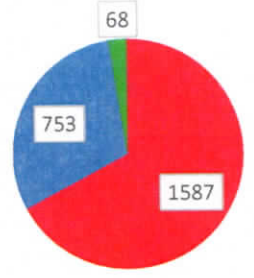


San Gabriel Pomona Regional Center COVID-19 Report Week of 1/17/2022

California COVID-19 Data Total Cases: 6,416,171 Positivity: 22.9% (Was 21.9%) Hospitalizations: 13,349 (ICU Beds Available: 1,513) Deaths: 76,940

SGPRC Total Covid-19 Cases 2020/2022

Living Situation
 Family: 618
 Res. Facility: 429
 ICF: 287
 SNF: 40
 ILS/SLS: 81
 Other: 24

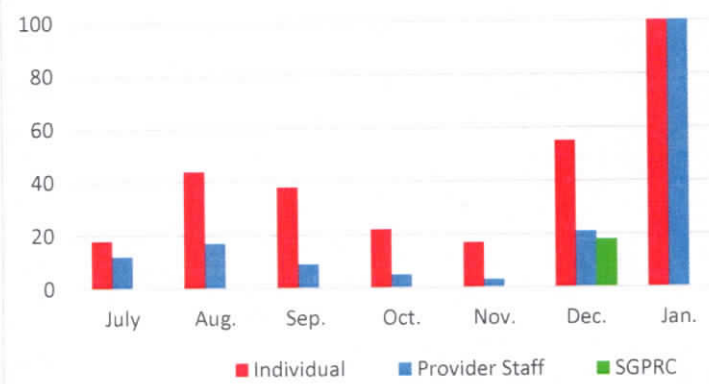


Age Range
 0-17: 251
 18-40: 521
 41-64: 455
 65+: 253

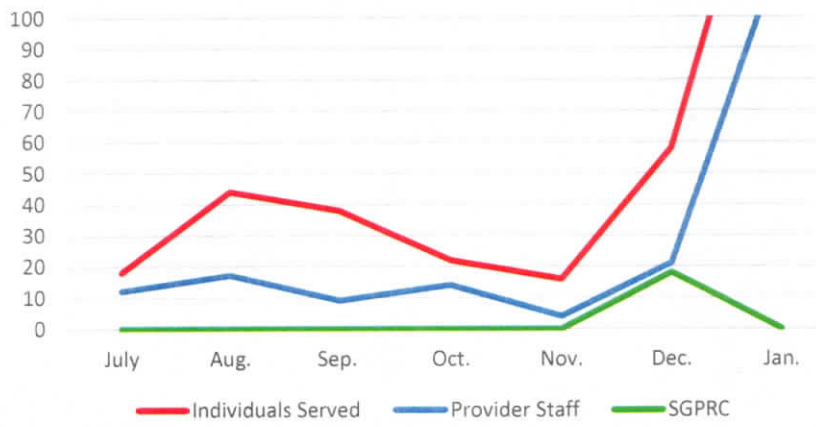
■ Individuals Served ■ Provider Staff ■ SGPRC

2 Week Total: 162

SGPRC Positive Covid-19 Cases 2021/2022



SGPRC Positive Covid-19 Cases 2021/2022



Covid-19 Deaths of Individuals Served 2021/2022

January	20
February	11
March	1
April	2
May	1
June	1
July	1
August	2
September	2
October	1
November	1
December	0
January	1
TOTAL	72

LA County Public Health Data

Total Cases	2,257,502
Current Hospitalizations	4,507 (Was 3,364)
Total Deaths	28,059
Positivity Rate	19.2% (Was 21.5%)
Testing	241,751 Daily
SG/PRC SERVICE AREA HOTSPOTS / TOTAL CASES	
Pomona	41,072
El Monte	26,067
West Covina	23,230
Baldwin Park	19,001

Covid-19 Vaccine Data

LOS ANGELES COUNTY	
Doses Administered	16,612,394
Fully Vaccinated (Ages 12+)	77%
Fully Vaccinated (Ages 5-11)	27%
Seniors (65+) Fully Vaccinated	89%
Booster	2,650,465
CALIFORNIA	
Doses Administered	67,537,565
Fully Vaccinated (Ages 5+)	72.2%
Partially Vaccinated	8.7%
Booster (11.6 million Doses)	50.4%

SAN GABRIEL/POMONA
REGIONAL CENTER

COVID-19 TESTING

**FREE TESTING
OFFERED TO INDIVIDUALS
WE SUPPORT, THEIR FAMILIES,
VENDORS & SG/PRC STAFF**

**Testing available 4 days a week.
Monday through Thursday
9 a.m. to 11:30 a.m.**

**Registration is
Highly Encouraged**

Testing Site:

**San Gabriel/Pomona
Regional Center
75 Rancho Camino Drive**

**TO REGISTER,
PLEASE CLICK HERE**

Brought to you by SG/PRC in
partnership with the following:

[https://home.color.com/covid/
sign-up/start?partner=cdph681](https://home.color.com/covid/sign-up/start?partner=cdph681)



**For questions, email us at
covidtesting@sgprc.org**

SAN GABRIEL/POMONA
REGIONAL CENTER

PRUEBAS PARA EL COVID-19

SE OFRECEN PRUEBAS GRATUITAS PARA LOS INDIVIDUOS QUE APOYAMOS Y A SUS FAMILIAS, LOS PROVEEDORES DE SERVICIO Y LOS EMPLEADOS DEL SG/PRC

Citas disponibles 4 días a la semana de Lunes a Jueves 9 a.m. a 11:30 a.m.

Se le sugiere que se registren con anticipación

Sitio:

**San Gabriel/Pomona
Regional Center
75 Rancho Camino Drive
Pomona, CA 91766**

Regístrese aquí

Este servicio es posible por medio de SG/PRC y los siguientes colaboradores

<https://home.color.com/covid/sign-up/start?partner=cdph681>



Valencia Branch
Laboratory

color



Para preguntas, puede mandarnos un correo electrónico a covidtesting@sgprc.org



San Gabriel / Pomona
Regional Center

in partnership with Mercy Pharmacy Group
are sponsoring the following

Covid-19 Vaccine Booster Clinic

Thursday, January 27, 2022
9 a.m. to 1 p.m.



SCHEDULE YOUR
APPOINTMENT



State and CDC guidelines will be followed:

Pfizer BOOSTER is eligible for ALL individuals age 12+ and older who have received:

- Pfizer series completed at least FIVE months ago (Guideline updated 01.04.2022) OR
- Moderna series completed at least FIVE months ago OR
- Johnson & Johnson vaccine at least 2 months ago.

Moderna and Johnson & Johnson BOOSTER is eligible for ALL individuals age 18+ and older who have received:

- Pfizer series completed at least FIVE months ago (Guideline updated 01.04.2022) OR
- Moderna series completed at least FIVE months ago OR
- Johnson & Johnson vaccine at least 2 months ago.

NOTE: Minors younger than 16-year-old must be accompanied by a responsible adult (parent or legal guardian) over the age of 18 AND a written PARENTAL CONSENT form. Minors ages 16-17 can go by themselves to clinic provided that they have the written parental consent form already signed.

Please make sure to register using your full legal name and a matching DOB. Note that you must provide a valid cell phone or email address in order to retrieve your digital vaccine record from the state system later.

PLEASE BRING THE FOLLOWING DOCUMENTS:



- Picture ID/Driver License with full name and DOB
- Copy of medical/pharmacy insurance card
- White CDC Covid-19 vaccination record card or a digital copy of the card/record the following completed form:

[SELF ATTESTATION OF ELIGIBILITY](#)

TO SECURE AN APPOINTMENT,
USE THE FOLLOWING QR CODES

BOOSTER CLINIC January 27th, 2022 9am to 1pm



← PFIZER Vaccine Age 12+
ENGLISH

PFIZER Vaccine Age 12+ →
SPANISH



← MODERNA Vaccine
ENGLISH

MODERNA Vaccine →
SPANISH



Booster Clinic will be held at the:

San Gabriel/Pomona Regional Center
75 Rancho Camino Drive
Pomona, CA 91766

For questions, please call
Dara Mikesell at 909-710-8831

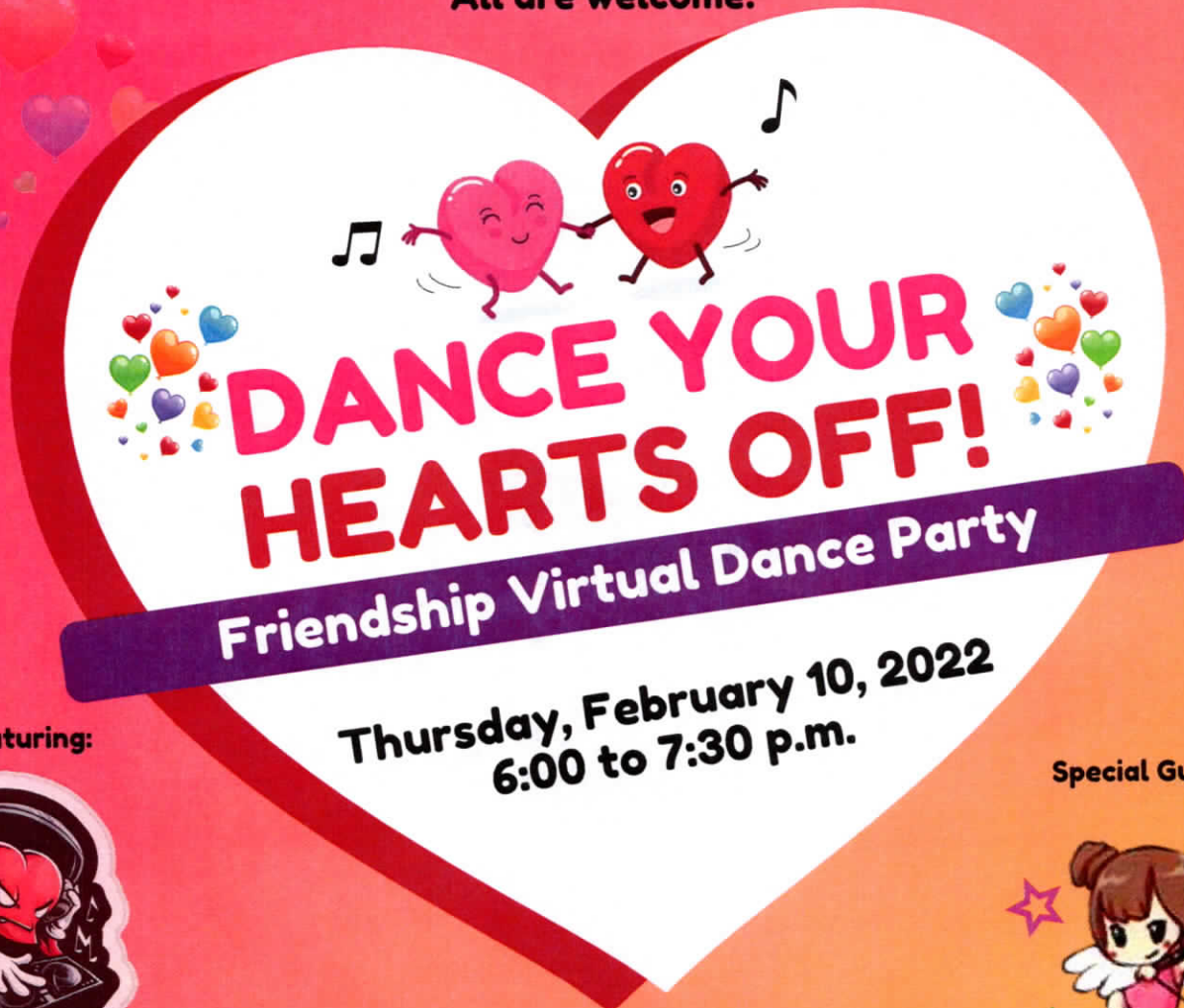
**Covid Vaccination guidelines updated 01.10.2022.
Information on this document is subject to change as
new guidelines become available**.

APRIL 2022



San Gabriel / Pomona
Regional Center

A special invitation for individuals and families served by SG/PRC.
All are welcome!



Featuring:



DJ "HEARTBEAT"

Special Guest:



"SPARKLE CUPID"

JOIN US FOR THIS
FUN-FILLED EVENT

*Contests *Games *Trivia *Dancing
AND MUCH MORE!

Enter the contest for the best Valentine's Day
outfits and zoom screen backgrounds!



REGISTER TO ATTEND IN ADVANCE THROUG ZOOM. CLICK ON LINK



https://sgprc-org.zoom.us/meeting/register/tZ0odu6rrDguHtE7HG6BnXHM_oBL9hNhyK9-

For questions, please call your Service Coordinator.

Collaborative
**VIRTUAL
TRANSITION
FAIR**



SAVE THE DATE

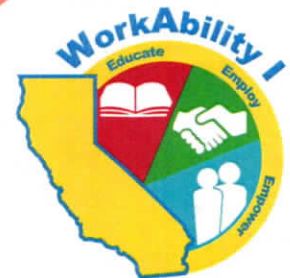
March 16, 2022

Agency Representative Live

Presentations From

10 am - 12 pm and 1 pm - 3 pm

Hosted by:
San Gabriel/Pomona
Regional Center and Local
WorkAbility I Programs



San Gabriel / Pomona
Regional Center

To Register For This Event Visit:
<https://tinyurl.com/yc8ama6j>



COVID-19

Los Angeles County Department of Public Health Guidance for Community Care Facilities

1-8-22: Due to the critical staffing shortages currently being experienced across the health care continuum because of the rise in the Omicron variant, **effective January 8, 2022 through February 1, 2022**, CDPH is temporarily adjusting the return-to-work criteria. During this time, this guidance will supersede the return to work guidance below. During this time, HCPs who have tested positive for SARS-CoV-2 and are asymptomatic may return to work immediately without isolation and without testing, and HCPs who have been exposed and are asymptomatic may return to work immediately without quarantine and without testing. These HCPs must wear an N95 respirator for source control. Facilities implementing this change must have made every attempt to bring in additional registry or contract staff and must have considered modifications to non-essential procedures. See CDPH AFL: <https://www.cdph.ca.gov/Programs/CHCO/LCP/Pages/AFL-21-08.aspx>.

Significant Changes:

01/10/2022

- Fully vaccinated residents age 12 and older should be offered boosters.
- Updated guidelines for return to work for staff in cases of isolation and quarantine.
- Updated guidelines for non-essential visitation for the time period of January 7-February 7, 2022.

12/23/2021

- Updated guidelines for new and readmissions to the facility.

The Los Angeles County Department of Public Health (Public Health) is asking for your assistance to continue slowing the spread of the COVID-19 in Los Angeles County. This guidance is for congregate residential care settings that are not skilled nursing facilities (SNFs) but may also provide some level of care to residents (community care facilities or CCFs). These facilities include residential care facilities for the elderly (RCFEs) and adult residential care facilities (ARFs), among other residential facilities licensed under the California Department of Social Services, Community Care Licensing Division (CCLD), as well as substance use treatment centers, behavioral and mental health treatment facilities, and licensed or unlicensed group homes.

The goals of this document are to help CCFs:

- Prevent and reduce the spread of COVID-19 within your facility.
- Prevent and reduce the spread of COVID-19 between and outside of facilities.

Common symptoms of COVID-19

People with COVID-19 have had a wide range of symptoms ranging from mild symptoms to severe illness.

Symptoms of COVID-19 may include some combination of the following:

- | | |
|---|------------------------------|
| • Fever (100.4 F or higher) | • Headache |
| • Cough | • New loss of taste or smell |
| • Shortness of breath or difficulty breathing | • Sore throat |
| • Chills | • Congestion or runny nose |
| • Fatigue | • Nausea or vomiting |
| • Muscle or body aches | • Diarrhea |

This list of symptoms is not all-inclusive.



Please note frail older adults over the age of 65 may have atypical symptoms such as lack of fever, new or worsened confusion, falls, and loss of appetite.

Seek immediate medical attention by calling 911 for any of these COVID-19 emergency warning signs:

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

Visit the LAC DPH [COVID-19 Healthcare Provider Hub](#) for more information on diagnosis, testing, vaccination.



COVID-19

Los Angeles County Department of Public Health Guidance for Community Care Facilities

Steps to Protect the Health and Safety of Residents and Staff

Prevent and reduce spread of COVID-19 within your facility

1. Steps to reduce risk of infection

Signage

- Post signs for residents and staff on the importance of hand hygiene, necessity for face masks, physical distancing, outlining entrance and exit routes, and visitation guidelines.
- Provide signs and regularly remind residents to alert staff if they have symptoms of COVID-19 (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea).

Entry Screening

- Have a process for entry screening for all staff, visitors, and, if feasible, residents—including temperature checks if possible.
- Every individual entering the facility (including residents, staff, visitors, outside healthcare workers, vendors, etc.) regardless of reason, should be asked about COVID-19 symptoms and if possible, have their temperature checked. An exception to this is Emergency Medical Service (EMS) workers responding to an urgent medical need. They do not have to be screened, as they are typically screened when they start their shift at work.
- Facilities should limit access points and ensure that all accessible entrances have a screening station.
- Anyone with a fever (100.4° F or 37.8° C) or symptoms of COVID-19 may not be admitted entry.

Please also see section 4 below on screening of residents.

Hand Hygiene and Respiratory Etiquette

- Wash hands often with alcohol-based hand sanitizer that contains at least 60% alcohol or soap and water for at least 20 seconds, especially after going to the bathroom, before eating, and after blowing your nose, coughing, or sneezing.
- Cover coughs and sneezes with a tissue, and then dispose of the tissue and clean hands immediately. If you do not have a tissue, use your sleeve (not your hands).
- Minimize, where possible, close contact and the sharing of objects such as cups, utensils, food, and drink.

Social (Physical) Distancing – Promote social distancing throughout the facility by enabling residents and staff to stay at least 6 feet away from each other, unless a group of residents meets criteria for not maintaining physical distance during communal dining or group activities (see section 2 below).

- Set up common rooms so chairs are separated by six or more feet with easy access to tissues, hand sanitizer, and a nearby sink to wash hands.



COVID-19

Los Angeles County Department of Public Health Guidance for Community Care Facilities

- In shared rooms, beds should be placed at least six feet apart, when possible, and positioned head-to-toe, with heads positioned as far apart as possible.
- Meals should be served in a manner that ensures social distancing is maintained between groups. Serve meals with the same groups of residents at each meal to reduce spread of infection.
- Non-essential transportation visits may be resumed with masks for drivers and passengers.

Universal Source Control – Require that all persons including staff, visitors, and residents wear a mask indoors.

- Caregivers must wear medical grade surgical/procedure masks or N-95 respirators when providing direct patient care. All residents must be provided a clean mask every day.
- Masks are required by all persons in all indoor resident areas, common or shared areas, walkways, or where residents and/or staff congregate.
- Staff working alone in closed areas do not need source control unless they are moving through common spaces where they may interact with other staff or residents.
- Medical grade surgical/procedure masks should be worn by any resident that is confirmed or suspected to have COVID-19.
- All residents must wear masks when outside their room. This includes residents who must regularly leave the facility for care (e.g., hemodialysis patients).
- Residents who, due to underlying cognitive or medical conditions, cannot wear masks should not be forcibly required to wear one (and should not be forcibly kept in their rooms). However, face masks should be encouraged as much as possible.
- A mask should not be placed on anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove it without assistance. Face shields or face shields with a drape may be offered to residents who are not able to wear masks.
- When staff are in resident rooms, residents should cover their nose and mouth as much as possible, with at least a tissue but ideally with a cloth face covering.

COVID-19 Vaccination

People are considered “up to date” with COVID-19 vaccines when they are fully vaccinated and have received a booster dose when eligible. See the “Up to Date” section on the [LACDPH COVID-19 Vaccines](#) webpage for more details.

Fully Vaccinated—A person is considered fully vaccinated two (2) weeks after receipt of:

- The second dose of a Pfizer or Moderna COVID-19 primary vaccine series, or



COVID-19

Los Angeles County Department of Public Health Guidance for Community Care Facilities

	<ul style="list-style-type: none"> • One dose of a single-dose Johnson and Johnson/Jansen (J&J) COVID-19 primary series, or • A full series of a COVID-19 vaccine that has been <u>listed for emergency use by the World Health Organization [WHO]</u> <p>Booster eligible--A person is considered booster eligible:</p> <ul style="list-style-type: none"> • 2 months after the J&J COVID-19 vaccine • 5 months after the last dose of the Pfizer COVID-19 vaccine series • 5 months after the last dose of the Moderna COVID-19 vaccine series. • For more details, see the <u>CDC COVID-19 booster vaccine eligibility table</u>. <p>-----</p> <p>Residents: Offer age appropriate COVID-19 vaccine series to all residents age 5 years and older as soon as possible. Facilities should make sure that all residents are up to date with COVID-19 doses. See FDA Fact Sheets for <u>age 5-11 years</u> and <u>age 12 years and older</u>.</p> <ul style="list-style-type: none"> • Continue to improve vaccination rates for residents including re-offering the vaccine to persons who initially decline. See <u>Best Practices for Improving Vaccination in CCFs</u> for more strategies. • Ask all new residents if they are up to date with their COVID-19 vaccine doses (primary series and booster) and have a system in place for vaccinating the individual if they have not been fully vaccinated and/or boosted when eligible. <p>Staff:</p> <ul style="list-style-type: none"> • The facility must verify proof of COVID-19 vaccination for ALL workers. The facility must also track the primary series vaccination and booster vaccination status of all existing and new employees. If an employee's vaccination status is not verified, they are considered unvaccinated. See CDPH <u>Health Care Worker Protections in High-Risk Settings</u> for examples of acceptable proof. <p><i>Vaccine and booster mandates for staff:</i></p> <ul style="list-style-type: none"> • Congregate living health facilities (CLHFs), intermediate care facilities (ICFs), and CCLD licensed facilities: by order of the Los Angeles County Health Officer, all staff who are fully vaccinated and eligible for a booster vaccine must receive the booster vaccine by February 1, 2022, and all staff who are fully vaccinated but not yet booster eligible must receive their booster vaccine within 15 days of reaching eligibility: http://publichealth.lacounty.gov/media/Coronavirus/docs/HOO/HOO_HealthCareWorkerVaccination.pdf. • Staff that are not vaccinated against COVID-19 due to qualified medical reasons or religious exemptions and staff that are fully vaccinated and booster eligible but have not yet received a booster are required to test at least weekly. See Implement Testing Strategies below.
<p>2. <i>Communal Dining and Group</i></p>	<p>Group activities and communal dining are allowed for residents in the Green Zone (not permitted for those in isolation or quarantine), as long as the facility adheres</p>



COVID-19

Los Angeles County Department of Public Health Guidance for Community Care Facilities

Activities

to the following measures:

- Physical distancing and masks
 - All residents must wear masks indoors around others, except when eating or drinking, regardless of vaccination status.
 - Residents who are not fully vaccinated should maintain physical distancing of 6 feet from others during communal dining and group activities indoors.
 - If all residents participating in communal dining or group activities indoors are fully vaccinated (with or without booster), physical distancing is not necessary however masks should still be worn when not eating or drinking.
 - Consider cohorting residents to reduce crowding and allow better physical distancing.
 - These cohorts of residents should be kept together (e.g., the same group of residents dine together each night) and individual residents should be assigned to specific areas as much as possible to attempt to minimize exposure in case a resident later tests positive for COVID-19.
 - Use a sign-in sheet/roster of residents present during group activities, which will help with contact tracing should a resident later test positive for COVID-19.
 - Staff should continue to wear masks and practice physical distancing when in break rooms.
- Enhanced environmental disinfection.
 - All communal, high touch surfaces should be cleaned once a day. See [Cleaning and Disinfecting Your Facility](#) for the difference between cleaning and disinfecting and when to implement.

If any new cases are identified among residents:

- Communal dining and group activities in the Green Zone should cease for at least 14 days. During this time, the facility should review their infection control and prevention practices to prevent future new infections.

After there have been no new resident cases for 14 days, communal dining and activities for residents of the Green Zone may resume with universal source control measures and physical distancing as described above.

- Residents in either the Red Zone (isolation) or the Yellow Zone (quarantine) should not participate in communal dining and group activities. In addition, they should not access shared amenities or equipment or obtain facility salon services, until they are out of isolation or quarantine after meeting the criteria in section 5 or 13 below.



COVID-19

Los Angeles County Department of Public Health Guidance for Community Care Facilities

3. Visitors

Essential visitors and essential ancillary professionals:

- Essential ancillary professionals are defined as contracted healthcare professionals including consultants and service providers, if deemed essential by the facility.
- Essential visitors are defined as:
 - a. Compassionate care/end-of life visitors
 - b. Essential support persons for patients with physical, intellectual, and/or developmental disabilities and patients with cognitive impairments; one essential support person can be allowed to be present with the patient.
 - c. Ombudsman representatives
 - d. Public health surveyors
 - e. Visitors that are mandated by court order or law, or for legal matters that cannot be cancelled or postponed (estate planning, advanced health care directives, Power of Attorney, etc.).
- Essential visits are allowed for all residents in all zones, and all essential visitors are allowed to visit their resident indoors. They must:
 - a. Be screened on entry. Essential visits must be postponed if the visitor screens positive (for symptoms and/or exposure to COVID-19).
 - b. Wear a face mask during the visit while indoors. Visitors should also wear appropriate PPE if visiting a resident in the Yellow or Red Zones. If the essential visitor is unable or unwilling to maintain these precautions, consider restricting their ability to enter the facility.
 - c. Be restricted to the resident's room or other location designated by the facility. If indoor areas are used for visitation, use a room with good ventilation (e.g., windows open).
 - d. Perform hand hygiene before and after the visit at minimum.
 - e. Practice physical distancing from others while in the facility.
 - f. Staff should monitor the visit to make sure infection control guidelines are followed (safe distancing, face masks, no physical contact) to assure a safe visitation for both residents and loved ones.
Be advised to monitor themselves for signs and symptoms of respiratory infection for at least 14 days after exiting the facility and, if they test positive for COVID-19 to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date(s) they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. The facilities should immediately screen the individuals of reported contacts and take all necessary actions for infection control precautions based on findings.
- Non-essential visitors:
 - a. Visitation is allowed for all residents in the Green Zone and child residents in the Yellow Zone in compliance with the following requirements:



COVID-19

Los Angeles County Department of Public Health Guidance for Community Care Facilities

- i. **Scheduling:** Visits must be scheduled in advance.
- ii. **Entry Screening:** Visitors should be screened at entry. Visitors with signs or symptoms of COVID-19 should not be allowed visitation unless COVID-19 has been excluded as the cause of their symptoms with a negative test AND they have been fever-free for 24 hours with improvement of their symptoms. Visitors who test positive for COVID -19 should only be allowed to visit after they complete their isolation period. Visitors who have been close contacts to COVID-19 positive individuals should not visit, regardless of vaccination status, until at least 14 days since their last exposure.
- iii. **Outdoor Visits:** Outdoor visits are allowed for all Green Zone residents, regardless of visitor or resident vaccination status. If weather presents difficulty for outdoor visits, a large indoor space with good ventilation is an alternative option. Per [CDPH HOO 12/31/2021](#), all visitors seeking outdoor visitation must have a negative antigen test within 24 hours of visitation or a negative PCR test within 48 hours of visitation.
- iv. **In-room visits in CCLD licensed adult and senior care facilities:** In-room visits are allowed for all Green Zone residents, regardless of resident vaccination status. Per [CDPH HOO 12/31/2021](#), from January 07 to February 07, 2022, all visitors seeking indoor visitation must be fully vaccinated AND boosted, and have a negative antigen test within 24 hours of visitation or a negative PCR test within 24 hours of visitation.
- v. **In-room visits in facilities housing children:** Per [CDSS PIN 21-29-CRP](#), in-room visits are allowed for all children in the Green Zone, regardless of child's vaccination status. Indoor or in-room visitors in all children's residential programs must show acceptable proof of vaccination or a negative COVID-19 viral test result within the last 72 hours (either an FDA-approved antigen test or PCR). In addition, children in the Yellow Zone are allowed to have non-essential visitors in-room, but these visitors must wear the appropriate PPE and follow the other rules outlined in this section.
- vi. **Physical Distancing:** Visitors should maintain physical distancing of six (6) feet or more from other people, with the exceptions below.
 - a. Visits between fully vaccinated residents and fully vaccinated visitors may be conducted without physical distancing. If indoors, visitors and residents must continue to wear masks. They may engage in physical



COVID-19

Los Angeles County Department of Public Health Guidance for Community Care Facilities

	<p>contact (e.g., hugs, holding hands) while in the resident's room with both parties performing hand hygiene before and after contact.</p> <p>b. Residents who are fully vaccinated may choose to engage in brief physical contact (e.g., brief hugs, touching hands) with visitors who are not fully vaccinated if both parties wear masks and perform hand hygiene before and after contact. The same may be done for residents who are not fully vaccinated with fully vaccinated visitors. If not engaging in brief contact, physical distance should be maintained if either party is not fully vaccinated.</p> <p>c. Residents and visitors who are both not fully vaccinated should maintain physical distancing and wear masks at all times.</p> <p>vii. Masking: Residents and visitors must wear face masks at all times indoors. If the visit is conducted outdoors, fully vaccinated residents and/or visitors may take off their masks.</p> <p>viii. Communal Dining and Group Activities: Visitors may have meals with the resident they are visiting and may participate in group activities with the resident they are visiting, as long as the visitors and the resident maintain 6 feet of distance from other visitors and residents in the facility. Everyone must wear masks at all times while indoors unless actively eating or drinking.</p> <p>ix. Monitoring Visits: Staff should monitor the visit to make sure infection control guidelines are followed (safe distancing, face coverings, physical contact following guidelines) to assure a safe visitation for both residents and loved ones. Areas where visits were conducted should be properly cleaned and disinfected after the visit.</p> <p>x. Same day on site point of care viral testing of visitors is an additional safety measure that facilities may consider implementing prior to visiting the resident.</p> <p>xi. Entertainment: Entertainment provided at a facility should be an activity where the entertainers are able to wear well-fitting masks at all times. Singing is not recommended. Other visitors may be present with the resident they are visiting while following the visitation rules above. See CDSS PIN 21-49-ASC for more details.</p> <p>- General best practices for visitation (other than those listed above) include:</p> <ol style="list-style-type: none"> Encourage shorter indoor visits and longer outdoor visits. Limit the number of visitors on the facility premises at any one time.
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COVID-19

Los Angeles County Department of Public Health Guidance for Community Care Facilities

	<ul style="list-style-type: none"> c. If possible, designate a separate entrance and exit. d. Have signage detailing hand hygiene practices, necessity for masks and physical distancing, outlining entrance and exit, and visitation guidelines. e. Educate visitors on how to monitor themselves for COVID-19 symptoms. f. Consider designating handwashing stations specifically for visitors or provide them with antibacterial hand sanitizer. g. Keep a log of visitors and their contact information in the event contact tracing must take place. h. Residents who share a room should have indoor visits in a separate space or in their own room with the roommate not present (if possible). i. Clean visitation areas after a visit. See <u>Cleaning and Disinfecting Your Facility</u> for details. <p>- Other measures should be established to support visitation.</p> <ul style="list-style-type: none"> a. Continue to offer alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video communication, etc.). b. Create a communication outlet (email listserv, website, call-in number with recording, etc.) to provide updated communication with families. c. Assign staff as primary contact to families for inbound calls and conduct regular outbound calls to keep families up to date.
<p>4. Screen residents for symptoms of COVID-19</p>	<p>Screening Residents</p> <ul style="list-style-type: none"> • Assess all new residents at the time of admission for <u>symptoms of COVID-19 and for close contact with a COVID-19 positive individual</u>. • Remind residents to report any new COVID-19 symptoms to staff. Residents with cognitive impairment/dementia should be assessed for symptoms once a day. If able, assess resident temperatures upon admission with a scanning or disposable thermometer. A fever is a temperature of 100.4 F or higher. • During an outbreak, any resident with symptoms of respiratory illness can be presumed to have COVID-19 and SARS-CoV2 testing is recommended. • Encourage testing of routine respiratory pathogens including influenza testing if appropriate to establish any alternative diagnosis. • Ensure precautions noted in the section below for all sick residents while testing is pending and if the resident tests positive for COVID-19.
<p>5. When residents are symptomatic and/or infected</p>	<p>Separation of Symptomatic Residents</p> <ul style="list-style-type: none"> • All residents with symptoms of COVID-19, regardless of vaccination status, should be placed in the Yellow Zone and tested for COVID-19. This does not have to be a physically separate space in the facility, but residents in the Yellow Zone should be confined to their own room if the resident has a single room or separated from a roommate by 6 feet or physical barrier [plexiglass,



COVID-19

Los Angeles County Department of Public Health Guidance for Community Care Facilities

curtain] if the resident has a roommate.

- Symptomatic residents in the Yellow Zone that test negative for COVID-19 should remain in the Yellow Zone until they are fever free for 24 hrs and their symptoms have improved.
- Symptomatic residents in the Yellow Zone that test positive for COVID-19 should be rapidly moved into a Red Zone, which is isolated from the rest of the residents.

Red Zone (COVID-19 positive residents)

- The Red Zone should be a separate building, room, or designated area, away from non-COVID-19 positive residents, ideally with a separate bathroom.
- Place clear signage outside all isolation areas so staff and other residents know they should stay away.
- If there is no way for COVID-19 positive residents to reside in separate rooms or buildings, partitions (e.g., linen, dressers, etc.) should be constructed to create as much of a barrier as possible between COVID-19 positive and non-COVID-19 positive residents.
- A designated restroom should be identified and reserved for use by COVID-19 positive individuals only. If this is not possible, cleaning and disinfecting after the room has been used by a COVID-19 positive person is essential.
- If COVID-19 positive residents need to move through areas with non-COVID-19 positive residents, they should wear a surgical mask and minimize the time in these areas.
- COVID-19 positive residents should eat meals separately from residents without COVID-19.
 - If dining space must be shared, stagger meals so COVID-19 positive residents are not eating with non-COVID-19 residents and clean after use by each group to reduce transmission risks.
- Mobile screens, linens, etc. (or other ways to form partitions) should be used to encourage compliance with separation in shared spaces.
- If screens are used, it is important to adhere to applicable building fire codes and regulations. (e.g., maintain access for evacuations and do not cover fire alarms).
- Minimize the number of staff members who have face-to-face interactions with residents with COVID-19. Provide instructions to all staff to prevent disease spread. Section 17 provides guidance on use of Personal Protective Equipment for staff who have contact with COVID-19 positive residents.
- Consider transferring COVID-19 positive residents who are unable to self-isolate during their illness to OEM's quarantine/isolation housing. Call DPH's referral line at 833-596-1009.
- Resident isolation in the Red Zone may be discontinued when the following conditions are met:
 - At least 10 days have passed since symptoms first appeared AND at



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	<p>least 24 hours since the resolution of fever without the use of fever-reducing medications and improvement of symptoms (such as cough and shortness of breath). Individuals that are severely immunocompromised may need to isolate for 20 days or longer.</p> <ul style="list-style-type: none"> ○ A second negative test alone is not sufficient to discontinue isolation ● See section 7 below for more details regarding immunocompromised residents. ● Staff should keep a daily log of all residents in isolation to monitor symptoms and determine termination of isolation. ● If a COVID-19 positive resident fits into a group at high-risk for complications of COVID-19 illness (e.g., over 65 or has a chronic condition) encourage them to call their primary care provider (PCP) without delay if their symptoms worsen or to notify a staff member to call 911. When calling 911, staff members should notify the dispatcher that this resident has COVID-19. <p>Seek immediate medical attention by calling 911 for any of these COVID-19 emergency warning signs:</p> <ul style="list-style-type: none"> - Trouble breathing - Persistent pain or pressure in the chest - New confusion or inability to arouse - Bluish lips or face ● When calling 911, notify the operator that the person who needs transport has or may have COVID-19 and have the person put on a cloth face mask before medical help arrives.
<p>6. When an asymptomatic resident tests positive</p>	<p>Asymptomatic residents who test positive should be transferred to the Red Zone and follow the same procedures as symptomatic COVID-19 positive residents. This applies regardless of their COVID-19 vaccination status.</p>
<p>7. High risk and immunocompromised residents</p>	<p>Immunocompromised Residents With COVID-19</p> <ul style="list-style-type: none"> ● Severely immunocompromised residents should continue to wear a mask and maintain physical distancing, even if fully vaccinated. If they are infected with COVID-19, they should be isolated for at least 20 days from the date of their first positive COVID-19 diagnostic test. ● Examples of severe immunocompromising conditions include the following: receiving chemotherapy for cancer, hematologic malignancies, being within one year from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and taking immunosuppressive medications (e.g., drugs to suppress rejection of transplanted organs or to treat rheumatologic conditions such as mycophenolate and rituximab, receipt of prednisone >20mg/day for more than 14 days.)



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<p>8. <i>When staff are symptomatic</i></p>	<p>Symptomatic Staff</p> <ul style="list-style-type: none"> • Staff should monitor themselves for COVID-19 symptoms daily. They should be instructed to not come to work if they develop symptoms consistent with COVID-19. If they become symptomatic at work, they should let their supervisor know and leave work. • Staff with symptoms of COVID-19 should be tested. Refer them to their primary care provider for assessment and SARS-CoV-2 testing. • Identify other staff and residents who have had close contact with COVID-19 positive staff and conduct response testing (see section 11). • Staff with COVID-19 should be instructed to go home to self-isolate. • Staff who have symptoms of COVID-19, but who test negative on rapid antigen test, should have a confirmatory PCR done before returning to work. • Symptomatic staff may return to work as stated below. 									
<p>9. <i>Return to work after staff test positive</i></p>	<p>Guidance for COVID positive staff returning to work is based on vaccination and booster status, as well as level of staffing.</p> <ul style="list-style-type: none"> ○ See LAC DPH Guidance for Healthcare Personnel for more details. <div style="background-color: black; color: white; text-align: center; padding: 5px;"> <p>Table 3. Work Restrictions for HCP with SARS-CoV-2 Infection (Isolation)</p> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Vaccination Status</th> <th style="text-align: center;">Routine</th> <th style="text-align: center;">Critical Staffing Shortage</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"> Boosted OR Vaccinated but not yet booster-eligible </td> <td style="text-align: center;"> 5 days[†] with negative diagnostic test[‡] same day or within 24 hours prior to return OR 10 days without a viral test </td> <td style="text-align: center;"> <5 days with most recent diagnostic test[‡] result to prioritize staff placement[‡] </td> </tr> <tr> <td style="text-align: center;"> Unvaccinated, OR Those that are vaccinated and booster-eligible but have not yet received their booster dose </td> <td style="text-align: center;"> 7 days[†] with negative diagnostic test[‡] same day or within 24 hours prior to return OR 10 days without a viral test </td> <td style="text-align: center;"> 5 days with most recent diagnostic test[‡] result to prioritize staff placement[‡] </td> </tr> </tbody> </table>	Vaccination Status	Routine	Critical Staffing Shortage	Boosted OR Vaccinated but not yet booster-eligible	5 days [†] with negative diagnostic test [‡] same day or within 24 hours prior to return OR 10 days without a viral test	<5 days with most recent diagnostic test [‡] result to prioritize staff placement [‡]	Unvaccinated, OR Those that are vaccinated and booster-eligible but have not yet received their booster dose	7 days [†] with negative diagnostic test [‡] same day or within 24 hours prior to return OR 10 days without a viral test	5 days with most recent diagnostic test [‡] result to prioritize staff placement [‡]
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<p>10. <i>Reporting cases of residents or staff</i></p>	<p>Case Reporting</p> <p>If anyone (residents and/or staff) in your facility becomes newly sick with symptoms of COVID-19 or test positive for COVID-19 regardless of symptoms, notify Los Angeles County Department of Public Health at 213-240-7941 during daytime hours or 213- 974-1234 (After Hours Emergency Operator).</p>									



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11. Implement testing strategies

Types of Tests

- Molecular tests (also known as NAAT tests) detect fragments of viral RNA (part of virus that is used to make proteins). Laboratory based PCR tests are the gold standard for detecting COVID-19. These results should be available within 2 days. In addition, there are point of care (POC) rapid molecular tests that give results within 20 minutes to an hour (e.g., LAMP, rapid PCR).
- Antigen tests detect fragments of viral proteins. These are point of care (POC) tests and the results are usually available within 30 minutes. Using these tests, a symptomatic individual who tests negative and an asymptomatic individual who tests positive should both be followed up with laboratory-based PCR(s) test within 24 hours to confirm the results.

Testing Strategies

Symptomatic Testing - Testing should be conducted on any staff member or resident who has symptoms of COVID-19, regardless of vaccination status. Diagnostic testing can be performed with antigen or molecular tests. A positive test is generally confirmatory for COVID-19. A negative antigen or negative POC molecular test in a symptomatic person should be followed with a laboratory-based PCR test within 24 hours to confirm the negative result.

Diagnostic Screening Testing – This refers to testing of persons who have no symptoms of COVID-19 who have not been a close contact to a known case in non-outbreak settings. Diagnostic screening testing is required for all workers that are not fully vaccinated or are fully vaccinated and eligible for a booster vaccine but have not yet received it.

Staff that are not up to date on all recommended COVID-19 vaccines (i.e., have a valid exemption or are booster eligible but have not yet received the booster):

- Routine diagnostic screening testing is **required** at least once a week. Either PCR or antigen tests are acceptable. Facilities may consider testing more frequently.
- Staff in CLHFs and ICFs meeting the above criteria must be tested twice a week with PCR or antigen testing.
- This testing is required for persons with religious exemptions or medical contraindications to vaccination. Staff with positive antibody tests are not exempted from this testing.
- Staff who previously tested positive with viral COVID-19 test are exempted from this testing only for 90 days from their initial positive test. After 90 days have passed, they must restart testing.
- Testing is not required to be done at the facility, but facility staff should confirm weekly negative lab reports prior to allowing the staff



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to continue working.

Staff that are up to date with COVID-19 vaccines (i.e., fully vaccinated and boosted or fully vaccinated and not yet booster eligible)

- Do not need to participate in routine screening testing
- If the staff have a severe immunocompromising condition, the facility can consider including them in the routine diagnostic screening testing.

See

http://publichealth.lacounty.gov/media/Coronavirus/docs/HOO/HOO_HealthCareWorkerVaccination.pdf for more information.

Response Testing - When COVID-19 positive individuals (residents or staff) are identified as a result of symptomatic testing or targeted testing due to close contact with a symptomatic person, PCR testing of all residents and staff should occur every 7 days until no further cases are identified on 2 consecutive rounds of testing. This is regardless of vaccination status. After this testing is completed, the facility should revert to diagnostic screening testing as described above. Independent residents of Continuing Care Retirement Communities have some exemptions per [CDSS PIN 20-38 ASC](#).

Targeted Testing - If the facility cannot test all residents and/or staff as described in response testing, then the facility should prioritize all close contacts of a COVID-19 case for testing (regardless of vaccination status). If testing identifies additional cases, a new contact investigation is initiated around the new case to identify, isolate, and test their close contacts as well. This protocol is repeated for each identified case at the facility.

Exposure Testing - All staff members and residents, regardless of vaccination status, who have had exposure or close contact to someone with laboratory-confirmed COVID-19 during their infectious period* should be tested after exposure.

*The infectious period of a COVID-19 case is 2 days prior to symptom onset (or date of collection of initial positive viral test if the case is asymptomatic) until they meet criteria for discontinuing isolation.

Residents or staff members with previous positive tests

Persons who previously tested positive and are asymptomatic should not be retested for 90 days since the date of symptom onset (or date of the first positive test). Specifically:

- Residents or staff members who had a positive viral test in the past 90 days and are now asymptomatic do not need to be retested as part of facility-wide testing. Testing of asymptomatic residents and staff members



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should be considered again (e.g., in response to an exposure) only after 90 days have passed from the date of onset of the prior infection.

- For residents or staff members who develop new symptoms consistent with COVID-19 during the 90 days after the date of initial symptom onset, if an alternative etiology cannot be identified, then retesting can be considered in consultation with the medical director, infectious disease, or infection control experts. Quarantine, isolation, and transmission-based precautions may also be considered during this evaluation based on consultation with the medical director or an infection control expert, especially in the event symptoms develop within 14 days after close contact with an infected person.

Access to Testing

CCF must have a mechanism for the facility to obtain SARS CoV-2 samples (nasopharyngeal, nasal mid turbinate, nasal or pharyngeal swabs) for PCR testing and to send these specimens from the facility to a commercial clinical laboratory. The resources noted below provide onsite collection services.

- The facility should refer to the Laboratories Providing Diagnostic Testing to find a lab. A testing toolkit has also been developed to help facilities establish a relationship:
<http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/ccf/#testing>.
- If the facility is unable to find a lab to do testing within one (1) week during an ongoing outbreak. The DPHN assigned to the facility after the case was reported will arrange for testing by the DPH community testing(strike)team.

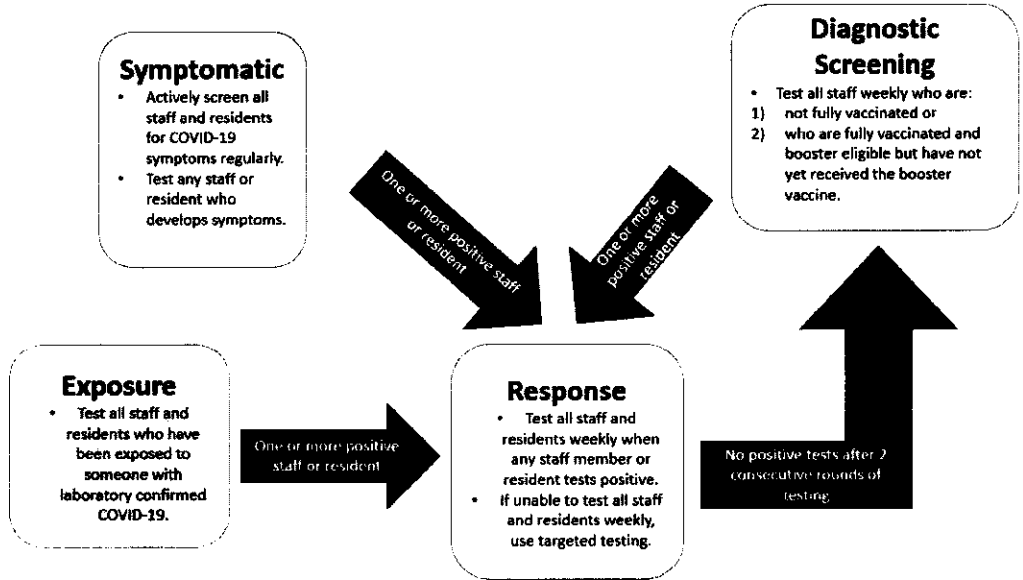
Contact the California Department of Managed Health Care (DMHC) Help Center if your facility is having trouble accessing testing through health plans or if you have questions: 1-888-466-2219 or visit their website www.healthhelp.ca.gov.



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12. Schematic for Testing



Testing Schematic for Community Care Facilities

01/05/2022

13. When is quarantine indicated?

Definition of close contact

Any of the following people who were exposed to someone with laboratory-confirmed COVID-19 (the case) while they were infectious are considered a close contact/exposed:

- Anyone who was within six (6) feet of the case for a total of 15 minutes or more over a 24-hour period (e.g., roommate), OR
- Anyone with unprotected contact with the case's body fluids and/or secretions (they were coughed on/sneezed on, shared utensils or saliva, caregiving activities).
- Anyone who provided direct clinical care to the case without wearing appropriate PPE.

*The infectious period of a COVID-19 case is 2 days prior to symptom onset (or date of collection of initial positive viral test if the case is asymptomatic) until they meet criteria for discontinuing isolation.

Exposed Residents

- Residents who are a close contact must be placed in quarantine (Yellow Zone) for 14 days regardless of vaccination status of either the exposed resident or the COVID-19 positive person.
- Residents who have been positive and recovered do not need to be quarantined or tested if re-exposed within 90 days.
- Contact can have occurred with an infected staff person, resident, or someone outside the facility while the infected person was symptomatic OR up to 48 hours (two days) BEFORE the infected person showed symptoms.



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Quarantine must be for 14 days from the time of contact.

- If a resident begins to show symptoms during the quarantine period, the guidelines described in section 5 apply. If the resident is required to go into isolation the resident's isolation period must be counted from the start of symptoms rather than the start of their quarantine period.

Exposed Staff

Guidance for exposed staff returning to work is based on vaccination and booster status, as well as level of staffing and level of exposure (high risk vs. low risk).

- See [LAC DPH Guidance for Healthcare Personnel](#) for more details.

Table 2. Work Restrictions for Asymptomatic* HCP with Exposures (Quarantine)

Vaccination Status	Routine	Critical Staffing Shortage
Boosted OR Vaccinated but not yet booster-eligible	No work restriction with negative diagnostic test ¹ upon identification and at 5-7 days	No work restriction with diagnostic test ¹ upon identification and at 5-7 days
Unvaccinated³, OR Those that are vaccinated and booster-eligible but have not yet received their booster dose⁵	7 days with diagnostic test ¹ upon identification and negative diagnostic test ² within 48 hours prior to return	No work restriction with diagnostic test ¹ upon identification and at 5-7 days

Residents who are newly admitted, transferred from another facility, or readmitted after being in a higher level of care setting must go directly to the Yellow Zone. Facilities must be willing and prepared to take COVID-19 positive residents if they have the ability to appropriately care for them in isolation.

- Fully vaccinated patients:

Should be tested on Day 5-7 of quarantine. If the result is negative, they should be placed in the Green Zone. If the result is positive, they should move to the Red Zone.

- *Not Fully Vaccinated:*

PCR testing should be done either by the discharging facility or upon arrival to the receiving facility. If the result is negative, they should stay in the Yellow Zone for 14 days. They may move to the Green Zone after 14 days upon receipt of a second negative PCR test result that was



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collected on or after Day 10.

If any test results are positive, they should be placed in the Red Zone.

- *Recovered from COVID-19 in the Last 90 Days:*

PCR testing should not be done for these residents if they are asymptomatic, they should just be quarantined in the Yellow Zone for 14 days then move to Green Zone.

- Residents in the Yellow Zone should be placed in a single room, ideally, or with another resident in the Yellow Zone if a single room is not available.

COVID-19 Risk Assessment Considerations for Quarantine in Yellow Zone after Returning to the Facility from Non-medical Visits and Holiday Celebrations

Facilities should provide residents and their families education on what activities are safe and screen returning residents for signs, symptoms of, and exposure to COVID-19.

Upon return, in addition to routine entry screening, screen for higher risk activities including:

- Resident did not take precautions such as physical distancing and wearing a mask.
- Resident engaged in gatherings indoors in a community with high transmission rates or with more than three households.
- Travel outside of California.

The following returning residents should be tested for COVID-19 and placed in the Yellow Zone for quarantine:

- Symptomatic residents.
- Residents who had close contact with a person with laboratory confirmed COVID-19, regardless of vaccination status.
- Residents returning from travel outside of California who are not fully vaccinated.

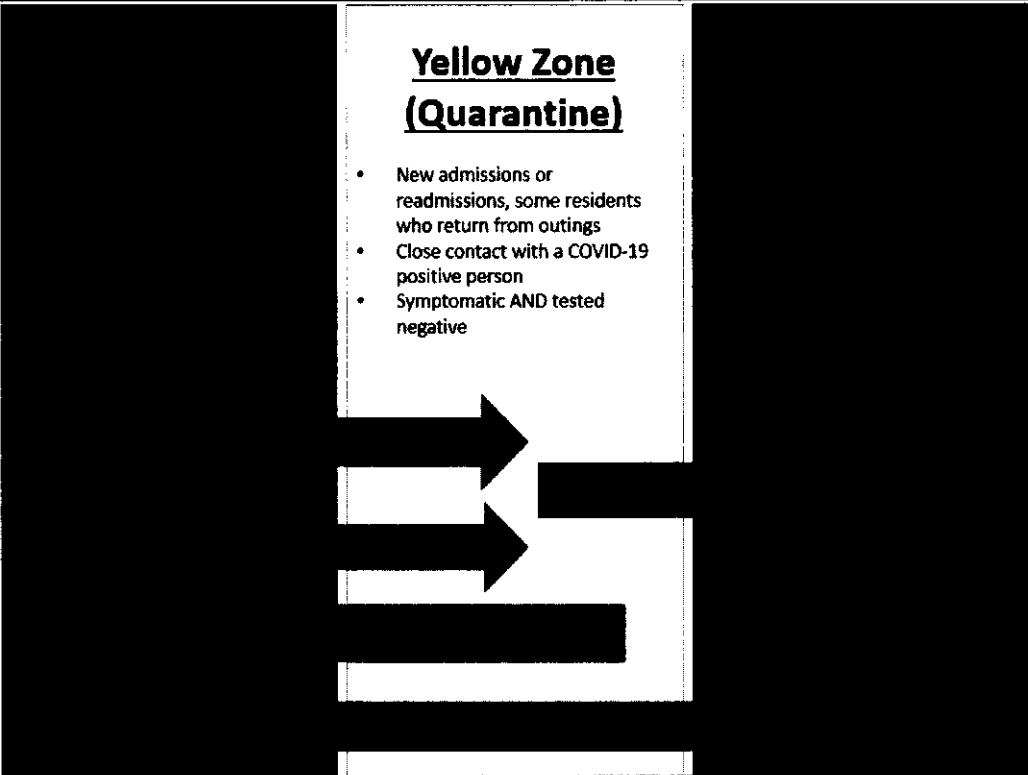
The following returning residents can go directly to the Green Zone (quarantine not needed), but should be screened daily for COVID-19 symptoms for 14 days:

- Resident did not take precautions such as wearing a mask and physically distancing or engaged in gatherings indoors in a community with high transmission rates or with more than three households but was not in close contact with a person with laboratory confirmed COVID-19.
- Resident is fully vaccinated and traveled outside of California.



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<p>14. Schematic of resident movement between zones</p>	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="text-align: center;"><u>Yellow Zone</u> <u>(Quarantine)</u></p> <ul style="list-style-type: none"> • New admissions or readmissions, some residents who return from outings • Close contact with a COVID-19 positive person • Symptomatic AND tested negative </div> 
<p>15. Steps to take for positive COVID-19 case(s)</p>	<ul style="list-style-type: none"> • Put your emergency plan into action to protect your staff and residents. • Seek immediate medical attention by calling 911 for residents that present with any of these COVID-19 emergency warning signs: <ul style="list-style-type: none"> ○ Trouble breathing ○ Persistent pain or pressure in the chest ○ New confusion or inability to arouse ○ Bluish lips or face • When calling 911, notify the operator that the person who needs transport either has or might have COVID-19. Have the person put on a facemask before medical help arrives • Post information and keep your staff and residents informed about public health recommendations to prevent disease spread and about changes to services that might be related to the case. • Ensure that all common areas within the facility follow frequent and effective practices for environmental cleaning. • Report the case as noted in section 10 above. <p>Environmental Health Specialists can visit the site to consult and provide technical assistance on sanitation and cleaning practices. An Environmental Health Specialist can be requested by calling the Environmental Health Program 626-430-5201.</p>
<p>16. Guidelines for use of PPE</p>	<p>Personal Protective Equipment for Staff</p> <ul style="list-style-type: none"> • Staff interacting with symptomatic individuals should provide a surgical mask to the resident and put on an N95 respirator and face shield or goggles



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themselves during close contact with residents.

- Ensure all employees clean their hands, including before and after contact with residents, after contact with contaminated surfaces or equipment, before donning gloves, and after doffing items such as gloves, gowns, and surgical masks or N95 respirators.

Healthcare Activities (for facilities that provide this service)





- Wear disposable gloves for all caregiving activities and general cleaning activities, especially if you may have contact with blood, body fluids, secretions, excretions, non-intact skin, or surfaces or linens soiled with blood or other infectious material. Throw out gloves after each patient use, do not re-use. Perform hand hygiene before donning gloves and after doffing gloves.
- If the resident has a respiratory illness, wear an N95 respirator and face shield or goggles during caregiving activities within 6 feet. Be sure to place a surgical mask on the resident as well during these activities. When working with patients in the Yellow and Red Zones, N95 respirators should be used for the duration of the shift and doffed when contaminated. Do not reuse.
- When removing gloves and mask, first remove and dispose of gloves. Then, immediately wash your hands with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer. Next, remove and dispose of the mask and immediately wash your hands again with soap and water or use an alcohol-based hand sanitizer.
- Consider using a plastic reusable or washable gown or apron, and disinfect between uses for (1) caregiving activities where splashes and sprays may be anticipated and/or (2) high contact care activities, including bathing, that provide opportunities for transfer of pathogens to the hands and clothing of the caregiver.
- When feasible, consider giving bed baths to residents with respiratory illness symptoms to avoid splashes and getting masks wet.
- Close the lid of the toilet or commode prior to flushing to avoid spraying or splashing.
- If assisting with feeding residents, wash hands prior to meal preparation and wear appropriate barriers including gloves and a mask if the patient is ill during feeding.
- Wear gloves while washing utensils and wash hands after removing gloves.



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17. Schematic for Use of Personal Protective Equipment (PPE)

   	<p>Masks or N95 respirators may be worn.</p>	<p>Yellow Zone (Quarantine)</p> <p>N95 respirators should be worn for duration of the shift and doffed when contaminated. Do not re-use.</p>	
		<p>Goggles/face shields for care within 6 feet of resident.</p>	<p>Goggles/face shields worn for duration of shift</p>
	<p>Gowns and gloves should be used when needed. No extended use or re-use.</p>	<p>Gowns and gloves should be worn and changed between residents. No extended use or re-use.</p>	<p>Gown and gloves should be worn and changed between residents. Shortage: gowns may be worn with multiple residents in this area only, gloves should always be changed between residents.</p>

18. Best practices for sanitation and cleaning

Cleaning Practices

- Routinely and effectively clean and disinfect all frequently touched surfaces and objects, such as doorknobs, bannisters, countertops, faucet handles, and phones.
- Environmental cleaning should be done with an EPA-registered disinfectant consistent with recommended wet contact time. See [public health guidance on cleaning in group settings](#).
 - If an EPA-registered disinfectant is not available, use chlorine bleach solution (approximately 4 teaspoons of bleach in 1 quart of water or 5 tablespoons (1/3 cup) bleach per gallon of water). Prepare the bleach solution daily or as needed. Test strips can be used to check if the solution is the right strength.
- Alcohol-based disinfectants may be used if > 70% alcohol and contact time is per label instructions.
- Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but should not be shared without thorough washing. Instruct cleaning staff to avoid “hugging” or shaking out laundry before washing it to avoid self-contamination. Instruct cleaning staff to wash their hands with soap and water or an alcohol-based hand sanitizer immediately after handling infected laundry.

Supplies

- Provide adequate supplies for good hygiene, including easy access to clean and functional handwashing stations, soap, paper towels, and alcohol-based hand sanitizer (especially near food areas and restrooms).
- Hand hygiene stations (sinks with antibacterial soap and alcohol gel products) should be readily available throughout the facility, especially at the entrances of the facility.



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- Make sure tissues are available and all sinks are well-stocked with soap and paper towels for hand washing.
- Educate and remind residents to perform proper hand hygiene throughout the day, particularly after using the restroom and prior to eating their meals.
- Position a trash can near the exit inside any resident rooms (if they are providing care to the resident) to make it easy for employees to discard items such as gloves, surgical masks, and gowns.

NOTE: DPH Environmental Health Specialists can provide technical assistance to your site on sanitation and cleaning practices if needed. An Environmental Health Specialist can be requested by calling the Environmental Health Program at 626-430-5201.

Prevent and reduce spread of COVID-19 between facilities

Transportation

- Residents and drivers should always wear face masks. Residents may share transportation, and physical distancing is not required unless the person being transported is under quarantine or isolation. Windows should also be rolled down, weather permitting.
- When transportation of symptomatic residents is needed:
 - Symptomatic residents should NOT be transported with asymptomatic residents.
 - Have symptomatic residents wear surgical masks.
 - Avoid transporting multiple residents together. When multiple residents need to be transported simultaneously, appropriate social distancing (> 6 feet) should be practiced both for residents and the driver. The resident should be placed on the opposite side of the car from the driver in the seat farthest away from the driver's seat.
 - Vehicle windows should be rolled down to improve ventilation in the car.
 - Transporting vehicles should be outfitted with plastic tarps or coverings that can be cleaned and appropriately disinfected after each transport.
 - Include supplies for good hygiene, including tissues, trashcans, or trash bags for disposal of used tissues, and alcohol-based hand sanitizer.
 - If you plan to transfer the resident to higher level of care due to worsening respiratory status, notify EMS or other transporter that the resident has an undiagnosed respiratory infection.
- **Guidance for Drivers**
 - Drivers of symptomatic residents should take appropriate precautions, including wearing personal protective equipment, such as a well-fitting medical grade surgical/procedure mask.



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Additional Resources

- LAC DPH coronavirus website: <http://www.ph.lacounty.gov/media/Coronavirus/>
- Los Angeles Health Alert Network: DPH emails priority communications to health care professionals through LAHAN on topics such as local or national disease outbreaks and emerging health risks. <http://publichealth.lacounty.gov/lahan/>
- [California Department of Social Services Provider Information Notices](#)
- [Face Masks](#)
- [Cleaning in Group Settings](#)
- [Handwashing](#)
- [Skilled Nursing Facilities Guidance](#)

If you have questions and would like to speak to someone call the LA County Information line at 2-1-1, which is available 24 hours a day.

We appreciate your commitment and dedication to keeping Los Angeles County healthy.



DEPARTMENT OF DEVELOPMENTAL SERVICES

1215 O Street, MS 7-40
Sacramento, CA 95814
TTY: 711
(833) 421-0061



December 17, 2021

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: MINIMUM WAGE INCREASE EFFECTIVE JANUARY 1, 2022

Effective January 1, 2022, due to the implementation of Senate Bill (SB) 3, the minimum wage in California will increase from \$14.00 to \$15.00 per hour for employers with 26 or more employees and from \$13.00 to \$14.00 per hour for employers with 25 or fewer employees. As authorized by the current state budget and Welfare & Institutions (W&I) Code sections 4681.6(b), 4691.6(f) and (g), and 4691.9(b), many vendors will either receive, or be eligible to request, a rate increase if necessary to adjust employees' pay to comply with the new minimum wage. This letter contains information on the types of vendors that are affected and what process will be used to make necessary rate adjustments. Due to an increase in the State's minimum wage under Senate Bill (SB) 3, many vendors will be eligible to request a rate increase if necessary to adjust employees' pay to comply with the new minimum wage.

Providers with Rates Set by the Department

The changes in W&I Code referenced above allow Community-Based Day Programs, In-Home Respite Agencies, and Work Activity Programs to submit rate adjustment requests to the Department of Developmental Services (Department) due to the increase in minimum wage. To request a rate adjustment, providers of these services must submit to the Department information on only those costs necessary to increase an employee's actual hourly wage to the new minimum wage rate and associated mandated employer costs (e.g., Social Security, Medicare, and Workers' Compensation).

Vendors must submit actual wage and mandated employer cost information for affected employees only and total program units of service provided for the period of July, August, and September 2021, or an applicable period of up to three (3) months from January through December 2021. The Department will provide regional centers a copy of all letters sent to service providers in response to rate adjustment requests.

Vendors may begin submitting requests to the Department, with a copy to the vendoring regional center. However, all rate adjustment requests must be received by the Department no later than March 1, 2022. General information about the increase in minimum wage, as well as detailed instructions and a workbook for submitting rate adjustment requests to the Department, can be found at the following website:
www.dds.ca.gov/rc/vendor-provider/minimum-wage/

"Building Partnerships, Supporting Choices"

Regional Center Executive Directors
December 17, 2021
Page two

Providers with Rates Set through Negotiation by the Regional Centers

Statute allows regional centers to negotiate rate adjustments with providers in order to pay employees no less than the minimum wage effective January 1, 2022. The rate adjustment must be specific to the unit of service that is affected by the new minimum wage and shall only include those costs necessary to increase an employee's actual hourly wage to the new minimum wage rate and associated mandated employer costs (e.g., Social Security, Medicare, and Workers' Compensation). Regional centers may use a worksheet similar to the one developed by the Department referenced above to assist in processing negotiated rate adjustment requests and must maintain documentation on the process for granting any rate adjustment associated with minimum wage. Vendors should submit rate adjustment requests to the vendoring regional center by March 1, 2022.

By April 30, 2022, regional centers must provide the Department information on all rate adjustments negotiated with vendors. The Department will follow up with regional centers on the process for reporting the needed information.

Providers with Other Rates

Rates updated as applicable for the following services, effective January 1, 2022, are as follows:

- Non-Mobile Supplemental Staffing (Reimbursement pursuant to Title 17, California Code of Regulations section 57530)
 - o The new rate for service codes 505 and 525 is \$1.80 per consumer hour.

Rate Schedules

Alternative Residential Model (ARM) Rates effective January 1, 2022:

- ARM rates were previously emailed to regional centers on December 3, 2021, and can be found on the Department's website.

Notification to Providers

The Department will notify applicable community-based day programs and in-home respite agencies of their new rates for minimum wage rate increases; regional centers will also receive this information so that provider rates can be adjusted. Regional centers will need to notify the community care facilities and all other applicable service providers of the new rates and make the necessary rate adjustments.

Regional Center Executive Directors
December 17, 2021
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If you have any questions regarding this correspondence, please contact Yasir Ali, Chief, Rates and Fiscal Support Section, at (916) 654-2302 or yasir.ali@dds.ca.gov.

Sincerely,

Original signed by:

MARICRIS ACON
Deputy Director
Federal Programs Division

cc: Regional Center Administrators
Regional Center Directors of Consumer Services
Regional Center Community Services Directors
Association of Regional Center Agencies
Nancy Bargmann, Department of Developmental Services
Carla Castañeda, Department of Developmental Services
Brian Winfield, Department of Developmental Services
Pete Cervinka, Department of Developmental Services
Jim Knight, Department of Developmental Services
Erica Reimer Snell, Department of Developmental Service

DEPARTMENT OF DEVELOPMENTAL SERVICES

1215 O Street, MS 9-90
 Sacramento, CA 95814
 TTY: 711
 (833) 421-0061



December 22, 2021

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: DEPARTMENT DIRECTIVE 01-122221: EXTENSION OF WAIVERS,
 MODIFICATIONS AND DIRECTIVES DUE TO COVID-19

Pursuant to Governor Gavin Newsom's Proclamation of a State of Emergency dated March 4, 2020, and Governor Newsom's Executive Order N-25-20 issued on March 12, 2020, the Director of the Department of Developmental Services (Department) issued numerous Directives to regional centers waiving or modifying certain requirements of the Lanterman Developmental Disabilities Services Act, the California Early Intervention Services Act, and/or certain provisions of Title 17, Division 2 of the California Code of Regulations. Additionally, the Director of the Department issued several Directives pursuant to Welfare and Institutions (W&I) Code section 4639.6 to protect consumer rights, health, safety, or welfare, or in accordance with W&I Code section 4434.

Any waivers, modifications or directives contained in the following Directives are extended an additional 30 days from the current date of expiration, and specified sections within certain Directives are amended, as follows:

Date Issued	Directive Subject	Current Expiration Date	New Expiration Date
3/12/2020	<p data-bbox="272 1261 1092 1293"><u>Department Directive on Requirements Waived due to COVID-19</u></p> <p data-bbox="272 1304 1065 1336"><u>Amendments to Directive (in order by most recent amendment)</u></p> <ul data-bbox="280 1347 1206 1913" style="list-style-type: none"> <li data-bbox="280 1347 1206 1581">• <i>Section "Health and Safety Waiver Exemptions" will be deleted from the Directive, effective January 2, 2022, rescinding the delegation provided to regional center Executive Directors. Beginning January 2, 2022, any requests for rate adjustments for residential services and/or supplemental services in residential settings must be submitted to the Department through the standard health and safety waiver exemption process. (Amendment effective 1/2/2022)</i> <li data-bbox="280 1591 1206 1913">• <i>The following paragraph under section "Health and Safety Waiver Exemptions" is hereby amended to read: "The Director of the Department delegates to regional center Executive Directors the authority to grant rate adjustments for residential services and/or supplemental services in residential settings, consistent with Welfare and Institutions Code sections 4681.6, 4689.8 and 4691.9, to protect a consumer's health or safety as a result of the outbreak of COVID-19. <u>Effective November 3, 2021, this delegation excludes rate adjustments for supplemental staffing in residential settings under Service Code 109. Regional centers must request the Department's approval for</u></i> 	1/1/2022	1/31/2022

"Building Partnerships, Supporting Choices"

Regional Center Executive Directors
 December 22, 2021
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Date Issued	Directive Subject	Current Expiration Date	New Expiration Date
	<p><u>new and ongoing rate adjustments granted under this delegation for Service Code 109, as described in the Department's August 27, 2021 correspondence, "Health and Safety Waivers due to COVID-19 State of Emergency."</u> The waiver will require supplemental reporting to the Department. Instructions on the required supplemental reporting will be provided in a future directive. This delegation is necessary because the Department finds that high risk health conditions and fear of exposure to COVID-19 may cause consumers to forego activities away from their home resulting in a need for additional residential staffing or supplemental services. (Amendment effective 11/3/2021)</p> <ul style="list-style-type: none"> • For section "Early Start In-Person Meetings", the waiver of in-person service coordination meeting requirements is hereby rescinded. <u>Trailer Bill AB 136, effective July 16, 2021, amended Government Code section 95020(c)(1), allowing, until June 30, 2022, individualized family service plan meetings to be held by remote electronic communications when requested by the parent or legal guardian. The waiver of in-person eligibility determination meeting requirements, as provided in this section is extended and remains effective until rescinded. (Amendment effective 7/29/2021)</u> • Effective immediately, section "Early Start Remote Services" is hereby deleted from this Directive. <u>Trailer Bill AB 136 amended Government Code section 95020(d)(5)(A), specifying that early intervention services may be delivered by remote electronic communications. (Amendment effective 7/29/2021)</u> • Effective immediately, section "Lanterman Act In-Person Meetings" is hereby deleted from this Directive. <u>Trailer Bill AB 136 amended Welfare and Institutions Code section 4646(f), allowing, until June 30, 2022, services and supports meetings, including individual program plan meetings, to be held by remote electronic communications when requested by the consumer or, if appropriate, the consumer's parents, legal guardian, conservator, or authorized representative. (Amendment effective 7/29/2021)</u> 		
3/18/2020	<p><u>Department Directive on Requirements Waived due to COVID-19 and Additional Guidance</u></p> <p><u>Amendments to Directive (in order by most recent amendment)</u></p> <ul style="list-style-type: none"> • The following sentence under section "Day Program Services" is hereby amended to read: <u>"To protect public health and slow the rate of transmission of COVID-19, services must be provided in alignment with the guidance issued by CDPH on March 16, 2020. Day program</u> 	1/7/2022	2/6/2022

Regional Center Executive Directors
 December 22, 2021
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Date Issued	Directive Subject	Current Expiration Date	New Expiration Date
	<p><u>services must be provided in accordance with local county public health orders and relevant guidelines issued by the California Department of Social Services and/or California Department of Public Health.</u> (Amendment effective 5/5/2021)</p> <ul style="list-style-type: none"> • The following paragraph under section "Day Program Services" is hereby amended to read: "The Department reiterates the March 12, 2020, directive to regional centers, "State of Emergency Statewide," authorizing regional centers to pay vendors for absences that are a direct result of the COVID-19 outbreak, pursuant to Title 17 section 54326(a)(11). <u>As indicated in the Department's July 17, 2020, directive, "Providing and Claiming for Nonresidential Services During the State of Emergency," retention payments to nonresidential providers for consumer absences are authorized through August 31, 2020. The Department will issue a directive outlining the structure for subsequent reimbursement of claims for providing nonresidential services using alternative service delivery approaches during the State of Emergency.</u>" (Amendment effective 8/10/2020) • Effective immediately, section "WIC §4731 Consumers' Rights Complaints" is hereby deleted from this Directive. The 20-working day requirement for investigating and providing a written proposed resolution to a complainant pursuant to W&I Code section 4731(b) is reinstated. (Amendment effective 7/15/2020) • The following sentence under section "Home and Community-Based Services (HCBS) Self Assessments" is hereby amended to read: "The requested completion date for provider HCBS self-assessment has been extended to June 30, 2020 <u>August 31, 2020.</u>" (Amendment effective 6/8/2020) 		
3/25/2020	<p>Department Directive 02-032520: Requirements Waived due to COVID-19 <u>Amendments to Directive (in order by most recent amendment)</u></p> <ul style="list-style-type: none"> • Section "In-Home Respite Workers" will be deleted from this Directive, effective May 31, 2021. (Amendment effective 5/31/2021) • The following paragraph under section "In-Home Respite Workers" is hereby amended to read: "To increase available workforce and support consumers and families at home, the Department waives Title 17 section 56792(e)(3)(A) requirements for in-home respite workers to possess first aid and cardiopulmonary resuscitation training prior to employment when the consumer receiving services does not have chronic or presenting health concerns. <u>Training must be obtained within 30 days of starting work.</u>" (Amendment effective 7/15/2020) 	1/14/2022	2/13/2022

Regional Center Executive Directors
 December 22, 2021
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Date Issued	Directive Subject	Current Expiration Date	New Expiration Date
3/30/2020	<u>Department Directive 01-033020: Additional Participant-Directed Services</u>	1/19/2022	2/18/2022
4/15/2020	<p><u>Department Directive 01-041520: Requirements Waived due to COVID-19</u> <u>Amendments to Directive (in order by most recent amendment)</u></p> <ul style="list-style-type: none"> • <i>Section "Residential Facility Payments" will be deleted from this Directive, effective May 1, 2021. (Amendment effective 5/1/2021)</i> • <i>Section "EBSH/CCH Registered Behavior Technician Certification" will be deleted from this Directive, effective January 10, 2021. (Amendment effective 1/10/2021)</i> • <i>The following paragraph under section "Residential Facility Payments" is hereby amended to read: "The Department hereby modifies any requirements of the Lanterman Act or Title 17 regarding payments to a residential facility when a consumer is temporarily absent. If the temporary absence from the facility is for the purpose of preventing or minimizing the risk of exposure to COVID-19 and the regional center is in agreement that the absence is related to this purpose, the regional center shall continue to pay the established rate as long as no other consumer occupies the vacancy or until it is determined the consumer will not return to the facility and the facility retains and continues to pay staff during this time. Any claims made for these absences are subject to audit and review. <u>Regional centers shall report to the Department by December 15, 2020, all current approved payments for temporary absences in accordance with this section. The Department will issue a subsequent communication regarding the process and format for reporting.</u>" (Amendment effective 12/1/2020)</i> • <i>The following paragraph under section "Vendor Fiscal Audits" is hereby amended to read: "The requirements of Article III, Section 9, paragraph (c) of the Department's regional center contract are waived for Fiscal Year 2019-20. To the extent feasible, regional centers shall continue to conduct fiscal audits in accordance with this paragraph." (Amendment effective 7/15/2020)</i> • <i>The following sentence under section "Home and Community-Based Services (HCBS) Final Rule Compliance Information" is hereby amended to read: "Regional centers shall post this information on their websites by July 1, 2020 <u>August 31, 2020.</u>" (Amendment effective 6/8/2020)</i> 	1/5/2022	2/4/2022

Regional Center Executive Directors
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Date Issued	Directive Subject	Current Expiration Date	New Expiration Date
6/15/2020	<u>Department Directive 01-061520: Extension of Early Start Services</u>	1/6/2022	2/5/2022
10/2/2020	<u>Department Directive 01-100220: Waiver of Half-Day Billing Requirements for Day Services</u>	12/26/2021	1/25/2022
11/19/2020	<u>Department Directive 01-111920: Waiver of Self-Determination Program Budget Restrictions for Financial Management Services</u>	1/13/2022	2/12/2022

The extension of time for these Directives continues to be necessary to protect public health or safety and to ensure delivery of services.

All COVID-19 related directives and guidance issued by the Department can be found at: www.dds.ca.gov/corona-virus-information-and-resources.

If you have questions regarding this Directive, please email DDSC19Directives@dds.ca.gov.

Sincerely,

Original Signed by:

NANCY BARGMANN
 Director

cc: Regional Center Board Presidents
 Regional Center Administrators
 Regional Center Directors of Consumer Services
 Regional Center Community Services Directors
 Association of Regional Center Agencies

DEPARTMENT OF DEVELOPMENTAL SERVICES

1215 O Street, MS 9-60
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December 23, 2021

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: BOOSTER SHOT MANDATE AND OTHER INFORMATION

Booster Shots

Yesterday, the Governor announced new requirements for healthcare workers and other people in California. The State's Public Health Officer also issued an amended Public Health Order (PHO) for adult care facilities and direct care workers to implement those requirements, and accompanying Frequently Asked Questions (FAQs). This PHO requires booster shots for specified workers, and the weekly testing of specified workers eligible for booster shots who have not yet received their booster shots.

This new PHO amends the September 28, 2021 PHO (described in our previous letter) by adding a new section #7 and amending section #9. The new PHO maintains the definitions of employers, workers and exemptions. The new PHO requires, by February 1, 2022 or no later than 15 days after the recommended timeframe below for receiving the booster dose:

"All workers currently eligible for boosters, who provide services or work in indoor settings described in section (4) must be "fully vaccinated and boosted" for COVID-19 by receiving all recommended doses of the primary series of vaccines and a vaccine booster dose pursuant to Table A below."

Table A in the PHO is below:

COVID-19 Vaccine	Primary vaccination series	When to get the vaccine booster dose	Which vaccine booster dose to receive
Moderna or Pfizer-BioNTech	1st and 2nd doses	Booster dose 6 mos after 2nd dose	Any of the COVID-19 vaccines authorized in the United States may be used for the booster dose, but either Moderna or Pfizer-BioNTech are preferred.

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COVID-19 Vaccine	Primary vaccination series	When to get the vaccine booster dose	Which vaccine booster dose to receive
Johnson and Johnson [J&J]/Janssen	1st dose	Booster dose 2 mos after 1st dose	Any of the COVID-19 vaccines authorized in the United States may be used for the booster dose, but either Moderna or Pfizer-BioNTech are preferred.
World Health Organization (WHO) emergency use listing COVID-19 vaccine	All recommended doses	Booster dose 6 mos after getting all recommended doses	Single booster dose of Pfizer-BioNTech COVID-19 vaccine
A mix and match series composed of any combination of FDA-approved, FDA-authorized, or WHO-EUL COVID-19 vaccines	All recommended doses	Booster dose 6 mos after getting all recommended doses	Single booster dose of Pfizer-BioNTech COVID-19 vaccine

Please note that for workers in facilities licensed by the California Department of Public Health (CDPH), the requirements are slightly different, including a twice-weekly testing requirement. Details for these facilities can be found in a separate public health order for health care workers, [here](#). There also is an [FAQ document](#) for the health care worker public health order.

Under the PHO for adult care facilities and direct care workers, those workers with an approved vaccine exemption or who are eligible for a booster but have not yet received it, testing must be conducted weekly, commencing December 27, 2021. Details of this requirement are found in the amended section 9 of the new PHO. These workers also must wear a surgical mask or higher-level respirator at all times while in the facility or home.

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Personal Protective Equipment

As a reminder, both the use of personal protective equipment (PPE) including face coverings, and the practice of public health preventive measures such as frequent handwashing, remain effective COVID-19 prevention methods and should be continued, as appropriate. It remains an employer's responsibility to provide a safe environment for its employees. PPE is available broadly in the open market. However, the Department understands that in some cases there may be difficulties in obtaining it. If PPE cannot be obtained through local efforts and resources, then requests from regional centers for PPE in specific quantities may be made to the Department's Emergency Officer, Tamara Rodriguez, at tamara.rodriguez@dds.ca.gov. The State may be able to provide masks, gloves, gowns, face shields and hand sanitizer in such situations, if available. The Department has been assured that all state-procured PPE meets the same specifications necessary for its FDA approval.

Other Information

The California Department of Public Health's (CDPH's) vaccine record guidelines and standards, including how to obtain records and provide proof of vaccinations, among other topics, is found here.

The CDPH issues a daily press release containing the latest statewide COVID-19 numbers and other information that may be available. Those press releases can be found here. (Please note that in 2022, this link may change to reflect the new year.) On December 22, 2021, the daily press release provided a significant amount of information, which is provided for your convenience as Attachment A to this letter.

The federal Food and Drug Administration (FDA) has approved the first two pill-based COVID treatments. The first pill, called Paxlovid and manufactured by Pfizer, is available only via prescription, for people ages 12 and older who have tested positive for COVID-19 and are at high risk of progression to severe COVID-19. The second pill, called Molnupiravir and manufactured by Merck, also is available only by prescription for people age 18 and older, and the situations in which it may be used are very limited. Supplies of both pill-based treatments are expected to be limited during the first months of 2022. Please read the FDA's announcements for additional information.

This letter is intended to share information, connect you directly with the sources of that information, and therefore should not be considered legal advice. We will continue to keep you updated as additional information becomes available about COVID-19, vaccines, booster shots, and other public health and workplace guidance.

Regional Center Executive Directors
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Thank you in advance for ensuring this latest public health order and other information in this letter receive appropriate attention.

Sincerely,

Original signed by:

PETE CERVINKA
Chief, Data Analytics and Strategy

Attachment

cc: Regional Center Board Presidents
Regional Center Administrators
Regional Center Directors of Consumer Services
Regional Center Community Services Directors
Association of Regional Center Agencies

Regional Center Executive Directors
December 23, 2021
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Attachment A

The following information and resources were provided by the CDPH on December 22, 2021:

Omicron Variant

The recent emergence of the Omicron variant emphasizes the importance of getting a vaccine, booster, and taking prevention efforts needed to protect against COVID-19. As of December 21, 2021, 191 confirmed cases associated with the Omicron variant have been reported to the state. This number will be updated weekly with the other variants California is currently monitoring on the CDPH Tracking Variants webpage. For more information about the Omicron variant, see the Omicron variant fact sheet.

Stop the Spread: Get Vaccinated for COVID-19

The risk for COVID-19 exposure and infection continues as a number of Californians remain unvaccinated. Real-world evidence continues to show that the vaccine is preventing severe illness, hospitalization, and death. With the combination of colder weather keeping people indoors, the waning of vaccine and natural immunity, and more mingling among non-household members, public health officials urge Californians to get vaccinated and boosted as soon as possible to help prevent a possible winter surge in COVID-19 cases.

It is recommended that every vaccinated adult 18 years or older should get a booster as long as they received their second dose of the Pfizer or Moderna vaccine at least six months ago or they received their Johnson & Johnson vaccine at least two months ago.

Vaccination appointments can be made by visiting the MyTurn website (myturn.ca.gov) or calling 1-833-422-4255. The consent of a parent or legal guardian may be needed for those under age 18 to receive a vaccination. Visit Vaccinate All 58 to learn more about the safe and effective vaccines available for all Californians 5+.

Your Actions Save Lives

Protect yourself, family, friends and your community by following these prevention measures:

- **Celebrate safely:** Take commonsense steps this holiday season to protect yourself, your family and your community as you celebrate the holiday season.

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- **Upgrade your mask:** Good fit and filtration continue to be the best way to get the most out of your mask. The best masks for preventing COVID-19 include the N95, KN95 and KF94. If you don't have access to one of these masks, wear a surgical mask or a surgical mask with a cloth mask on top. If you choose a fabric mask, opt for one with three or more cloth layers. No matter what kind of mask you wear, check the fit by avoiding gaps above the nose or on the sides.
- **Get vaccinated for COVID-19 and flu:** It's your turn now! It's recommended for everyone over six months of age to be vaccinated for the flu. For COVID-19, Californians age 5+ are eligible to make appointments or go to a walk-in site for vaccination. You can get your flu and COVID-19 vaccines on the same day.
- **My Vaccine Record** is an easy way to show vaccination status at venues or businesses that require proof of vaccination. Visit the Digital COVID-19 Vaccine Record website (myvaccinerecord.cdph.ca.gov) today to get your vaccine record.
- **Stay Home & Get Tested if Sick:** If you are experiencing symptoms of COVID-19 (fever, cough, shortness of breath, fatigue, muscle or body aches), or believe you have been exposed, get tested, call your health care provider, and stay home and away from others. Free, confidential testing is available statewide. Avoid close contact with people who are sick and stay home from work and school if you feel ill.
- **Wash hands** with soap and water for at least 20 seconds.
- **Travel tips:** Delay travel (both domestic and international) until you are fully vaccinated. See the CDC's full travel guidance. If you decide to travel, it is recommended that all travelers arriving in California test for COVID-19 within three to five days after arrival, regardless of their vaccination status.
- **Avoid crowded venues** or areas when cases are high.
- **Add your phone to the fight:** Sign up for COVID-19 exposure notifications from CA Notify.
- **Answer the call or text** if a contact tracer from the CA COVID Team or your local health department tries to connect.
- **Check with your local health department** about local conditions. Local health jurisdictions can implement protocols that are stricter than state guidance.

Tracking COVID-19 in California

- Data and Tools – Models and dashboards for researchers, scientists and the public

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- [COVID-19 Race & Ethnicity Data](#) – Weekly updated Race & Ethnicity data
- [Cases and Deaths by Age Group](#) – Weekly updated Deaths by Age Group data
- [Health Equity Dashboard](#) – See how COVID-19 highlights existing inequities in health
- [Tracking Variants](#) – Data on the variants California is currently monitoring
- [Safe Schools for All Hub](#) – Information about safe in-person instruction

Testing Turnaround Time

- The [testing turnaround time dashboard](#) reports how long California patients are waiting for COVID-19 test results. During the week of December 5 to December 11, the average time patients waited for test results was 1.1 day. During this same time period, 71% of patients received test results in one day and 97% received them within two days.

Multisystem Inflammatory Syndrome in Children (MIS-C)

- As of December 20, there have been 767 cases of [Multisystem Inflammatory Syndrome in Children \(MIS-C\)](#) reported statewide. MIS-C is a rare inflammatory condition associated with COVID-19 that can damage multiple organ systems. MIS-C can require hospitalization and be life threatening.

The Appeals Process Survey

Your family is one of a small number selected to participate in this survey. Your feedback really matters! We will keep your answers confidential. Your answers will not affect your services. If you need help with the survey, please email familyinput@dds.ca.gov.

1. Did you file an appeal within the past three years?

If "No" or "I don't know" is selected, skip to question 3B.

- Yes
- No
- I don't know

2. How many separate appeals did you file?

- 1
- 2
- 3 or more
- I don't know

3. What was your appeal about? Select all that apply.

- Eligibility for regional center services
- Services you want to get or keep getting from the regional center
- Other _____

4. How did you learn about your appeal rights? Select all that apply.

- Notice of Action
- Regional Center staff
- State Council on Developmental Disabilities (SCDD)
- Office of Clients' Rights Advocacy (OCRA)
- Friend
- Training
- I already knew my appeal rights
- Other

5. Did you receive a Notice of Action (NOA) from your regional center? The NOA is a form that explains what the regional center did. It is often sent with a letter and a booklet that further explains your hearing rights.

If "No" or "I don't know" is selected, skip to question 11.

- Yes
- No
- I don't know

For questions 6-10 please tell us about the NOA you received from the regional center.

6. Was the NOA translated for you?

- Yes
- No
- I don't know
- Not Applicable (English is my preferred language)

7. Was the NOA easy to understand?

- Yes
- Somewhat
- No

8. Did the NOA explain how to appeal the regional center's decision?

- Yes
- Somewhat
- No

9. Did the NOA explain how to keep your current services during the appeal (also called Aid Paid Pending)?

- Yes
- Somewhat
- No
- Not Applicable (my appeal was not about a current service)

10. Did the NOA explain who could help you appeal?

- Yes
- No
- I don't know

11. Did you attend an informal meeting? This is a meeting between you and regional center staff. The purpose is to try to resolve your issue.

If "No" or "I don't know" is selected, skip to question 11.

- Yes
- No
- I did not request one
- I don't know

12. During the informal meeting, did the regional center staff try to solve your problem?

- Yes
- Somewhat
- No

13. During the informal meeting, was the regional center staff respectful?

- Yes
- Somewhat
- No

14. During the informal meeting, did the regional center staff listen to you?

- Yes
- Somewhat
- No

15. After your informal meeting, did you receive a written decision?

If "No" or "I don't know" is selected skip to question 17

- Yes
- No
- I don't know

16. Did you understand the written decision?

- Yes
- Somewhat
- No

17. Did you attend mediation? This is a meeting with you, regional center staff and a mediator from the Office of Administrative Hearings. The purpose is to try to resolve your issue.

If "No" or "I don't know" is selected skip to question 23

- Yes
- No, I did not ask for mediation
- No, I asked for mediation but the regional center declined
- I don't know

18. During mediation, did the mediator try to solve your problem?

- Yes
- Somewhat
- No

19. During mediation, was the mediator respectful?
- Yes
 - Somewhat
 - No
20. During mediation, did the mediator listen to you?
- Yes
 - Somewhat
 - No
21. During mediation, was the regional center staff respectful?
- Yes
 - Somewhat
 - No
22. During mediation, did the regional center staff listen to you?
- Yes
 - Somewhat
 - No
 - I spoke to the mediator separately
23. Did you attend a fair hearing? This is a hearing held before an Administrative Law Judge (ALJ) from the Office of Administrative Hearings.
- If "No" or "I don't know" is selected, skip to question 28.*
- Yes
 - No
 - I don't know
24. During the fair hearing, was the ALJ respectful?
- Yes
 - Somewhat
 - No
25. During the fair hearing, did the ALJ listen to you?
- Yes
 - Somewhat
 - No

26. During the fair hearing, was the regional center staff respectful?

- Yes
- Somewhat
- No

27. During the fair hearing, did the regional center staff listen to you?

- Yes
- Somewhat
- No

28. Why did your appeal end? Choose all that apply.

- I got what I asked for
- I got part of what I asked for
- I did not have time to appeal
- The appeal process seemed too hard
- I did not have anyone to help me with the appeal process
- I received a decision from the Administrative Law Judge (ALJ)
- Other _____

29. If you had help, who helped you with the appeal? Select all that apply.

- My regional center service coordinator
- Other regional center staff
- The State Council on Developmental Disabilities (SCDD)
- The Office of Clients' Rights Advocacy (OCRA)
- Someone else (write in the blank) _____
- Not Applicable

30. Tell us about the outcome of your appeal?

- I got what I asked for
- I got part of what I asked for
- I did not get what I asked for

31. Did you request regional center documents in your preferred language?

if selected "No" or "I don't know" skip to question 34

- Yes
- No
- I don't know

32. Were the regional center documents provided in your preferred language?

If "No" is selected skip to question 34

- Yes
- Partially
- No

33. When were the documents provided in your preferred language? Select all that apply.

- At the informal meeting
- After the informal meeting
- At mediation
- At the fair hearing

34. Did you request an interpreter?

If selected "No" or "I don't know" skip to question 38.

- Yes
- No
- I don't know

35. Was an interpreter provided?

If "No" is selected skip to question 38

- Yes
- Sometimes
- No

36. When was the interpreter provided? Select all that apply.

- At the informal meeting
- At the mediation
- At the fair hearing

37. Were you happy with the interpreter services?

- Yes
- Somewhat
- No

38. [OPTIONAL] Other comments:

OPTIONAL QUESTIONS

These questions are optional. Your information will be kept confidential. Your answers will not affect your services.

Provide your contact information to participate in a focus group about the appeal process.

Name _____

Contact Information _____

Provide your contact information if you would like someone from DDS to contact you about this survey.

Name _____

Contact Information _____

Which of the following best describes you?

- I receive services from a regional center
- I am a family member of an individual who receives regional center services
- Other

What regional center provides you or your family member services?

- Alta California Regional Center
- Central Valley Regional Center
- Eastern Los Angeles Regional Center
- Far Northern Regional Center
- Frank D. Lanterman Regional Center
- Golden Gate Regional Center
- Harbor Regional Center
- Inland Regional Center
- Kern Regional Center
- North Bay Regional Center
- North Los Angeles Regional Center
- Redwood Coast Regional Center
- Regional Center of the East Bay
- Regional Center of Orange County
- San Andreas Regional Center
- San Diego Regional Center
- San Gabriel/Pomona Regional Center
- South Central Regional Center
- Tri Counties Regional Center
- Valley Mountain Regional Center

- Westside Regional Center

What is your ethnicity? Check all that apply.

- Black/African American
- Chinese
- Filipino
- Latino/LatinX/Hispanic
- Native American
- Pacific Islander
- Vietnamese
- White
- Other Asian
- Other



DEPARTMENT OF DEVELOPMENTAL
SERVICES
2022-23 GOVERNOR'S BUDGET

January 2022

ATTACHMENT K

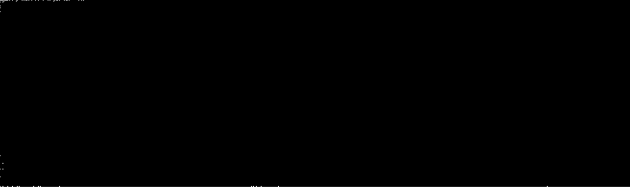
DDS BUDGET

HEADQUARTERS SUPPORT
Sacramento and Corcoran Area

\$136M

\$316M

\$1.2B



2022-23

\$12.4 Billion

RC Caseload 407,634

\$167M

\$335M

\$1B



2021-22

\$10.9 Billion

RC Caseload 386,431

STATE-OPERATED SERVICES

STAR CAST and State Facilities

REGIONAL CENTER (RC) OPERATIONS

Intake & eligibility, service coordination & administrative functions

\$9.3B

REGIONAL CENTER PURCHASE OF SERVICE

(POS)

IPP services and Community Resource Development

May not reflect exact amounts due to rounding

AMERICAN RESCUE PLAN ACT (ARPA) UPDATE

Home and Community-Based Services Spending Plan, \$1.6 B Total Funds through March 2024:

- Language Access & Cultural Competency \$45.8M
- Coordinated Family Supports \$41.7M
- Enhanced Community Integration for Children & Adolescents \$12.5M
- Social Recreation & Camp Services \$121.1M
- Rate Model Implementation \$1.4B
- Information Technology Modernization \$7.5M

The American
Rescue Plan
Act of 2021

AMERICAN RESCUE PLAN ACT UPDATE

Early Start Part C, \$24 M through January 2024

- Family Wellness \$7.0M
- Develop Culturally & Linguistically Sensitive Services \$4.5M
- Outreach \$4.2M
- Technology \$1.3M
- Technical Assistance & Monitoring \$0.5M
- Initiatives in Collaboration with CDE \$6.5M

2022-23 UPDATED POLICIES, REGIONAL CENTER OPERATIONS

- Performance Incentives Program, \$87.5M (\$83.8M increase)
- DSP Workforce Training & Development, \$16.2M (\$11.9M increase)
- Enhanced Service Coordination for Low-No POS, \$14.2M (\$1.4M increase)
- Specialized Home Monitoring, \$10.2M (\$1.9M increase)
- Lanterman Act Provisional Eligibility, \$8.1M (\$545,000 increase)
- Specialized Caseload Ratio for Complex Needs, \$4.4M (\$200,000 increase)
- Regional Center Emergency Coordinators, \$2.5M (\$483,000 increase)

2022-23 UPDATED POLICIES, PURCHASE OF SERVICES

- Service Provider Rate Reform, including quality incentive payment, \$554.2M (\$427.1M increase)
- SB 3 Minimum Wage Increase, \$4.1M
- Social Recreation & Camp Services, \$49M (\$19.6M increase)
- START Training, \$17.9M (\$1.3M increase)
- Lanterman Act Provisional Eligibility, \$17.4M (\$1.2M increase)

NEW POLICIES—REGIONAL CENTERS & DDS

Fiscal Year 2022/23

Children’s Support and Early Start Coordination, \$65.5M

- Reduced caseload ratios for children through age 5, \$51.1M
- Part C to B Transitions resources for preschools to increase inclusion of children served by RCs, \$10.0M
- IDEA Technical support for service coordinators, \$3.2M
- DDS staff for coordinating and monitoring activities, \$1.2M

Communications assessments for consumers who are deaf, \$15.0M

Subminimum wage phase-out pilot, \$8.4M

- New Service Model, \$8.2M (3-Year Pilot)
- DDS staff for workload associated with phase-out implementation plan, \$253,000

Federal Compliance, \$1.7M

- Screening activities RCs/providers, \$550,000 (screening & background checks)
- DDS resources for SDP monitoring, HCBS monitoring, contracting with SCDD, \$1.2M

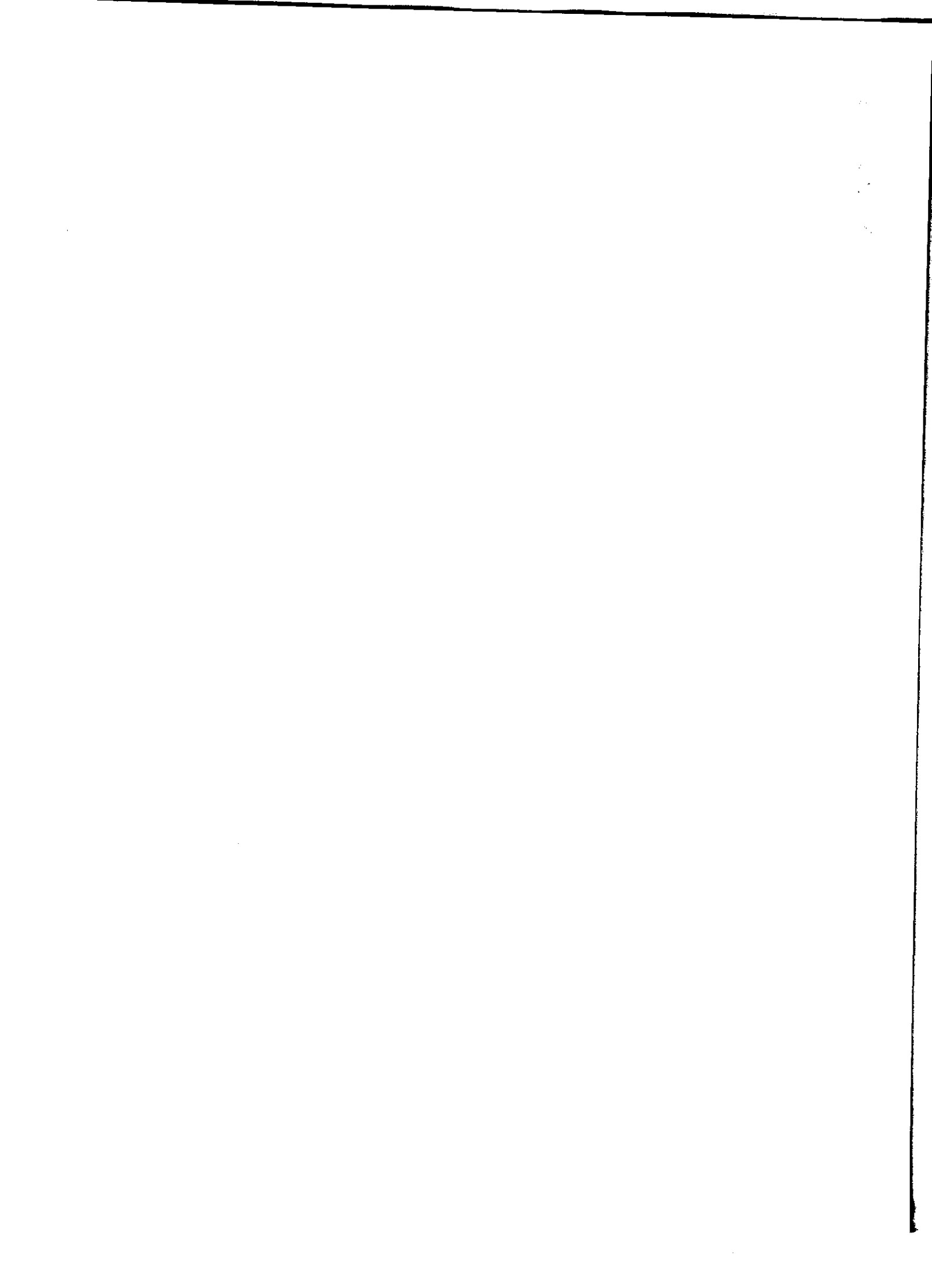
REMAINING DDS BCPs & State Operated Facilities

DDS BCPs

- Clinical Monitoring, \$698,000 (5 staff)
- Safety Net Program Support, \$546,000 (3 staff)
- Administrative Support-STAR Homes, \$968,000 (7 staff)
- Information Security Staffing Support, \$905,000 (4 staff)
- Reimbursement System Project, \$6.5M (2 staff)
- Electronic Visit Verification Phase II, DDS share \$5.9M (4 staff)

State Operated Facilities

- Continue Warm Shutdown, \$18.2M
- Control Section Adjustments, \$482,000
- Retention Stipend Carryover, \$500,000
- CO BCP for Porterville Sprinklers, \$3.9M reappropriation



DEPARTMENT OF DEVELOPMENTAL SERVICES

1215 O Street, MS 7-40
Sacramento, CA 95814
TTY: 711
(833) 421-0061



January 13, 2022

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: SELF-DETERMINATION PROGRAM – GOODS AND SERVICES

In alignment with the key principles of the Self-Determination Program (SDP), participants have the authority to control an individual budget to purchase needed services and supports to achieve their Individual Program Plan (IPP) goals. The purpose of this correspondence is to provide additional guidance regarding goods and services in the SDP.

Deciding if a cost may be included in the SDP Budget

Before including any good or service in an individual budget or SDP spending plan, the planning team must first be clear about how the good or service addresses an identified need or goal in the IPP. Enclosure A provides detailed information about how the participant and the planning team can determine if a good or service addresses a need or goal in the IPP.

As noted in the Department of Developmental Services' January 11, 2019 directive regarding the individual budget and spending plan, SDP funds can only be used for goods and services that:

- have been approved by the federal Centers for Medicare and Medicaid Services; and,
- are not available through other funding sources (e.g., Medi-Cal, In-Home Supportive Services, schools, etc.)

However, in some cases consumers may require additional goods and services outside of what is funded by the individual budget to support their IPP. Enclosure B provides guidance on goods and services that can be funded by the individual budget in the spending plan, as well as what will be handled outside of the individual budget.

“Building Partnerships, Supporting Choices”

Regional Center Executive Directors
January 13, 2022
Page two

Determining Service Designation (Participant-Directed Goods and Services)

The SDP allows for a service type defined as "Participant-Directed Goods and Services." Enclosure C contains a flow chart intended to help the planning team determine when a good or service can be funded through Participant-Directed Goods and Services, Service Code 333.

If you have any questions regarding this correspondence, please contact sdp@dds.ca.gov.

Sincerely,

Original signed by:

MARICRIS ACON
Deputy Director
Federal Programs Division

Enclosures

cc: Regional Center Administrators
Regional Center Directors of Consumer Services
Regional Center Community Services Directors
Association of Regional Center Agencies
State Council on Developmental Disabilities
Nancy Bargmann, DDS
Brian Winfield, DDS

The Individual Program Plan (IPP) team, using a person-centered planning process, develops the IPP which identifies the type and amount of all the needed goods and services to achieve the planned outcomes and ensure the participant's health and safety. The IPP team also develops the individual budget, which is the amount of regional center funding available to purchase goods and services to implement the IPP.

After the individual budget amount is determined, the participant develops a spending plan to use the available funds to purchase goods and services which meet their IPP goals and objectives. In developing their spending plan, the participant should consider the following:

Step 1: Is the Good or Service Related to the Self-Determination Participant's Needs and IPP Goals?

Each good or service in the spending plan must address an identified need or goal in the IPP.

- What is the need and how does it relate to the individual's IPP goals?
- How does the good or service help achieve the desired outcome in the IPP?
- Does the good or service increase participation in the community?

If the good or service is not related to participant's IPP need or will not help the participant achieve an IPP goal, it should not be included in the spending plan.

Step 2: Is there a Natural Support or Generic Service that Can Be Used?

Before including the good or service in a spending plan, the participant should determine if the good or service can be provided by a natural support or a generic service. In the SDP, participants must use available generic services first.

- Explore if there are natural supports that might help achieve that goal or outcome. For example, an older sibling of a minor self-determination participant may be available and able to watch the participant while the parent does the family's weekly grocery shopping. If this is possible it may not be necessary to use paid support and the unpaid older sibling would be considered a natural support.
- Explore if there are available generic services that might help achieve that outcome. For example, is the individual eligible for in-home supportive services (IHSS) and if so, do they receive personal care attendant (PCA) services that can be used? The regional center should assist the individual in applying for generic services.

Step 3: Are the Goods and Services Allowed Under the SDP and Medicaid?

The SDP is part of a federal government Medicaid waiver. This waiver approved a list of goods and services that may be purchased. SDP participants may only purchase goods and services that are allowed by the waiver (see Enclosure B).

Enclosure A

- The definitions of allowed Medicaid waiver goods and services may be found [here](#). If the needed good or service falls within one of the allowed goods and services, that good or service may be listed on the spending plan.
- Some goods and services are not allowed under the SDP. The list of what is not allowed is found in Enclosure B. This list is not all inclusive.
- Some other goods and services may be provided outside of the participant's budget (see Enclosure B).
- There are additional rules about purchasing Participant-Directed Goods and Services under Service Code 333. These are discussed in Step 5 and in Enclosure C.

Step 4: Who Can Be Paid to Provide Services in the Spending Plan and What are the Provider Qualifications?

- Definitions of who is qualified will depend on the type of service. For example, some services such as nursing services or therapy services may require the person have a degree and a state license. Other services, such as a respite worker, do not have education or licensing requirements. All services must be provided by an adult and someone who is qualified to work.
- Specific service provider qualifications can be found [here](#) by searching for the specific service definition. A participant may hire someone with additional qualifications or skills if needed to meet their individual needs.
- A legally responsible person cannot be paid to provide services. This means, a person who has a legal obligation to care for another person. Legal responsibility is defined by state law, and generally includes the parents (natural or adoptive) of minor children, legally assigned caretaker, relatives of minor children, and sometimes spouses.

Step 5: Use of Participant-Directed Goods and Services

Participant-Directed Goods and Services are services, equipment or goods not otherwise provided through the SDP or through Medi-Cal, that address an identified need in the IPP (including accommodating, improving and maintaining the participant's opportunities for full membership in the community). An IPP team may consider the use of Participant-Directed Goods and Services after it has explored other possible goods and services and no other service aligns with the participant's IPP needs or goals. The Participant-Directed Goods and Services must be documented in the participant's IPP and purchased from the participant's individual budget. Experimental or prohibited treatments shall not be provided.

For Participant-Directed Goods and Services to be used, it must meet the federal waiver requirements for this service:

1. The good or service would result in less need for other Medicaid services

Enclosure A

- a. *How will this good or service result in less need for services as it relates to the desired outcome in the plan? OR*
2. Promote interdependence and inclusion in the community
 - a. *How will this good or service promote involvement in the community as it relates to the outcome in the plan? OR*
3. Increase the person's safety in the home environment
 - a. *How will the good or service promote the participant's personal safety at home, in relation to the outcome in the plan? AND*
4. The good or service is not available through another funding source
 - a. *Are there other sources, including available generic resources, that might fund the good or service?*

Enclosure B provides additional information about the types of goods and services that may be purchased. This list is not all-inclusive.

Step 6: Spending Plan Development and Review

- Participants develop their spending plan.
 - The spending plan shall identify the cost of each good and service that will be purchased with regional center funds. If the exact cost is not known, it may be estimated.
 - The spending plan identifies the type of person providing each service. It does not need to include the name of a specific provider.
 - The total spending plan amount cannot exceed the total individual budget amount.
- Once the spending plan has been completed, the regional center reviews the spending plan for compliance with state law, including verification that the identified goods and services are eligible for federal financial participation and are not used to fund goods or services that are available through generic agencies.
- The approved spending plan must be attached to participant's IPP.

Self-Determination Program (SDP): What can or cannot be paid for and why?

The following information is intended to assist a participant and their team with the most common questions about SDP goods and services to date; it is not all-inclusive. For reference, the more comprehensive list of service descriptions can be found here. If you have questions, please contact your regional center.

Goods and Services	Not Allowed, Allowed or Available: Not Included In Budget Calculation/Spending Plan	Why?	What does this mean?
HOME AND LIVING EXPENSES			
Housing access supports necessary to implement their individual program plan (IPP)	Allowed	Federal Waiver Service Code 314	Individual housing transition services, such as finding a place to live and helping with the tenant application Individual housing and tenancy sustaining services, such as helping the participant with tenant/landlord disputes or helping with recertifying housing
Disability-related environmental accessibility adaptation necessary to implement their IPP	Allowed	Federal Waiver Service Code 356	Adaptations to a person's home related to their disability, ensuring their health, welfare, and safety, or increasing the individual's independence within their home (for example, a ramp, grab bars, door opener)
Room and board	Not Allowed	Prohibited in Federal Waiver Programs	Rent, groceries, meals, hotel stays cannot be purchased directly (for example, paying a respite worker cash) and then billed to a Financial Management Service (FMS) agency for reimbursement
Adaptations or improvements to the home that are of general utility and are not related to the disability-related needs of the participant	Not Allowed	Prohibited in Federal Waiver Programs	Housing repair/renovations unrelated to disability needs and typical items that are the responsibility of the homeowner or landlord (for example, aesthetic kitchen remodel, swimming pool, electrician or plumbing services, roofing repairs, HVAC repair, updating appliances)

Goods and Services	Not Allowed, Allowed or Available: Not Included in Budget Calculation/Spending Plan	Why?	What does this mean?
VEHICLES			
Disability-related vehicle modifications and adaptations and upkeep and maintenance of these items	Allowed	Federal Waiver Service Code 377	Adaptations or alterations to an automobile or van that is the participant's primary means of transportation in order to accommodate the disability needs of the participant (for example, lifts, ramps, hand brakes) Upkeep and maintenance of those modifications to an automobile or van that is the participant's primary means of transportation in order to accommodate the disability needs of the participant
Purchase or lease of a vehicle	Not Allowed	Prohibited in Federal Waiver Programs	Purchase/lease of a vehicle for transportation is not allowable.
Adaptations or improvements to a vehicle unrelated to a disability-related need	Not Allowed	Prohibited in Federal Waiver Programs	Upgrades or improvements to a vehicle that are unrelated to disability needs (for example, adding new rims or new paint)
Regularly scheduled upkeep and maintenance of a vehicle	Not Allowed	Prohibited in Federal Waiver Programs	Repairs or general maintenance to a vehicle that are unrelated to disability needs (for example, new tires, replacing the battery in the vehicle, oil changes)

Goods and Services	Not Allowed, Allowed or Available: Not Included in Budget Calculation/Spending Plan	Why?	What does this mean?
<p>COMMUNITY INTEGRATION</p>			
<p>Community integration supports necessary to implement their IPP</p>	<p>Allowed</p>	<p>Federal Waiver Service Code 331</p>	<p>Community integration supports that help the participant attain or maintain their maximum level of functioning, interdependence and independence and/or increase and improve self-help, socialization, communication. These services may include socialization and community awareness, communication skills, visual, auditory and tactile awareness and perception experiences, and self-advocacy skills. They can reinforce skills or lessons taught in school, therapy or other settings. Services may include art and recreation programs if such services assist the participant "through therapeutic and/or physical activities" (for example, exercise class in the park, swim class at a public pool, painting at a local art studio); continuing education classes to help the participant explore interests or improve academic skills or complete a high school equivalency; peer mentoring, mobility services; friendship and relationship building.</p>
<p>Goods and services that are purchased for entertainment (for example, amusement park, concert tickets or recreation that provides no therapeutic and/or physical benefit)</p>	<p>Not Allowed</p>	<p>Prohibited in Federal Waiver Programs</p>	<p>Purely recreational activities that do not meet the disability-related needs of the participant and/or their IPP goals and outcomes (for example, entrance tickets for amusement park or similar for the consumer)</p> <p>The following goods and services cannot be paid for: hobby supplies, television, cable access, DVDs.</p>

Goods and Services	Not Allowed, Allowed or Available: Not Included in Budget Calculation/Spending Plan	Why?	What does this mean?
GOODS AND SERVICES OUTSIDE OF SPENDING PLAN			
Supplemental Security Income (SSI)/State Supplementary Payment (SSP) Restoration	Available: Not Included in Budget Calculation/Spending Plan	State of California, Department of Developmental Services (DDS) policy	This is a "pass through" service, meaning this is a California cash benefit that is paid to the person through the regional center. The regional center will continue to fund this service outside of the spending plan through service code 065 for the individual while participating in SDP.
Competitive Integrated Employment	Available: Not Included in Budget Calculation/Spending Plan	State of California, DDS policy	Eligible incentives for Competitive Integrated Employment will be paid to service providers outside of the spending plan for the individual participating in SDP.
Paid Internship Program	Available: Not Included in Budget Calculation/Spending Plan	State of California, DDS policy	Eligible Paid Internship Program wages will be paid outside of the spending plan for the individual participating in SDP.
Costs for insurance co-payments, deductibles or co-insurance	Available: Not included in Budget Calculation/Spending Plan	State of California, DDS policy	Costs for insurance co-payments, deductibles or co-insurance will be paid outside of the spending plan for the individual participating in SDP.
Rental assistance, consistent with Welfare and Institutions (W&I) Code Section 4689(i)	Available: Not included in Budget Calculation/Spending Plan	State of California, DDS policy	Cost of rental assistance allowed by W&I Code section 4689(i) will be paid outside of the spending plan for the individual participating in SDP.

Participant-Directed Goods and Services (Service Code 333) Decision Tree

