

Redwood Coast Regional Center

# Purchase of Service Guidelines

Implemented: April 2, 2001

Adopted by the RCDSC Board of Directors  
June 26, 1999

Note: Subsequent revisions to individual guidelines are noted at the end of each guideline.

effective April 2, 2001

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# Vision

Redwood Coast Regional Center is committed to providing a wide array of services and supports to people who have developmental disabilities, individuals at risk for disabilities, and families of people with developmental disabilities. We stand ready to work with consumers to educate each other and the community on the ongoing issues surrounding disability rights. We expect all interactions with consumers, our staff and the community at large will be conducted in an open, honest, and flexible manner.

In the Spring of 1998, a formal statement of vision was developed through a collaboration of consumers, families, staff, and directors. It reads:

## **OUR VISION...**

It is the vision of Redwood Coast Regional Center that all people in our community, including individuals with developmental disabilities, will live, learn, work, travel, and play in the best, most inclusive environments.

We envision strong, healthy individuals and families whose emotional resources are renewed and supported by community and regional center. We envision full access to a complete array of health services throughout life.

We envision a system of services and supports that is determined by the individuals served. We envision a process that is complementary to the individual's own life, and which does not intrude upon the person's chosen lifestyle. We envision people residing in the living arrangement of their choice. We recognize that life is made meaningful by loving, being loved, and having friends and relationships. We acknowledge that life is enhanced by contribution, responsibility and the opportunity to learn new ideas and to engage in new experiences, including educational opportunities, social interactions, and work activities. We envision a system of services and supports which acknowledge the person's age, lifestyle preferences and culture, and which is fluid and ever changing.

We envision all people being empowered to communicate with their own minds and hearts to determine their supports and services.

We also subscribe to a vision which represents the highest commitment to excellence. We envision a commitment to honesty, compassion, trustworthiness, flexibility, responsiveness, accountability, accessibility, creativity and a passion for community service.

We envision a joyful and supportive environment in which trust is the cornerstone of all interactions, humor is appreciated and everyone participates fully in teamwork. We envision one community. We value diversity and honor individuals.

We strive to be accessible, to be knowledgeable, to be accountable, to accomplish tasks in a timely and effective manner, and to offer and receive feedback formally and informally on how we are doing in fulfilling our mission and realizing our vision.

We envision all members of the support community having access to adequate resources, including funding, in order to provide desired services and supports. We envision a collaboration between members of the community which creates a whole of services and supports which is greater than the sum of its component contributors. We acknowledge that shared learning, communication and planning activities will provide the greatest benefit for those individuals we mutually serve, as well as for our respective members. We envision a culture in which all members of the community are respected, supported, honored, and recognized for their diverse contributions and valued services.

We envision educational efforts which focus on teaching relationship rather than care giving; which teach support rather than control; which teach communication rather than regulation. We promote informed exploration and risk taking, with opportunities for feedback. We envision individual and community satisfaction as the standard by which all services are measured.

# Mission

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Quite simply, the mission statement for the Redwood Coast Regional Center is:

## **Respecting Choice in the Redwood Community**

This means that our mission is to support individuals with developmental disabilities in the choices they make about their life. In keeping with our vision (above), such choices include:

- where to live
- how to spend time each day
- who to spend time with
- hopes, dreams, and goals for the future

# Purpose

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These *Purchase of Service Guidelines* set forth typical services and supports that Redwood Coast Regional Center is committed — and a service coordinator authorized — to provide. It is our intent that these guidelines will serve to streamline the decision-making process whenever possible and ensure that consumers receive appropriate and necessary services and supports in a timely fashion.

These *Purchase of Service Guidelines* will be provided to ***all***

- regional center service coordinators and supervisors
- consumers and authorized representatives including parents, conservators, and guardians
- service providers

Questions regarding the applicability or interpretation of these guidelines are encouraged, as is the free and open provision of this document to interested members of the community.

# Who We Serve

## Developmental Disability - Definitions

The California State Lanterman Developmental Disabilities Services Act (Lanterman Act) provides the framework for providing services for persons with developmental disabilities within the State. The Lanterman Act defines a developmental disability as:

“...a disability which originates before an individual attains age 18, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual. As defined by the Director of Developmental Services, in consultation with the Superintendent of Public Instruction, this term shall include mental retardation, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to mental retardation or to require treatment similar to that required for mentally retarded individuals, but shall not include other handicapping conditions that are solely physical in nature.”

a person who meets this definition of having a developmental disability is referred to as a “consumer.” Parents or guardians of minors, and conservators are referred to as “authorized representatives.”

According to the Lanterman Act, the regional center will also provide certain services to any individual in our community who is at risk of parenting an infant with a developmental disability and who requests such services.

Regional centers also serve infants and toddlers, birth to age three, who are eligible under Part C of the Individuals with Disabilities Education Act (IDEA) . This includes any infant or toddler believed to have a significant developmental delay, to have an established risk condition for a delay, or believed to be at high risk of having a developmental disability.

To summarize, the regional center is here to serve:

- any person with a developmental disability
- any infant or toddler, birth to age three, at risk of becoming developmentally disabled
- any person at risk of parenting a child with a developmental disability.

## The Intake Process

The Intake and Assessment procedure is designed to assess an individual’s eligibility for regional center services and to do so in a manner that respects the individual’s culture, language, and personal concerns, and is sensitive to the unique challenges encountered by that individual and his/her family.

Intake and assessment services will be provided without regard to race, color, creed, national origin, citizenship, sex, age, sexual preference, or physical or mental disability.

It is our intent to approach the Intake and Assessment process in an open frame of mind with the sincere desire to include and provide services to anyone in need of such services within the limitations of the Lanterman Act. Initial intake will be performed within 15 working days following a request for assistance.

The assessment process itself will be individualized. An intake coordinator will collect information from the prospective consumer and family including relevant medical, academic, psychological and social evaluations, should they exist. The intake coordinator will explain the process of assessment and the consumer’s rights to appeal, including the fair hearing process. If there is not enough relevant information, or the information is not sufficiently recent, further assessments may be made by regional center clinical staff or service providers contracted by regional center.

Once sufficient information has been collected by the intake coordinator, an interdisciplinary team to consist of, at a minimum, a social worker, psychologist, and medical professional staff will meet to effective April 2, 2001

review the information and determine eligibility. As with all other components of the regional center service system, all information regarding Intake and Assessment will be kept confidential unless written consent is obtained from the individual or his/her authorized representative.

The intake coordinator will inform the prospective consumer of the services available through the local Area Board and Protection & Advocacy, Inc. and give him/her the address and phone number for these agencies.

An assessment and decision on eligibility will occur within 60 days of initial intake. If unusual circumstances prevent the completion of assessment within 60 days following intake, the assessment period may be extended by one 30-day period. Administrative delays will *not* be considered unusual circumstances requiring an extension.

Intake and Assessment varies slightly for infants and toddlers under three -- see the section on the Early Start Program for more details.

### **Early Eligibility**

The Lanterman Act provides that a person's disability must be such that it could "**be expected to continue, indefinitely...**" However, in some cases the long-term status is currently unknown, or too early to guess (as in the case of head trauma or any case where the person's clinical situation is unstable). In such cases of indeterminate long-term status of disability with high service need, the regional center planning team may find the person eligible on the basis of a strong likelihood of significant long-term disability as determined by qualified treating professionals. The consumer's eligibility status will then be reviewed every six to twelve months by the Intake and Assessment team to determine if the long-term outcome has changed and the original decision was clearly erroneous insofar as predicting long-term, substantial disability.



# How We Serve

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## **Individual Program Plan (IPP) / Individual Family Service Plan (IFSP)**

Once an individual has qualified for service through the Intake and Assessment process, an Individual Program Plan (IPP), or in the case of children aged 0-3, an Individual Family Service Plan (IFSP), is drawn up. The IPP/IFSP is an original document, crafted for and with each consumer and/or family. It sets forth those services that will support a person's choices and that will make a positive difference in the individual's life.

The IPP will be scheduled within 60 days of completion of the Assessment. An IFSP is to be scheduled within 45 days of referral. In some situations, an interim IFSP can be written to meet critical needs of a family.

The regional center is committed to **Person Centered Planning** in the development and implementation of the IPP/IFSP. That is, the IPP/IFSP will be centered on and driven by the consumer and, where appropriate, the consumer's family, and will be based on providing the kinds of support and services needed and chosen by the consumer to achieve his/her own individual goals.

The IPP/IFSP will address and respect the consumer's and family's needs, preferences, and culture. The IPP/IFSP will promote community inclusion, independent and productive lives, and stable and healthy environments.

The regional center is committed to actively support personal (and, as appropriate, family) input from the consumer in order to ensure that the consumer's life goals, strengths, and preferences are respected as the driving force behind all planning decisions.

## **The Service Coordinator**

Each consumer will have a designated service coordinator who is responsible for providing or ensuring that needed services and supports are available to the consumer. Service coordinators will also monitor all services and supports in an individual's IPP/IFSP for quality. Where appropriate, a consumer or consumer's authorized representative may perform all or part of the duties of the service coordinator if the regional center executive director agrees and it is feasible.

Service coordinators will be truthful and honest in all their dealings with consumers. Service coordinators will respect and support the decision-making authority of the consumer and the consumer's family. They will respect a consumer's right to choice and keep the individual and any authorized representative informed of the full array of choices available in the community. Service coordinators will be creative and open-minded in their approach to providing services towards achieving an individual's goals and objectives. They will make every effort to stay up to date on services available in the community.

## **The Planning Team**

IPPs/IFSPs will be written by the planning team. The planning team will consist of the consumer, the parents or legally appointed guardian of a minor consumer, or (where applicable) the legally appointed conservator of an adult consumer, and one or more regional center representatives, including the designated regional center service coordinator. The initial and annual IFSP meetings shall additionally include any person or persons who have conducted evaluations or assessments for the child. 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.

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All IFSP meetings shall also include persons who will be providing services to the infant or toddler and family, as appropriate.

The planning team may include additional members asked to be there by the consumer or the consumer's authorized representative. These additional members may include but are not limited to interested friends, service providers, advocates, legal representatives, and clinicians.

The planning team **must** include the consumer (or his/her authorized representative) as the entire IPP/IFSP process is to be focused on and driven by the consumer's choices regarding where to live, how to spend time each day, who to spend time with, and the individual's hopes, dreams, and goals for the future.

Families are important members of the planning team. Their input is crucial. They help make decisions for their children when they are under 18 and when invited by the consumer or allowed by a court when over 18.

The service coordinator will make every effort, as part of the pre-planning process, to assist the individual in identifying his/her support team and inviting these team members to the IPP meeting.

### **Invitation to the IPP/IFSP**

The service coordinator is responsible for inviting all members of the planning team to the IPP/IFSP, including those service providers, advocates, legal representatives, clinicians, or others requested to attend by the consumer.

The service coordinator will provide at least two weeks written notice to all invitees of an IPP/IFSP meeting unless the consumer or authorized representative desires an earlier meeting. Notice of such meetings will be given as soon as practical.

### **The IPP/IFSP Meeting**

Decisions concerning a consumer's goals, objectives, and services and supports that will be purchased by the regional center or obtained from generic agencies will be made by agreement between the regional center representative and the consumer or his/her representative **at the IPP/IFSP meeting**. If a final agreement regarding a consumer's services cannot be reached at the first meeting, a second meeting will be held within **15 days**, or later with the agreement of the consumer or his/her representative. Subsequent meetings can be held by agreement as well.

In most IPP/IFSP meetings, a service coordinator will act as the regional center representative. However, when it is anticipated that there will be a discussion of services outside or beyond these *Purchase of Service Guidelines*, the regional center will ensure that a regional center staff person with decision-making authority attend the IPP/IFSP. In all cases, the regional center will strive to ensure that all decisions regarding service and supports towards goal achievement will take place at the IPP/IFSP. Such decisions will not be made after the IPP/IFSP in the absence of the consumer and his/her planning team.

In order to secure planning team consensus on service decisions at the initial IPP/IFSP meeting, and to avoid the repeated scheduling of additional meetings, every attempt will be made by the service coordinator to **anticipate** the possibility that the IPP/IFSP will involve discussion of services beyond the *Purchase of Service Guidelines* prior to the scheduling of the IPP/IFSP and ensure that a regional center employee with decision-making authority to approve team decisions attends the IPP/IFSP. The service coordinator will personally contact the consumer before each IPP/IFSP to review any new and pertinent information that consumer may wish to share at the IPP/IFSP (particularly such information as independent assessments, research collected, and clinical/medical information), ensure that he/she (or authorized representative) has a copy of these *Purchase of Service Guidelines* and understands its

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purpose, and assist him/her in reviewing any pertinent guidelines as necessary.

## **Accessibility**

It is our goal to make the IPP/IFSP process as convenient and effective as possible for the consumer. Accordingly, the IPP/IFSP meeting may take place at the individual's home or residential facility, the regional center office, or other appropriate and accessible place and at a time agreed upon by the consumer or authorized representative.

The meeting will be conducted in the consumer's own language whenever possible. Otherwise, translation services, including signing, will be available. The service coordinator will ensure that all information shared with consumers and authorized representatives will be provided in such a manner as to be easily understood so that they will have all the information necessary to make choices.

The service coordinator, as well as any other representative of the regional center, will consent to the consumer's recording of IPP/IFSP meeting, or any related meeting, without notice in any form including audio tape or videotape. The consumer is advised to obtain the consent of any other IPP/IFSP participant in attendance before making such a recording.

## **The IPP/IFSP Written Plan**

The goals, objectives and plans of the IPP are written up in a document that will reflect the consumer's needs, desires, and choices for the coming one to three years. The regional center will provide a basic form to include:

- a statement of goals
- goal-related objectives that are measurable and specific
- plans that specify who, what, where, when and how the consumer will be assisted in meeting these objectives
- date and record of who attended the IPP/IFSP meeting
- signature of consumer or consumer's representative for consent
- when regular and periodic reviews will be conducted to ensure that services are being provided in the specified timeline and that consumers (and when appropriate, families) are satisfied.

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's 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; which 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 of 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 (the

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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 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 LEA's 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 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, Title 20 United States Code Sections 1400-1420, if the toddler with a disability is eligible; or (B) Other public and private services that may be needed by the toddler (Title 17, CCR, Section 52112).

The regional center is open to the production of individualized, non-conforming IPP/IFSP written formats when requested by consumers or authorized representatives and as long as the requested format contains the above basic and necessary information.

### **Keeping the Lines of Communication Open**

Two-way communication between the service coordinator and consumer (and/or authorized representative) will best assure that each consumer has the opportunity to meet with and discuss service needs with a person who can directly assist the individual in achieving his/her goals and objectives. Two-way communication is essential to ensure that a consumer's own wishes, needs, preferences, and chosen goals are heard and incorporated throughout the process.

If any consumer or the consumer's authorized representative is dissatisfied with the service coordinator's services, the individual may discuss this dissatisfaction with the service coordinator's supervisor. Every effort will be made to resolve the issues, or to assign another service coordinator if that is the desire of the consumer.

### **Consent and Denial**

The consumer, or authorized representative, and a regional center representative must sign the IPP/IFSP to indicate assent prior to its implementation. The consumer or authorized representative can agree to part of the plan and disagree with other parts. If the consumer or authorized representative disagrees with any part of the plan, the regional Center will provide written notice that explains why a particular service is being denied and the consumer's right to appeal including appropriate forms and associated deadlines for completion, ***particularly as may pertain to any possible disruption of services.***

Disagreement with specific plan components will not prohibit the implementation of services and supports agreed to by the consumer or the consumer's authorized representative.

### **Appeal**

The consumer, or authorized representative, has the right to protest regional center decisions regarding the nature, scope, or amount of services and supports that should be included in the IPP or IFSP. For consumers or applicants age three years or older, under the **fair hearing process**, disagreements may be effective April 2, 2001

about services, eligibility or any decision or action of the regional center with which you disagree. The fair hearing process includes a voluntary informal meeting, mediation, and a fair hearing.

The voluntary informal meeting is a meeting held by the regional center director or his/her designee with you and your authorized representative, if you have one. The purpose of the voluntary informal meeting is to attempt to resolve the issues of the appeal. You, or your authorized representative, may decline the informal meeting.

If you or your authorized representative decline a voluntary informal meeting or are dissatisfied with the decision of the regional center following an informal meeting, and you have not already requested mediation, you may request mediation or proceed directly to a fair hearing.

If mediation is requested, the regional center may accept or decline the request. If accepted, the mediation is conducted in an informal manner by a mediator provided by the Institute for Administrative Justice. Either you, your authorized representative, or the regional center may withdraw at any time from the mediation and proceed to a fair hearing.

If you, your authorized representative, or the regional center decline mediation, or if mediation fails to resolve the issue or issues to the satisfaction of you or your authorized representative, the matter shall proceed to fair hearing.

The fair hearing is more formal and is conducted by an Administrative Law Judge employed by the Office of Administrative Hearings.

*This process is described completely in the Lanterman Developmental Disabilities Services Act, and more information may be requested from the regional center.*

For children ages birth to three years of age, procedures for filing complaints and for mediation and due process are contained in the California Code of Regulations (CCR), Title 17, Sections 52170, 52171, 52171, 52173, and 52174.

A **complaint** shall be a written and signed statement alleging that a regional center, LEA or any private service provider receiving funds under Part C of the Individuals with Developmental Disabilities Act (IDEA), has violated a federal or state law or regulation governing the provision of early intervention services for infants or toddlers and their families.

Complaints shall be filed directly with the Department of Developmental Services. Within 60 days of receiving the complaint the Department of Developmental Services shall assign and conduct an investigation of the complaint, review all information, and make a determination as to whether or not there has been a violation of statutory or regulatory requirements, and, if applicable, a plan of corrective action.

A parent may request a **mediation conference and/or a due process hearing** when a regional center or LEA proposes to initiate or change the identification, evaluation, assessment, placement, or provision or appropriate early intervention services; or when a regional center or LEA refuses to initiate or change the identification, evaluation, assessment, placement or provision of appropriate early intervention services.

A regional center or LEA may request a mediation conference and/or a due process hearing when the parent refuses to consent to all or any part of an evaluation and assessment of the infant or toddler.

All requests for mediation and/or due process hearing shall be filed in writing with the contractor that the Department of Developmental Services uses for mediation and due process hearings.

Mediation is voluntary, and the matter being mediated shall proceed to a scheduled due process hearing if either party waives mediation or if mediation fails in whole or in part. The mediation conference shall be conducted by a mediator who is an impartial, third party with no personal or professional interest that would conflict with his or her objectivity in mediating the disagreement. The due process hearing officer shall be a different person than the mediator when mediation does not resolve the disagreement.

Due process hearings are conducted by a due process hearing officer who is an impartial, third party with no personal or professional interest that would conflict with his or her objectivity in conducting the hearing. The due process hearing officer shall be knowledgeable about the federal and state laws and regulations applicable to Part C of the IDEA, the California Early Intervention Services Act, the Lanterman Developmental Disabilities Services Act, and the California Education Code.

This process is described completely in the California Code of Regulations, Title 17, and more information may be requested from the regional center.

The laws regarding developmental disability rights, including rights of appeal, continue to be revised. The regional center will inform each consumer and his/her representative of their most current rights of appeal, both verbally and in writing, at each IPP/IFSP meeting, and whenever a service or purchase is denied. The regional center will provide the necessary forms and clearly state all deadlines, **particularly as may pertain to any possible disruption of services**. The appeal process will be explained, and written copy left, in the language of the individual (or authorized representative).

In addition to providing a verbal and written description of the appeal process, regional center will provide information on the availability of advocacy assistance, including referral to a Clients' Rights Advocate (CRA), Area Board, Protection and Advocacy, publicly funded legal services corporations, and other publicly or privately funded advocacy organizations.

If a consumer or authorized representative believes that any consumer's rights have been abused, punitively withheld, or improperly or unreasonably denied by a regional center, **other than decisions regarding the nature, scope or amount of services and supports that should be included in the IPP or IFSP** (the fair hearing, mediation, and due process hearings which are covered above), the regional center will refer the consumer to a CRA who will, within 10 working days, investigate the complaint and send a written proposed resolution to the complainant and to regional center. If the consumer or authorized representative is dissatisfied with the action taken or proposed by the CRA, he/she will be referred to the regional center's executive director. If the complaint is still not resolved to the consumer's or authorized representative's satisfaction within 10 working days, it shall be referred by the executive director to the State Department of Developmental Services, the director of which will issue a written decision within 45 days.

## **How Often**

The planning team will meet at least once every three years to look at the IPP, or every 6 months for an effective April 2, 2001

IFSP, to update goals and objectives and make changes as needed. If the planning team feels that they need to meet or talk more often, it may do so (for example, children ages 3-5 years old who have transitioned out of the Early Start program will most likely need to be followed along more closely than every 3 years). Additionally, a consumer or authorized representative has the right to request an IPP/IFSP review as often as the consumer or authorized representative feels necessary, and the review will be held within 30 days following a request.

A consumer or authorized representative may request additional services or adjustments to the IPP/IFSP at anytime by contacting the service coordinator. The service coordinator will respond to this request within 30 days.

It is strongly recommended but not required that requests for IPP/IFSP reviews or adjustments be put in writing.

### **Emergency Service**

The IPP/IFSP process will not impair the direct delivery of any necessary emergency service. Emergency services to protect the health and safety of consumers will be done on an immediate basis as set forth under the *Crisis and Emergency Services* guideline.

### **Early Start Program**

Children with or at risk for developmental delays birth through age three, and their families, have special needs which are addressed through the Early Start program. Any child between birth and three years may be referred for assessment and intake into this program, which is provided at no cost to the family.

Assessment and intake for the Early Start program is conducted as for all regional center consumers (see above). However, due to the importance of early and quick intervention with this age group, the regional center will ensure that Early Start assessment and first IFSP take place within 45 days from date of referral. Parents have the opportunity to participate in the eligibility staffing process.

Should a child be assessed as “not eligible at this time,” parents or caretakers will be informed in writing, along with a recommended date for reassessment, not to exceed six months. Further, the regional center will offer to recontact all children declined as ineligible for services to reassess or offer information on alternate or generic services. (The regional center will not track families for recontact unless parents so wish.)

Upon early contact with a child and family, and when eligibility seems imminent, interim IFSPs can be written to address an urgent and obvious need of a child and/or family.

Upon eligibility and acceptance into the Early Start program, an Individual Family Service Plan (IFSP) will be developed by a planning team to include parents, service coordinator, and other professionals as indicated by the child’s needs (see IPP/IFSP, above). Parents or primary caretakers will be considered essential and primary members of the planning team. The IFSP will address not only the needs of the child, but the needs and choices of the family.

IFSPs will be developed no less than annually. Further, the Early Start team, including parents or caregivers, will meet every six months to review the current IFSP’s effectiveness and update as needed.

### **Case Finding**

In addition to coordinating services to existing consumers, the regional center is committed to active outreach within the community to ensure that all individuals with developmental disabilities have access to services. Case finding activities will include:

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- Maintaining an accurate data base of former and current consumers, and interested members of the community, including those who have been declined for services but ask to be kept on the mailing list.
- Direct mail to medical, mental health, and social service professionals
- Public relations activities directed to the general public including
  - Public service announcements
  - Periodic mailings to targeted data bases
  - Local media relations
  - Participation in community events
- Workshops
- Group presentations

### **Service Development**

In order to provide an array of service options designed to meet the needs and choices of consumers, the regional center will give high priority to the development, enhancement, and expansion of high quality services and supports in our communities. Special attention will be given to developing those services that promote an individual's inclusion and participation in the community, that respect choice and self-determination, that provide support to families, that enhance quality of life, and that support a consumer's IPP/IFSP goals.

The regional center will regularly assess each geographic community to identify those services and supports that are currently lacking. Information will be solicited from service coordinators, consumers, families, service providers, and other involved members of the community. A plan of action will be developed to attract and solicit service providers. The regional center will support prospective and existing service providers in the creation, continuation, and expansion of services with technical assistance, information, training, and quality assurance activities.

The regional center will treat all prospective and existing service providers with the utmost respect and courtesy as vital members of the regional center team in order to attract and keep services available.



# Basic Service Guidelines

## Securing Services

The Lanterman Developmental Disabilities Services Act created regional centers such as Redwood Coast Regional Center to carry out many of the responsibilities of the State of California regarding services to persons with developmental disabilities. This mandate places a major emphasis on regional center service coordination activities and includes:

- Securing needed services and supports
- Advocacy for, and protection of, civil, legal, and service rights — including the right to choice
- Identifying and building circles of support within the community
- Monitoring to assure quality services
- Expanding the availability of needed services
- Utilizing public and private community agencies and service providers to obtain services for clients
- In an emergency situation, securing direct treatment and therapeutic services

## Generic and Natural Service Supports

The regional center is mandated by Section 4659 of the Welfare and Institutions Code to secure and coordinate services in a cost effective manner. This requires the regional center to investigate and attempt to procure needed services and service funding from generic service providers and natural supports. Generic Service Providers are governmental and public entities including but not limited to Medi-Cal, Medicare, Civilian Health and Medical Program for Uniform Services (CHAMPUS), school districts, Supplemental Security Income (SSI), Social Security, Department of Mental Health, State Department of Rehabilitations, and California Children's Service (CCS). Generic service providers also includes any existing private insurance.

Natural Supports means assistance and support provided by family, friends, neighbors, fellow employees, and other unpaid personal associations. Natural supports make a vital and irreplaceable contribution in a person's life. However, in considering to what degree an individual with developmental disabilities is to rely on natural supports (i.e., unpaid people), the planning team must carefully consider the role of such natural supports in the life of a person without a developmental disability, as well as whether they can be depended upon to respond on a sustained basis.

The regional center is committed to pursuing generic and natural service supports in as timely a fashion as possible, not allowing the securing of "denial of service" paperwork to stand in the way of providing an urgently needed service.

## Seamless Service

The regional center will act as the primary coordinating body for individuals with developmental disabilities and will assist clients and their families to obtain services through all other generic service providers as necessary, including coordination with other agencies, assistance in filling out appropriate paperwork, and advocacy and education on the client's rights under the law.

## **Breaking New Ground**

From time to time, clients and their families may become aware of treatments and services not covered by a specific service guideline. Among these are new, experimental, alternative, speculative and/or non-standard treatments. Such services may include medical treatments as well as developmental, behavioral, and other therapeutic techniques. Therapies may vary in how well they are validated and accepted within the mainstream medical and professional community as well as safety, cost, and documented effectiveness. Nonetheless, the regional center recognizes that research and study is proceeding at a rapid pace, and we are committed to supporting clients and their families in pursuing the very best services necessary to achieve their potential.

If a client brings a request for an experimental or novel service outside the scope of these Purchase of Service Guidelines, the regional center will ask the client or the proposed service provider to provide documentation to support the request. Most useful is positive, supportive statements and data published in recognized peer reviewed journals, adopted by recognized professional societies, or corroborated by objective experts in the relevant fields such as faculty at major universities or medical centers. Where appropriate, the regional center staff may assist in researching the effectiveness of new services and collecting documentation.

The planning team will study the information when considering the purchase of services related to experimental treatments to assess degree of risk, aversiveness, scientifically supported and anecdotal evidence of results, cost, demand on time and energy, informed consent, and its degree of divergence from accepted treatments and accepted physiologic principles.

When “proven” approaches are unavailable or shown not to work, the risk of using experimental treatment is very low, costs are limited, and anecdotal evidence is found promising by multiple relevant professionals and families, the regional center may fund or assist the client in securing non-traditional or experimental treatment. If nonstandard treatment is funded, continuation of funding will be based on objective evaluation of progress towards IPP/IFSP goals, which may include the need for record-keeping by client or family.

If a particular treatment is frequently requested, the regional center will develop an Individual Service Guideline to clearly set forth parameters for clients who may request such treatment in the future.

With the rapid pace of new medical treatments, research, and genetic testing, and the market-place limitations that in reality often delay or prevent the testing of such treatments, we expect that clients and families will be faced with increasingly difficult and possibly agonizing decisions in the area of therapy and treatment. Therefore, the regional center is committed to assisting clients, families, and planning teams address medical and social issues as they arise.

## **Exceptions**

Services available to clients and families are not limited to these guidelines. These guidelines reflect services that a service coordinator can routinely request. Sometimes there may be situations where services above and beyond these standards are required or may be required. In applying these standards, exceptions may be considered based on the specific needs of the individual and other relevant circumstances. The client, parent of a minor, guardian, conservator, or legal representative of the client may request an exception be considered as part of the IPP/IFSP person centered planning discussions.

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## Purchase of Services

According to the Welfare and Institutions Code, in those instances when a client requires services related to his/her developmental disability and these services are not available naturally or through generic sources, the regional center is required to base the purchase of such services on the following criteria:

- Services will provide good results for the amount of money spent, be efficient, and be economical.
- Decisions regarding “good results” and “cost effectiveness” will be made on an individual basis, taking into consideration the client’s individual needs, goals, and preferences as expressed by the client and any authorized representative of the client.
- Services will be provided as close to the client’s home as possible to reduce transportation costs and hardship.
- When more than one provider is available offering similar services of similar quality, preference will be given to the one with the most economical rate (however, see guideline #1, below).
- In the case of minor children, a family’s typical responsibility for providing similar services to a child without disabilities will be considered (however, see guideline #2, below).

Additionally, in order to fulfill the regional center’s legal mandates to ensure good stewardship of public funds, to respect an individual’s choices and preferences, and to support and respect the family (where applicable) in its role of service provider, the following purchase parameters will be followed:

1. In determining if two providers’ services are of similar enough quality to justify choosing the provider of lesser cost, the planning team will give significant weight to the client’s (or client’s authorized representative’s) **choice and opinion** as to which service provider most closely fits the client’s personal needs. The service coordinator will make every attempt to ensure that client or authorized representative receives full, unbiased information regarding service providers, and that choices and opinions may be expressed, free of pressure or censure.
2. When considering a family’s responsibility for providing services to a minor child in comparison to its responsibility for providing similar services to a child without disabilities, families may request exceptions based on a family’s need or hardship. In such instances, the regional center will consider the request in view of how the individual’s developmental disability may affect the specific family’s circumstances and the regional center’s responsibility to provide a family with the support necessary to maintain children with developmental disabilities at home.
3. In general, regional center funds may not be used for services that a legal settlement was meant to cover.
4. Except in cases of emergency, services will not be purchased until the service coordinator confirms that all administrative steps and documentation have been completed.
5. No service purchased by the regional center will be continued unless the IPP/IFSP team, **most particularly the client and family**, agree that acceptable and beneficial progress toward IPP/IFSP objectives has been made.
6. Services purchased by the regional center must be from vendored or contracted service providers. Vendorization or contracting is the process whereby the service provider applies to the regional center to provide services, meets all service provider qualifications in State regulations, and is approved by the regional center.

effective April 2, 2001

7. Where agreed to as appropriate to provide the quality and level of care in the most cost-effective manner, “vouchers” (certain authorized alternative forms of service delivery which enables the client or family member to purchase his/her own services and supports) may be used to secure such services and supports as respite, in-home nursing, transportation, diapers, and adult day care services.
8. In circumstances when agreement and coordination with another public agency to purchase needed services is stalled, the IPP/IFSP identifies the service as necessary to meet the needs of the client, and failure to do so would jeopardize the client’s health or safety, the regional center will purchase services as needed while continuing to seek resolution.
9. Any and all applicable **Individual Service Guidelines** have been followed.

Approvals: Basic Service Guidelines

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Revised: 6/10/2022

RCRC Board of Directors Approved: 7/8/2022

DDS Approved: N/A

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# Acute Psychiatric Hospitalization Services

Acute psychiatric hospitalization means 24-hour inpatient care for consumers who are mentally disordered or incompetent and includes such basic services as medical, nursing, rehabilitative, pharmacy, and dietary services. Such services may be provided in County Psychiatric Health Facilities (PHFs) or private institutions and includes 23 hour a day partial hospitalization.

Redwood Coast Regional Center (“regional center”) will secure acute psychiatric hospitalization as needed for consumers. (See also: *Crisis and Emergency Services* guideline.)

## guidelines

In addition to the **Basic Service Guidelines**, the following guidelines will be adhered to in the securing of acute psychiatric hospitalization:

1. It is determined by the planning team that the need for hospitalization is related to the presence of the developmental disability.
3. The consumer or authorized representative agrees to admission.
4. The regional center psychologist is informed of the need and his/her input is shared with the planning team.
5. Planning team will meet to prepare a plan for subsequent care needs and/or supports needed upon discharge.
6. Medical factors that might contribute to behaviors or emotional state are addressed; whole person assessments and the use of positive behavior supports are to be utilized, whenever possible and applicable.
7. Transportation to the psychiatric facility may be done by ambulance, mental health, sheriff’s office, family, or vendored service provider, as appropriate.

## service standards & evaluation

The planning team, with input from the regional center psychologist, will authorize the service coordinator to secure acute psychiatric hospitalization for the consumer as needed and appropriate. If a crisis admission need arises, the on-call duty person or the service coordinator will consult with a supervisor before making the purchase (see also: *Crisis and Emergency Services* guideline).

# Advocacy Services

Advocacy services are those services designed to promote, protect, and defend the rights of persons who have developmental disabilities. Such services include investigative, administrative, legal, and other appropriate remedies or approaches to ensure the protection of rights.

Redwood Coast Regional Center (“regional center”) is committed to providing consumers with advocacy assistance in order to support them in obtaining their right to choice in how they live their lives.

## **guidelines**

In addition to the **Basic Service Guidelines**, the following guidelines will be adhered to in the provision of advocacy services:

1. Consumers and authorized representatives may contact any Clients’ Rights Advocate (CRA) employed by regional center for advocacy assistance and/or the CRA employed by Protection and Advocacy, Inc. (PAI).
2. Service coordinators will attend IEPs when invited and provide advocacy assistance to consumers in obtaining services through the schools.
3. Service coordinators will actively assist consumers in obtaining services due them from generic sources.
4. The regional center will attempt to expand opportunities for the full and equal participation of persons with developmental disabilities in their local communities through such community-based action as:
  - outreach to, and training and education of, representatives of community service agencies and programs, businesses, and community activity providers regarding the provision and expansion of opportunities for participation by consumers;
  - development and maintenance of a community resources list;
  - assistance to service coordinators and family members on expanding community inclusion options for consumers in the areas of work, recreation, social, community service, education, and public service;
  - developing and facilitating the use of innovative methods by community members to provide support in natural environments to regional center consumers;
  - providing technical assistance to, and coordinating with, community support facilitators who will be used to provide supports to individual consumers for community participation, as needed.
5. The regional center will provide information, training and support for self-advocacy by consumers.
6. The regional center will offer and provide technical assistance to prospective and existing local consumer advocacy organizations.

## **service standards & evaluation**

The regional center will solicit input from consumers, families, regional center Staff, Area Board, CRAs, consumer advocacy organizations, and community service agencies to assess the quality of the advocacy services being provided. That information will be made available to the regional center Board of Directors and staff on an annual basis.

effective April 2, 2001

# Community-Based Day Services

Community-based day services are services designed to provide non-residential, ongoing training, education, and the supports necessary to access these services for individuals with developmental disabilities. These services are designed to promote independence, integration into the community, productivity, and self-esteem. Programs could include but are not limited to activity centers, adult development centers, behavior management day services, and child day care services and programs.

A wide variety of individuals can benefit from community-based day services. Families may choose to enroll their children in services which will encourage inclusive interactions with other children. Some who participate may be young adults who are preparing to transition from school, or adults who are seeking training in work skills, self-help skills, effective communication, or social interaction skills.

A variety of accompanying supports may be offered on an individual basis for persons with exceptional challenges, in order for them to participate in community-based day services. Such accompanying supports may include aids, attendant care, program support, or tutors. These accompanying supports are intended to assist the individuals in learning methods of communication, behavioral self control, or specific functional skills which will allow them to realize their personal dreams or goals related to community-based day services.

Redwood Coast Regional Center (“regional center”) supports the use of community-based day services to provide consumers with training and supports toward independence, inclusion in the community, and the ability to self-advocate. Further, the regional center will continue to identify unmet consumer needs while developing the necessary services and supports where none exist.

## **guidelines**

In addition to the *Basic Service Guidelines*, the following guidelines will be adhered to in the securing of community-based day services:

1. The planning team will consider a consumer’s needs, goals, strengths, and preferences, as well as location of the service, type of services offered, including reasonable and appropriate transportation, staffing ratio, and availability of accompanying supports if needed by the individual.
2. The planning team will consider **all** services available, including new and/or innovative services that may be appropriate to fulfill the individual’s goals.
3. The planning team will consider whether or not the individual needs accompanying supports in order to utilize and benefit from the services. Accompanying supports will be purchased separately from the community-based day services, and will be reviewed at least quarterly to determine whether they are effectively supporting the consumer, and whether or not the consumer continues to require them.

## **service standards & evaluation**

Prior to the IPP, the service coordinator will assist the planning team by collecting information and input from all relevant professionals including teachers, transitional team staff, relevant school records, day services providers, therapists, and clinicians, including the regional center staff clinicians, as appropriate.

The planning team, most importantly, the consumer (and family members for children and when invited by adult consumers) will determine the number of days per week the consumer will participate in day services, generally not to exceed 5 days a week.

Adult day service providers will supply written evaluations of how their program is achieving progress on service objectives no less than twice a year. When accompanying supports are utilized, quarterly reviews on how such services have been utilized will be included in the twice-yearly reports.

The planning team — most particularly, the consumer — in conjunction with service provider staff, will determine if the program is making acceptable and beneficial progress on service objectives on an annual basis.



# Conferences and Workshops

Conferences and workshops are formal announced meetings whose purpose is to discuss, educate, and provide an exchange of views regarding a topic or topics.

Redwood Coast Regional Center (“regional center”) recognizes that persons with developmental disabilities and their parents or authorized representatives have occasional need to receive specialized information or training about developmental disabilities. Regional center strives to provide specialized information and training through clinicians, resource developers, specialty clinics, and regional center hosted workshops. Conferences and workshops are an important resource in providing specialized information, support, and/or training to meet identified needs when local resources are not available.

## **guidelines**

In addition to the *Basic Service Guidelines*, the following guidelines will be adhered to in the purchase of conference and workshop attendance:

1. Conference presenters and trainers must have demonstrated knowledge and expertise on the subject matter to which they speak.
2. The request for conference/ workshop attendance is related to a specific objective in the consumer’s IPP/IFSP and addresses specific needs or desires of the consumer and/or family.
3. The desired outcome of the conference/workshop is clearly stated by the planning team.
4. Conference/workshop attendee understands that he/she may be asked to share conference information with others upon request.
5. Regional center will regularly assess those areas of greatest need and desire for education and will coordinate and/or attempt to attract local conferences and workshops to the areas it serves.

## **service standards & evaluation**

Costs to attend conference and workshops may be paid for registration fees, meals, lodging, and transportation, generally not to exceed \$500 per conference/workshop. Typically, financial assistance to attend a conference or workshop would occur no more than annually.

# Conservatorship

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

Redwood Coast Regional Center (“regional center”) believes that the existence of a developmental disability should not in and of itself be sufficient reason for the establishment of a conservatorship. The primary purpose of regional center as an agency is to protect the rights of consumers to live and develop in the least restrictive environment. However, in certain situations as set forth below, the regional center may assist families and other concerned individuals in securing legal services to establish a conservatorship.

## guidelines

In addition to the **Basic Service Guidelines**, the following guidelines will be adhered to in the securing of a conservatorship:

1. Before a conservatorship is established, the planning team will carefully consider less restrictive alternatives including: training in self-advocacy and self direction, independent living skills training services, an informal “helper,” power of attorney, direct deposit for SSI/SSA and or SSI Payee, emergency medical treatment, and court authorization of medical treatment for adult without conservator (Probate Code Section 3200 *et. seq.*)
2. In those instances where there is a documented difficulty in obtaining or receiving services for an adult with a developmental disability, and it appears that failure to establish a conservatorship will present a serious risk to the health, well-being, or property of a consumer, the regional center may support the establishment of a **limited** conservatorship, granting only those necessary and specific powers needed for the well-being of the conservatee while encouraging the development of the individual’s maximum self-reliance and independence.
3. Should parents, relatives, or other concerned persons initiate a referral for establishment of a conservatorship, the regional center will provide referral and information on low-cost legal assistance in accordance with the Lanterman Developmental Disabilities Services Act.
4. Regional center will assist consumers who wish to contest conservatorship proceedings or the terms of existing conservatorships by referring those consumers to Clients’ Rights Advocates or other advocacy services including Public Defenders Office, Area Board, Protection & Advocacy, Inc., etc.

## service standards & evaluation

Before recommending conservatorship, the planning team will gather input from the regional center executive director (or appointee), staff psychologist, staff physician, and consumer’s rights advocate.

# Consumer Record Procurement Services

Procurement of records includes obtaining copies of medical, psychological, educational, developmental, social, and other information, with authorization from a consumer, parent or guardian.

Redwood Coast Regional Center (“regional center”) has an important role in procuring relevant records and reports and maintaining them for the purpose of determining the presence of a developmental disability or high risk infant condition and to assist the planning team in ongoing planning.

## **guidelines**

In addition to the ***Basic Service Guidelines***, the following guidelines will be adhered to in the securing of consumer records:

1. Service Coordinator will have written authorization from consumer or authorized representative.
2. Authorizations will be time limited and specific regarding the information to be gathered.
3. All records will be kept confidential.

## **service standards & evaluation**

In order to assist the interdisciplinary assessment team in determining eligibility, the regional center intake coordinator is authorized to pay a customary fee, typically not exceeding \$25 per request, in order to pay for the reproduction and mailing of consumer records.

For the purpose of ongoing planning, the planning team may direct the service coordinator to pay a customary fee for reproduction and mailing of consumer records, generally not to exceed \$25 per request.

# Counseling and Behavioral Services

Counseling is a process whereby a practitioner using principles of psychotherapy, family therapy, applied behavioral analysis, and/or other professionally recognized techniques attempts to relieve emotional difficulties in living, increase adaptive behaviors, and/or prevent, reduce, or eliminate maladaptive behaviors. Practitioners include such licensed professionals as: psychologist; psychiatrist; marriage, family, and child counselor (MFCC); developmental pediatrician; or licensed clinical social worker (LCSW) as well as other non-licensed trained professionals such as adaptive skills trainer, behavior management consultant, or play therapist, who will practice under the auspices of a licensed medical professional. Counseling may take place one-on-one with a practitioner, or within a group setting.

Redwood Coast Regional Center (“regional center”) will secure counseling as needed for the purpose of resolving an identifiable issue or crisis which substantially interferes with the individual’s or family’s daily functioning and which is believed to be related to the existence of the developmental disability.

## **guidelines**

In addition to the *Basic Service Guidelines*, the following guidelines will be adhered to in the securing of counseling:

1. The planning team has determined that counseling will assist the individual to remain in the least restrictive living arrangement, improve the individual’s quality of life, and the need for counseling is related to or may be aggravated by the presence of a developmental disability.
2. The consumer (and/or family) agrees to participate, either verbally or through his/her actions.
3. Whenever possible, the regional center will refer consumers to service providers who agree to see the individuals in a timely fashion.
4. In the case of a crisis, the consumer and/or family will be referred to a licensed professional for assessment and crisis intervention as set forth in the *Crisis and Emergency Services* guideline.
5. In all cases the planning team will respect the privacy and dignity of the individual and his/her family.
6. Medical factors that might contribute to behaviors, emotional state, or crisis have been or are being addressed.
7. Behavior *is* communication; determining what a person is trying to say through his/her behavior will be a high priority.

## **service standards and evaluation**

Initial authorizations for counseling services will be written as needed to establish a relationship with the therapist and to provide the consumer (and as appropriate, the family) with the knowledge or experience necessary to make informed decision as to further participation in the counseling, typically not less than 3 or more than 6 months. Ongoing purchase authorizations will continue as agreed upon by the planning team, not to exceed 1 year increments, with a report regarding progress to be received 1 month prior to the expiration of the purchase.

Reports on progress will take place as needed on an individual basis, typically every year for children under 14, or no less than every 5 years for consumers 14 years and older.

# Crisis and Emergency Services

Crisis and emergency services protect a person from immediate danger to that individual's physical or mental health or safety. They include but are not limited to mental health services, including psychiatric hospitalization and behavioral support.

Redwood Coast Regional Center ("regional center") will secure or purchase crisis and emergency services as needed, attempting to maintain the consumer within his/her current or preferred living arrangement. If dislocation cannot be avoided, every effort shall be made to return the individual to the living arrangement of his/her choice, with all necessary supports, as soon as possible. In the case of a minor, every attempt will be made to provide crisis intervention honoring the family's needs and respecting their preferences and particular circumstances.

## **guidelines**

In addition to the **Basic Service Guidelines**, the following guidelines will be adhered to in the securing of crisis and emergency services:

1. The regional center will have an emergency response system in place, operational 24 hours a day, 365 days a year. A regional center staff person will respond to a consumer, or individual acting on behalf of a consumer, within 2 hours of the time an emergency call is placed.
2. In emergency situations, the on-duty regional center staff person will provide telephone assistance to manage the crisis situation and may arrange for on-site assistance.
3. Where applicable, regional center will contact the consumer's authorized representative by phone to advise him/her of the situation. If after 12 hours of the emergency, contact is still not reached, the regional center will send a telegram.
4. If the consumer is able to remain in his/her current living arrangement for the duration of the emergency, emergency supports may be authorized.
5. If a consumer is unable to remain in his/her current living arrangement for the duration of the emergency, and with the consent of the consumer (or authorized representative), the regional center may authorize emergency placement into a vendored residential service facility or alternative living arrangement with adequate supports.
6. Emergency purchase of lodging, meals, gas, and transportation will be available, if necessary.
7. The regional center may activate emergency vendorization (*Title 17 #54324*) if there is no current vendored service provider available.
8. Immediate health care needs will be reviewed by the service coordinator and appropriate resources will be accessed (for example, psychological counseling, dental assessment, etc.)
9. The immediate emergency response will be followed up quickly by regional center staff. The emergency is not considered over until the consumer is stabilized in the community to the consumer's or authorized representative's satisfaction.

## **service standards and evaluation**

The on-duty emergency response staff person has the authority and responsibility to purchase the support necessary for immediate stabilization of the situation.

On the first business day following the emergency, the service coordinator has the authority to secure necessary supports for the consumer or the consumer's family based on the above guidelines.

Generally, such intervention might include:

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- placement of up to 10 days in a residential facility or alternative lodging
- up to a maximum of \$100 for personal care needs
- up to 30 hours of program support for residential care providers
- up to 120 hours of emergency in-home or 5 days out-of-home respite

effective April 2, 2001

# Developmental Assessment - Early Start Program

Developmental Assessments are medical, psychological, and related professional assessments conducted to establish if a child, birth to age three, has a developmental disability, delay, or risk factors which would qualify him or her for services by the regional center's Early Start program. Developmental assessments may also be used to monitor a consumer's ongoing development within the Early Start program.

It is the policy of Redwood Coast Regional Center ("regional center") that quality, professional assessments be conducted for the purposes of determining if a child is developmentally disabled, delayed, or at risk for such by definition of the Lanterman Developmental Disabilities Services Act/1998 Early Start Regulations Title 17 and to monitor his/her development in the Early Start program. Assessment visits also serve as opportunities for parent education.

## guidelines

In addition to the **Basic Service Guidelines**, the following guidelines will be adhered to in conducting developmental assessments and in the securing of assessment services:

1. Assessments and consultations under this guideline must be specifically related to the diagnosis or risk of a developmental disability or delay.
2. All purchased assessments and consultations will include detailed written findings, a summary, treatment options, and recommendations.
3. The regional center may secure services through local generic resources, purchase the service of a professional (psychologist, speech therapist, infant specialist, etc.), or have assessments done by appropriate professionals on regional center staff.
4. Families with private medical insurance will be given the option of using it to fund, or partially fund the developmental assessment or having the regional center fund it. If private insurance is used to partially fund an assessment, the regional center's payment will be limited to the difference between the Schedule of Maximum Allowances (SMA) and the amount paid by the insurance company. In no instance will parents be compelled to use their private insurance.
5. Developmental assessments to determine regional center Early Start eligibility will be coordinated by the Early Start Team. Follow-up assessments to monitor development will be conducted as set forth in the IFSP with input from the Early Start team.
6. Developmental assessments will be given in the family's language and conducted in a natural environment.

## service standards and evaluation

Developmental assessments for the purpose of establishing regional center eligibility will be authorized by the service coordinator in consultation with the Early Start team. Typically, such an assessment would require up to 5 hours and involve a written evaluation with intervention recommendations in 5 areas: cognitive development; physical and motor development; social an/or emotional development; and adaptive development.

Follow-up assessments and evaluations may be purchased; generally these assessments are done bi-annually and require up to 3 hours.

An additional standardized developmental assessment, completed by a psychologist, is required for children 30-36 months of age in order to establish continued eligibility and to identify issues for transition planning.

effective April 2, 2001

# Early Intervention / Infant development Services

Early intervention/infant development services provide assessment, monitoring, and developmental intervention to infants with or at risk of developing a developmental disability and their families. Such programs are designed to encourage the development and adjustment of infants in their home and community, and to assist the parents in understanding, and accepting their child's needs, and developing skills to effectively work with their child.

Redwood Coast Regional Center ("regional center") supports early and aggressive intervention for young children with or at risk of developing a developmental disability in order to maximize their potential and to assure their care within a natural environment and in the least restrictive setting.

## **guidelines**

Early intervention/infant development services may be purchased by the regional center in accordance with the **Basic Service Guidelines** as well as the following considerations:

1. The Early Start program will provide services to children with developmental delays and children considered at risk for developmental delays on an equal basis, based on need.
2. Services will be provided in such a way as to coordinate, support, and build on all other services being provided including physical therapy, occupational therapy, speech/oral motor therapy, etc.
3. The infant development program is supervised by educational, therapeutic, and/or health care professionals or paraprofessionals; it is oriented toward family involvement and education; and it enhances the child's development based on evaluated progress.
4. The program will take place in a natural environment; it may be administered in the family's home, caregiver's home, or at the program site. A toddler or play group program, if available, may be purchased to support, supplement, or replace the use of a site- or family-based developmental program, as appropriate for the child and family.
5. The planning team may consider programs and services designed to assist families whose ability to cope with the child's developmental disability is interfering with their ability to support the child in the home.
6. Parents with developmental disabilities and/or mental illness issues have unique parenting challenges; generic parenting classes may not be suitable for these individuals. In such instances, the planning team may consider programs designed for parents with special needs. (See: *Parent Educator* guideline.)
7. Successful early intervention requires tremendous parental involvement. The planning team will recognize the time, energy, and commitment required of the family, and insure that other family supports such as respite and transportation are in place.
8. A family cannot be compelled to use private insurance for Early Start services, nor can a family be compelled to wait more than 3-4 weeks for a generic service to begin or a denial of a generic service to be issued.

## **service standards and evaluation**

The planning team, most particularly the parents, will evaluate the degree of medical involvement, type and degree of delay or risk, and the individual family's needs, circumstances, and preferences in choosing the type, location, and frequency of services. Typically, a home-based program might include up to 5 hours a month, and a center-based program up to 3 sessions a week, averaging 1-2 hours per session. Generally up to 3 hours semi-annually may be funded for the purpose of assessment and report writing. Up to 2 hours per month may be purchased for the purpose of case consultation and coordination for children requiring more than one intervention under a transdisciplinary model.

effective April 2, 2001



The service provider will provide semi-annual, written progress reports to assist the planning team in evaluating and assessing the program progress. Parents will provide input on the success of transdisciplinary communication.

# Equipment and Supplies

Equipment and supplies are durable and non-durable products essential to the health, maintenance, or well-being of persons with developmental disabilities. This includes those assistive devices and adaptations which help to maintain or increase independence and/or facilitate living in the least restrictive environment.

In order to assist consumers to maintain or increase their health and independence, Redwood Coast Regional Center ("regional center") will secure essential equipment and supplies, when necessary.

## **guidelines**

Equipment and supplies, including assistive devices, may be purchased or rented by the regional center, either in part or in full, in accordance with the **Basic Service Guidelines** as well as the following considerations:

1. The need for the equipment or supplies relates directly to the presence of the developmental disability or high risk infant condition as set forth in the IPP/IFSP
2. The equipment/supplies are developmentally appropriate.
3. The equipment/supplies fit within the current physical setting (or proposed modification) of the consumer's home, routine transportation, and/or school or work setting.
4. Care is taken to ensure the best purchase value is sought including an assessment that the level of technology (high/low) best meets the current and projected needs and capabilities of the individual.
5. Any durable equipment has been prescribed by a professional relevant to the item's use (i.e., medical equipment by a physician; communicative device by a speech/language pathologist or occupational therapist, wheelchair by a physical therapist, etc.)
6. The consumer (and/or family) agree to utilize the equipment for its intended purpose and is prepared and able to care for and, if necessary, transport the equipment.
7. In most cases, durable equipment will remain the property of the State of California, as appropriate.
8. The planning team addresses any specific training needs involved in using the equipment.
9. The routine care and maintenance of equipment will be the responsibility of the consumer and/or family, but the regional center may approve funding for necessary repairs.
10. Diapers may be purchased for consumers over the age of 36 months; pull-ups rather than diapers may be purchased to facilitate self-care and toilet training. Diapers may be purchased for a consumer under the age of 36 months when a family can demonstrate a financial need and when doing so will enable the child to remain in the family home.
11. Nutritional supplements may be purchased to prevent malnutrition which would be directly related to or a direct result of the developmental disability or high risk infant condition.

## **service standards and evaluation**

The purchase amount is as determined appropriate by the IPP/IFSP planning team on an individual case basis.

# Genetic Counseling and Diagnostic Services

Genetic counseling is supportive communication, which may include a diagnostic evaluation, to identify the cause of a developmental disability or to determine the risk of occurrence (or recurrence) of a genetic disorder in an individual or family.

Redwood Coast Regional Center (“regional center”) will provide genetic counseling and diagnostic services for individuals or families so requesting who have a genetic disorder, who may be a carrier for a genetic disorder, or who by family history may be at risk of parenting a child with a genetic disorder or a developmental disability.

## guidelines

In addition to the **Basic Service Guidelines**, the following guidelines will be adhered to in the securing of genetic counseling and diagnostic services:

1. Inquiries for genetic counseling and diagnostic evaluation from individuals, families, physicians, obstetricians, pediatricians, and allied health professionals will be directed to the regional center’s nurse consultant.
2. All inquiries will be held in full confidentiality.
3. The regional center nurse consultant may secure services through local resources or consult with or purchase the services of a specialty clinic, specialist, or medical center in order to provide individuals and families with the most current genetic information to allow them to make informed choices regarding their health and reproductive care options.
4. Providing genetic counseling and diagnostic services may include physical examination by a physician or specialist, history taking, laboratory tests, radiology, ultrasonography, and other diagnostic studies as deemed necessary by the nurse consultant.
5. The nurse consultant will follow-up with the consumer by phone or home visit to share and review all information gathered. The nurse consultant will provide in-depth counseling regarding the specific condition, what type of medical care is needed to monitor the condition, and what educational materials and support groups are available. Additional appointments may be scheduled if clarification is needed.

## service standards and evaluation

The nurse consultant will be authorized to arrange for, and when necessary, purchase those genetic counseling and diagnostic services necessary to provide individuals and families with accurate diagnosis, recurrent risk, and in-depth counseling on the specific genetic disorder. All genetic diagnostic services provided through or arranged by the regional center will be set forth in the *Person at Risk Report*, and these forms will be transmitted to the Department of Developmental Services (DDS) on a flow basis.

# Homemaker Services

Homemaker services are programs which employ, train, and assign personnel to assist persons with developmental disabilities with direct-care and household services such as house cleaning, home maintenance, meal preparation, routine mending, laundry, shopping, bowel and bladder care, bed baths, dressing, assistance with ambulation, and the protective supervision needed for prevention of injury while pursuing the activities of daily living.

Redwood Coast Regional Center (“regional center”) will arrange for homemaker services, where appropriate, in order to enable consumers to live in their own homes with the maximum independence possible.

## **guidelines**

Homemaker services may be purchased by the regional center in accordance with the **Basic Service Guidelines** as well as the following considerations:

1. The planning team, most particularly the consumer and (when appropriate) family, will evaluate the individual’s need including the level of disability and the specific types of services required, and approve such services.
2. The consumer’s need for service is the result of or aggravated by the developmental disability.
3. Whenever possible and appropriate, the IPP supports the consumer in learning new skills to progressively increase independence and, where possible, reduce the need for such services in the future.
4. In situations where a consumer is receiving services through a generic resource such as the In Home Support Services program (IHSS), planning team will take care that any additional services purchased by regional center do not disturb consumer’s eligibility for IHSS.
5. When a consumer lives with a family member, the regional center may purchase homemaker services to assume such responsibilities in that person’s absence or illness.
6. Homemaker services may be purchased as an adjunct service to respite as part of the overall plan for providing family support. In such situations, the planning team will review the *Respite Services* guideline, as well.

## **service standards and evaluation**

Homemaker services will be purchased as appropriate for each individual, typically up to 40 hours a month on a one-time basis or up to 20 hours per month on an ongoing basis. Purchases should not exceed 6 months without a review by the planning team.

# In-Home Nursing Care Services

In-home nursing care is care provided for consumers, in their home, who are medically fragile and require such medical intervention as monitoring, treatments, and medication management. In addition, in-home nursing care may be needed upon discharge from an acute care hospital, or it may be required as a result of an individual's rapid deterioration in health.

Redwood Coast Regional Center ("regional center") will arrange for in-home nursing care for consumers requiring this level of care as an alternative to placement in a more restrictive setting.

## **guidelines**

In-home nursing care may be purchased by the regional center in accordance with the **Basic Service Guidelines** as well as the following considerations:

1. Care will generally be provided by a Registered Nurse (RN), Licensed Vocational Nurse (LVN), Nurses Aid, or Home Health Aid. Typically, services will be purchased from a licensed home health agency or nursing registry. Individual families may hire their own care providers (including family members) by utilizing a voucher system, provided the individuals hired are fully trained and qualified to perform this level of care.
2. The need for the service relates to the presence of a developmental disability or an at risk condition.
3. The appropriate level of care has been prescribed by a physician and assessed by an RN.
4. The consumer's physician agrees that providing such services in the home does not endanger the individual's health and well-being.
5. The planning team, headed by the consumer (and his/her family as appropriate), agree that services in the home are in the best interest of the individual and that the service will result in reasonable progress toward the IPP/IFSP.
6. The regional center may provide monetary coverage for services in the interim period of time when care is required and Medi-Cal certification is not yet in place.
7. In a situation where a consumer has Medi-Cal, requires in-home nursing care, and no Medi-Cal certified Home Health Agencies are available, the regional center may fund the needed services from a licensed agency while continuing to explore alternatives to funding this service.
8. The regional center nurse consultant will arrange for a nursing assessment by an RN, secure a Nursing Care Plan on a biannual basis or when there is a change in medical condition, and assist consumer and/or family in monitoring daily notes/charts maintained by the service providers as needed.

## **service standards and evaluation**

The level of care, amount of care, and duration of services will be determined as necessary on an individual case basis. For ongoing maintenance nursing services, a written report shall be provided quarterly.

The goal of this service is to correct or ameliorate the illness in the least restrictive setting and, when possible, return the consumer to an individual wellness state. The regional center nurse consultant will assist the consumer (or consumer's family) in assessing the effectiveness of the skilled nursing care as measured by consumer's health status and feedback from consumer and his/her family.

# Interpreter Services

An interpreter is a person who can translate a spoken, signed, or written language into English, and spoken or written English into a foreign and/or signed language, quickly enough so as to facilitate communication between two persons lacking a common language, or facilitate communication between hearing-impaired and hearing persons individually and/or in groups.

It is the policy of Redwood Coast Regional Center (“regional center”) that interpreter services be available to consumers during initial inquiry, intake and assessment, IPP/IFSP meetings, and other regional center meetings to assure maximum understanding and participation of consumers and their families. Further, when a major service is authorized for purchase from service providers, it is expected that the service providers will provide interpreter services or staff trained in the consumer’s language or sign as part of the purchased program.

## **guidelines**

Interpreter services may be purchased by the regional center in accordance with the **Basic Service Guidelines** as well as the following considerations:

1. Whenever possible, interpreter services needed during regional center vendored programming will be provided through the contracted service provider rather than as a separate purchased service of the regional center.
2. The regional center may fund interpreter services for a purchased program if a person requires a critical or urgent service and the vendored service provider is unable or refuses to supply interpreter services until such time as service coordinator and program development is able to remedy the situation.
3. Interpreter services may not be purchased for activities outside the scope of the individual’s IPP/IFSP.

## **service standards and evaluation**

Interpreter services will be purchased as needed for the individual consumer.

# Medical Evaluation and Health Care Services

Medical evaluation and health care services is the review and/or treatment by medical specialists to support the effective treatment planning for individuals with developmental disabilities.

The Redwood Coast Regional Center (“regional center”) recognizes that general medical and dental care are not needs unique to persons with developmental disabilities. However, the presence of a developmental disability may present special medical and/or dental problems. In order to provide consumers with the best possible medical expertise for diagnosis and treatment options, the regional center will assist consumers in obtaining, and may in some circumstances purchase, medical and dental evaluations and services.

## **guidelines**

Medical and dental evaluations and services by medical specialists may be purchased by the regional center in accordance with the **Basic Service Guidelines** as well as the following considerations:

1. The condition or its effects are related to or aggravated by the developmental disability.
2. If private insurance pays part of the cost of the service, the regional center’s payment will be limited to the difference between the Schedule of Maximum Allowances (SMA) and the amount paid by the insurance company.
3. Orthodontia may be funded in such cases where the malocclusion could prevent proper nutrition, effect language development, increase the risk of choking or the development of a swallow disorder, or otherwise impede the future health and safety of the individual. Orthodontia or prosthodontic work may also be authorized if the condition creates or aggravates significant psycho-social problems for the consumer.
4. The service is a medically accepted procedure or service conducted by a person licensed and qualified for such treatment and prescribed by the person’s treating physician. The service is not considered purely speculative or experimental in nature. (See *Basic Service Guidelines: Breaking New Ground.*)
5. When possible and appropriate, regional center will attempt to improve access to care by coordinating and supporting specialty clinics.

## **service standards and evaluation**

The purchase amount is as determined appropriate by the IPP/IFSP planning team on an individual case basis.

# Parent Education Services

For the purposes of this guideline, parent education services means the development of an intervention plan for an adult with a developmental disability who is expecting or parenting a child. Such a plan includes parent education as well as ongoing monitoring and/or intervention for the child.

Redwood Coast Regional Center (“regional center”) recognizes that persons with developmental disabilities who are parents may require training and support to increase their level of parenting skills and to decrease or minimize the probability of developmental delay in their children.

## **guidelines**

Parent education services may be purchased by the regional center in accordance with the **Basic Service Guidelines** as well as the following considerations:

1. Individuals with developmental disabilities who are parents or expectant parents demonstrate through a formal assessment the need for assistance in acquiring and maintaining the skills to meet the needs of their children.
2. Planning team will prepare an intervention plan that is family driven and family focused.
3. Parent(s) recognize the need for and demonstrate willingness to participate in the program.
4. Specific outcomes and timelines are in place to insure the safety and development of the child.
5. In order to maintain a family focus, and to provide intervention in the most time and cost efficient manner, parent education services will be coordinated with any early intervention services being provided for the family. When possible, special consideration by the planning team will be made for integrated programs provided by single service providers.

## **service standards and evaluation**

The purchase amount is as determined appropriate by the IPP/IFSP planning team on an individual case basis; typically 2 sessions per week of active intervention and 1 session per week maintenance, plus 3 hours, twice a year for assessment and completion of a written progress report. Regional center service coordinator will monitor services on no less than a monthly basis.

Planning team will assess the success of the program based on family input and the results of the semi-annual written reports.



# Pharmacy Services

A pharmacy is a business which identifies, prepares, preserves, compounds, and dispenses physician-prescribed medications by a licensed pharmacist.

Redwood Coast Regional Center (“regional center”) will purchase pharmacy services as necessary to insure the good health and well-being of consumers.

## **guidelines**

Pharmacy services may be purchased by the regional center in accordance with the ***Basic Service Guidelines*** as well as the following considerations:

1. The pharmaceuticals are prescribed by a licensed physician, are part of a prescribed treatment plan, and follow current accepted medical practice (see *Basic Service Guidelines: Breaking New Ground*).
2. In situations where generic resources are being researched by the planning team, and a consumer requires immediate medication to address an urgent medical necessity, regional center funds may be used to meet the need on a limited basis.
3. The need for pharmacy services is a result of or aggravated by the developmental disability.
4. Preference will be given to the use of pharmacies which provide services in a timely manner at reasonable and competitive prices.

## **service standards and evaluation**

The service coordinator is authorized to purchase pharmacy services as needed on an individual basis, typically up to 3 months at a time.

To assist the planning team in assuring the development of effective, measurable outcome objectives, and the utilization of accepted clinical practice, the planning team will consult with the regional center physician before authorizing a pharmacy services purchase.

The planning team will solicit input from the consumer, family, and any involved and appropriate therapists and clinicians, including the regional center nurse or physician, in order to evaluate the effectiveness of any pharmacy services purchase.

# Prenatal Diagnostic Services

Prenatal diagnostic services are medical procedures that identify some developmental disabilities in an unborn baby early in the pregnancy. Such procedures include pregnancy/genetic counseling, expanded alpha-fetoprotein (AFP), chorionic villus sampling (CVS), amniocentesis, and ultrasonography.

Redwood Coast Regional Center (“regional center”) will provide or arrange for prenatal diagnostic services for women over the age of 35 who request such services. Upon request, services will also be provided or arranged for women under the age of 35 who have a history of a child with a developmental disability, a family member with a genetic disorder, or medical risk factors that would affect a developing baby.

## **guidelines**

Prenatal diagnostic services may be provided, arranged or purchased by the regional center in accordance with the **Basic Service Guidelines** as well as the following considerations:

1. The goal of prenatal diagnostic services is to present families so requesting with the most current information to allow them to make informed reproductive choices.
2. The decision to utilize prenatal diagnostic services is a highly personal one, and such services will be offered to women in a sensitive, non-coercive manner, respecting each individual’s choice and beliefs.
3. The regional center nurse consultant will use the regional center *Prenatal Genetic Screening Form* to obtain information about the pregnancy with the goal of determining eligibility for regional center purchase of services.
4. Prenatal diagnostic services may include counseling with the regional center nurse consultant, utilization of local resources, or referral to prenatal diagnostic centers.
5. The regional center nurse consultant will provide preliminary counseling about the medical procedures that may be planned.

## **service standards and evaluation**

The regional center nurse consultant is authorized to purchase prenatal diagnostic services when needed and requested. It is recognized that in certain cases, time may be of the essence. Therefore, though direct purchase of service requires the exploration of generic service providers as set forth in the **Basic Service Guidelines & Standards**, the regional center nurse consultant may authorize a suspense request to back-up insurance when coverage is uncertain.

Consumers requesting prenatal diagnostic services are to be given prompt, accurate information and to be assisted in receiving appropriate testing. The nurse consultant will complete the *Persons At Risk* report form to document all specialized prenatal/genetic diagnostic services purchased, and these forms will be transmitted to the Department of Developmental Services (DDS) on a flow basis.

# Preschool Services

Preschool programs provide children with skills necessary to meet their developmental needs and learn to function in a school setting including social skills, communication skills, group interaction, listening and attention skills, and basic pre-academic concepts.

Preschool programs to prepare children for future schooling is generally considered to be the responsibility of the family for children without, or not at risk for, a developmental disability. However, Redwood Coast Regional Center (“regional center”) recognizes the benefits of preschool programs in preventing or lessening the long-term impact of a developmental disability, and how such programs may provide an important component of such a child’s overall intervention plan. Further, regional center recognizes that while the school system is responsible for providing preschool programs for children 3-5 years old, such programs are not always available or appropriate for certain children.

## Guidelines

Preschool services may be purchased by the regional center in accordance with the **Basic Service Guidelines** as well as the following considerations:

1. Planning team will consider the public school’s legal obligations to provide a preschool experience and the existence, schedule, and appropriateness of services provided by the public school or other generic sources as they pertain to the individual needs of the child.
2. An assessment of the child’s functional skills and deficits indicates that he/she would benefit significantly from the particular preschool program.
3. Specific goals, objectives and timelines for the child’s participation in the program are in place in the IPP/IFSP to insure the safety and development of the child, and the preschool teacher is willing to participate in the formulation of future objectives and timelines.
4. The planning team may consider purchase of preschool services on a limited basis for a child who is awaiting a generically-funded slot or has been denied a public school program for which he/she is eligible and an appeal has been filed.
5. The regional center will continue to advocate for the creation and expansion of school district-sponsored, inclusive preschool programs provided in the least-restrictive environment for all students with disabilities, and work with school districts to develop such programs as appropriate.
6. The planning team may consider purchasing additional preschool services to supplement an appropriate generic program that meets less frequently than the child requires due to the presence of the developmental disability.

## service standards and evaluation

The purchase amount is as determined appropriate by the IPP/IFSP planning team on an individual basis, typically no more than 5 half days a week, and up to 3 hours twice a year for the purpose of assessment and preparation of a written progress summary.

Planning team will assess the success of the program based on family and school input and the results of the semi-annual written reports.

# Residential Care

Residential care refers to 24-hour care and supervision provided by a licensed community care facility. Such facilities include community care homes, foster homes, health care facilities, and State developmental centers.

Redwood Coast Regional Center (“regional center”) supports individuals with developmental disabilities living in their own homes or with family members as long as possible and/or feasible. When the individual no longer prefers to live in his/her own or family home, or when an individual’s needs can no longer be met in that setting, the regional center may purchase residential care.

## **guidelines**

Residential care may be secured or purchased by the regional center in accordance with the **Basic Service Guidelines** as well as the following considerations:

1. Placement is to be in the least restrictive setting possible.
2. Preference is given to small, family-like, integrated facilities in or near the consumer’s home community.
3. To the fullest extent feasible, the consumer is offered choices among appropriate, available facilities.
4. The individual’s needs have been assessed by the planning team, most particularly the consumer, with input from any relevant regional center clinical staff, and the facility has been determined to offer an appropriate level of care.
5. The facility is within access of educational and/or vocational resources to meet the consumer’s needs as identified in the IPP/IFSP.
6. The planning team, most especially the consumer and family, agrees the facility is making reasonable progress on any IPP/IFSP objectives for which the facility is responsible.
7. The planning team will explore all possible services that might be provided in order to maintain a child in the home, utilizing creative and innovative ways to meet a family’s needs and provide adequate supports to keep a family together before considering out-of-home placement for a child.

## **service standards and evaluation**

The amount purchased will be consistent with the consumer’s level of care as determined by the planning team with input from appropriate professionals, including regional center clinical staff, provided the facility meets the requirements for training staff ratios, admission, and procedures.

# Respite Services

Respite services are intermittent or regularly scheduled temporary care and supervision designed to assist family members in maintaining the consumer at home by providing appropriate care and supervision to protect the consumer's health and safety in the absence of family members and relieve family members from the demanding and emotionally draining responsibility of caretaking.

Medically fragile individuals may require skilled nursing respite provided by a Registered Nurse (RN), Licensed Vocational Nurse (LVN), Certified Nurse Assistant (CNA), or Home Health Aide (HHA).

Redwood Coast Regional Center ("regional center") appreciates the ever present emotional impact and life-long commitment that parents and caretakers make to their family members with developmental disabilities. Accordingly, the regional center will support families through the appropriate purchase of respite services based on the needs, desires, and individual circumstances of the family.

## guidelines

Respite services may be provided, arranged or purchased by the regional center in accordance with the **Basic Service Guidelines** as well as the following considerations:

1. Generally, respite services may only be purchased for consumers living with a family member, guardian, conservator, or other non-paid caretaker.
2. The planning team agrees which type (in-home, day program, camp, community programs, out-of-home, daycare center, day nursery, out of home residential facilities, etc.) or combination of respite is best suited for the individual and his/her family's situation. Respite may be provided in a variety of ways through respite and home-health agencies. Alternatively, the planning team may consider the use of vouchers to allow families to choose and pay for their own respite care, as appropriate. (See *Basic Service Guidelines: Purchase of Services*.)
3. Although the *Basic Service Guidelines* provide that a family's responsibility for providing similar services to a minor child without disabilities be considered, the planning team will balance this against the exceptional stresses placed on the family caring for a person with special needs, and the regional center's responsibility to support the family unit.
4. The level of care provided to an individual with a medical condition will be prescribed by the attending physician or determined through a nursing assessment. Individuals with medical conditions involving gastrostomies, apnea monitors, suctioning, and catheterizing will receive care from an appropriately trained and, if necessary, licensed individual.
5. Respite will be offered and used as a proactive service to protect and sustain the family.

## service standards and evaluation

The amount and type of respite to be provided will be set by the planning team, with actual utilization to be determined by the family, conservator, or guardian. Family input as to the amount of respite needed is essential in determining an adequate level of support, typically 20-90 hours per quarter. In situations when consumers face severe medical and/or emotional challenges, or when families are facing temporary and specific problems that could escalate to a crisis without respite support, the number of hours can exceed these guidelines. Purchases may be written for up to 1 year at a time. Nursing respite authorizations may be completed/revised on a monthly basis for medically fragile individuals whose condition fluctuates.

Should a nursing assessment be required to determine a *nursing care plan*, the regional center nurse consultant will arrange for such an assessment, typically requiring up to 4 hours to complete. *Nursing*

*care plans* will be updated as needed on an individual basis, but no less than on a semi-annual basis. The regional center nurse consultant will monitor documentation of any skilled nursing respite by reviewing *nursing care plans*, supervision visits, or nursing progress notes to assure proper care.

Consumer and family will report on the effectiveness of the respite being received at each IPP/IFSP.

## **Social/Recreational Services; Camp Services; Educational Services for Children 3-17; and Non-Medical Therapy Services**

Social/Recreational Services, including Camp Services, are leisure-time activities designed to promote personal enjoyment, peer interaction, social growth, recreation, and enhancement of daily living skills within the community for children and adults with developmental disabilities.

Educational Services are defined as educational related services and supports, not available through the educational system and/or school district, as identified in the client's Individual Program Plan. Local education agencies provide special education and related services to children with disabilities in environments that include the home, school, public or private pre-schools or childcare settings.

Non-Medical Therapy Services, are defined as treatments and services secured to improve and/or maintain an individual's health and/or developmental progress, relieve pain, develop or restore normal function, and maintain performance and ability to care for one's self. Non-medical therapies support an individual accomplish an IPP objective. As part of providing services, a provider may conduct assessments and evaluations; follow-up consultations and treatment; and/or training and instruction. Typical therapies include, but are not limited to: art, dance, equestrian, and music.

### **guidelines**

Social and recreational services, including camping services and associated travel expenses, and educational services may be provided, arranged, or purchased by the regional center in accordance with the **Basic Service Guidelines** as well as the following considerations:

1. For the purposes of services considered under this guideline, the requirement to explore natural and generic supports shall not impede or delay regional center funding while the natural or generic service or support is being considered. Should the natural or generic service or support subsequently be identified as an appropriate support and put into place, there shall be no obligation or requirement to reimburse or offset the costs incurred by the regional center.
2. Clients and families shall not be subject to any financial means tests when considering a client/family's request for regional center support to access social/recreational, camp, or educational services.
3. Non-medical therapy services shall be provided by credentialed and/or licensed individuals as required by the State of California to practice in the field of therapy being offered.

4. The service is consistent with the needs, goals, and objectives set forth in the individual's IPP/IFSP.
5. The service is provided in the client's home community, and the planning team considers any pertinent transportation requirements.
6. The planning team will address any special needs or adaptations required by the client.
7. Every effort shall be made to support the needed access, not only by referring clients and their families to existing opportunities generically available but including the purchase of those services directly along with the support to access them. Clients and families shall not be required to exhaust or exchange any services (e.g. In-Home Support Services, respite hours, etc.), nor be subject to a co-pay or similar measure designed to offset costs.
8. If an individual chooses a service intended primarily for individuals with a developmental disability, the service setting must comply with the Home and Community Based Services (HCBS) Final Rule.
9. The regional center will continue to explore opportunities to advocate and educate communities to provide more and varied social and recreational opportunities for individuals with developmental disabilities, as well as advocate for further acceptance and accessibility for differently abled individuals within established public and private social and recreational venues.
10. The most cost-effective provider shall be selected, however, in making this determination, the availability of federal financial participation shall be considered. The client will not be required to use the least costly provider if it will result in a client receiving more restrictive or less integrated supports.
11. Services shall not duplicate other services that are in place. However, receiving multiple similar recreational services shall not be considered a duplication.

### **alternative funding resources**

Redwood Coast Regional Center (RCRC) recognizes the enormous impact that social and recreational activities, camping services, and educational services have on all individuals, especially those facing the additional and often isolating challenges of a developmental disability. The regional center supports the individual's right to participate in social and recreational activities, camping, and educational activities. RCRC also appreciates that such opportunities may be limited or unavailable for individuals with developmental disabilities through natural supports and community resources.

RCRC will pursue its vision of persons receiving services and support within their home communities and in the most inclusive environments by encouraging publicly and privately funded socialization, leisure, recreational, and educational service programs to adapt their services to accommodate our clients.

### **disagreements regarding purchase of service decisions**

effective April 2, 2001



RCRC is committed to working with clients and families in a collaborative and person-centered manner to identify needs and corresponding supports that provide opportunities for clients to live a personally meaningful life. We recognize however, that from time to time there may be legitimate good-faith differences of opinion regarding the nature, scope, or amount of services and supports in the IPP. Clients and families have the right to appeal a regional center's decision through a formal fair hearing process. Please see the "Appeal" sub-section of "How We Serve" in RCRC's Purchase of Service Guidelines for additional information.

### **service standards and evaluation**

The amount and type of social/recreational, camping, and educational services to be purchased will be set by the planning team. The amount and type of non-medical therapy services to be purchased will be done in consultation with the service provider.

At least annually, the Planning Team will discuss the client's experience with and interest continuing the type and amount of social and recreational services, camping services, and educational services. Planning Teams are encouraged to consider that many of these activities follow a seasonal cadence such as a school year or season (e.g. sports) and reassessment of service needs may make the most sense at these natural transition points.

At least annually, the Planning Team, with input from the service provider will discuss the client's experience with an interest in continuing the type and amount of non-medical therapy.

### **participant-directed services for social recreation, camp, and non-medical therapies**

Social Recreation, camp, and non-medical therapies may be purchased through a Financial Management Service (FMS), if the provider of these services is 1.) not vendored by Redwood Coast Regional Center; and 2) the provider's service is predominantly delivered to individuals who do not receive regional center services. Providers may include, but are not limited to, city/county parks and recreation programs, YMCA, dance studios, sports clubs, local events, etc. If the provider meets both criteria, regional center vendorization is not required for either the provider or the individual/family.

**Exceptions:** See Basic Guidelines

Approvals: Social/Recreational Services; Camp Services; Educational Services for Children 3-17; and Non-Medical Therapy Services.

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Revised: 2/2024

RCRC Board of Directors Approved: 2/14/2024

effective April 2, 2001



# Supported Living Services

Supported living services (SLS) are services and supports which enable a person to live the living option of their choice, participate in community activities to the extent appropriate to each consumer's interests and wants, and realize his/her own potential to live an integrated, productive, life.

Supported living services include, 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 systems; securing and maintaining adaptive equipment and supplies; recruiting, training, and hiring individuals to provide personal care and other assistance, including in-home supportive services workers, paid neighbors, and paid roommates; providing respite and emergency relief for personal care attendants; and facilitating community participation.

Redwood Coast Regional Center (regional center) promotes access to cost-effective supported living services appropriate to the needs and interests of adults with developmental disabilities.

## **guidelines**

Supported living services may be purchased by the regional center in accordance with the **Basic Service Guidelines** as well as the following considerations:

1. The planning team develops specific objectives for the services, and they are included in the IPP.
2. The individual expresses directly or through an advocate a preference for SLS among the options proposed during the IPP process.
3. The service will assist the consumer to play valued roles as a member of the community, participate in activities and programs designed to serve the general public to the extent appropriate for each consumer's interests, access natural and generic supports, and otherwise live a life that is integrated, independent, productive, and of their choice.
4. The consumer's preference will guide decisions concerning where and with whom he/she lives.
5. Consumers will not be denied eligibility for supported living services solely because of the nature and severity of their disabilities.
6. The services or supports that a consumer receives shall change as his/her needs change without the consumer having to move elsewhere.
7. Consumers will have control over the environment within their own home.

## **service standards and evaluation**

The amount and type of supported living services to be purchased will be set by the planning team based on the individual's needs and desires as identified in the IPP.

# Therapy Services

Therapy services, including non-medical therapies, are defined as evidence based treatments and services secured to improve and/or maintain an individual's health and/or developmental progress, relieve pain, develop or restore normal function, and maintain performance and ability to care for one's self. Treatments must accomplish goals and objectives related to the client's developmental disability to promote wellness, physical rehabilitation, encourage pro-social behavior, and or enhance expression and communication.

These services may include assessment and evaluation; follow-up consultation and treatment; instruction; adaptation of the environment; selection, design, and fabrication of assistive and other devices; and supplies. Typical therapies include but are not limited to: art, dance, counseling, equestrian, music, nutritional, occupational, physical, sensory-motor, speech, and other therapies required to prevent deterioration of a specific function or to improve the functional level of an individual.

Redwood Coast Regional Center ("regional center") supports and promotes the use of accepted clinical and non-medical therapies to maximize a client's abilities and independence.

## Guidelines

Therapy services may be provided, arranged or purchased by the regional center in accordance with the **Basic Service Guidelines** as well as the following considerations:

1. Therapists must be qualified professionals or paraprofessionals within their field, licensed as necessary. Assessments will be conducted by qualified professionals only.
2. The need for the service relates to the presence of a developmental disability or to the prevention of a developmental disability.
3. The service has been prescribed by a physician or other appropriate professional and is considered an accepted clinical therapy (see *Basic Service Guidelines: Breaking New Ground*).
4. The service is essential to maintaining or improving an individual's health or functional skills and relates to a specific outcome set forth in the client's IPP/IFSP.
5. The client, family, or care provider has expressed willingness to follow-through or participate in treatment objectives.
6. Planning team will consider whether the schools or other agencies should be providing the service.
7. If an individual chooses a service intended primarily for individuals with a developmental disability, the service setting must be in compliance with the Home and Community Based Services (HCBS) Final Rule.

## Disagreements Regarding Purchase of Service Decisions

RCRC is committed to working with clients and families in a collaborative and person centered manner to identify needs and corresponding supports that provide opportunities for clients to live a personally meaningful life. We recognize however, that from time to time there may be legitimate good-faith differences of opinion regarding the nature, scope, or amount of services and supports in the IPP. Clients and families have the right to appeal a regional center's decision through a formal fair hearing process. Please see the "Appeal" sub-section of "How We Serve" in RCRC's Purchase of Service Guidelines for additional information.

effective April 2, 2001

## **Service Standards and Evaluation**

The amount and type of therapy services to be purchased will be determined on an individual basis by the IPP planning team, typically up to 5 hours per month per therapy plus 2 hours, twice a year, for the purpose of completing a written progress summary. Some therapists charge an additional fee for the purpose of initial and/or ongoing assessment and report, which may be purchased based on the general acceptance of this practice within the professional community.

The planning team will solicit input from any relevant staff clinicians, if available.

**Exceptions:** See Basic Guidelines

Approvals: Therapy Services

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DDS Approved: 3/10/2023

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Note: Language in this guideline referencing non-medical therapy is superseded by the guideline titled, "Social/Recreational Services; Camp Services; Educational Services for Children 3-17; and Non-Medical Therapy Services."

# Transportation Services

Transportation services consist of public or private modes of travel, and any training involved (such as mobility training and driver training), to enable consumers to obtain needed services in the community.

Although transportation might generally be considered the responsibility of consumers, families, and licensed residential providers for local incidental, social, and medical needs, Redwood Coast Regional Center (“regional center”) appreciates the difficulties encountered in securing public transportation for many people with developmental disabilities living in our rural communities. Further, the regional center understands that families often need to drive great distances on a regular basis to obtain services, imposing an additional burden of time and finances on families. Therefore, the regional center may purchase or assist consumers in obtaining transportation services when needed.

## **guidelines**

Transportation services may be provided, arranged or purchased by the regional center in accordance with the **Basic Service Guidelines** as well as the following considerations:

1. The need for the service relates to the presence of a developmental disability or to the prevention of a developmental disability and is identified in the IPP/IFSP.
2. The method of transportation being used is economical, normalizing, and safe.
3. The planning team will investigate the availability and appropriateness of public transportation, consulting with the regional center transportation coordinator for input. If public transportation is available, mobility training may be considered to assist in preparing consumer for its use.
4. If necessary, the cost of public transportation may be funded for consumers on a one-time or regular basis.
5. Generally, transportation of minor children is considered the responsibility of parents. However, as the amount of travel required may impose a burden on families that limits their capacity to care for their children in the home, parents and primary caretakers of minor children may be reimbursed for transportation costs (e.g.: mileage, parking, taxi fare, bus fare, and tolls) on a one-time or ongoing basis.
6. In the case of children in the Early Start program (birth to age three), transportation is considered part of the overall early intervention plan in order that children and the family receive early intervention services. When considering transportation services for children in this program, the planning team must also ensure that to a maximum extent appropriate, early intervention services are provided in natural environments, including the home and community settings.
7. Residential Services providers receive compensation through the rate structure to meet the typical transportation needs of consumers. However, these providers may receive additional reimbursement for transportation in those instances where a consumer’s medical services are expected to exceed 50 miles round-trip for each appointment or a series of established appointments will exceed 50 miles per month.
8. Families and caretakers vendorized to provide transportation to consumers in private vehicles will be reimbursed at the current established rate set for regional center employees and board members.

## **service standards and evaluation**

The amount of transportation services to be purchased will be determined on an individual basis.

effective April 2, 2001

Copies of all transportation services purchase authorizations will be forwarded to the regional center transportation coordinator, who will attempt to maximize vendor routes and resources. The transportation coordinator will also compile data on consumer transportation needs and work within the communities to help develop appropriate resources. The transportation coordinator will inform program development of those communities where lack of available local services is creating a large need for travel reimbursement so that local programming can be pursued.