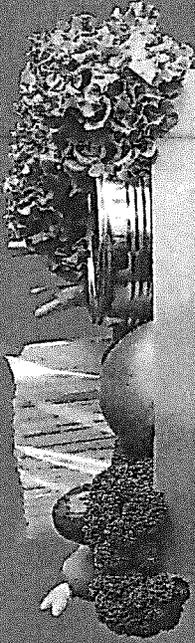
DRIVEN BY PRIDE

My-Ride Volunteer Driver Program/ Offered Through Access San Joaquin – August 16

- Why My-Ride?
 - Riders can travel anywhere in San Joaquin County
 - Riders use a driver they know and trust
 - No advanced reservation required
 - Trip is free for the passenger
 - Driver earns money for providing the trip
 - My-Ride is a mobility option; ADA certified passengers can still use RTD's DAR service



Calaveras Connect Now Offers Free Grocery Delivery Service

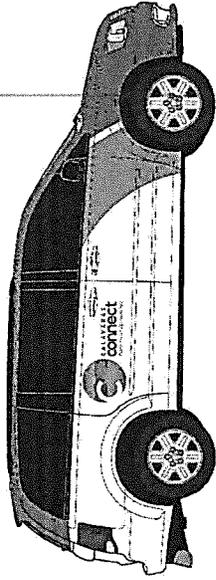


Calaveras Connect is now offering **FREE** curbside pick-up and Delivery from your local grocery store!

This service is currently available in Valley Springs, Angels Camp, San Andreas, Mokelumne Hill and Mountain Ranch with delivery available within one mile of our regular bus routes.

How does it work?

- Place your order and pay directly to the store, and you will receive a date and time for pick up.
- Call our Customer Service office at 209-754-4450 to schedule your delivery between 10am and 3pm.



Participating Stores:

Valley Springs
Mar-Val Grocery 772-2393

Angels Camp
Save Mart 736-4519
Angels Food Market 736-4243

San Andreas
Treats 754-3501

Mokelumne Hill
Moke Hill Market 286-8005

Mountain Ranch
Sender's Market 754-1074

For details or questions, please call Calaveras Connect
Customer Service at 209-754-4450.



209-754-4450
CalaverasConnect.org

Days of Operations

The **MAX Stockton Commuter Express** is a Monday through Friday service that provides travel to the San Joaquin Regional Transit District (SJRTD) Stockton Downtown Transit Center which provides Commuter Service to Sacramento.

Rules of the Bus System

- Passengers must exit at the Transit Center.
- No smoking allowed on the bus.
- No eating or drinking on the bus. All food and drinks must be in completely sealed containers. Beverages must have screw-on lids. No drinks with straws allowed.
- No animals allowed, except in carriers that can be placed outside of aisle or service animals (guide dogs, etc.).
- Shirts and shoes must be worn on the bus. Roller blades may not be worn.
- Profanity (swearing/cursing) is not allowed.
- No sound equipment may be played on the bus unless sound cannot be heard by other passengers.
- No weapons of any kind, or flammable liquids.
- No boisterous or unruly behavior allowed.
- Misuse of passes or tickets with the intent to evade fare payment is illegal.
- Expectorating (spitting) on system facilities or vehicles is illegal.
- No littering in or on buses, or at bus stops.
- No talking to the driver while bus is moving.
- All seats are on a first come, first served basis. No seat reservations accepted.
- MAX cannot guarantee seat availability.

Violation of rules may result in driver not permitting passenger to board the bus, a \$250 fine, and/or suspension of service according to the Passenger Conduct Policy available on the website or at the MAX office.

Fares

One-way.....	\$5.00
Round Trip.....	\$7.00
• Cash only. Exact change required. Drivers carry no change.	

Children 4 and under only when accompanied by a parent or legal guardian	Free
20 Ride Ticket.....	\$70.00

Passes:

31 Day Pass.....	\$100.00
7 Day Pass.....	\$25.00

- Can be purchased at City of Modesto, Finance Department, 1010 10th St., Suite 2100 (corner of 10th & J - 2nd Floor).
- Can be purchased at MAX Office, 1001 9th St. (Downtown Transit Center)
- Can be purchased by fax or mail.

Modesto myStop

Modesto myStop puts real-time MAX bus information, trip planning, and mobile payments in your hands. Search "ModestomyStop" on the App Store or Google Play Store to download the mobile app for free.

Use Modesto myStop for:



- Planning trips.
- Locating bus stops.
- Setting up service alerts.
- Real-time tracking.
- Buying and storing bus passes on mobile devices.
- Seeing the number of people on a bus.

No Smart phone? No problem! Subscribe to myStop on a computer at max.availtec.com/InfoPoint.

MAX STOCKTON COMMUTER EXPRESS

Service from Modesto to the San Joaquin Regional Transit District (SJRTD) Stockton Downtown Transit Center

(209) 521-1274

www.ModestoAreaExpress.com



Outbound			
Modesto Transit Center	Mall Park & Ride	Manteca Transit Center	Stockton Downtown Transit Center
A	B	C	D
6:30	6:42	7:03	7:30
10:30	10:42	11:03	11:30
5:00	5:15	5:37	6:00
PM Times shown in BOLD			

Inbound			
Stockton Downtown Transit Center	Manteca Transit Center	Mall Park & Ride	Modesto Transit Center
D	C	B	A
7:30	7:53	8:15	8:29
11:30	11:53	12:15	12:29
6:00	6:29	7:01	7:20
PM Times shown in BOLD			

Stay connected

For up-to-date transit advice, route information, and tips for using MAX to travel to Modesto events and destinations.

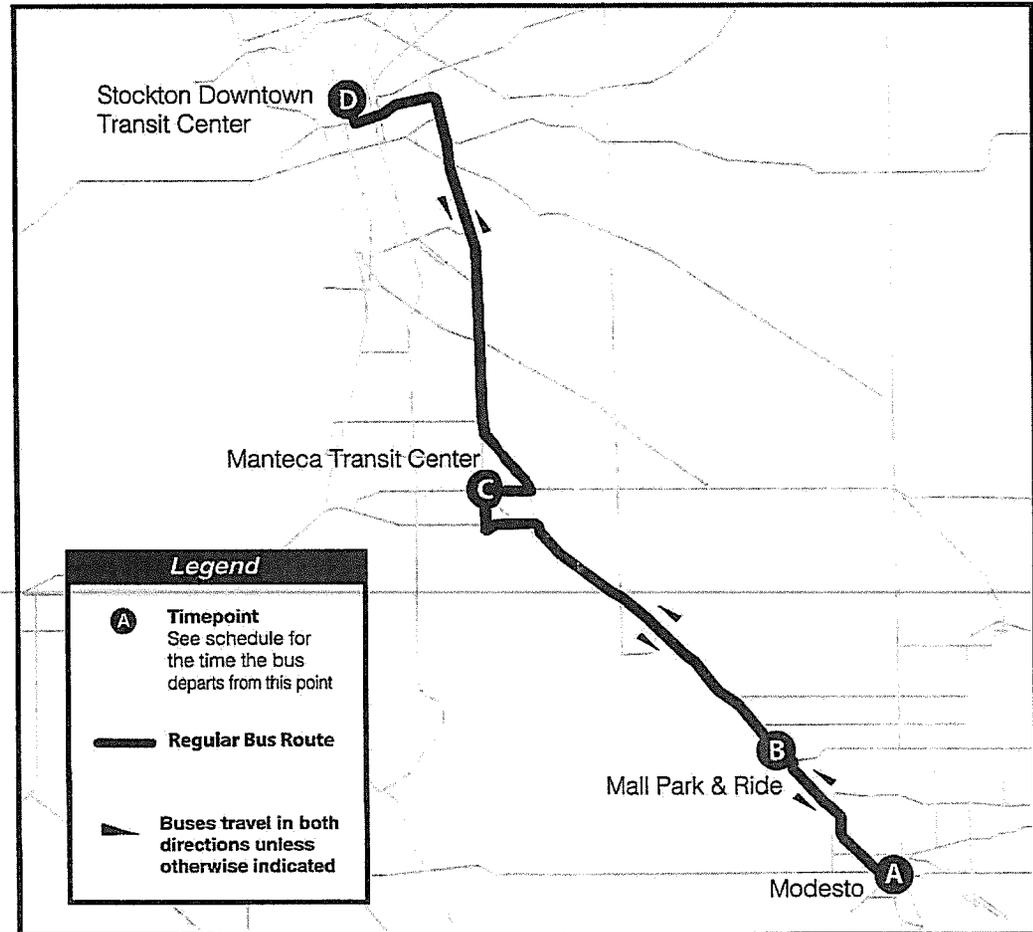
Visit online at

www.ModestoAreaExpress.com



@themaxbus Modesto Area Express – MAX @TheMaxBus

The **MAX Stockton Commuter Express** provides two morning trips and one evening trip from Modesto to Stockton with stops at the Vintage Faire Mall Park & Ride and Manteca Transit Center. Service is also available for trips from RTD Stockton Downtown Transit Center to Modesto Transit Center with two morning trips and one return service in the evening. SJRTD Commuter Service from Stockton to Sacramento is provided Monday through Friday. For more information about SJRTD connections, visit sanjoaquinrtd.com.





TRACER Plus **ON-DEMAND BUS SERVICE**

Effective August 23, 2020

TRACER Plus is City of Tracy's on-demand, curb-to-curb*, shared ride service for general public, provided within Tracy city limits. TRACER Plus vehicles are safe and accessible (can transport wheelchairs). Drivers are professionally trained and ready to help.

- Curb-to-Curb Service, means a service that picks up and delivers passengers at the street curb or roadside of the origin to street curb of the destination, as distinguished from door-to-door service (TRACER Paratransit Service).

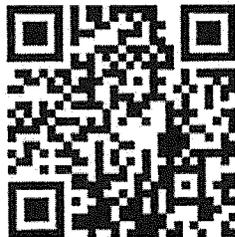
SCHEDULING YOUR TRIP

Schedule trips by calling TRACER

Call (209) 831-4BUS (4287), TRACER Staff will assist you with planning your trip
OR

Schedule trips using TransLoc App

Scan the QR code to download the TransLoc app from the google play store or apple store.



SERVICE HOURS: Saturdays 5AM-9AM & 6PM-12AM and Sundays from 8AM-10PM

FARE: \$2, up to 2 people, regardless of age can ride (13 to ride unaccompanied)

INFORMATION CALL (209) 831-4BUS (4287)

Think Inside the Triangle™