

Reopening Day Services Checklist Guidance

As things are rapidly changing, and with the expectation that more broad changes will be announced on 6-15-21, please use the guidance knowing that it may be superseded at any time.

Basic Assumptions:

1. The Alternative Services Delivery (ASD) model and the corresponding ASD rates are based on the State of Emergency. We are assuming that the State of Emergency will end on 6-15-21. We have no current guidance on the continuation of the ASD model, but are assuming we will be given a timeline soon. Further assumption is that the ASD model will continue for a couple of additional months. Please write your Program Design addendums accordingly, while understanding the ASD model and rates should be either changing or terminating in the near future. This is a fluid and evolving process, so please keep up to date on matters.
2. Although you can open to traditional face to face programming on 7-1-21, it does not mean you must. A vendor can continue ASD (for now), layer in traditional days, start with a percentage of clients for face to face, etc. Provide services based on how you determine they fit each client's needs and wants.
3. You cannot discriminate against clients who chose against or cannot get a vaccine. If you have an informed Inter-disciplinary Team (IDT) meeting and the client makes the choice to return to traditional programming, then they must be offered programming. If they cannot follow the facility rules once they are back to traditional programming, such as not wearing a mask in a facility that mandates them, then you can call an IDT meeting and discuss a plan that may lead to termination, as dependent on the details of the plan. Just because a client has choice over programming does not mean they are free from the health and safety standards set by the vendors.
4. Prior to having IDT meetings, you must have a complete checklist and program design addendum submitted and reviewed by IRC. Once you get the email or call from your IRC Quality Assurance Liaison that the documents were reviewed, then you can start calling your IDT meetings.
5. Regardless of less restrictive Center for Disease Control masking and distancing standards and dependent on what the State of California may or may not require on 6-15-21, a vendor may determine the health and safety standards within their facility and property. Make sure you are up to speed on all changes regarding matters of health and safety and transition/pivot accordingly.
6. Ensure that all parties are at the IDT meeting, to include the transporters. An example – If you decide to do traditional services 2 days a week and provide 3 days of ASD, then you need to have the transportation vendor at the meeting to ensure they can provide the service on those 2 traditional days. This must be a team effort, to get this back to a more traditional model and

communication between all parties is necessary. Discuss all aspects of client services at the IDT meeting. An example is to have a safety plan in place for each client, if they were to get ill during day programming.

7. Only start or modify a service at the start of the month. Meaning, if you decide to do 100% traditional for a client, then start the service on the first day of a month, to avoid a billing problem.
8. Although IRC may review and approve your reopening before 7-1-21, those licensed center based programs will still need to have approval by Community Care Licensing (CCL), prior to reopening. At the time of this writing, it is not a guarantee that all programs will have approval for a 7-1-21 opening. Still have your IDT meetings in the meantime, while you wait for approval from licensing. To open a traditional service model in a licensed program, you must have received the review notification from IRC and the approval of your Mitigation Plan from CCL.
9. If the client chooses to participate in a portion of their day or week in traditional services and the other portion of the day or week with ASD services, you must bill the ASD rate for the client. If you do a portion of the day/week traditional (not 100%) you must continue providing the specific form of programming that you based the ASD rate upon. Meaning the ASD programming should still be part of each client's Individual Service Plan.
10. The clients and the parents of clients must not be forced into traditional services, but given an option. The viewpoints on reopening are vast and different. There are several clients who are vaccinated and wanting to return to normal programming. There are several clients and parents who are on the other end of the spectrum and are not yet comfortable with a traditional model. Please make sure that the IDT meetings are a respectful and informed discussion between all parties. Talk through issues and answer questions based on your health and safety plan. Service delivery to our mutual clients is and will always be very individualized, but never more so than now.