

*Disability Rights California Reporting Requirements for Vendors of Crisis or Residential Services, Supported Living Services, Long-term Health Care Facilities and Acute Psychiatric Hospitals*

<b>Disability Rights California Special Incident Reporting</b>			
	<b>Action</b>	<b>Documents</b>	
<b>Who</b>	Regional Center Vendors that provide crisis or residential services, supported living services, long-term health care facilities, and acute psychiatric hospitals	<p>Report to Disability Rights California – local office located at 1831 K Street, Sacramento, CA 95811. There office number is (916) 504-5800.</p> <p>Copy of report sent to ACRC at <a href="mailto:sdesk@altaregional.org">sdesk@altaregional.org</a> or fax (916) 978-6619</p>        <p><a href="http://www.disability.org/pod/drc-regionalcenter-vendor-reporting">http://www.disability.org/pod/drc-regionalcenter-vendor-reporting</a></p>	
<b>What</b>	<p>Vendors of these services must report to the agency designated pursuant to Section 4900(i) (Disability Rights California, all of the following:</p> <ul style="list-style-type: none"> <li>• Each death or serious injury of a person occurring during, or related to the use of seclusion, physical restraint, or chemical restraint, or any combination thereof.</li> <li>• Any unexpected or suspicious death, regardless of whether the cause is immediately known.</li> <li>• Any allegation of sexual assault, as defined in Section 15610.63 in which the alleged perpetrator is a staff member, service provider, of facility employee or contractor.</li> <li>• Any report made to the local law enforcement agency in the jurisdiction in which the facility is located that involves physical abuse as defined in Section 15610.63, in which a staff member, service provider or facility employee or contractor is implicated.</li> </ul>		
<b>When</b>	Reports shall be made no later than the close of the business day following the death or serious injury and must include encrypted identifier of the person involved, and the name, street address, and telephone number of the facility.		
<b>Where</b>	Send Report to Disability Rights California and ACRC.		
<b>Why</b>	TBL Section 9: 4659.2(b) was amended, expanding reporting requirements for regional center vendors.		
<b>How</b>	File report with Disability California Rights by submitting the form online or by downloading the form and faxing the report at 1-888-768-7057,  Send copy of report to ACRC at <a href="mailto:sdesk@altaregional.org">sdesk@altaregional.org</a> or fax 916 978-6619.		
<b>Disability Rights California Monthly Summary Reports</b>			
	<b>Action</b>		<b>Documents</b>
<b>Who</b>	Requires Regional Center Vendors that provide crisis or residential services, supported living services, long-term health care facilities, and acute psychiatric hospitals.		
<b>Why</b>	TBL Section 9: 4659.2(b) was amended, expanding reporting requirements for regional center vendors.		

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Supported Living Services, Long-term Health Care Facilities and Acute Psychiatric Hospitals*

<b>When</b>	Monthly-The monthly reports should include the name, street address, and telephone number of each facility.	
<b>Where</b>	The link to file the monthly report to Disability Rights California is: <a href="https://docs.google.com/forms/d/1KaObwXW-Q6rk7G8RftZtQ70VRimJqlfwt0NhFy4Na8/viewform?edit_requested=true#">https://docs.google.com/forms/d/1KaObwXW-Q6rk7G8RftZtQ70VRimJqlfwt0NhFy4Na8/viewform?edit_requested=true#</a>	Copy of report sent to ACRC at <a href="mailto:sirsummary@altaregional.org">sirsummary@altaregional.org</a>
<b>What</b>	<p>On a monthly basis, these vendors shall report to the agency designated pursuant to Section 4900(i) (Disability Rights California), all of the following:</p> <ul style="list-style-type: none"> <li>• The number of incidents of seclusion and the duration of time spent per incident in seclusion.</li> <li>• The number of incidents of the use of behavioral restraints and the duration of time spent per incident of restraint.</li> <li>• The number of times an involuntary emergency medication is used to control behavior.</li> </ul>	
<b>How</b>	<p>The monthly reports should include the name, street and telephone number of each facility.          Online to Disability Rights California at the following link: <a href="https://docs.google.com/forms/d/1KaObwXW-Q6rk7G8RftZtQ70VRimJqlfwt0NhFy4Na8/viewform?edit_requested=true#">https://docs.google.com/forms/d/1KaObwXW-Q6rk7G8RftZtQ70VRimJqlfwt0NhFy4Na8/viewform?edit_requested=true#</a> or download report and fax at 1-888-768-7057</p> <p>A copy of report sent to ACRC at <a href="mailto:sirsummary@altaregional.org">sirsummary@altaregional.org</a></p>	<p>Disability Rights California website: <a href="http://www.disbilityrightsca.org">www.disbilityrightsca.org</a></p> <p>Alta California Regional Center Website: <a href="http://www.altaregional.org">www.altaregional.org</a></p>