

SAMPLE OF CERTIFICATION OF REMOTE AND ALTERNATIVE SERVICES DELIVERY

Effective XXX 1, 2020 services will be provided either singly or in some combination, in any of the following ways:

Remote and Alternate Services

(check all that apply)

- Supports related to COVID-19 risk management
- Completion of individual assessments and/or program plans
- Completion of a person-centered plan
- Remote services delivered via telephone or video communication
- Delivery of supplies and other items to the consumer's home
- Confirmed use of self-guided materials
- Services provided in-person* at the consumer's home
- Services provided in-person* at a community setting
- Services provided in-person* at the provider's facility
- Supports for transition to the Self-Determination program, if applicable
- Other: _____

* To safeguard the safety of all parties, in-person services may only be provided if in alignment with the most restrictive state or local guidelines in effect.

Certifications

- A COVID-19 Protection Plan has been developed and is being implemented to ensure participant safety for in-person services and includes training for staff and consumers.
- A discussion with every consumer is being coordinated to identify the service(s) that best meet their needs and interests. Regional Center Service Coordinators, residential staff, and parents/guardians are being consulted as needed.
- Phone and email access will be maintained during the following business hours to respond to needs from consumers and their families:

- Documentation of alternative services provided for each person will be maintained per Title 17, CCR section 54326.
- Documentation of staff training, including training attendance logs and curriculum, will be maintained on the following topics:
 - COVID-19 safety precautions
 - Person-centered thinking and planning
 - Informed decision-making
 - Self-Determination Program
 - Use of plain language for written materials
 - Alternative communication methods
 - Cultural and linguistic competencies
 - Use of technology

NAME OF VENDOR: _____

VENDOR NUMBER(S): _____

SIGNED BY: _____

SIGNATURE: _____

DATE: _____