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**VALLEY
MOUNTAIN
REGIONAL
CENTER**

Life with the Power of Choice and Possibilities

VMRC Stockton

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VALLEY MOUNTAIN REGIONAL CENTER SERVICE STANDARD

POS EXCEPTIONS POLICY

Planning Teams are guided in determining appropriate levels and amounts of services to be delivered to consumers by the individual needs of the consumer, the VMRC Service Standards and cost effectiveness. In most circumstances, this is sufficient to identify services to be provided.

Individual Program Plans shall be prepared jointly by the planning team. Decisions concerning the consumer's goals, objectives, and services and supports that will be included in the consumer's individual program plan and purchased by the regional center or obtained from generic agencies shall be made by agreement between the regional center representative and the consumer or, where appropriate, the parents, legal guardian, conservator, or authorized representative at the program plan meeting. If a final agreement regarding the services and supports to be provided to the consumer cannot be reached at a program plan meeting, then a subsequent program plan meeting shall be convened within 15 days, or later at the request of the consumer or, when appropriate, the parents, legal guardian, conservator, or authorized representative or when agreed to by the planning team. Additional program plan meetings may be held with the agreement of the regional center representative and the consumer or, where appropriate, the parents, legal guardian, conservator, or authorized representative.

If the planning team does decide to reconvene, the regional center representative (Service Coordinator) will seek consultation on the exception from appropriate VMRC staff (e.g. Program Manager, Intake Manager, Clinician, Community Support Staff, other). The regional center representative who makes the final decision will attend the planning team meeting to explain the decision.

If the consumer disagrees with the decision of the regional center representative or the planning team, they may request a fair hearing.

Date: _____

Service Coordinator: _____

POS EXCEPTION SUMMARY

Consumer: _____

DOB: _____

Disability: _____

Living Arrangement: _____

1. What is the service being requested by consumer/family?:

What is the exceptional circumstance?

2. Based on VMRC guidelines, Service Standards, Administrative Procedures, Expenditure Plan, etc., please state amount of service recommended:

Type, amount and effective date of related service currently receiving:	Type: _____ Amount: _____ Effective Date: _____
Amount of Additional Service Requested:	_____ _____
Total Amount of Service Requested:	_____ _____

3. What alternatives to this request have the consumer and family explored?:

4. Based on the service needs of this consumer, is this request warranted?

YES NO

Why?: _____

5. What do you think the impact on the consumer/family will be if this service is not provided?:

If approved, length of time POS exception is needed: _____

Reviewed by:

Program Manager: _____

Decision: _____

Intake Manager: _____

Rationale: _____

Clinical: _____

Community Support: _____

Other: _____

Decision Maker

Date

Original: Director of Case Management Services

Copy: File