

CENTRAL VALLEY REGIONAL CENTER INC.

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Department of Developmental Services Office of Regulations
1215 O Street M.S. 9-10
Sacramento, CA 95814

RE: Special Incident Reporting

To Whom It May Concern,

On behalf of Central Valley Regional Center (CVRC), we respectfully submit our comments regarding the recent proposed revisions to Title 17 regulations for Special Incident Reporting (SIR). As an agency serving over 32,000 individuals with developmental disabilities, CVRC and our associated service providers anticipate notable operational impacts due to these changes. We outline our key concerns below and request clarification on specific aspects of the proposal.

Overall Impact on CVRC and Its Departments

The proposed revisions will have an impact on CVRC operations and are not cost- or workload-neutral as presented:

1. **Increased Workload for Multiple Departments:** The case management, community services, and vendor teams will face additional workload demands, as they must complete more SIRs, handle mandated reporting, provide increased documentation and conduct formal follow up and closure activities. We anticipate a marked increase in phone calls to case management from vendors reporting incidents. As a result, CVRC may need additional Officers of the Day (O.D.) to handle incident reporting calls and additional program managers for after-hours support.
2. **Quality Assurance (QA):** The QA department will see a heightened need for systematic review, tracking, and mitigation of incidents. Additionally, our QA team will need to design and implement a comprehensive training program to orient CVRC staff and vendors on these new reporting requirements.
3. **Vendor Responsibilities:** Service providers will face increased reporting requirements

through both phone calls and written documentation, which will directly affect their operational capacity.

4. Investigating Agencies: External entities such as Child Protective Services (CPS), Adult Protective Services (APS), the Long-Term Care Ombudsman, Community Care Licensing (CCL), and the California Department of Public Health (CDPH) are likely to be similarly impacted by the additional reporting requirements.

Specific Areas of Concern and Requests for Clarification

1. Duplicate Reporting for Extended ER Stays: The proposed new category requiring the reporting of “any stay in a hospital ER for five days or more” is already covered under DDS’s Safety Net reporting requirements. From a risk mitigation perspective, doubling this reporting requirement to include SIRs creates redundant work without any added benefit. We request that the existing reporting mechanism to the Safety Net Team be used exclusively for these cases to prevent duplication.
2. Definitions for Additional Categories: To ensure consistent and accurate reporting across regional centers, we request definitions for the proposed additional victim-of-crime categories.
3. “Two Falls in a 30-Day Period” Tracking Requirement: The proposed new category for neglect includes reporting “two falls in a 30-day time period.” This is not easily tracked through existing monitoring mechanisms, such as Medi-Cal claims, and will likely present significant challenges in identifying and documenting falls consistently.
4. Clarification on Reporting for New Injury Sub-Categories: We request clarification regarding whether SIRs are required for the new injury sub-categories, regardless of whether medical care is administered. If the “medical attention” condition applies, clearer parameters around this term are essential for consistent interpretation. For example, would an assessment by a nurse in an Intermediate Care Facility (ICF) or day program meet the “medical attention beyond first aid” requirement?

Reporting Incidents Under Vendor Care

This proposed revision places significant new responsibilities on Independent Living Services (ILS), Independent Living Program (ILP) and Adult Day Program (ADP) vendors to report incidents, even if they were not present at the time of the incident. Many individuals receiving these services value their privacy and independence and may not disclose events occurring outside of service hours. Has DDS consulted with ILS and ILP providers on this requirement? We would appreciate additional guidance on implementing this policy in a way that respects individuals’ autonomy while meeting reporting expectations.

Clarifications on Specific Special Incident Categories

1. Neglect: The revised neglect category includes the mandate to “protect from health and safety hazards,” with implications for incidents such as falls. Would all falls, regardless of the cause, be subject to reporting under this category? A precise definition is necessary for consistent application.
2. Injury: Clarification is needed for injury-related SIR categories #11 and #12, particularly regarding whether reporting is required only if medical care is provided or in all cases. Additionally, we ask for a standardized definition of “medical attention beyond first aid” to aid consistent interpretation across regional centers. For instance, would assessment by a nurse at an ICF medical home or day program count as “medical attention beyond first aid”?

CVRC appreciates the opportunity to comment on these proposed changes. Our agency remains committed to supporting the safety and well-being of our clients and to collaborating with DDS to ensure these regulations are implemented in a practical and effective manner. Thank you for considering our feedback and we look forward to continued dialogue on these important issues.

Sincerely,



Janelle Ditommaso
Program Manager- Quality Assurance
Central Valley Regional Center