

Reporting for Alternative Nonresidential Services

In compliance with the Department of Developmental Services' (Department) August 31, 2020 directive, providers must submit a monthly report for each vendorization delivering Alternative Nonresidential Services (Alternative Services) during the COVID-19 State of Emergency.

You are about to begin the Alternative Services reporting survey for the month of December 2020.

Please note:

- Providers must submit a single report for each vendorization (vendor number/service code combination).
- If the provider serves consumers from multiple regional centers, all consumer data should be reported together in a single report.
- In preparation for the survey, you may preview the questions [here](#).
- Once you begin a survey, it cannot be withdrawn or edited at a later point in time.
- If you begin a survey but are unable to complete it, or if you need to submit a new survey with revised information, please contact the Department by email at DDSC19Directives@dds.ca.gov to have the previous survey submission deleted. The request must include your program name, vendor number, and service code, and specify which reporting month needs to be deleted.

Reporting Month

Please select the applicable reporting month below:

December

Provider Name:

Vendoring Regional Center:

Vendor Number:

Please enter the 6-character vendor number assigned to the vendored program by the regional center. If you are unsure of the program's vendor number, you may contact your vendoring regional center or refer to eBilling.

Service Code:

Please enter the service code assigned to the vendorization as a number without any text or symbols.

For more information, please view the Department's directive [here](#).

Ongoing Reporting for Alternative Services December 2020

Please answer the following questions for the reporting month:

For questions requesting the total number of consumers, data should be entered as numbers, not text. Comments may be added if needed in the designated boxes below.

By the 5th business day of each month, providers must submit a survey for the reporting period. Please do not submit your response prior to the end of the reporting period.

1. What is the total number of consumers with service authorizations?

1a. Of the total number of consumers with service authorizations, how many consumers received only traditional services?

(Traditional services are services to a consumer that are able to continue as they did before the COVID-19 State of Emergency, or services to a consumer that are able to continue as they did before the COVID-19 State of Emergency via remote delivery or in alternate locations.)

1b. Of the total number of consumers with service authorizations, how many consumers received Alternative Services?

1c. Of the total number of consumers with service authorizations, how many consumers did not receive any services?

Comments regarding Questions 1a, 1b, and/or 1c (optional):

2. Of the consumers who received Alternative Services (question 1b), please indicate the number of consumers that received each type of Alternative Service:

(The number of consumers reported in response to this question may be duplicative across categories below)

Supports related to minimizing the exposure to or impact of COVID-19 on the consumer

Completion of an individual assessment of skills, preferences, and service needs for the consumer

Completion of an individualized service plan to provide needed services for the consumer

Alternative services delivered to the consumer via telephone, video or other electronic communication

Delivery of supplies or other items to the consumer's home needed to provide services or supports

Use of self-guided training and educational materials supplied to the consumer by the provider intended to support the consumer's service

Skills training to individuals within the consumer's household who are specifically designated to support the consumer

Alternative services provided in-person at the consumer's home, in a community setting, or at the provider's facility, modified to comply with the most protective state or local COVID-19 safety guidelines in effect at the time the service is to be delivered

Supports for transition to the Self-Determination Program

Other modifications to nonresidential services that are approved by the consumer that further or achieve his or her service needs

Comments regarding Question 2 (optional):

3. For the reporting month, please identify:

(The total number of consumers reported below should tie to the number of consumers reported in 1b)

Number of consumers who received 1-7 days of Alternative Services this month?

Number of consumers who received 8-14 days of Alternative Services this month?

Number of consumers who received 15-21 days of Alternative Services this month?

Number of consumers who received 21 or more days of Alternative Services this month?

Comments regarding Question 3 (optional):

4. For the reporting month, what training for Alternative Services did staff receive?

(Select all that apply)

- COVID-19 safety precautions for both staff and the consumer
- Delivering services using the person-centered planning and approach criteria set forth in Title 42, Code of Federal Regulations section 441.540
- Informed decision-making so that consumers can understand what choices they have in receiving services and understand the benefits, risks and responsibilities associated with the service choices available to them
- Self-Determination Program requirements
- Developing written materials using plain language that can be readily understood by consumers
- Using alternative communication technology, tools or methods to deliver services
- Delivering services in a manner accommodating the cultural and linguistic needs of the consumer
- Use of technology utilized to deliver services
- No training was provided
- Other (please specify)

By checking the box below, I am verifying compliance with the most protective state or local COVID-19 safety guidelines in effect at the time in-person services were delivered.

Yes, the most protective COVID-19 safety guidelines were followed.

To submit your reporting survey, click "Done" below. Please note, there will be no confirmation sent to the provider after the survey is submitted. If confirmation is needed, please email the Department at DDSC19Directives@dds.ca.gov with your program name, vendor number, and service code.