

**VALLEY MOUNTAIN REGIONAL CENTER
MINUTES OF CONSUMER SERVICES COMMITTEE MEETING
Monday, March 1, 2021**

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PRESENT: **Committee Members:** Dena Pfeifer, Chair; Lori Smith, Dena’s Facilitator; Crystal Enyeart; Daime Hoornaert
VMRC: Brian Bennett; Christine Couch; Cindy Mix; Cindy Strawderman; Claire Lazaro; Douglas Bonnet; Olivia Held; Robert Fernandez; Tara Sisemore-Hester; Tony Anderson
Guests: Irene Hernandez, translating; Lisa Culley FRN; Dena Hernandez, SCDD

ABSENT: Mohamad Rashid; Linda Collins

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

1.0 PUBLIC COMMENT

No public comment

2.0 REVIEW OF MINUTES

M/S/C (Enyeart/Hoornaert): Approve the minutes of February 1, 2021 as written.

3.0 SAC6 UPDATE

Crystal Enyeart shared the following:

- February 3rd Sac 6 members meet and worked together on the “End of Life Training.”
- On February 5th Sac 6 had our Friday Zoom Chat / Area meeting. This Zoom Chat topic was “Meeting the Sac 6 Leadership Team”. Each of the Sac 6 members introduced themselves and shared a little bit about their roll and what some of their responsibilities are with being a Sac 6 Council member.
- February 12th Friday Zoom Chat was collaborated with PCS of Stockton and it was a Valentines dance. Individuals wore red and pink and danced.
- February 18th Sac 6 members Jessica and Dena #1 meet with Supported Life Planning Team and discussed this year’s conference.
- February 19th Friday Zoom Chat topic was about CHOICES Conference and what this year’s Conference is going to be like.
- Sac 6 Chairperson Catrina Castro applied to be on the DDS CAC Committee to represent Sac 6. She was chosen to be our representative on the DDS CAC Committee.

Upcoming meetings:

- February 26th Zoom Topic is going to be on American Red Cross Training. We can have 70 individuals on the training who will receive an Emergency preparedness backpack for attending the training.
- Our monthly leadership Meeting is scheduled for February 25 with Tony Anderson.
- Our next Sac 6 Board meeting is March 14, 2021 which will be done via zoom.
- We are in the process of working out our March Friday Zoom Chat Topics make sure to check out the VMRC website for Zoom links.

4.0 **CLASP UPDATE**

Daime Hoornaert shared the following:

- Our current paid member ship is 85. It is continuing to grow.
- On our last meeting we had a presentation from R&D Transportation. They are a broker that will be coordinating transportation services for the Regional Center
- We voted and approve the 2021 holiday schedule for day program and transportation. We were asked to maybe start looking to make the calendar on the fiscal year holiday schedule in place of the actual year. Debbie Beyette suggested it as it helps with the fiscal department.
- The Residential Service Provider Group are having the same issues. Many homes continue to need staff. They are starting to receive staff and resident vaccinations but are reporting that staff are really not buying into the vaccine. So, they are up in the air with that.
- VMRC continues to have their weekly Friday meetings
- The Day Program network continue to discuss the latest DDS directives and any Community Care Licensing pins. They share updates on what programs are doing.
- The next meeting, they are going to look at the clinical team to talk about how the vaccine access will assist with opening programs.
- Our next meeting will be March 22nd at 10:00 am.

5.0 **PRESENTATION:**

Olivia Held, VMRC Education Specialist provided a presentation on **EDUCATION SERVICES OVERVIEW & UPDATE**

6.0 **CLINICAL**

Claire Lazaro Shared the following:

- Continues to do our COVID-19 TESTING. February was at Stockton office. Very few at Modesto office
 - February 5th - 32 tested - all negative
 - February 19th - 29 tested - 4 were positive, the rest negative
 - February 26th - 20 tested - all negative

- Plan to do it once a month due to high no show rate and few registrants
- Presented at CSU for a lecture on Autism. Shared information on what VMRC does and what is CAPTAIN.
- Finished the Planning for the Strategic Planning on Consumer Health Focus Group. Will await when Kinetic Flow - Ami - will be done with the document and present it to the board. Then we will schedule follow up meeting to start putting the plan into action.
- Presented the Remote Oral Health Support Project at the CAPTAIN Cadre meeting and showed our testing site to them.
- The Remote Oral Health Support Project is still in progress, working on Karissa training on the Teledentix intra oral camera. Then working on having a dentist be vendorized. And when the care homes are not that busy with vaccine clinics, will start contacting them again to see if they are interested to participated in the pilot project.
- We had the last part of the Coalition for Compassionate Care of California (CCCC) Let's Talk Workshop Training done virtually via Zoom on February 23 and 24th.
- End-of-Life Training Webinar to staff - collaboration with Self-Advocacy Council 6, Family Resource Network, SCDD North Valley Hills Office and VMRC on March 24th, 2021 at 1 pm. To help support our consumers until their last day of living.
- Updated the Quarantine/isolation guide for care homes. To reflect the latest CDC guidelines on quarantine as well as CCL PINs on infection control, mitigation measures, isolation, quarantine.
- CDC National Forum on COVID-19 Vaccine:
 - Basically, what I learned is that they are addressing the 3 C's of Vaccination: Complacency, Convenience and Confidence. A lot of focus on building trust in the community. They will listen to those people that they trust, community leaders, faith-based organization leaders. Have stories of those individuals locally and the community know about their experience in vaccination. Respect where the person is in their journey to vaccination because some of them had experience mistrust due to the stories from the Tuskegee trial on syphilis long time ago. And their skepticism stems from that. Build and strengthen relationships with the community leaders, use technology (low and high tech) to reach people. Identify the barriers to getting the vaccine and address them. Utilize data in the process. Combat misinformation and disinformation with honest and transparent information, science, and facts. Be humble in the dialogues and discussions with community leaders. The federal government is hoping to send mobile clinics and pop-up clinics, support through FEMA, and 300 million vaccines by fall.
- Shared information in Health Advisory on how to get the vaccines. Remember that the Provider Bulletin from CDPH regarding March 15th is something that they are saying approved for distribution to the group they mentioned on that date. But it doesn't mean that the local county public health offices are ready to give vaccines to that group on March 15th. You will have to check with your local county public health offices. Also check your PCPs, they might be offering vaccines by that time. A lot of the doctors' offices are counting on the J&J vaccine because of the easy storage - only needs refrigeration.

- A lot of questions before as to when our consumers living independently or with their families will get vaccinated. Based on the Provider Bulletin from CDPH, it looks like they have included our consumers in Phase 1b.
- I would like to share the information from DREDF - Disability Rights Education and Defense Fund
 - **What adverse outcomes are listed for the High-Risk Disability Group?**
 - These are the adverse outcomes listed in the February 12, 2021 provider bulletin:
 - The individual is likely to develop severe life-threatening illness or death from COVID-19 infection
 - Acquiring COVID-19 will limit the individual's ability to receive ongoing care or services vital to their well-being and survival
 - Providing adequate and timely COVID care will be particularly challenging as a result of the individual's disability
 - **What are some examples of people with "developmental or other severe high-risk disability" who are "likely to develop severe life-threatening illness or death from COVID-19 infection"?**
 - The CDPH has not given any guidance yet on what this means. Based on what we know so far, we think that the following people may fall into this description:
 - People with developmental or intellectual disabilities.
 - Developmental disabilities include autism, cerebral palsy, muscular dystrophy, spina bifida, and additional disabilities acquired before age 22
 - People with schizophrenia.
 - People receiving Regional Center services.
 - People receiving In-Home Supportive Services.
 - People receiving other kinds of Home- and Community-Based Services.
 - Disabled people who rely on paid or unpaid in-home caregiving.
 - A person with a significant disability that places them at high risk for life-threatening outcomes or death from COVID-19, even if the disability is not specifically listed anywhere or studied yet.
 - A person with multiple pre-existing conditions that in combination put them at high risk for life-threatening outcomes or death from COVID-19. These might include conditions analyzed in the Fair Report, and less severe cases of the conditions listed for the Health Conditions Group.
 - **What are some examples of people with "developmental or other severe high-risk disability" for whom "acquiring COVID-19 will limit the individual's ability to receive ongoing care or services vital to their well-being and survival"?**
 - The CDPH has not given any guidance yet on what this means. Based on what we know so far, we think that the following situations may fall into this

description (which overlap with one another and with categories discussed previously):

- A disabled person relies upon in-home care providers to live in their community if the disabled person acquires COVID, these providers will not enter the home.
- A disabled person relies upon public transit, taxis, rideshare, or a supporter's car to get to necessary medical tests or medical care if the disabled person acquires COVID, they will not be able to get transportation to access necessary care.
- A disabled person needs regular treatment from outpatient facilities (*e.g.*, aqua-therapy, radiation, physical therapy) to treat cancer, or to maintain current levels of functioning, or to alleviate chronic pain if the disabled person acquires COVID, their treatment will be postponed or cancelled.
- **What are some examples of people with “developmental or other severe high-risk disability” for whom “providing adequate and timely COVID care will be particularly challenging as a result of the individual’s disability”?**
 - The CDPH has not given any guidance yet on what this means. Based on what we know so far, we think that following situations may fall into this description (which overlap with one another and with categories discussed previously):
 - A disabled person has difficulty keeping a mask on their face due to I/DD if they needed COVID treatment in the hospital, they would have trouble keeping an oxygen mask on and maintaining their oxygen saturation.
 - A disabled person is nonverbal if they acquired COVID or needed COVID treatment, they would not be able to communicate about the onset of symptoms or the worsening of the disease.
 - A disabled person needs to be accompanied by a supporter in the hospital to access medical treatment if the disabled person needed COVID treatment, it would be difficult to get the supporter into the hospital and to keep supporter safe (because the disabled person has COVID), and the disabled person would have difficulty accessing effective treatment.
 - A disabled person relies upon a CPAP or BiPAP due to their disability if they needed COVID treatment, they would require a specialized negative-pressure unit so that they could continue to use their own CPAP or BiPAP. These units are not available in all hospitals.
 - Disabled people and higher weight people already face bias by physicians.[\[17\]](#) During COVID-19, this baseline reality has been exacerbated by the prospect that people with disabilities and higher weight people will be denied lifesaving care during spikes in hospitalizations under “crisis standards of care.” We believe that these barriers should be considered as part of why accessing COVID care would be particularly challenging for a disabled or higher weight person.
- **What kind of documentation will I need to show that I am in the Health Conditions Group or the High-Risk Disability Group for scheduling an appointment or receiving a vaccine?**

- The CDPH has not given any guidance on this yet, and practices may vary widely among counties, vaccine providers, and vaccine sites. [18] In some other states that have started vaccinating people younger than 65 with certain medical conditions, people are providing some kind of documentation or signing a certification. But we do not know yet how it will work in California. You may want to have “proof” ready just in case. This could include
 - Your personal statement about why you fit into one of the groups
 - A statement from a family member, household member, or supporter about why you fit into one of the groups
 - Medical records or insurance documents showing your medical status
 - A letter or form from your doctor stating your medical status
 - It is possible that healthcare providers or healthcare-related organizations and agencies will provide template letters or forms for patients who have one or more of the listed statuses
 - Documentation showing that you receive Regional Center services
 - A Notice of Action, timesheet, payroll statement, or other document showing that you receive In-Home Supportive Services
- But as of today, we do not know what will be required in different places or contexts.

If you are already a member or a regular consumer of a vaccine provider (e.g., Kaiser, Walgreens, Federally Qualified Health Center) that has your medical records, and the records establish that you have one of the listed health conditions, or that you fit into the high-risk disability group, you should check that the provider has access to your health records and explicitly ask if you need to bring additional documentation with you.

- From <<https://dredf.org/faq-covid-19-vaccines-and-californians-with-disabilities/>>
- Continuing on regular tasks of giving consents to consumers needing one, whether it is for COVID-19 VACCINE, or hospital procedures, or those critically ill, and following up with the positive consumers or exposed to COVID-19.

Tara Sisemore-Hester shared the following:

OFFICE	# ES CASES PROCESSED	# ES CASES PROCESSED	# MADE ELIGIBLE	% ELIGIBLE
ALL				
STOCKTON	108	81	71	88%
MODESTO	74	65	57	88%
SAN ANDREAS	<u>9</u>	<u>4</u>	<u>3</u>	<u>75%</u>
Total	191	150	131	87%

OFFICE	# 3+ CASES PROCESSED ALL	# 3+ CASES PROCESSED	# MADE ELIGIBLE	% ELIGIBIL
STOCKTON	31	31	24	77%
MODESTO	21	19	13	68%
SAN ANDREAS	<u>9</u>	<u>8</u>	<u>4</u>	<u>50%</u>
Total	61	58	41	74%

Tara also shared:

- We have done a lot of outreach for all of our offices. Our staff is incredibly busy, especially in the Stockton office. We are now looking to increase the numbers for Modesto. We do have an outreach committee to do trainings, we've been joining the Dept of Social Services, different groups, Medical professionals. Doing presentation especially in Early Start. We have been handing out our outreach flyers. So far it has paid off.
- Resource Development has assisted with bring in a new Early Start Comprehensive Program, a Durable Medical Equipment provider & a new Early Autism provider in the last month.

7.0 RESOURCE DEVELOPMENT

Robert Fernandez shared the following:

- We had our Residential Services orientation on February 18th. We had 19 providers attending whether they are brand new or existing providers developing residential options for consumers. This was thru Zoom.
- We have continued to have PPE distribution. So far it is going well with the online system. If the consumer can not do it themselves or have no internet access, they can have a friend, family member conservator or Service Coordinator assist them with this.
- We had 26 existing providers who submitted HCBS grant requests. We had set our deadline for Wednesday last week. We were required to review them and submit to DDS last Friday. We will not know who will receive the grants until DDS releases the information.

Brian Bennett shared the following:

- Our first Children's enhanced behavior support home was issued a license on Friday. We are waiting for DDS to certify the actual program design, which is the next step in the process. Then we can have a good look of moving residents into the home sometime in March.
- March is going to be a very busy Month. We have a lot of things happenings.
 - March 10th will be our first of 3 emergency disaster preparedness trainings. April 14th and then again May 12th. Notifications should be sent out this week for providers to sign up. We will have CCL, Office of Emergency Services, SAC6 & State Council.

- We will also resume the Special Report Trainings for vendors. Katina Richison will be providing this training to vendors with the QA liaisons. This is a shift in how this was done previously. March 24th & March 29th. Some tentative dates for training for staff in March as well. We will also have 2 training dates for Vendors in Aprils.
- Also, in March the QA team will resume annual reviews. We will start doing these remotely. We have one scheduled some time this week. We have some brave providers who are eager to get this process done. Because of the pandemic, we actually have a couple liaisons who have never done an annual review.
- We feel with these training, we will have fewer alerts

8.0 QUALITY ASSURANCE

8.1 **Alerts:** 1/16/21 – 2/15/21 there were 14 open alerts; 116 closed & 13 pending.

- We have been very busy. QA liaisons are continuing to be following up on these alerts during the pandemic. They are doing the investigations whether by zoom or in the homes.

9.0 CASE MANAGEMENT

Cindy Mix shared the following reports:

- Caseload Ratios:
 - Total Lanterman Consumers—13,534 minus 178 (Deflection) =13,356
 - Overall Agency Caseload Ratio—13,356 consumers divided by 164 Service Coordinators = **1:81**
 - *Self-Determination staff not calculated—13,356 minus 37 = 13,319 consumers divided by 161 SCs = **1:83***
- Transfer Status report as of February 18, 2021:
 - There has been a total of 40 consumer files received and 38 consumer files sent out
- POS Exception Report for January:
 - There were a total of 198 Purchases of Service Exceptions with Respite being the largest number at 97, followed by Patch at 24.
- SIR Report:
 - For the last month, Emergency Room Visits and COVID 19 virus topped the report at 33 each, followed by Medication Errors/Vendor Care & Death at 16 each.
- Fair Hearing Report: Christine Couch shared the following information:

Cindy Mix Also Shared the following information:

- Service Coordinators have been making contact with all consumers during the past month:
 - to see if they have any needs related to COVID
 - providing vaccination information to them and/or to obtain vaccine info from them for those 16 years of age and older.
 - documenting the date of vaccine, brand, adverse reactions, whether they decline, and if they need assistance, DDS receiving a monthly report of progress
 - providing letters to caregivers of eligible consumers to assist in them obtaining the vaccine
 - all SCs received an Excel spreadsheet with their caseload, talking points, vaccination information for the county they serve, and a T19 template to complete for the file
 - hired two previous staff members temporarily to assist with unfilled caseloads
 - equipping our vendors with vaccine information to distribute
 - need to make clear that VMRC is not administering the vaccine
- Fiscal audit exit meeting occurred on Friday, 2/26. Issues pertaining to TCM were rectified.
- Jessica Coronel has been promoted to Modesto Transition Manager and Sara Darby has been promoted to Program Manager of the Foster Grandparent/Sr. Companion program. We have backfilled 4 SCs and 2 OTs over the past month.
- The assigned Client Rights Advocate for VMRC's area has resigned and they hope to fill the position soon. For the time being, referrals are going to Sandra Graham in the OCRA office.
- Self-Determination Program now has 37 fully in the program with 36 in process. Upcoming orientations—Monday, 3/29, 1pm-4pm and Saturday, 4/3, 10am-1pm. PCT trainings in March are completely full.
- VMRC received funding through the CARES Act for technology and the Family Resource Network is assisting the regional center with PROJECT DATA (Digital and Technology Assistance), a program to provide consumers and families with access to equipment and internet services. Consideration given to VMRC consumers and those meeting income requirements. Contact FRN at 209-472-3674.
- A Cafecito will be held with CBO ICC and interested parents on 3/18 at 4pm to discuss issues and answer questions.
- OIG (Office of Inspector General) has been comparing our SIRs against MediCal billings. Starting in March, we will receive reports from DDS and will need to follow up with any necessary SIRs.
- A public meeting focusing on POS Disparities will be held via Zoom on 3/25 at 2pm. The meeting date was posted on the website today and a flyer will be posted on various social media sites.

REVIEW OF: Conference Service Standard

M/S/C (Pfeifer/Hornaert): Approval of the Conference Service Standard which will now go onto the board for further approval.

10.0 TRANSPORTATION

Brian Bennett shared the following:

- VMRC has been working with a transportation broker company called R&D Transportation Services since December. We have come to an agreement with them and executed their Transportation Services Brokerage contract on Friday. Still working on the final part of the vendorization, but they will be assuming all of our transportation support needs in terms of scheduling & routing. We are excited to have them on board. They did a great presentation at CLASP and will be giving a presentation to our board at the April meeting. They are in the process of scheduling meeting with all of our transportation providers to explain their roles. They will also meet with our care homes who provide transportation. Any medical transport services. Right now, Robert & I are still working with Service Coordinators on any transportation needs.

Robert Fernandez:

- With this transition in transportation, there will be questions that come up. We will do the best to answer them. There may be some hiccups, but we will get thru this.

11.0 NEXT MEETING

Monday, April 5, 2021, 4:00 p.m.

DIAL-IN NUMBER: 1-669-900-6833

Meeting ID: 912 6700 7341 – Passcode: 108771

The meeting was adjourned at 5:01 p.m.

Recorder: Cindy Strawderman