



# North Bay Regional Center

## CERTIFICATION OF REMOTE & ALTERNATIVE SERVICES DELIVERY

Effective \_\_\_\_\_ 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: (e.g. Discovery Process) \_\_\_\_\_

\* 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: \_\_\_\_\_

Please submit this certification to [Services@nbrc.net](mailto:Services@nbrc.net)