North Los Angeles County Regional Center

Service Standards

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NORTH LOS ANGELES COUNTY REGIONAL CENTER
SERVICE STANDARDS

INTRODUCTION

North Los Angeles County Regional Center (NLACRC) is guided by the Lanterman Developmental Disabilities Services Act in the provision of services and supports for persons with developmental disabilities and their family members. The Act specifies activities and obligations the Center must discharge to meet its responsibilities. The NLACRC fully accepts these responsibilities and will endeavor to meet the needs of consumers[1] within the constraints of its budget.

As part of the activities conducted on behalf of a consumer by the NLACRC, services and supports may be purchased for a consumer as identified on his or her individual program plan (IPP). However, consideration must first be given to viable generic and natural services and supports available to the consumer. Services and supports purchased on behalf of a consumer by the NLACRC must take into consideration the needs, preferences, and choices of the consumer. Services and supports should be flexible and individually tailored to the consumer and, where appropriate, his or her family. Finally, services and supports must be effective in meeting the goals and objectives on the consumer's IPP, and reflect a cost-effective use of public resources.

Services and supports purchased on behalf of a consumer by the NLACRC must assist the consumer to achieve the greatest self-sufficiency possible and to exercise personal choice. Furthermore, such services and supports, within the context of the IPP, must show a high preference to choices that result in allowing a minor to live with his or her family, an adult to live as independently as possible in the community and a consumer of any age to interact with persons without disabilities in positive and meaningful ways. To ensure consumers have viable access to quality services and supports within their home communities, the NLACRC will work in a collaborative effort with the

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[1] This includes an adult or child with a developmental disability and/or a family member(s) who has primary or legal responsibility for a minor child who has a developmental disability.

Area Board and other private or public organizations to provide:

1. INFORMATION - NLACRC will provide consumers with quality and timely information about options. Consumers cannot make informed choices without current and complete information about generic, community and vendored support services. Information may be disseminated in collaboration with the Area Board.

2. ADVOCACY - NLACRC will advocate for publicly-funded agencies to meet their legal responsibilities to serve consumers. NLACRC may conduct systems advocacy jointly with the Area Board, and will work collaboratively with Protection and Advocacy, Inc. (PAI) to provide comprehensive advocacy training.

3. OPTIONS - NLACRC will encourage and facilitate the creation of quality service and support options for consumers. In collaboration with NLACRC's Vendor Advisory Committee, community best practices standards will be developed and implemented.

4. CONSUMER CHOICE AND RESPONSIBILITY - NLACRC will respect the choices of consumers and acknowledges their ability to accept responsibilities that may be consistent with those for persons without disabilities of the same age.

5. EXCELLENCE - NLACRC accepts its responsibility for adopting policies that ensure the Center is effectively and efficiently managed. Accordingly, the Board of Trustees ensures that services are purchased within the framework of the law and service standards as set forth by the Board.

6. RESPONSIVENESS - NLACRC will respond to the urgent and critical needs of consumers and/or their family members in a timely and professional manner. The Center's Board of Trustees envisions that an appropriate response will be consistent with the consumer's or their family member's situation and may entail exercising greater flexibility as well as creativity in applying the Center's service standards. In addition, the Center maintains an after-hours business line, (818) 778-1900, to provide consumers, their family members and service providers in immediate need with access to the Center.

NLACRC service standards and policies do not include all therapies. NLACRC will only consider the use of therapies if they are on the lists of recognized therapies developed and maintained by Medi-Cal and California Children's Services (CCS). Panels comprising experts in the therapy or discipline in question have reviewed the therapies on these lists.

The panels have determined that the therapies are effective for specific clinical indicators. Therapies are prescriptive in nature and will be considered upon review by an NLACRC physician or psychologist within the context of the planning team[2] process. NLACRC will fund recognized therapies on the lists when such therapies are necessary and required as a consequence of the person's developmental disability. In view of the often-complex nature of consumers' needs, it is recognized that some individual circumstances have not been anticipated by these service standards or service needs that occur infrequently. This may include other services and supports not specified in these standards. In such cases, the executive director may review staff recommendations and authorize purchase of service requests.

In adopting these standards, the Board of Trustees is acting in its role of establishing the service philosophy, standards and general policy for NLACRC. The Board delegates responsibility for the general management of NLACRC and the establishment of operational policies and procedures consistent with these standards to

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[2] Planning team means the individual with the developmental disability, the parents or legally appointed guardian of a minor, or the legally appointed conservator of an adult consumer, one or more regional center representatives, including the designated service coordinator pursuant to subdivision (b) of section 4640.7 and any individual, including the service provider, invited by the parents or legally appointed guardian of a minor, or the legally appointed conservator of an adult consumer.

the executive director pursuant to this action.

CASE FINDING AND PUBLIC INFORMATION
SERVICE & PROCEDURAL STANDARDS

PHILOSOPHY

NLACRC is committed to regular and ongoing case finding activities in its service area to promote participation in the regional center system by eligible persons and their families. Case finding activities are closely interrelated with outreach, public information and human resource development activities.

Outreach should address not only the general public but also special target groups such as non-English speaking populations and/or high-risk/high-incidence populations or geographical areas. Public information should be designed to improve public awareness of the special needs of persons with developmental disabilities and to promote positive public images and full community participation. Human resource development should encourage new professionals and para-professionals to enter the field of developmental services and enhance the skills of those already working in it.

Case finding efforts may be both direct and indirect. Outreach efforts must be multilingual and culturally appropriate. Case finding and outreach beyond the NLACRC service area will be coordinated with Area Board 10 and the Southern California regional centers.

DEFINITION

Case finding and public information encompass a broad variety of activities by NLACRC staff which result in dissemination of information concerning regional center services and enhanced community awareness. Case finding results in new applications for NLACRC services. Public information results in increased knowledge and positive attitudes on the part of the public. Human resource development results in improved consumer services as a result of more and better-qualified persons working in the field. Case finding is also closely associated with prevention activities. (See Prevention, Section II.)

POLICY

It is NLACRC's policy to conduct a well-rounded schedule of case finding, outreach, public information and human resource development activities utilizing the Center's staff as appropriate. Activities shall take a variety of forms including: community presentations; development and distribution of multi-language materials; media outreach; maintenance of lending materials for staff, parents, and professionals; and sponsorship or promotion of related educational events such as classes, workshops and conferences. Bilingual needs and cultural values are given important consideration in the implementation of all related case finding, public information and human resource development activities.

INTAKE AND ASSESSMENT

PHILOSOPHY

NLACRC will conduct intake activities and provide assessment services in accordance to the Lanterman Developmental Disabilities Services Act.

Individuals are to be accepted for intake and assessment without regard to religion, ethnic origin, sex or degree of disability. Financial resources of the applicant and/or his/her family are not a factor in eligibility for NLACRC services. No individual referred may be denied intake and assessment services unless there is adequate documentation that he/she does not have a developmental disability.

DEFINITION

Intake is the 15-day period following a request for assistance. Intake includes, but is not limited to, information and advice about the nature and availability of services provided by regional centers and other agencies in the community. Intake also includes a decision to conduct an assessment for eligibility; **provision of** an appropriate referral, **if applicable; and a review of the Megan's Law website to determine if an applicant over the age of 16 is required to register as a sex offender pursuant to Penal Code 290.**

Assessment refers to those services that determine whether a person has a developmental disability as defined in the Lanterman Developmental Disabilities Services Act.

Evaluations of children birth through 2 years of age for Early Start Services will be completed in 45 days in accordance to Federal Part C regulations.

POLICY

Any individual believed to have a developmental disability, or any individual at risk of parenting an infant with a developmental disability will be given the opportunity to receive intake and assessment services. A determination to assess an individual suspected of having a developmental disability shall be made within 15 working days of the initial request for assessment. Assessment and determination of eligibility shall be completed by an interdisciplinary team. The assessment shall be completed within 60 days of the initial intake. In all instances, eligibility assessments shall be funded by existing generic resources. In the event that funding from generic agencies is not available, Regional Center will fund the eligibility evaluation. In emergency situations, the intake will be completed as quickly as possible.

Each infant or toddler birth through 2 years of age referred for evaluation for early intervention services shall have a timely, comprehensive, multi disciplinary evaluation of his or her needs and level of functioning in order to determine eligibility.

A determination of eligibility will be made, clinically based on assessment data, by this Center's interdisciplinary team consisting of, at a minimum, a NLACRC physician, psychologist, service coordinator and supervisor of intake services.

If the applicant is denied eligibility for Regional Center services, (s)he will be informed, in writing, of his/her right to the Fair Hearing process and any recommendations for services from other agencies made by the staffing team.

Periodic reassessments of the consumer and his/her service needs shall be provided, as appropriate.

INDIVIDUAL PROGRAM PLAN DEVELOPMENT

PHILOSOPHY

People with developmental disabilities have a right to make choices in their own lives including, but not limited to: where and with whom they live; their relationships with people in their community; the way they spend their time, including education, employment, and leisure; the pursuit of their personal future; and program planning and implementation.

DEFINITION

The individual program plan (IPP) is a written, person-centered plan. It is a statement of goals, based on the needs, preferences and life choices of the consumer. The IPP includes a statement of specific time limited objectives for implementing the person's goals and addressing his/her needs.

The objectives should allow for measurement of progress or service delivery. The plans to implement the objectives specified in the IPP should indicate the frequency and amount of service(s) and identify the funding or support source and person(s) responsible for implementation. The goals and objectives should maximize opportunities for the consumer to develop relationships, be a part of the community life in areas of community participation, housing, work, school, leisure, increase control over his/her life, acquire increasingly positive roles in community life and develop competencies to help accomplish these goals.

When a child with a developmental disability lives with his/her family, the IPP shall include a family plan component. The family plan component describes those services and supports necessary to successfully maintain the child at home.

Children, birth through 2 years of age, who are eligible for Early Start services will have an Individual Family Service Plan (IFSP) developed. IFSP will be developed following Part C federal regulations and California Early Start Regulations.

POLICY

NLACRC shall complete the IPP process with each person determined eligible for service in accordance with the Lanterman Developmental Disabilities Services Act and other applicable statutes and regulations. A consumer's initial IPP will be completed within 60 days of the completion of the intake assessment and periodically thereafter, or as requested by the consumer, his/her parent, legal guardian, conservator or other person knowledgeable about the consumer. If a review is requested, the IPP shall be reviewed within 30 days after the request is submitted.

Consumers, and where applicable parents, shall have the right to electronically record IPP meetings on an audiotape recorder. Consumers, or where applicable parents, shall notify their Consumer Services Coordinator of their intent to record a meeting at least 24 hours prior to the meeting. The regional center shall have the right to record an IPP meeting that is recorded by a parent. The Center will record all IPP meetings that are recorded under the statutory provision and will maintain a copy of the recording in the consumer's chart. If a regional center initiates a notice of intent to record an IPP meeting and the consumer, or where applicable parent, refuses to attend the meeting because it will be recorded, the regional center shall not record the meeting.

The IPP is developed through a process of individualized needs determination based on assessment information. The assessment should document the consumer's life goals, preferences, capabilities, strengths, barriers and concerns or problems. For children with developmental disabilities, assessments should also include a review of the strengths, preferences and needs of the child and the family unit as a whole.

Assessments shall be conducted by qualified individuals and performed in natural environments whenever possible. Assessment information shall be taken from the consumer, his/her parents and their family members, his/her friends, advocates, providers of service and supports and other agencies. The assessment process shall reflect awareness of, and sensitivity to, the lifestyles and cultural background of the consumer and his/her family. Assessment information may also be taken from Client Development Evaluation Report (CDER) information, medical and psychological evaluations, social assessment, individual service plans, individual habilitation components, and other relevant documents.

The IPP is prepared jointly by one or more representatives of the Regional Center, including the service coordinator, the person with the developmental disability and the person's legal representative. When invited by the person with developmental disability or his/her legal representative, other individuals knowledgeable about the person should participate.

All reasonable efforts should be made to actively involve the consumer in the IPP process, therefore, the IPP meeting must be conducted at the location most conducive to the consumer's participation. The preferred sites are the consumer's residence or primary program. Regional center shall comply with the request of a consumer, or when appropriate, the request of his/her parents, legal representative or conservator, that a designated representative receive written notice of all meetings to develop or revise his/her IPP and of all notices sent to the consumer.

The determination of which services and supports are necessary shall be made through the IPP process on the basis of the needs and preferences of the consumer or, when appropriate, the consumer's family. In selection of services and supports, consideration shall be given to a range of service options proposed by IPP participants, the effectiveness of each option in meeting the goals stated in the IPP and the cost-effectiveness of each option

NLACRC will to the fullest extent possible implement an appropriate, equitable and effective use of funds for the purchase of services for all consumers and will, to the maximum extent possible, ensure the provision of quality services.

All NLACRC purchase of service (POS) requests and outstanding authorizations must be supported and documented on the IPP. All other resources (refer to Source of Funding, Section I) shall be utilized before expending NLACRC funds. NLACRC shall not supplant the budget of any generic agency.

As part of the IPP process, written appeal procedures must be provided to the consumer or, when appropriate, the consumer's parent(s), legal guardian, or conservator.

A consumer's IPP will be reviewed and reevaluated as requested by the consumer or

other persons participating in the implementation of the consumer's IPP to ascertain that planned services have been provided, that objectives have been fulfilled within the time limits specified, and that consumers and families are satisfied with the individual program plan and its implementation.

SOURCE OF FUNDING IDENTIFICATION & ACQUISITION

PHILOSOPHY

NLACRC is committed to pursuing all viable public and private sources of funding on behalf of consumers prior to the utilization of the Center's funds.

DEFINITION

This standard applies to consumers over the age of 3 years and for non-required Early Start services for infants and toddlers birth to 3 years of age. A generic agency is any agency, which has a legal responsibility to serve all members of the general public and is receiving public funds for providing such service.

Private entities, to the maximum extent they are liable for the cost of services, aid, insurance or medical assistance to the consumer.

In practice, this requires NLACRC to first investigate and, if appropriate, pursue funding for services and supports from the following sources on behalf of consumers:

l. Medi-Cal
2. California Children's Services
3. School Districts (Department of Education)
4. Department of Rehabilitation and Habilitation Services
5. County mental health services
6. Components of the criminal justice system including probation
7. Department of Public Social Services
8. Department of Children's Services
9. Public Transportation and Para-transit
10. Social Security
11. Medicare
12. Private health insurance
13. Trust funds
14. Insurance settlement
15. Other funds specified for the consumers care and treatment

POLICY

It is the policy of NLACRC to utilize all other resources before expending the Center's funds. Since NLACRC is precluded by law from supplanting the budget of any generic agency, the possibility of funding required consumer services through generic agencies or private entities must be explored first and determined not to be available prior to expending NLACRC funds. NLACRC assumes the responsibility to pursue other sources of funding for consumers with their consent and cooperation. The consumer's file must reflect the attempt to obtain generic and, where appropriate, private sources of funding for the purchase of service request. For other than reasons of health and safety, there must be written documentation of a denial; if a written denial cannot be obtained from the generic agency, a letter of confirmation must be written by NLACRC to the agency confirming the denial and the basis for the decision. All avenues of appeal must be followed with generic agencies and documented in the consumer file. As part of its efforts to assure that generic agencies are fulfilling their mandates, NLACRC will consider providing and/or obtaining independent assessments in order to advocate for needed services from such agencies.

If NLACRC's staffing committee[3] determines that a consumer is eligible for a service funded by a generic agency or private entity, the committee will authorize regional center funding for the service when the health and safety of the consumer are at risk, and the service is not available to the consumer in a timely manner. Sometimes, certain voluntary nonprofit organizations, such as the Easter Seal Society, Crippled Children's Society, Muscular Dystrophy Association, family service agencies and religious organizations, may be explored. When such resources have been identified as available on a timely basis by NLACRC, they will be contacted by NLACRC and, if possible, utilized prior to NLACRC expenditure of funds.

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[3] The staffing committee is comprised of appropriate regional staff, including the consumer's assigned service coordinator, who are knowledgeable or possess expertise in the matter being considered. Where appropriate, the consumer, their legal representative, or other individuals invited by the consumer should participate in the meeting.

SERVICE COORDINATION

PHILOSOPHY

The NLACRC is committed to assisting persons with developmental disabilities and their families in securing those services and supports which maximize opportunities and choices for living, working, learning and recreating in the community. As such, service coordination must be conducted in partnership with consumers and their families. In addition, service coordination activities should fulfill the intent of the Lanterman Developmental Disabilities Services Act by providing "...consumers with opportunities to exercise decision-making skills in any aspect of day-to-day living" and providing "... consumers with relevant information in an understandable form to enable the consumer to make his or her choice."

DEFINITION

The regional center designated service coordinator is responsible for: providing or ensuring that needed services and supports are available to the consumer; developing, implementing, overseeing, and monitoring the consumer's IPP; offering individual advocacy; and conducting quality assurance activities.

POLICY

NLACRC's service coordination model is designed to assist consumers and their families in securing those services and supports which maximize opportunities and choices in living, working, learning, and pursuing recreation in the community. The model ensures that each consumer has a designated service coordinator and reflects the maximum cost-effectiveness by providing differing levels of service coordination. NLACRC's service coordination model places a high priority on individual and systems advocacy as well as quality assurance.

Service coordination consists of those activities necessary to implement the consumer's IPP, including, but not limited to: participation in the IPP process;

securing services and supports specified in the IPP by obtaining them from generic agencies; purchasing from vendored agencies, or identifying other public or private resources. Additional service coordination activities entail collection and dissemination of information, monitoring implementation of the IPP to ascertain that objectives have been fulfilled and assisting to revise the IPP as required.

The service coordinator may be an employee of the regional center or, when appropriate, a consumer or his/her family member, legal guardian or conservator may perform all or part of the duties of the service coordinator if NLACRC's executive director agrees and it is feasible.

In some situations when it is in the best interest of the consumer, the service coordinator may be an employee of an agency with whom the regional center has contracted to provide service coordination, or an employee of a generic agency designated in regulation as the agency responsible for service coordination.

No person shall continue to serve as a service coordinator for any individual program plan unless there is agreement by all parties that the person should continue to serve as service coordinator. Any person designated by the executive director as the service coordinator shall not deviate from the agreed-upon program plan and shall provide any reasonable information and reports required by the regional center executive director.

NLACRC will maintain a program to encourage parents and consumers to become service coordinators. Service coordinators will participate in a course of orientation and training and will receive ongoing consultation, support and supervision from the regional center as necessary.

PREVENTION
SERVICE & PROCEDURAL STANDARDS

PHILOSOPHY

NLACRC is committed to the prevention of developmental disabilities and the amelioration of disability through prevention activities and services.

DEFINITION

Prevention involves measures intended to avert the occurrence, reduce the impact or ameliorate the effects of a developmental disability.

Prevention services include among other genetic, prenatal diagnostic and treatment services, childbirth education and preparation training for individuals with developmental disabilities and public information and education activities.

POLICY

It is the policy of NLACRC to assist and direct consumers toward obtaining appropriate prevention services.

Prevention services may include obtaining diagnostic studies and other appropriate services for individuals at high-risk of parenting a child with a developmental disability. NLACRC will follow best clinical practice standards and State developed guidelines when arranging for prenatal prevention services.

NLACRC will also provide ongoing educational programs to professionals and the public to further the prevention of developmental disabilities.

EXCEPTION PROCEDURE

NLACRC cannot anticipate all requests for prevention services. It is recognized that some individual needs are so unique that they are not addressed in this Service Standard. Therefore, NLACRC's Executive Director or his or her designee may grant exceptions. The planning team must make a request for an exception to the Center's staffing committee. The committee must review the request and make a recommendation to the Executive Director.

FAMILY SUPPORTS AND LIVING ARRANGEMENTS
SERVICE & PROCEDURAL STANDARDS

PHILOSOPHY

It is the philosophy of NLACRC that consumers and/or their family members should decide where they live. This means, NLACRC will work with families to maintain their minor children at home when it is the families' preference and, for adult consumers, help them to access living options of their choice. To this end, NLACRC will work to empower consumers and their family members as well as advocate on their behalf. The regional center is dedicated to providing family support and will plan with each family to identify services that meet each unique need. As such, the planning team should consider each family's responsibility to provide non-funded typical supports

DEFINITION AND POLICIES

FAMILY SUPPORT SERVICES

DEFINITION

Family support services mean services and supports provided to a minor with a developmental disability or his or her family and that contributes to the ability of the family to reside together. These services may include respite, daycare cost assistance, adaptive equipment, advocacy, necessary appliances, counseling and mental health services, early intervention services, and behavior intervention services.

RESPITE SERVICES

DEFINITION

In-home respite services mean intermittent or regularly scheduled temporary non-medical care and supervision provided in the consumer's own home when the consumer resides with a family member.

Cost-effective out-of-home respite service options may include specialized overnight camp, temporary residential services, vendored weekend day program (Saturday program), and other services designed to provide planned relief from the ongoing care and supervision of the consumer.

POLICY

CHILDREN

It is the policy of NLACRC to empower and advocate for consumers and families to access existing personal and community resources, such as Early & Periodic Screening, Diagnosis & Treatment (EPSDT), whenever possible to meet their family support needs. Thus, to the extent that the law requires, NLACRC will encourage families to use these resources before expending the Center's funds. This also means that consideration must be given to the ordinary care, support, and supervision that a family must provide to a child of the same age without a disability and to cost-effectiveness.

Regional center-funded services will focus on services required by and resulting from the consumer's developmental disability. NLACRC will seek to provide effective family support services. This may include using creative and innovative approaches to meet objectives contained in the consumer's IPP/IFSP and represent a cost-effective use of public funds.

NLACRC will use the most commonly encountered situations to help in determining the typical level of support services for a minor consumer. The situations relate to the increasing care and supervision the minor may need based on his or her age and degree of disability. Finally, NLACRC cannot anticipate all situations, and therefore, individualized planning is essential.
Situations:

1. Consumers age 13 years or older with adaptive functioning in the mild range and cannot be left unsupervised due to lack of safety awareness.

2. Consumers age 3 years and older with atypical behaviors (such as tantrums, disruptiveness, noncompliance, oppositional behaviors) which by their frequency or degree require specialized or structured care.

3. Consumers age 5 years or older with moderate to profound deficits, demonstrating substantial need for direct assistance in such areas as feeding, toileting, awareness of danger.

4. Consumers of any age with severe physical disabilities that require specialized care and assistance in the areas such as feeding, and positioning.

5. Consumers with severe behavior problems such as severe self-abuse, assaultive behaviors that endanger the consumer and others, and/or severe hyperactive behaviors.

6. Consumers of any age who have multiple medical/nursing needs and require 24-hour care. Medical/nursing conditions may include tracheostomy, gastrostomy, frequent suctioning and complex medication regimens. A qualified, licensed LVN or RN must usually provide care for such consumers.

As a cost-effective measure for providing respite to consumers, those enrolled in the Medicaid Waiver program may be required to utilize agency respite services, which allows NLACRC to generate claims in order to maximize federal revenue participation.

ADULTS

It is the policy of NLACRC to support adult consumers who choose to live in the home of a family member. To this end, NLACRC will provide support services that allow the caregivers periodic relief from the ongoing responsibilities of care and supervision.

Once the need for vendored respite services is established, NLACRC will use the following situations to help in determining the typical level of respite services for a consumer. The situations relate to the consumer's increasing need for care and supervision on the degree of his or her disability. Finally, NLACRC cannot anticipate all situations, and therefore, individualized planning is essential.

Situations:

1. Consumers with adaptive functioning in the mild range and cannot be left

unsupervised due to lack of safety awareness.

2. Consumers with atypical behaviors (such as tantrums, disruptiveness, noncompliance, oppositional behaviors) which by their frequency or degree require specialized or structured care.

3. Consumers with moderate to profound deficits, demonstrating substantial need for direct assistance in such areas as feeding, toileting, and awareness of danger.

4. Consumers with severe physical disabilities who require specialized care and assistance in areas such as feeding, positioning and toileting.

5. Consumers with severe behavior problems such as severe self-abuse, assaultive behaviors that endanger the consumer and others, and/or severe hyperactive behaviors.

6. Consumers who have multiple medical/nursing needs and require 24-hour care. Medical/nursing conditions may include tracheostomy, gastrostomy, frequent suctioning and complex medication regimens. A qualified, licensed LVN or RN must usually provide care for such consumers.

As a cost-effective measure for providing respite to consumers, those enrolled in the Medicaid Waiver program may be required to utilize agency respite services, which allows NLACRC to generate claims in order to maximize federal revenue participation.

DAY CARE

DEFINITION

Day care services mean services that provide appropriate non-medical care and supervision to ensure the consumer's safety in the absence of family members. Day care services will attend to the consumer's basic self-help needs and other activities of daily living including interaction, socialization, and continuation of usual daily routines which would ordinarily be performed by the family member. Day care

services can be provided by a licensed family day care agency, a licensed child care center, preschool, or through parent vendorization.

POLICY

CHILDREN

NLACRC may pay the cost of the day care services that exceed the cost of providing day care to a child without a disability when the parent(s) are caring for the child at home. NLACRC may pay in excess of this amount when a family can demonstrate a financial need and when doing so will enable the child to remain in the family home.

ADULTS

It is the policy of NLACRC to support adult consumers who choose to live in the home of a family member. The NLACRC acknowledges that adult consumers may require care and supervision in the absence of a caregiver and that parents/guardians/caregivers may not be able to provide constant ongoing care and supervision due to other obligations such as work. As such, NLACRC will provide day care services to adult consumers in need of care and supervision during the absence of their usual caregiver.
NLACRC will use the following factors in determining the need for day care services:

1. Length of time the consumer is able to be left unsupervised
2. Availability of natural supports (family members, friends, neighbors)
3. Parent's employment status
4. Consumer's involvement in a day program
5. Eligibility and/or use of generic services such as In Home Support Services

ATTENDANT CARE

DEFINITION

"Attendant care services" mean services that assist a consumer with bathing, grooming, dressing, toileting, meal preparation, feeding and protective supervision. Attendant services are intended to provide adult consumers with appropriate care and supervision and assist consumers in maintaining community living arrangements, including a living arrangement in the family home, if that is the consumer's preference.

Assistance with bathing, grooming, dressing, toileting, meal preparation, feeding, and protective supervision is a typical parental responsibility for minor children. Attendant care for minor children will be considered on an exceptional basis.

POLICY

It is the policy of NLACRC to support adult consumers who choose to live in the home of a family member. The NLACRC acknowledges that adult consumers may require care and supervision in the absence of a caregiver and/or in conjunction with parental support. Parents/guardians/caregivers may not be able to provide constant ongoing care and supervision due to other obligations such as work or as a result of the consumer requiring additional support. As such, NLACRC will provide attendant care services to adult consumers in need of care and supervision and/or enhanced care and supervision.

NLACRC will use the following factors in determining the need for attendant care.

1. Length of time the consumer is able to be left unsupervised
2. Availability of natural supports (family members, friends, neighbors)
3. Consumer's involvement in a day program
4. Eligibility and/or use of generic services such as In Home Support Services, college/university special student services, Department of Rehabilitation
5. 2:1 support, based on an assessed need when a consumer's behavioral or medical issues are of such severity that a parent requires additional care and supervision in the home in order to adequately care for the consumer.

OTHER FAMILY SUPPORT SERVICES

DEFINITION

Other family support services may include, but are not limited to: adaptive equipment; advocacy; necessary appliances and supplies; homemaker services; diapers; education and training services; counseling and mental health services; early intervention services; and behavior intervention services.

POLICY

NLACRC will provide other family support services as determined through the individual program planning process. This process must include consideration of typical parental responsibility to provide a similar service to a child without a disability, the availability of generic sources that have a legal responsibility to provide services (such as private health insurance, local education agencies, California Children's Services, and Medi-Cal), and the cost-effectiveness of services and service providers of comparable quality.

NLACRC may purchase diapers for children 3 years of age or older. NLACRC may purchase diapers for children less than three 3 years of age when a family can demonstrate a financial need and when doing so will enable the child to remain in the family home.

NLACRC may purchase van modifications for adult consumers to enable them to access the community when generic or natural supports are not available. Modifications must be consistent with the most cost-effective adaptation that meets the individualized need of the consumer and must represent the lowest of three bids from vendored service providers.

LICENSED RESIDENTIAL SERVICES

DEFINITION

Licensed residential services are designed to provide training and supervised living

arrangements for children and adults with developmental disabilities in other than the individual's home or that of a family member. Residential services include community care facilities, foster homes for children and adults, health care facilities and state developmental centers.

POLICY

It is the policy of NLACRC to help consumers obtain residential services based upon goals and objectives contained in their IPPs. NLACRC will also adhere to the following:

1. Ensure that every viable alternative has been given to help families in maintaining their children at home, before considering out-of-home placement.
2. Use only licensed facilities for residential services suitable to meet a consumer's needs. Within available licensed residential service alternatives, preference in placement will be as follows:

    a. Family-like settings.
    b. Small (6 or less) settings.
    c. Placements integrated into community settings.

3. Investigate appropriate and economically feasible alternatives for residential services within the Center's catchment area before placing a consumer outside the area. If suitable services cannot be found within the area, NLACRC may seek service outside its area. NLACRC will set a priority on placing a consumer as close to his or her home community as possible, however, placements may be made anywhere in the State of California.
4. **Pursuant to statutory requirements, a consumer who has been convicted of a sex offense against a minor shall not be placed in a community care facility within one mile of an elementary school or community location where children are known to gather.**[4]
5. **Pursuant to statutory requirements, a consumer for whom registration is required pursuant to the Sex Offender Registration Act**[5] **shall not be placed in any residence within 2000 feet of any public or private school or park or community location where children regularly gather.**[6]

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4 Health and Safety Code Section 1564(a)
5 Penal Code Section 290 *et seq.*
6 Penal Code Section 3003.5(b)

6. **Per statutory requirements, no consumer released on parole for imprisonment of an offense requiring registration pursuant to the Sex Offender Registration Act shall reside in a single family dwelling with any other person required to register pursuant to the Sex Offender Registration Act unless those persons are legally related by blood, marriage or adoption.**[7]

INDEPENDENT LIVING SERVICES

DEFINITION

Independent living services (ILS) are designed to give consumers the supports they may need to live in or transition to their own homes (whether leased, rented or owned). NLACRC may provide this service on a permanent or periodic basis as defined on each consumer's IPP.

ILS offer individual or group training and support in some or all of the following areas: cooking; cleaning; shopping; menu planning; meal preparation; money management, including check cashing and purchasing activities; use of public transportation; personal health and hygiene; self-advocacy; social skill development; use of medical and dental services, as well as other community resources; community resource awareness such as police, fire, or emergency help; and home and community safety. The service may also help consumers to recruit, train and hire individuals to provide personal care and other assistance including in-home supportive services workers. ILS are conducted in natural environments and activities are not simulated, but are conducted as part of everyday life while participating and living in one's own community.
ILS include varying levels of instruction and support based on the consumer's needs. ILS may also be used with other services to promote the competence of parents who have a developmental disability.

POLICY

It is the policy of NLACRC to support consumers in selecting their living options. As

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7 Penal Code Section 3003.5(a) Please note that this restriction is applicable during the period of parole.

such, NLACRC will work with adult consumers, and where appropriate their family members, to determine the type and amount of ILS required by consumers to live in homes they lease, rent or own; homes of family members; or transition to homes they lease, rent or own. In determining the provision of ILS, natural supports (such as family members) and generic resources (such as IHSS and the family resource center) must be explored as possible alternatives or adjuncts to ILS based on the consumer's identified need(s).

To make the determination of the amount of service needed, an assessment of the consumer's strengths and needs must be completed. The focus of the assessment should be based on specific needs for support and/or critical skills deficits identified in the IPP process. The assessment should use baseline information, specific measurable outcomes, and what methods and strategies will be employed to achieve them, as well as an estimate of how much time each month will be needed to make effective progress.

The provision of ILS may entail the consumer moving from his or her family's home or licensed residential facility to a single or shared living arrangement. For others, the service may be provided to the consumer in the family's home or licensed residential facility, in preparation for moving to his or her own home or in supporting the consumer in the family's home when no other services or resources are available.

For ILS related to transitioning to a more independent setting, ILS typically would be provided during the last six months prior to the planned move and there must be some indication that the consumer has, or will have, the necessary funds to make the move.

ILS may include varying levels of instruction and support based the individual's needs to maintain the person's ability to live and participate in the community. Continuation of training in specific areas is dependent on documented measurement of progress.

In the event that a consumer is a registered sex offender with applicable residency restrictions pursuant to Penal Code 3003.5, the Center is unable to provide ILS services and supports at the consumer's residence if the residence violates the statutory requirement.[8]

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8 PC 3003.5 states it is unlawful for any person for whom registration is required pursuant to section 290 to reside within 2000 feet of any public or private school, or park where children regularly gather. Penal Code 290 is

SUPPORTED LIVING SERVICE

DEFINITION

Supported living service (SLS) affords consumers the opportunity to live in homes they rent, lease, or own with support services available to the consumer in his or her residence as often and as long as needed. This service model allows the consumer to remain in his or her own home even if the support needs of the consumer change, provided that this is the consumer's preferred living option as documented on the IPP.

The range of SLS and supports available includes, but are not limited to: assessment of consumer needs; assistance in finding, modifying and maintaining a home; facilitating circles of support to encourage the development of unpaid and natural supports in the community; advocacy and self-advocacy facilitation; development of employment goals; social behavioral, and daily living skills training and support; development and provision of 24-hour emergency response system; securing and maintaining adaptive equipment and supplies; recruiting, training, and hiring individuals to provided personal care and other assistance, (including in-home supportive services workers, paid neighbors and paid roommates); providing respite and emergency relief for personnel care attendants; and facilitating community participation.

A consumer is eligible for SLS upon a determination made through the IPP process that the consumer:

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also known as the "Sex Offender Registration Act."

1. Is at least 18 years of age;
2. Has expressed directly or through the consumer's personal advocate, as appropriate, a preference for:
    a. SLS among the options proposed during the IPP process; and
    b. Living in a home that the consumer chooses and is not the place of residence of a parent, conservator, or caregiver of the consumer.

Consumers will not be denied eligibility for SLS solely because of the nature and severity of their disabilities.

POLICY

It is the policy of NLACRC to support consumers in their choice of living options. SLS is such an option and NLACRC will work with adult consumers and/or their family members to develop individualized supported living service plans that reflect the consumer's choices about where and with whom he or she lives as well as the selection service providers. Plans must include: an assessment of the consumer's preferences and needs (inclusive of comprehensive strategies to ensure the availability of paid and unpaid members to comprise the consumer's circle of support group); strategies that detail how the consumer's emotional, social and recreational needs will be met; and schedules of amounts and types of training and support activities to be provided. Finally, the provision of SLS must be effective in meeting the goals and objectives contained in the consumer's IPP and be a cost-effective use of public funds.

In the context of this service standard, "cost effective" means that the projected annual cost of the consumer's supported living arrangement, as determined through the consumer's IPP process, shall not exceed the total annual cost of regional center funded services and supports that would be provided if the consumer were served in an appropriate licensed residential facility, as identified through the IPP process, provided:

1. The total annual cost of services and supports shall include all regional center costs for residential placement (or costs incurred by the state for 24-hour long-term health care), community-based day program, transportation, and other services and supports; and

2. The appropriate licensed facility for a consumer who is living in a licensed facility at the time of the cost comparison shall be that licensed facility.

When the consumer does not reside in a licensed facility, the projected annual cost of a consumer's supported living arrangement shall be deemed to have met the requirements of the above section when the cost is within the range of annual costs of supported living arrangements for other consumers with comparable needs for regional center services and supports, who are currently receiving SLS from NLACRC.

Cost effectiveness may be determined as a group, averaging all costs for a group of individuals, provided the aggregate cost to the regional center of the supported living arrangements does not exceed the total cost to the regional center that would have resulted had the costs for services and supports for each of the grouped consumers been determined individually.
NLACRC shall not pay any costs incurred by a consumer receiving SLS in securing, occupying or maintaining a home rented, leased or owned by the consumer except when the executive director of the regional center has determined that:

1. Payment of the costs would result in savings to the State with respect to the cost of meeting the consumer's overall services and support need;
2. The costs can not be paid by other means, including available natural or generic supports; and,
3. The costs are limited to:
    a. Rental or utility security deposits;
    b. Rental or lease payments;
    c. Household utility costs;
    d. Moving fees; and
    e. Non-adaptive and/or non-assistive household furnishings, appliances and home maintenance or repair costs.

In the event that a consumer is a registered sex offender with applicable residency restrictions pursuant to Penal Code 3003.5, the Center is unable to provide supported living services at the consumer's residence if the residence

violates the statutory requirement.[9]

EXCEPTION PROCEDURE

NLACRC cannot anticipate all requests for family support services and living arrangements. It is recognized that some individual needs are so unique that they are not addressed in this service standard. Therefore, NLACRC's executive director or his or her designee may grant exceptions. The planning team must make a request for an exception to the center's staffing committee. The committee must review the request and make a recommendation to the executive director.

ATTENDANT CARE - MINOR CHILDREN

Attendant care for the purpose of care and supervision related to activities of daily living such as grooming, hygiene, toileting, meal preparation, feeding, and protective supervision are typically a parental responsibility. However, there may be exceptional circumstances as a result of the severity and/or intensity of the developmental disability. This may impact the family's ability to provide specialized care and supervision while maintaining the child in the family home. Eligibility and/or use of generic services such as In-Home Support Services will be explored and accessed where possible prior to center funding as an exception.

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9 PC 3003.5 states it is unlawful for any person for whom registration is required pursuant to section 290 to reside within 2000 feet of any public or private school, or park where children regularly gather. Penal Code 290 is also known as the "Sex Offender Registration Act."

EDUCATIONAL AND VOCATIONAL (SCHOOL AGES, ADULTS & SENIORS) SERVICE & PROCEDURAL STANDARDS

PHILOSOPHY

It is the philosophy of NLACRC that individuals with developmental disabilities have the right to access the same educational, vocational, and employment opportunities available to non-disabled people of the same age in their communities. To this end, NLACRC will provide quality information and advocate for consumers to ensure that they receive full benefit from generic services. In addition, NLACRC will assure the availability of alternate or supplemental community services and supports as well as site-based day program service options that are not available from generic services. These service options will ensure that consumers have a variety of viable and age appropriate choices. Moreover, the consumer's personal preferences and cultural heritage will be considered in the provision of day program services.

SCHOOL AGES

DEFINITIONS

1. Special Education - Ages 0 to 4.9 years

   Children with developmental disabilities who have intensive special education needs are entitled to a free and appropriate public education. For infants and toddlers less than 3.0 years of age and their families who are eligible to receive services from both the regional center and a local education agency, the regional center shall be the agency responsible for providing or purchasing appropriate early intervention services that are beyond the mandated responsibilities of local education agencies. The local education agency shall provide special education services up to its funded program capacity.

   For children ages 3 to 4.9, special education preschool programs provided by school districts should be designed specifically to meet the unique intensive

needs of these students if their needs cannot be met in a regular instructional program with modifications (e.g. regular preschool in the community).

2. Special Education - Ages 4.9 to 18 years

Under the Individuals with Disabilities Education Act (IDEA) and the California Education Code individuals with developmental disabilities ages 4.9 to 18 years are entitled to a free and appropriate public education.

Public school programs are intended to include, but not be limited to: academic training; prevocational and vocational training; speech therapy; occupational and physical therapies; transportation; mobility training; adaptive physical education; counseling services; social skills training; and other designated instructional services as identified in the student's Individualized Education Program (IEP).

3. Special Education - Ages 18 to 22 years

Adults with developmental disabilities between the ages of 18 and 22 years are also entitled to continue in public education if they have not yet completed their prescribed course of study and/or have not met proficiency standards.

POLICY

It is NLACRC's policy to purchase only services that local public education agencies are not legally mandated to provide. NLACRC will advocate and work with students and/or their representatives to secure all mandated services through the Individualized Education Program (IEP) or Individualized Transition Plan (ITP) process. NLACRC will also encourage and counsel students and their families on the use of services offered by public schools under IDEA.

NLACRC recognizes school age consumers (students, ages 3 through 21 inclusive) have the right to a free and appropriate public education. The needs of the student should determine the educational setting and related services. Academic, vocational and related services should be provided in settings that offer opportunities to relate and develop friendships with peers of similar ages. NLACRC will support and

advocate for students and families who choose full inclusion as their preferred educational setting.

NLACRC will advocate and work with families in the transition to the public schools when the consumer turns 3 years of age. For those consumers' ages 3 to 4.9 years who are not eligible for a public school program, NLACRC may fund an appropriate alternative program.

For students ages 14 to 21 years, who are preparing to leave public education, NLACRC will collaborate with the student, family, school and other community agencies to develop a transition plan that will optimize the student's success in employment and other adult roles in the community. For those students over the age of eighteen years who have completed their prescribed course of study and have received either a diploma or certificate of completion, NLACRC will coordinate services per Adult Educational and Vocational Program Services Standards.

ADULTS

DEFINITIONS

NLACRC funds adult day services and supports that are structured community or site-based programs. NLACRC offers them to consumers who are no longer eligible for public schools (usually age 22 years and older).

The following range of options (usually funded by the NLACRC) may be available as site-based or supported/community-based training and programming. Training and other activities should be based on a person-centered plan and take place in natural environments. Instruction should be based on a critical skills model.

1. Skills training.

   Skills training programs are designed to develop, maintain, increase or maximize an individual's independent functioning in areas that may include self-care, physical development, emotional growth, socialization, self-advocacy, communication, functional academics, cultural development, pre-

vocational skills and employment. They are designed to enable adults to engage in productive work or other meaningful activities.

2. Socialization and community training.

Socialization and community-based training programs are designed for those consumers who may prefer an alternative learning experience to a vocational or educational type of program. The programs provide planned activities that may be community-based and promote social interaction and participation in the community. They focus on the consumer's use of skills necessary for activities of daily living, socialization, recreation and community integration.

3. Behavioral training.

Behavior management day training (BMDT) programs serve consumers who exhibit behaviors that preclude their participation in vocational or other day training service. NLACRC designs BMDT programs to address severe behavior problems. The programs are based on a highly structured behavior intervention modality[10] that includes clinical consultation. A BMDT program may serve consumers who are dually diagnosed with both developmental and mental disabilities. These programs may provide services through a combination of positive behavior modification and other therapeutic interventions.

4. Basic self-care training.

Basic self-care programs focus on developing, maintaining or improving functional skills such as toileting, eating, basic cleanliness and communication. These programs may address the reduction or prevention of behavior problems. In addition, the programs provide opportunities for practical skill development, socialization and vocational activities and community integration.

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[10] A method or technique of treatment.

GENERIC ADULT EDUCATION AND VOCATIONAL TRAINING SERVICES

1. Vocational Rehabilitation and Habilitation Services.

   The California Department of Rehabilitation offers a variety of vocational and employment services for eligible persons that include occupational training, sheltered employment, enclaves[11] and individual supported employment. Paid work is offered in a variety of settings with supervision and/or support. The Department of Rehabilitation funds these services.

2. Adult Education

   The community offers a variety of adult education and training opportunities through such generic resources as community colleges and the state university system.

POLICY

It is the policy of NLACRC to advise, advocate and help adult consumers (usually age 22 years and older) to access adult education, employment opportunities, vocational services, or adult day services to meet their individual needs and preferences. It is the intent of the Lanterman Developmental Disabilities Services Act that appropriate generic resources need to be explored and utilized. For individuals capable of paid work, NLACRC will advocate for and refer them to the Department of Rehabilitation for vocational, pre-vocational and employment services.

It is responsibility of the planning team, through the IPP process, to identify the appropriate day service for a consumer. The team must consider the consumer's preferences and the ability of the service provider to meet the consumer's IPP goals and objectives. The team must also assess the effectiveness and cost-effectiveness of the service when NLACRC funds are to be used.

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[11] A small group of employees working together at a job site.

Adult day services and supports may be provided in many settings and service formats to attain desired goals and objectives. Therefore, periodic IPP meetings must be scheduled to determine if the desired outcomes are being accomplished.

Finally, adult day services and supports should provide maximum opportunity for valued activities, meaningful work and learning in integrated settings within a framework for a pattern of life similar to non-disabled persons of the same age. There should be close communication between the adult day service and primary care giver and/or others designated by the consumer to assure continuity.

SENIORS

DEFINITION

Generally, most programs for "seniors" are offered by agencies funded by Area Agencies on Aging under Title III of the Older Americans Act and are available to anyone 60 years of age and older.

Besides a day program, senior programs may offer congregate and home delivered meals, case management, in-home and residential services, escort transportation, legal services, information and referral, physical and mental health services and other social activities.

POLICY

It is the policy of NLACRC to assure that older persons with developmental disabilities are aware of and have access to the services afforded to all individuals more than 60 years old under the Older Americans Act.

Services to a senior with developmental disabilities should help that individual to participate in social and recreational activities while retaining his or her ability to function as independently as possible. NLACRC will refer eligible consumers to generic services for seniors. NLACRC may purchase or develop specialized services

or supports needed to integrate consumers successfully into generic senior programs. NLACRC acknowledges that consumers who are engaged in work or adult services should be involved in retirement decisions as part of an individual planning process. It is recognized that not all seniors with developmental disabilities may be best served in programs for senior citizens. Adult day services will continue to be available as a service option to older persons with developmental disabilities.

EXCEPTION PROCEDURE

NLACRC cannot anticipate all requests for educational and vocational services and supports. It is recognized that some individual needs are so unique that they are not addressed in this Service Standard. Therefore, NLACRC's Executive Director or his or her designee may grant exceptions. The planning team must make a request for an exception to the Center's staffing committee. The committee must review the request and make a recommendation to the Executive Director.

CLINICAL
SERVICES & PROCEDURAL STANDARDS

PHILOSOPHY

It is the philosophy of NLACRC to assist, advocate for, and support consumers in obtaining appropriate clinical services in the community. NLACRC believes such services can maximize a consumer's potential and/or maintain an optimum level of functioning. NLACRC may fund clinical services related to the consumer's developmental disability. Examples of clinical services include health care, physical, occupational, and speech therapies, and behavioral as well as counseling services.

HEALTH CARE SERVICES

DEFINITION

These are medical services that are prescribed and/or provided by qualified professionals. The service must be directly related to the developmental disability. This definition includes dental and health care, medication, equipment, nutritional assessment and recommendations, and nursing assessment and care.

POLICY

NLACRC recognizes that routine health care requirements for individuals with developmental disabilities are often similar to those of non-disabled individuals. Thus, NLACRC will not fund routine health care for consumers.

NLACRC may purchase dental and medical care, medications, nutritional assessment and recommendations, and equipment when it is directly related to or the direct result of a consumer's developmental disability.

Consumers without medical insurance, who are not eligible for Medi-Cal and have been denied services from California Children's Services (CCS), and who require hospitalization, complex medical treatments, surgery or other health care services, should be referred to existing county medical facilities.

PHYSICAL AND OCCUPATIONAL THERAPY

DEFINITION

Physical and Occupational Therapy services are prescribed assessments or treatments provided directly by, or under the supervision of, physical or occupational therapists. These services are provided to individuals who have problems in areas of fine and gross motor skills or activities of daily living that can be improved using physical or occupational therapy. These treatment modalities[12] encompass multiple activities including, but not limited to: range of motion; home evaluations to assess equipment needs; activities to improve overall coordination and develop self-help skills; and daily living and motor skills. The services are often provided as part of an overall program with multiple components.

POLICY

NLACRC may fund physical or occupational therapy services when prescribed by a physician and when significant deficits exist in gross or fine motor skills or in self-help skills and when the therapy is both necessary and is likely to produce measurable improvement in the consumer's capabilities, or to prevent deterioration of function or health. For consumers receiving early intervention services, consumers of school age, and consumers who reside in health care facilities, physical and occupational therapy services are expected to be provided as part of the individual's program, rather than as a separately funded service. NLACRC service coordinators will advocate for consumers to secure required and mandated physical and occupational therapy services from CCS, early intervention providers, local education agencies and health care providers.

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[12] Methods or techniques of treatment.

BEHAVIORAL SERVICES

DEFINITION

Behavioral services are a prescribed intervention that must be implemented and be under the direction of a qualified licensed professional trained in behavioral management. This service is intended to assist consumers and parents/care givers when the consumer exhibits maladaptive, harmful, socially unacceptable, or developmentally unacceptable behaviors. Behavioral services use specialized methods of teaching family members or primary care givers how to use positive behavior supports to replace maladaptive behaviors and to teach positive adaptive skills.

POLICY

It is the policy of the NLACRC to prescribe behavioral services or a primary behavioral program to meet a consumer's needs when behavioral excesses and/or deficits meet at least one of the following:

1. Pose a threat to the health or safety of the consumer (e.g. self-injury) or to others (e.g. aggression);

2. Pose a threat to maintaining the consumer in the least restrictive setting (e.g. lack of toilet skills in certain programs or property destruction); and

3. Prohibit the consumer from benefiting from services critical to achieving objectives contained in the IPP/IFSP (e.g. a combination of fewer serious problems such as noncompliance, self-stimulation, and temper tantrums that significantly interfere with the consumer achieving goals contained on his or her IPP/IFSP).

In behavior management day programs, eligibility depends on the consumer not being eligible for or acceptable in another type of community-based day program due to behavior problems. Typically, the behaviors would meet at least one of the above criteria.

The planning team and the Center's staffing committee (including NLACRC's psychologist) determines the period, frequency, amount and method of delivering behavior intervention service. The determination is based on the needs of the consumer or family as determined by a behavioral screening, assessment, or plan. Typically, the intervention is short-term and time-limited to achieve both behavioral goals for the consumer and training goals for the parents/care givers. In addition, the team may determine that periodic support is needed on a consultive basis to ensure the continued success of past intervention. The intent is to offer guidance and preventive intervention.

SPEECH AND COMMUNICATION THERAPY

DEFINITION

Speech, language, and communication therapies are services that assess and teach communication skills in all its modalities including receptive and expressive language. These modalities include oral language (speech), sign language, gesture, written communication, and/or the use of appropriate "assistive communication systems."[13]

POLICY

It is the policy of NLACRC, based upon independent assessment, to assure that necessary speech, language and other communication services are provided when:

1. There is reasonable expectation based on medical, psychological, audiological, and speech and language assessments that intervention is clinically indicated and will result in improved communication for the consumer; and

2. The consumer and primary care giver are motivated to participate in the

[13] Communication devices that supplement the use of expressive language.

implementation of an ongoing communication plan.

NLACRC considers communication services to be an integral part of all day services and programs. Therefore, NLACRC will fund speech, language and other communication services for consumers who participate in day services and programs on an exception basis only.

COUNSELING SERVICES

DEFINITION

Counseling is psychotherapeutic treatment provided by a licensed psychologist, psychiatrist, social worker or Marriage Family Child Counselor. On occasion, counseling may form a necessary part of a more comprehensive intervention that may include medication, behavioral management, and other treatments. NLACRC may provide counseling services when a consumer or his or her family member requires a deeper understanding of social or psychological problems associated with the consumer's developmental disability that adversely affects his or her living arrangement or other service/program.

POLICY

NLACRC may fund short-term and crisis counseling services. The provision of counseling services requires a clinical assessment that identifies the "presenting problem,"[14] expectations, and time lines for a therapeutic outcome with an identified method for deciding whether or not that outcome is being achieved. The planning team that includes an NLACRC psychologist and physician determines referral and provision of funded counseling services. Services are contingent upon the willingness of the consumer or family member to participate in counseling.

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[14] The problem to be addressed in counseling.

EXCEPTION PROCEDURE

NLACRC cannot anticipate all requests for clinical services. It is recognized that some individual needs are so unique that they are not addressed in this service standard. Therefore, NLACRC's Executive Director or his or her designee may grant exceptions. The planning team must make a request for an exception to the Center's staffing committee. The committee must review the request and make a recommendation to the Executive Director.

LEGAL
SERVICE & PROCEDURAL STANDARDS

PHILOSOPHY

NLACRC believes that persons with developmental disabilities should have the same protections under the law as non-disabled persons.

CONSERVATORSHIP

DEFINITION

The establishment of a conservatorship is a legal proceeding where the court appoints an individual or agency to be responsible for ensuring that a person is properly cared for and, when appropriate, receives assistance in conservation of assets.

POLICY

It is the policy of NLACRC to assure the protection of all consumers' rights in relation to the establishment of a conservatorship. The existence of a developmental disability should not be in and of itself sufficient reason for the establishment of a conservatorship. Parents, relatives or other concerned persons may initiate a referral for establishment of a conservatorship. NLACRC will, within Department of Developmental Services (DDS) guidelines, initiate referral for conservatorship in accordance with the Lanterman Developmental Disabilities Services Act. NLACRC will provide consultation and/or referral to low cost legal assistance to persons interested in seeking conservatorship. NLACRC will provide technical assistance in conservatorship matters when it is in the best interest of the consumer and where the individual seeking conservatorship has no other resources available. NLACRC will not purchase legal services to establish conservatorship or pay court fees related to the institution of conservatorship except in those instances where the establishment of a conservatorship is essential to the implementation of the consumer's Individual

Program Plan. NLACRC will provide legal services in matters relating to proceedings in the Mental Health Department of the Superior Court.

DIVERSION

DEFINITION

The court may grant diversions for certain misdemeanor offenses. A diversion program allows for the court to dismiss criminal charges when a divertee has satisfactorily completed the program. A defendant can request to be diverted out of the penal system and receive treatment and habilitation services that address the criminal charges at any stage in the criminal proceedings. There are three basic requirements for application of the diversion statute:

1. The offense is a misdemeanor, or it can be reduced to one.

2. The defendant is found to be mentally retarded which is defined as "significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period."

3. The defendant has not had a prior diversion within the two years prior to the present criminal proceedings.

POLICY

It is the policy of the NLACRC to advise consumers involved in the penal system of the potential opportunity to participate in a diversion program. The NLACRC service coordinator assigned to the consumer will convene a planning team meeting to determine whether a viable treatment/service plan can be developed and implemented that will address the criminal charges for a consumer who requests diversion. The team, at a minimum, must include the consumer and/or his or her representatives; NLACRC's physician, psychologist and service coordinator; and the client rights

advocate. The team must reach a consensus on the viability of the diversion plan and any recommendations to the court.

PEER REVIEW OF BEHAVIOR MODIFICATION INTERVENTIONS THAT MAY CAUSE PAIN OR TRAUMA

DEFINITION

Behavior intervention training is a prescribed intervention and must be prescribed by and under the direction of a qualified licensed professional trained in behavioral management. This service is intended to assist consumers and parents/care givers when the consumer exhibits maladaptive, harmful, socially unacceptable, or developmentally unacceptable behaviors. Behavior intervention uses specialized methods of teaching family members or primary care givers how to effectively use positive behavior management to reduce maladaptive behaviors and increase adaptive skills.

"Emergency procedure" is the use of an appropriate technique as a reasonable response, including an aversive or restrictive procedure, to contain behaviors that pose a clear and present danger of serious physical injury to self or others that, in turn, cannot be prevented by less restrictive measures. If the need for emergency procedures occurs on a regular basis, the procedure must be considered part of the behavioral treatment plan for that individual.

"Pain" means a subjectively experienced, substantially unpleasant bodily sensation; it ordinarily results from, or is induced by physiological stimuli that may include, but not be limited to, injury, bodily contact, situational stress, heat, cold, noise, physical exertion, or immobilization. Typical observable responses may include, but not be limited to, evasive action, verbal exclamation or protest, escape, resistance, stiffening, grimacing, and reflexive avoidance or fainting. Some individuals may not exhibit any perceivable response.

"Trauma" means an occurrence under which the consumer experiences either: l) tissue damage; or 2) severe and long-lasting emotional distress.

A “Qualified Professional” (QP) is a California-licensed physician or psychologist, or other professional whose California licensure permits the practice of behavior modification, and has one year of experience designing behavior modification programs for persons with developmental disabilities or two years of experience teaching behavior modification at the college level or above. The QP can be a member of an IDT that develops a proposed treatment plan.

The “Behavior Modification Review Committee” (BMRC) consists of at least one California-licensed psychologist or other professional whose California license permits the practice of behavior modification programs, one California-licensed physician, and one client’s rights advocate affiliated with the regional renter. Further, either the physician or psychologist will have at least three years experience in: 1) the supervision of the implementation of behavior modification programs; 2) teaching behavior modification at the college level or above; or 3) a combination of 1 and 2.

POLICY

It is the policy of NLACRC to use a peer review of behavior modification plans that may involve pain or trauma. The review is a two-step procedure:

l. The QP reviews the proposed treatment plan to determine if it has the potential to cause or involves pain or trauma. The QP may disapprove such a plan or refer the plan to the BMRC if the plan has the potential to cause or involves pain or trauma. The BMRC has the sole responsibility to approve or disapprove the plan.

2. The BMRC will review the proposed treatment plan and either disapprove the plan, or approve the plan for no more than one year's time.

3. The person responsible for the development or implementation of the treatment plan will not vote on the Committee for any portion of the review and approval of the plan nor will the qualified professional.

The use of a treatment plan that includes a behavior modification intervention that may cause pain or trauma can only receive approval if all of the following conditions are met:

l. Informed written consent is obtained from the consumer or his/her legal representative. Consent means that the consumer or his/her legal representative has had the procedure explained in terms understandable to the consenter, including prior unsuccessful interventions, the expected side effects and/or risks of the proposed procedure. The consumer or his/her legal representative must agree in writing to the procedure. Consent may be withdrawn anytime.

2. A QP who meets the criteria specified in 17 CCR 508l0 designs and supervises the implementation of the treatment plan.

3. Each element of the behavior modification program described in the plan is technically adequate and appropriate in light of prevailing behavior modification standards within the psychological treatment profession.

4. The treatment plan prescribes procedures for the monitoring and implementation of the behavior modification program by the IDT. Written progress reports must be submitted to the regional center and members of the IDT no less than quarterly.

5. The BMRC, or a designated member, will review the progress reports at least quarterly to ascertain the benefits of the treatment. By consensus of the BMRC, reports can be required more frequently and any member of the BMRC can convene the BMRC anytime. The treatment plan expires after one year; if continuation of the treatment is indicated, the consumer's informed consent or the consent of the consumer's legal representative must be obtained and the review procedures reinstituted pursuant to 17 CCR 508l0, et. seq.

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

DEFINITION

l. "HIV Infection" results from the entry of the Human Immunodeficiency Virus (HIV) into the bloodstream, producing the HIV infection and the development of antibodies. Over time, an HIV infected individual’s white blood cells (lymphocytes) may be destroyed, resulting in the individual's immune system being compromised. Some people remain apparently well for a period after

infection with the AIDS virus.

2. AIDS is commonly diagnosed when the HIV infected individual's immune system is affected and secondary infections set in. These secondary infections may eventually cause death. Symptoms and signs include a cough, fever, shortness of breath, Kaposi's sarcoma, neurological deficits, etc.

POLICY

1. NLACRC will not:

   a. Deny services or discriminate in the provision of services to eligible persons who are known to be HIV positive or suspected of having had an HIV test or of being affected by AIDS.
   b. Require testing for exposure to the virus as a condition of eligibility.

2. NLACRC will seek to assure that:

   a. Its vendors do not deny services nor discriminate in the provision of services to eligible persons who are known to or suspected of having had an HIV test or of being HIV positive or affected by AIDS.
   b. Its vendors do not require HIV testing as a condition of eligibility.

AIDS EDUCATION

DEFINITION

Educational program means:

1. Information provided to minimize the risk of acquiring AIDS.
2. Information on the legal rights and obligations about HIV testing, HIV status and AIDS.

POLICY

NLACRC will carry out an educational program for its employees regarding AIDS. NLACRC will undertake to assist in the implementation of an educational program for its vendors and their staffs and consumers' regarding AIDS.

All service providers are expected to adopt universal health precautions.

All service providers and their staffs are expected to be trained in and to implement such practices.

AIDS TESTING

DEFINITION

1. "HIV Test" - any clinical laboratory test used to identify HIV, a component of HIV, antibodies to HIV or antigens of HIV.

2. "Informed Consent" - Informed consent for purposes of this policy will refer to the consent given by one who has been advised of all the risks and consequences of a medical procedure and who, understanding those risks and consequences, gives knowing, intelligent and voluntary assent.

   Persons who may, in appropriate circumstances, give written consent for HIV testing for an individual are as follows:

   a. An unconserved adult consumer.
   b. A legal conservator empowered with the specific authority to make medical decisions for an adult consumer.
   c. The parent/legal guardian of a minor under the age of 12, or parent/legal guardian of any minor who is not competent to give such consent.
   d. If the child is a dependent of a court, such court.
   e. A child 12 or more years of age.

3. Special Health Needs Committee
A Special Health Needs Committee for purposes of making recommendations on provision of services for a particular consumer will be created on an ad hoc basis. The committee will include, at a minimum, the director of consumer services or his/her designee, the client's rights advocate, a regional center physician and the consumer's counselor; other individuals may be added, as appropriate.

POLICY

The consumer's primary care physician determines if the consumer will be referred for HIV testing based on standard medical indications.

If a physician decides to ascertain a consumer's HIV status, written consent for testing will be obtained from the individual authorized to consent to the provision of medical care for the consumer. If the person authorized to sign for medical care refuses, no test may be given.

If doubt exists whether a consumer is competent to give consent to HIV testing, the Executive Director may investigate the viability of the consumer's parents, guardian, or conservator as substitute decision-maker pursuant to Health and Safety Code 199.27 (a)(1).

If the consumer has no parent, guardian, or conservator legally authorized to consent to HIV testing on behalf of the consumer, the Executive Director or the designee may initiate, or cause to be initiated, proceedings for the appointment of a guardian or conservator legally authorized to consent.

CONFIDENTIALITY AND RELEASE OF AIDS RELATED CONSUMER INFORMATION

DEFINITION

A consumer's "records" include all documents in NLACRC case files pertaining to the

consumer, plus any other document possessed by NLACRC staff in which consumers are identified.

Persons authorized to give written consent for release of HIV test information are as follows:

1. The parent/legal guardian of a minor under the age of 12 or parent/legal guardian of any minor who is not competent to give such consent.
2. If the child is a dependent of a court, such court.
3. A child 12 or more years of age.
4. An unconserved adult consumer.
5. A legal conservator empowered with the specific authority to decide for an adult consumer.

POLICY

Record Keeping:

1. Any documentation that a consumer has taken an HIV test or its results will be kept in a confidential file separate from the regional center consumer file.

2. Only the Executive Director or his/her designee will have access to the file to prevent unlawful disclosure of HIV test results.

3. Any information regarding a consumer's diagnosis of AIDS will be maintained in the consumer's regional center file, as part of the consumer's medical records. Release of Information/Form of Disclosure. NLACRC will exercise strict confidentiality on HIV information relating to consumers. Any disclosure of HIV tests or AIDS diagnosis will be made in accordance with current law.

4. The diagnosis of AIDS must meet the criteria that the federal government's Centers for Disease Control have established. AIDS is a reportable illness. The primary physician is mandated to report a diagnosis of AIDS to the County Health Department. HIV status is not reportable.

5. An AIDS diagnosis should be kept in the medical section of the consumer's

chart. It is confidential and sensitive consumer information and should be treated as such. The information is governed by the same statute as access to general medical information and will not be released without appropriate consent.

6. In cases where a consumer poses a significant risk of danger to self or others, which has been substantiated and documented, the Special Health Needs Committee will be convened. The committee will make provisions for immediate and thorough education, assess the consumers' needs, and develop appropriate recommendations.

AIDS AND SERVICE PROVISION

DEFINITION

Provision of service includes, but is not limited to, the obtaining of residential placement, day program services, family support services and health care services.

POLICY

NLACRC will not discriminate in the provision of services, including placement, to consumers who are known to have AIDS or to test HIV positive.

In special circumstances, if indicated, recommendations regarding the provision of specific services to consumers known to have AIDS or to test HIV positive will be made by the Special Health Needs Committee.

If a consumer has tested HIV positive, services will be provided without disclosure of the condition, unless authorized by the consumer or the authorized legal representative.

EXCEPTION PROCEDURE

NLACRC cannot anticipate all requests for legal services. It is recognized that some individual needs are so unique that they are not addressed in this Service Standard. Therefore, NLACRC's Executive Director or his or her designee may grant exceptions. The planning team must make a request for an exception to the Center's staffing committee. The committee must review the request and make a recommendation to the Executive Director.

TRANSPORTATION
SERVICE & PROCEDURAL STANDARDS

PHILOSOPHY

It is the philosophy of NLACRC that individuals with developmental disabilities should have the same access to public and para-transportation services as non-disabled individuals. Transportation is a necessary service for the entire community. Individuals typically use transportation to access work, education, and fully participate in the communities where they live. Therefore, NLACRC will advocate for appropriate and accessible transportation services for individuals with developmental disabilities.

DEFINITION

Transportation is a service that uses many resources. Potential resources that may provide transportation are consumer/family, private ride-sharing, and public or private transportation agencies. Public (generic) transportation encompasses publicly funded bus transit and para-transit systems. Commercial transportation includes individual providers, taxis, transportation companies, non-emergency medical transportation and ambulance services.

Travel training is a transportation service that teaches a consumer how to use public transportation safely to get to destinations in the community, such as a program or work site, and may be provided by several types of vendors, including, but not limited to, independent living trainers, tutors, adaptive skills trainers and mobility trainers.

POLICY

It is the policy of NLACRC to fund transportation services for adult consumers to primary program sites as identified in the IPP and only if appropriate personal or public resources are not available.

NLACRC will use transportation services that are the least restrictive and most cost-effective means to transport consumers. Moreover, transportation services will be safe and appropriate in meeting the transportation needs of consumers. Finally, NLACRC will only transport consumers to the primary program site closest to their home that will meet the goals and objectives on their IPP.

Infants and toddlers under age three may receive support for transportation to a required early intervention service. Infants and toddlers must be accompanied by a parent or primary care giver when transported. Transportation for consumers of school age to education sites or to related education services is the responsibility of the school district that serves the consumer.

Typically, a consumer, family member or service provider is responsible for the consumer's transportation to medical, dental or therapy appointments, discretionary transportation for community excursions, shopping trips, recreational activities, after school programs, camp or respite services, and to and from work when the consumer is actively employed.

EXCEPTION PROCEDURE

NLACRC cannot anticipate all requests for transportation services. It is recognized that some individual needs are so unique that they are not addressed in this Service Standard. Therefore, NLACRC's Executive Director or his or her designee may grant exceptions. The planning team must make a request for an exception to the Center's staffing committee. The committee must review the request and make a recommendation to the Executive Director.

SOCIAL/RECREATION
SERVICE & PROCEDURAL STANDARDS

PHILOSOPHY

It is the philosophy of NLACRC that people with developmental disabilities to access age appropriate social/recreational activities. NLACRC believes that such activities are an important and necessary part of all people's lives. These activities help to ensure a person's emotional well-being, promote and develop friendships, and enhance social competencies. As such, NLACRC will promote the participation of people with developmental disabilities in meaningful social/recreational activities.

DEFINITION

Social/recreational activities help individuals to learn and develop age appropriate social skills. Also, these activities provide opportunities in both integrated and specialized settings to engage in hobbies, participate in recreational events, and pursue leisure interests. Typically, consumers access and participate in social/ recreational activities via their families, residential services or day programs.

POLICY

It is the policy of NLACRC to advocate and supply information to consumers, their family members, and service providers on social/recreational activities. This will enable consumers, their family members and/or service providers to arrange for individual or group social/recreational activities.

When an individual's behavior, physical condition or level of functioning precludes participation in most social activities, and their day services do not provide social/recreational opportunities, a specialized program may be indicated to develop the specific social skills needed for that individual. In those instances, the goal of the program would be for the consumer to acquire the social and behavioral skill(s) identified in the IPP to enable the consumer to participate in more integrated social/recreational opportunities.

For most consumers, their individual social/recreational needs should be met through the natural involvement in one's family activities or residential service program. Also, consumers often participate in social/recreational activities as part of their educational or day service. Therefore, NLACRC will not typically separately fund social/recreational activities.

EXCEPTION PROCEDURE

NLACRC cannot anticipate all requests for social/recreational services. It is recognized that some individual needs are so unique that they are not addressed in this Service Standard. Therefore, NLACRC's Executive Director or his or her designee may grant exceptions. The planning team must make a request for an exception to the Center's staffing committee. The committee must review the request and make a recommendation to the Executive Director.

EARLY START
SERVICE & PROCEDURAL STANDARDS

PHILOSOPHY

NLACRC is committed to providing comprehensive and needed Early Start services to infants and toddlers, birth to 3 years of age, and their families.

DEFINITION

Early Start services are required and needed interventions that are indicated on each infant's or toddler's Individualized Family Service Plan (IFSP) and are provided at no cost to their families. NLACRC will not require parents of infants and toddlers with disabilities, if they would incur a financial cost, to use private insurance proceeds to pay for the services that must be provided to an eligible infant or toddler under this part.

Early intervention services provide education and training for parents/care givers of infants up to 3 years of age in multiple areas such as physical, cognitive, language, and psychosocial development; and feeding and self-help skills under the supervision and guidance of appropriate professionals. These programs are also directed at providing parental/care giver counseling and support as well as periodic reassessment of the infant and family's needs.

Early intervention programs are intended to maximize an infant's development within the existing family structure by:

A. Responding to the personal and family needs expressed by parents/care givers;

B. Fostering effective parent-infant interaction; and

C. Developing and implementing appropriate and specific growth-fostering activities for the infant.

POLICY

NLACRC will implement California's Early Start program within its service area consistent with Federal and California State laws and regulations as well as its contract with the Department of Developmental Services.

Major considerations in the choice of a program for children under the age of 3 years will be the individualized needs of the infant and his or her family and the ability of the parent or primary care giver to participate in the program. Parents or primary care givers may choose from among a variety of program options deemed appropriate by the interdisciplinary team.

The following early intervention program options may be considered:

A. Center-based parent education and support: A group of parents (primary care givers) and infants meet together at a designated site under the guidance and supervision of qualified personnel.

B. Individual in-home parent education/support: An individualized program is provided by a qualified professional for the infant and parent (a primary care giver) at the infant's home.

C. Combination: A program that includes a center-based and a home intervention component.

Provision of services without participation of the parent or primary care giver will be on an exception basis only.

INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

NLACRC shall ensure that a written IFSP is developed for providing early intervention services. The IFSP shall address the infant or toddler's developmental needs and the needs of the family related to meeting the developmental needs of the infant or toddler. An IFSP shall be developed and implemented for each infant or toddler who has been evaluated,

assessed and determined to be eligible for early intervention services.

PROCEDURES FOR IFSP DEVELOPMENT, REVIEW, AND EVALUATION

A. An initial IFSP shall be developed by NLACRC for each eligible infant or toddler who has been evaluated and assessed, within 45 days of receipt of the oral or written referral receipt by either the center or Local Education Agency (LEA).

B. A periodic review of the IFSP for an infant or toddler and the infant or toddler's family shall be conducted every six months, or more frequently if service needs change, or if the parent requests such a review.

C. Documentation of each periodic review of the IFSP by the service coordinator shall include:
   1. The degree to which progress toward achieving the outcomes is being made; and
   2. All modifications or revisions of the outcomes or services as necessary.

D. The periodic review of the IFSP may be carried out by a meeting or by another means that is acceptable to the parent and other participants.

E. An annual meeting to review the IFSP shall be conducted to document the infant or toddler's progress and revise its provisions and shall include team members as specified in Early Start regulations.

F. Information obtained from ongoing assessment shall be used in reviewing and revising outcomes and determining the appropriate services that will be provided or continued.

G. All IFSP meetings shall be conducted:

   1. In settings and at times or by means that are reasonably convenient to the parent; and
   2. In the language of the parent's choice unless it is clearly not feasible to do so.

H. Meeting arrangements shall be made with, and written notice provided to, the parent and other members of the multi-disciplinary team in a timely manner to ensure attendance at the IFSP.

I. The contents of the IFSP and changes to the IFSP resulting from the periodic review shall be fully explained and a legible copy of the document given to the parent. Written consent from the parent shall be obtained prior to the provision of early intervention services described in the IFSP.

J. If the parent does not provide consent with respect to a particular early intervention service listed in the IFSP or withdraws consent after first providing it, that service shall not be provided. The early intervention services to which parental consent is obtained shall be provided.

PARTICIPANTS IN INITIAL AND ANNUAL IFSP MEETINGS AND PERIODIC REVIEWS

A. Each initial IFSP meeting and each annual IFSP meeting shall include the following participants:

1. The parent of the infant or toddler;
2. The service coordinator who has been working with the family since the initial referral of the infant or toddler for evaluation and assessment or who has been designated by the regional center or LEA to be responsible for implementation of the IFSP; and
3. The person(s) who conducted the evaluations or assessments.

B. If requested by the parent, each initial IFSP meeting and each annual IFSP meeting shall include the following participants:

1. Other family members; and
2. An advocate or person outside of the family.

C. Each IFSP meeting shall include persons who will be providing services to the infant or toddler and family, as appropriate.

D. Each periodic review of the IFSP shall include:

1. The parent;
2. The service coordinator;
3. Service providers as appropriate; and
4. Other family members, an advocate or person outside of the family upon parental request.

E. If either the evaluators or assessors are unable to attend an initial or annual IFSP meeting, arrangements shall be made for the person's involvement through other means, including:

1. Participating in a telephone conference call;
2. Having a knowledgeable representative attend an IFSP meeting; and
3. Making pertinent records available at the IFSP meeting.

CONTENT OF THE IFSP

A. For purposes of this section:

1. Duration means the period between the initiation date of services and the ending date of services in the IFSP.
2. Frequency means the number of days or sessions that a service will be provided during a specified period of time (such as two times each week or four times each month).
3. Initiation means the beginning date of the service.
4. Intensity means the length of time the service is provided during each session and whether the service is provided in a group or individual setting.
5. Location means the environment where early intervention services are provided.
6. Method means how a service is provided, such as through consultation, group or individual sessions by qualified persons to accomplish a specified outcome.

B. The IFSP shall include the following:

1. With the agreement of the parent, a statement of the family's resources, priorities and concerns related to enhancing the development of the infant or toddler;
2. A statement, based on evaluation and assessment information, of the infant or toddler's present levels of:
   a. Physical development including fine and gross motor development, vision, hearing and health status;
   b. Cognitive development;
   c. Communication development;
   d. Social or emotional development; and
   e. Adaptive development.

3. The statement of present levels of development shall be based on evidence that can be measured or observed by a qualified professional;
4. A statement of the developmental outcomes expected for the infant or toddler and the criteria, procedures and time lines used to determine the degree to which progress toward achieving outcomes is being made. Such outcomes shall be based on the identified needs of the infant or toddler and family pursuant to assessment;
5. A statement about the outcomes for the family when services for the family are related to meeting the special developmental needs of the infant or toddler;
6. Statements of the specific early intervention services necessary to meet the unique needs or the infant or toddler and the family to achieve the outcomes including:
    a. The frequency, intensity and method of delivering the services;
    b. The location where the services will be delivered;
        1. The statements of location shall specify the natural environments such as home, child care, school program or private program where early intervention services shall be provided; and
        2. The statement shall include a justification of the extent, if any, to which the services will not be provided in a natural environment.
    c. The projected date for initiation of each service;
    d. The anticipated duration of the services;
    e. The scheduled days when services/programs will not be available when the service provider operates a program which has a fixed schedule which includes breaks in service for periods such as holidays or vacations; and
    f. The name of the regional center, LEA or service provider providing each early intervention service.
7. The funding source for other or non-required services provided by any entity other than regional centers or LEAs including the procedures that will be followed to obtain such funding;
8. The name of the service coordinator; and
9. A statement of the transition steps, which are initiated when the toddler is two years and nine months, or at the discretion of all parties up to six months before the toddler turns three years old that are necessary to ensure the transition of the toddler to:
    a. Preschool services under Part B of the Individuals with Disabilities Education Act if the toddler with a disability is eligible; or
    b. Other public and private services that may be needed by the toddler

pursuant to Early Start Regulations.

C. Regional centers and LEAs shall not place an infant or toddler on a waiting list for early intervention services required by the IFSP.

D. Regional centers and LEAs shall arrange, provide or purchase early intervention services required by the IFSP as soon as possible.

INTERIM IFSP

A. An interim IFSP may be developed for an infant or toddler who has been determined eligible for early intervention services. The early intervention services may begin before the completion of the assessment if there is an immediate need to provide services and the infant or toddler's parent has given written consent.

B. The interim IFSP shall include:

1. Time lines for completing assessments;
2. The name of the service coordinator responsible for completion of the evaluation and assessment within the 45 day time line and implementation of the interim IFSP;
3. The services agreed upon at the interim IFSP meeting as necessary for the infant or toddler.

C. An interim IFSP meeting shall provide for the participation of the parent and service coordinator and the persons responsible for the assessment at a minimum pursuant to Early Start Regulations.

D. The immediate need, the early intervention services needed and the name of the service coordinator must be documented in the infant or toddler's IFSP.

E. The existence of an interim IFSP does not absolve the regional center or LEA from complying with the 45-day time period to complete the initial assessment in all five areas of development.

F. An interim IFSP developed to meet an immediate need shall be followed by an IFSP meeting within the 45-day period that commenced with the referral except as provided for in Early Start Regulations.

G. An interim IFSP may be developed for an infant or toddler who has been determined eligible when exception circumstances prevent the completion of assessment within 45 days.

DESIGNATION OF SERVICES ON THE IFSP

A. Each service on the IFSP shall be designated as one of the following:

1. A required early intervention service. These services shall be provided, purchased or arranged by a regional center or LEA; or
2. Other public programs providing services that may benefit the infant, toddler and/or family which the eligible infant or toddler or his or her family may be eligible to receive, subject to the statutory, regulatory and other program criteria of those programs or agencies. These services may include but not be limited to: residential care, family reunification services; Head Start; Supplemental Security Income; Supplemental Security Programs; temporary assistance to needy families and food stamps; Medi-Cal; or
   a. A non-required service includes, but is not limited to: employment; child care; housing; medical services (such as surgery, medication, hospitalization, medical devices necessary to control or treat a medical condition, immunizations and well-baby care); income support; family or marital counseling unrelated to the infant or toddler's development; and substance abuse counseling.
   b. The IFSP shall, to the extent appropriate, include the steps and time lines for the service coordinator to assist the parent to secure those services through public or private sources.

B. The receipt of required early intervention services listed on the IFSP, pursuant to Early Start Regulations, from other state or federal agencies such as California Children Services, is dependent on the infant or toddler and the infant or toddler's parent meeting the statutory, regulatory and other program criteria of the agency and/or program that provides those services. These criteria may include financial eligibility and medical condition eligibility as diagnosed by program certified personnel, and on the availability of funding for the program.

1. In the event that the infant or toddler or infant or toddler's parent is not eligible to receive those agency services, or funding for the program is

unavailable, the required early intervention services shall be provided by the center or the LEA.

2. The parent shall be informed, in writing, of this provision during the initial 45-day evaluation and assessment period and/or during the IFSP meeting.

BASIS FOR THE PROVISION OF SERVICES THROUGH REGIONAL CENTER

A. Regional centers shall provide, arrange or purchase early intervention services, as required by the infant or toddler's IFSP, and be payor of last resort for infants and toddlers determined eligible for early intervention services as:

1. Developmentally delayed;
2. Established; or
3. High risk for developmental disability.

B. Regional centers shall be the payer of last resort after all other public and private sources for payment have been reviewed to determine if a referral shall be made by the service coordinator and/or the parent. Referrals may include, but not be limited to, California Children Services, Medi-Cal, or private insurance providers that may have responsibility for payment. This review shall not delay the provision of early intervention services specified on the IFSP. Early intervention services specified on the IFSP shall begin as soon as possible.

TRANSFER

A. NLACRC shall use existing information whenever possible to determine continued eligibility and to minimize delay in the provision of appropriate early intervention services when an eligible infant or toddler's residence changes to another regional center.

B. The procedures contained in Welfare and Institutions Code, pertaining to transfers between regional centers, shall apply for an infant or toddler with an existing IFSP who moves from an area where he or she received early intervention services from a regional center into another regional center area.

TRANSITION FROM EARLY INTERVENTION SERVICES

A. LEAs shall provide special education and related services to eligible children at age three. Each LEA shall participate in the transition planning for toddlers served under the Early Intervention Services Act who may be eligible for preschool programs under Part B of the Individuals with Disabilities Education Act before the toddler is two years and nine months, or at the discretion of all parties up to six months before the child turns three to ensure that an IEP has been developed and is implemented by the toddler's third birthday.

B. The service coordinator, six months before the third birthday of the toddler receiving early intervention services, shall:

1. Notify the parent of a toddler who may be eligible for special education and related services under Part B of the Individuals with Disabilities Education Act that transition planning will occur within the next three to six months;
2. Notify the LEA where the toddler resides that there will be an IFSP meeting requiring the attendance of a LEA representative before the toddler is two years and nine months, or at the discretion of all parties, up to six months before the toddler turns three years old to specify the transition steps necessary for movement into services under Part B of the Individuals with Disabilities Education Act; and
3. Within 30 days following notification of the parent and the LEA, the family, service coordinator and LEA shall agree on the date for the IFSP to specify the transition steps necessary for movement into services under Part B.

C. For all toddlers with an IFSP, the transition steps contained in the IFSP at two years and nine months or earlier shall include all of the following:

1. Discussions with and providing information to parents regarding:
   a. The toddler's transition to special education for a toddler with a disability who may be eligible for special education and related services under Part B of the Individuals with Disabilities Education Act; and
   b. Steps to prepare the toddler for changes in service delivery, including steps to help the toddler adjust to and function in a new setting;
2. Provide information about community resources, such as Head Start, child development preschool, or private or public preschool, for a toddler who will not be eligible for special education services after three years of age; and,

3. A projected date for conducting a final review of the IFSP to review the early intervention services and the transition outcomes by age 3.

D. For toddlers who may be eligible for preschool services from the LEA, under Part B of the Individuals with Disabilities Education Act, the transition steps necessary for movement into services under Part B or other appropriate program, written at the IFSP meeting before the toddler is two years and nine months, or, at the discretion of all parties, up to six months before the toddler's third birthday, shall include all of the following:

1. With parental consent, the transmission of information about the toddler to the LEA including evaluation and assessment information and copies of IFSPs that have been developed and implemented;
2. Identifying needed assessments to determine regional center and special education eligibility and determining the regional center or LEA responsible and time lines for completing the needed assessments;
3. Statements of the steps necessary to ensure that the referral to an LEA is received by the LEA in a timely manner to ensure that assessments required under the provisions of Part B of the Individuals with Disabilities Education Act are completed and an IEP is implemented by the toddler's third birthday;
4. A referral for evaluation and assessment for services, under Part B of the Individuals with Disabilities Education Act, no later than the time that the toddler is two years and nine months of age or before the LEA's break in school services if the toddler will become three years of age during a break in school services. The transition IFSP shall contain steps necessary to satisfy the referral and IEP development requirements contained in Education Code.
5. Identification of the people responsible for convening an IEP and final IFSP meeting and the person responsible for convening an IPP meeting, if necessary, for a toddler by age three to:
   a. Review the progress toward meeting the early intervention services outcomes identified in the IFSP;
   b. Determine the eligibility for special education and develop the IEP; and
   c. Develop an IPP if the toddler is also eligible for services under the Lanterman Developmental Disabilities Services Act.

E. If a toddler is older than two years and six months on the date of the initial IFSP, the IFSP shall include steps to ensure transition to special education services under Part B of the Individuals with Disabilities Education Act or other services that may be appropriate.

F. Regional centers may continue providing or purchasing services for a preschooler who has been determined eligible for regional center services:

1. Until the beginning of the next school term after the toddler's third birthday during a period when the LEA special education preschool program is not in session; and
2. When the multidisciplinary team determines that services are necessary until the LEA special education program resumes.

EXCEPTION PROCEDURE

NLACRC cannot anticipate all requests for required early intervention services. It is recognized that some individual needs are so unique that they are not addressed in this service standard. Therefore, NLACRC's Executive Director or his or her designee may grant exceptions. The IFSP team must make a request for an exception to the center's staffing committee. The committee must review the request and make a recommendation to the Executive Director.

FAIR HEARING PROCESS
SERVICE & PROCEDURAL STANDARDS

PHILOSPHY

NLACRC respects the due process rights of individuals with developmental disabilities and is committed to ensuring that consumers and their families are informed of their rights. The fair hearing process is the avenue for resolving disagreements between the regional center and consumers or applicants who are age three or older. The disagreements may be about services, eligibility or any decision or action of the regional center with which an individual disagrees. The fair hearing process includes a voluntary informal meeting, mediation, and a fair hearing.

DEFINITION AND POLICIES

ADEQUATE NOTICE

DEFINITION

Adequate notice means a written notice provided within the statutory timelines informing the applicant, consumer, or authorized representative of an action that NLACRC proposes to take and with which the applicant, consumer or authorized representative disagrees.

POLICY

NLACRC will provide a consumer with adequate notice when the Center makes a decision without the mutual consent of the consumer to reduce, terminate, or change services set forth in an individual program plan, determines that the consumer is no longer eligible for regional center services, denies the initiation of a service or support requested for inclusion in the individual program plan or denies eligibility for regional center services. As applicable, the Center will provide notice to the consumer's parents, legal guardian,

conservator or legal representative. The notice will be sent, by certified mail, and will comply with the following:

- Proposed reduction, termination or change in service or termination of eligibility requires notice at least thirty (30) days prior to taking any of the aforementioned actions.

- Denial of initiation of a service or denial of eligibility for regional center services requires notice no more than five working days after the Center makes the decision.

In the event of an appeal regarding an existing service, NLACRC shall continue funding the service in question during the appeal procedure if the request for a fair hearing is postmarked or received no later than 10 days after receipt of the proposed notice of action. In the event of an eligibility appeal, NLACRC shall continue the services identified in the individual program plan if the request for a fair hearing is postmarked or received no later than 10 days after receipt of the proposed notice of action.

The notice will provide the consumer, applicant or authorized representative with the following information:

- The action that NLACRC proposes to take, including a statement of the basic facts upon which NLACRC is relying
- The reason(s) for the action
- The effective date of the action
- The specific law, regulation, or policy supporting the action
- Information regarding the fair hearing procedure, including timelines, deadlines, access to service agency records, opportunity to request an informal meeting and/or mediation
- Information regarding the consumer or applicant's appeal rights
- Information on the availability of advocacy assistance

AUTHORIZED REPRESENTATIVE

DEFINITION

An authorized representative can be a conservator of an adult consumer; a guardian, conservator, parent or person having legal custody of a minor consumer; or a person or agency appointed in writing by an adult consumer or by a legal guardian, conservator,

parent or person having legal custody of a minor consumer, to act for or represent the claimant in the fair hearing process.

POLICY

Upon written notification of an authorized representative representing a consumer in a fair hearing, NLACRC will direct all communication to the authorized representative.

INFORMAL MEETING

DEFINITION

The informal meeting is the first opportunity to resolve the issue(s) for fair hearing. Pursuant to law, the consumer, applicant, or authorized representative, has the right to request a voluntary informal meeting.

POLICY

NLACRC will conduct an informal meeting within ten (10) days of receipt of the request for fair hearing. The informal meeting is typically conducted by NLACRC's Contract Administrator, however may be conducted by another individual as designated by NLACRC's Executive Director. Prior to the meeting, the claimant or his or her authorized representative shall have the right to examine any documents contained in the individual's service agency file. Access to records shall be provided upon request.

NLACRC will notify the claimant and his or her authorized representative, of the decision resulting from the informal meeting in writing within five working days of the meeting. The written decision will identify the issues presented in the appeal, rule on each issue identified, state the facts supporting each ruling identify the laws, regulations, and/or policies upon which each ruling is based and notify the claimant of their right to request a consolidation of appeals involving a common question of law or fact.

NLACRC will conduct the informal meeting at a time and place reasonably convenient to the claimant. The meeting will be conducted in English unless an interpreter is needed. The need for an interpreter should be indicated on the fair hearing request form and arrangements will be made by the Center.

Upon dissatisfaction with NLACRC's decision following the informal meeting, the applicant or his/her authorized representative may request mediation, if not previously requested, or proceed directly to a fair hearing.

MEDIATION

DEFINITION

Mediation is a voluntary meeting of both parties with a neutral person (the mediator) who has training and experience helping people settle conflicts. It is a common method for resolving disputes amicably. The mediator facilitates an informal, non-adversarial meeting where the parties have the opportunity and authority to agree on a resolution. The mediator helps the parties consider facts, issues and reasons for the appeal and reasons for the regional center's decision. The goal of mediation is to reach a solution that is satisfactory to both parties.

POLICY

NLACRC will either accept or decline a written request for mediation within five working days. The claimant, authorized representative if applicable, and the Institute of Administrative Justice will be notified immediately of NLACRC's decision to either accept or decline mediation. Either the claimant/authorized representative or NLACRC may withdraw at any time from mediation and proceed to a fair hearing.

If an agreement is reached through mediation and the claimant no longer wishes to proceed to hearing, the claimant or his/her authorized representative must complete a Notification of Resolution form provided by NLACRC or the mediator. The completed Notification of Resolution form must be submitted to NLACRC. The final resolution agreed to during mediation would go into effect 10 days after receipt by the regional center of the Notification of Resolution of the request for a fair hearing.

If the mediation fails to resolve part or all of an issue(s) to the satisfaction of the claimant, his or her authorized representative or NLACRC, the matter shall proceed to fair hearing, unless the claimant does not wish to proceed.

FAIR HEARING

DEFINITION

The fair hearing is an evidentiary hearing to resolve disagreements about services, eligibility or any decision or action of the regional center. It is more formal and is conducted by an Administrative Law Judge employed by the Office of Administrative Hearings. People who have the right to request a fair hearing include an applicant, consumer, applicant or consumer's legal guardian or conservator, applicant or consumer's parent, if a minor, and applicant or consumer's authorized representative. A consumer or applicant who has filed for a fair hearing is referred to as a “claimant” in the fair hearing process.

POLICY

NLACRC will exchange a list of potential witnesses, the general subject of the testimony of each witness, and copies of all potential documentary evidence at least five calendar days prior to the hearing with the claimant.

The Office of Administrative Hearings typically conducts the fair hearing at one of NLACRC’s offices, depending on the origination of the request. In the event that the claimant desires a more convenient or different location, the claimant should contact NLACRC and/or the Office of Administrative Hearings to identify an alternative location.

A hearing can be continued (postponed) upon a showing of good cause. Good cause includes, but is not limited to:

- Death of an immediate family member
- Personal illness or injury
- Sudden and unexpected emergencies
- Unavailability of a witness or evidence

- An intervening request by the claimant for mediation

A request for a continuance can be made by either party and must be made to the Office of Administrative Hearings.

NLACRC will notify the Clients' Rights Advocate and Area Board X if a determination is made that the rights or interests of the claimant will not be properly protected or advocated and the claimant has not personally authorized a representative. Area Board X may appoint a person or agency as a representative to assist the claimant in the mediation and fair hearing procedure. The appointment of a representative shall be in writing to the authorized representative and a copy of the appointment shall be immediately mailed to NLACRC's Executive Director.

ACCESS TO RECORDS

DEFINITION

Pursuant to law, a claimant has the right to inspect, review or obtain a copy of any record obtained in the course of providing intake, assessment, and/or services under the Lanterman Act. A record is any item of information directly relating to a person with developmental disabilities or to one who is believed to have a developmental disability which is maintained by NLACRC, whether recorded by handwriting, print, tapes, film, microfilm, or other means.

POLICY

NLACRC will provide access to records to an applicant, consumer or authorized representative for purposes of the appeal procedure. NLACRC will grant access to the records no later than three business days following the date of receipt of the oral or written request for access. Access to records is available during regular NLACRC business hours. NLACRC will make available qualified personnel to interpret records upon request from the consumer, applicant or authorized representative. Actual copies of the record can be obtained by making an oral or written request to the Office of the Contract Administrator. There is a nominal fee, which does not exceed the actual cost, for reproduction of the record. In the event of a demonstrated financial hardship where the imposition of the fee would preclude the claimant from obtaining a copy of the record(s), NLACRC will consider waiving the fee for reproduction of record(s).

NLACRC maintains records in two locations; on-site at NLACRC offices and off-site at a storage

facility.