



North Los Angeles County Regional Center

Family Support Services Assessment

Service Coordinator Name:

Date of Assessment:

Individual Served Information:

Individual's Name:

UCI:

DOB:

Family Support Services & Descriptions

Services Offered by Regional Center	Service Codes	Service Description
Respite Services	420- Voucher/Family Member 465- Participant Directed 862- In Home 868- Out of Home	<ul style="list-style-type: none"> • Services that are provided to give parents/caregivers a break or planned relief from the daily care needs. • Respite helps provide relief for a short period of time so a parent can get some alone time, or relax, or some parents can do errands. • The amount of respite is determined by the amount of family support needs, family circumstances, current supports and services in place, and natural supports that may already be providing supports.
Specialized Daycare	405- Family Member Daycare 851- Child Daycare 855- Adult Daycare	<ul style="list-style-type: none"> • Services that provide appropriate non-medical care and supervision, while a parent is engaged in employment in or out of the home and/or engaged in educational activities leading to employment to ensure the consumer's safety in the absence of family members. • The regional center may pay only the cost of daycare that exceeds the cost of providing day care services to a child of the same age without a disability. Regional centers must assess for income to determine the share of cost for this service. The share of cost ranges from \$1.00-\$3.00 per hour based on family income. • There is an exception process to request temporary relief from the share of cost when there is a catastrophic event or economic hardship that will be assessed on an individualized circumstance.
Personal Assistance (PA)	062- PA	<ul style="list-style-type: none"> • Services that assist with bathing, getting dressed, preparing easy meals, helping with toileting, and provides protective supervision. • The need for the additional help in the home is due to the need for more than one person to provide care. • Examples may include consumers who requires a two-person transfers/lifts or who have behavioral or nursing needs requiring close supervision to be safe.

Camp as a Family Support Service	850- Camping	<ul style="list-style-type: none"> NLACRC will authorize camp as a family support service for children and adults when planned relief is an identified need in the individual program plan and the service supports an outcome to provide the parent(s) or caregiver(s) with planned relief from the ongoing care and supervision.
Camp as a form of Daycare	850- Camping	<ul style="list-style-type: none"> NLACRC will authorize camp as a form of daycare service for children and adults when parent is engaged in employment in or out of the home and/or engaged in educational activities leading to employment, to ensure the consumer's safety in the absence of family members and this service will meet a need identified in the individual program plan. The regional center may only pay the cost of daycare that exceeds the cost of providing day care services to a child of the same age without a disability. Regional centers must assess for income to determine the share of cost for this service. The share of cost ranges from \$1.00-\$3.00 per hour based on family income.
Social Recreation as a Family Support Service	Social Recreational Program - 525	<ul style="list-style-type: none"> NLACRC will authorize social recreation activities as a family support service for children and adults when the activity will provide parents/caregivers with planned relief from the care and supervision.
Non-Medical Therapies as a Family Support Service	Specialized Recreational Therapy- 106 Art Therapist- 691 Dance Therapist- 692 Music Therapist- 693 Recreation Therapist- 694	<ul style="list-style-type: none"> NLACRC will authorize non-medical therapies as a family support service for children and adults that are designed to provide parents and caregivers planned relief from the ongoing care and supervision. Non-medical therapies include equine therapy, music therapy, dance therapy, art therapy and specialized recreation therapy. Non-medical therapies requested as a form of family support will not be authorized for the purpose of social recreation or as a clinical therapy or treatment.

Determination for Level of Care for Family Support Services

During the assessment for family support services, you will need to identify the appropriate level of care or support needs that the individual requires:

- Licensed Vocational Nurse (LVN) Support provides basic nursing care for consumers with medical needs under the supervision of a Registered Nurse (RN).
- Behavioral Support Level are professionally trained staff to provide support to address behavioral challenges in various settings.
- Non-medical: there is no need for specialized medical or behavioral support to assist consumer in daily living skills

Participant Choice Options

Individuals have many choices when considering their family support services and may choose to do this through a variety of ways, including regional center providers or through the Self-Determination Program (SDP) or Participant-Directed Services:

- Self-Determination Program is available to all eligible regional center consumers and allows participants to make their own decision, decide how their budget is spent, and choose their staff.
- Participant Directed Services provides consumers the option to exercise more direction over how, and by whom services are provided. The consumer and or family identifies the person/people who they want to provide the services. Applies to the following family support services: Respite, Daycare, and Personal Assistance.

Family Support Assessment – Current Services

Begin this assessment by identifying all available services that are authorized and/or any barriers to accessing generic resources. Generic resources are publicly funded entities that have a legal responsibility to provide certain supports, such as county, state, or federal entities.

I. Current Services

In Home Supportive Services (IHSS)/Protective Supervision: Yes No

If Yes:

- o Total Number of Hours:
- o Who is providing IHSS (Name & Relationship):
- o What days/times are hours being used (complete schedule at end of the assessment):

Discuss the level of advocacy & support needs for parent/caregiver to access or obtain In Home Supportive Services, including any current or past barriers:

Early Periodic Screening Diagnosis and Treatment (EPSDT): Yes No Not Applicable

If Yes:

- o Total Number of Hours:
- o How are hours being used:

Private Insurance Yes No

Medi-Cal Yes No

Type of Medi-Cal:

Discuss any other services that are being provided that are not funded by regional center, including any barriers to access:

II. Person-Centered Thinking and Planning

What is important to the individual and family served for their support needs? How do they want to be supported?

III. Individual Needs Assessment and Considerations

Select the indicator in each section that best represents the need and then elaborate specifics in the appropriate sections.

Medical & Nursing Considerations

- Consumer has no exceptional medical needs; requires routine medical care.
- Condition(s) requires occasional /ongoing medical/therapy appointments related to the Developmental Disability.
- Requires frequent (every 4-6 hours) health/medical procedures--complicated medication regimen, nebulizer/oxygen therapy, diabetes care, catheter care/change, wound care, frequent turning, etc.
- Extraordinary medical care (ventilator dependent, trach care, feeding tube, frequent suctioning), 24 hours/day (intervention required every 3 hours or less).

If Applicable, Discuss the impact of medical conditions and related appointments:

Activities of Daily Living (ADLs) (check all that apply):

- Is self-sufficient in activities of daily living.
- Under age 5 and functions similarly to non-disabled peers of the same age.
- Over age of 5 and can complete the following activities independently but requires reminders for at least one: toileting, personal care, and/or dressing.
- Over age 5 and requires prompting or physical assistance with at least one of the following activities: toileting, personal care, and/or dressing, or eats with fingers (no utensils).
- Over age 5 and requires prompting or physical assistance with at least three of the following activities: toileting, personal care, and/or dressing, or eats with fingers (no utensils).
- Requires total care/does not perform helpful movements with almost all activities of daily living: eating, toileting, personal care, and dressing.

Discuss ADL needs for this consumer:

Mobility

- Is mobile and ambulates independently.
- Uses a device for independent mobility (e.g. walks with a walker, walks with crutches/braces, uses a wheelchair independently, is able to transfer independently).
- Requires physical assistance using walker, maneuvering wheelchair, transferring on/off toilet, in/out of bed, in/out vehicles, etc.
- Consumer is immobile and is incapable of independent movement (e.g. must be turned, unable to sit in a standard wheelchair, requires special lifting equipment, etc.).

Discuss Mobility needs for this consumer and any impact to family:

Behavioral Intensity:

- Consumer infrequently displays Socially Disruptive behaviors. Behaviors are generally appropriate for their age.
- Socially Disruptive behaviors occur three times or less per month and may require long term intervention.
- Socially Disruptive behaviors are *frequent*, (occurring at least once a week, four times or more a month) and require behavioral intervention and constant supervision. Behaviors may include: self-injurious behaviors, elopement, minor property destruction, physical aggression, or verbal aggression.
- Socially Disruptive behaviors occur daily requiring behavior intervention. Behaviors result in significant injury to self and others and/or major property destruction.

If Applicable, discuss the behavioral intensity of the consumer and review if behavioral services are in place or needed. Consider if a Respite Worker will be able to manage or address the behaviors:

Education & School

Discuss current school schedule (days/times and identify if virtual, on-campus, or hybrid). Review most current Individual Education Plan (IEP) and any current services.

Education, Employment, Or Day Program

Discuss current education, employment supports, or day program planning needs that are authorized

Family Dynamics & Natural Supports (check all that apply)

- Two parent family, consumer only child with developmental disability.
- One parent family, consumer only child with developmental disability.
- Two parent family, consumer has sibling(s) with developmental disability.
- One parent family, consumer has sibling(s) with developmental disability.
- Family/Caregiver may be experiencing coping difficulties due to their age or health.
- Parent is caring for person who has a disability or seriously ill family member, at home or outside of the home.
- Parent is caring for other children under the age of 5.

Discuss the family dynamics/natural supports; parent/caregiver work schedule; discuss who is residing in the home and what level of support they provide:

Cultural & Linguistic Considerations

Discuss any relevant cultural norms of the consumer and family that should be considered in the program planning process. For instance, include any rituals, beliefs, customs, or religious events.

Time & Activities that Promote Family/Consumer Interaction

Discuss activities or times during the week that the family and consumer engage together that provide natural opportunities for bonding and relationship development

Weekly Schedule

Complete the weekly schedule below with the daily routine for the consumer and family. Include any current services that are being accessed and include the projected respite hours that were identified for the week.

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
12:00 AM							
1:00 AM							
2:00 AM							
3:00 AM							
4:00 AM							
5:00 AM							
6:00 AM							
7:00 AM							
8:00 AM							
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4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
11:00 PM							

Notes: Calculate the weekly hours identified by 4.33 to input the monthly number of hours.

Outcome of Family Support Assessment

Family Support Services Available	Supports Identified in Assessment	Total Number of Monthly Hours:	Comments:
Respite	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Specialized Daycare	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Personal Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Camp as Family Support	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Camp as Daycare	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Recreation as Family Support	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Non-Medical Therapies as Family Support	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Family Cost Participation Program (FCPP) Assessments

Is consumer eligible for FCPP:

Yes No

FCPP Assessment generated in SANDIS within 3 business days:

Yes Not Applicable