

GOLDEN GATE REGIONAL CENTER

GUIDELINES FOR DEVELOPING INDIVIDUAL PROGRAM PLANS
(IPPs/IFSPs)

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APPENDIX 8-G

POS – Guidelines for Developing Individual Programs (IPPs/IFSPs)

The Lanterman Act established the concept of individual program planning for persons with developmental special needs. The documents known as the Individual Program Plan (IPP) and the Individual Family Service Plan (IFSP) under the Early Start Program specify and define the services that the person is to receive and includes the commitment for funding by the regional center.

The purpose of these guidelines is to assist the Planning Team when developing the IPP/IFSP. These guidelines are based upon clinical expertise and years of experience in working with people with developmental special needs. They are to enhance the IPP/IFSP planning process, not restrict it. When determining what services should be funded by GGRC, the Planning Team must consider each person's specific needs, all relevant circumstances, natural and generic supports and if the requested service is necessary to permit the individual to remain in their home.

A service or support may be purchased for a person with a developmental disability under the following circumstances:

- The service or support is intended to address special needs **directly related to the person's developmental disability** or associated with the risk of developmental disabilities. The relationship can exist in either of the following two ways:
 1. The developmental disability itself is the direct cause of the condition for which services is recommended; or
 2. The developmental disability itself is NOT the direct cause of the condition for which the service is recommended, but the absence of service would result in a deterioration of the developmental disability.
- For minor children, the service or support exceeds what parents are normally required to provide for a child without disabilities living at home.
- The planning team has determined that the service or support will accomplish all or part of a person's IPP or IFSP.

- The service or support is identified in the person's IPP or IFSP and is associated with one or more outcomes in the plan.
- The service or support is the most cost-effective approach that will meet the person's need.
- No other public or private resource, including monies awarded to the person for his care, supervision or treatment, is available to pay for or provide the service or support.
- The potential provider meets Title 17 requirements for vendorization.
- The provider complies with the regional center's quality of care standards.
- There has been prior authorization for the purchase of service or support.
- If the request is for continuation of a service or support, the person and his family are satisfied with the service or support and the regional center determines that it has resulted in reasonable progress toward achieving an outcome identified in the IPP or IFSP.
- The service is not experimental, unproven or potentially harmful to the person (including aversive behavioral techniques). To be considered non-experimental a service must be peer reviewed and published in a reputable professional journal such as the Journal of the American Medical Association (JAMA).
- **Exceptions** to the purchase of service standards may be made only in rare circumstances based on individual needs. **All exceptions must be approved by the Executive Director of the regional center or his/her designee. Please see Section XIII. Exceptions on page 24 for details.** *Reviewed and Approved by DDS 7/13/18*

These guidelines are given with the presumption that state funding sources will be adequate to provide the Planning Team recommended services. If funding is limited by events unforeseen at this time, then these guidelines may be modified as allowed by law or state regulations.

I. Residential Services

In reviewing the residential living option of an individual, the Planning Team should consider how this particular setting is enabling the person to lead a more independent and productive life. All objectives pertaining to living options should be directed towards that goal. The Planning Team will include a physician and/or a nurse when medical issues affect living options, and the Planning Team will include a psychologist when behavioral or mental health issues are integral to choice of living options.

Children placed in residential facilities shall be reassessed on an annual basis for reunification with their family.

Types of residential settings are:

1. **Living in home of parents;**
2. **State Development Centers;**
3. **Licensed community care facilities,** which are listed according to the level of care provided, per Title 17 regulations for Alternative Residential Model (ARM) services.
 - a) ARM Level I: Individuals should be in receipt of, or assisted by a social worker to apply for SSI/SSP benefits to meet the board and care costs of residency.
 - b) ARM Level II: These are residential facilities that have developed specific programs to assist individuals in developing skills that will enable them to live more independent and productive lives in the community. Each facility will have a specific program plan that has been approved by GGRC. The Planning Team must be familiar with the facility program plan in order to monitor the individual's progress.
 - c) ARM Level III (Independent Living Skills, Self-Care): In addition to Level II, these programs have additional staff to assist individuals in ILS and self-care.
 - d) ARM Level III (Behavior Intervention Programs): These programs, in addition to the Level II requirements, have additional staff to provide a behavioral intervention program to individuals.
 - e) ARM Level IV (Behavior Intervention Programs): In addition to Level II requirements, these programs have much higher staffing levels to provide the individual a more intensive behavior intervention program.
4. **Specialized Residential Programs (Non-community Care Licensed):** An Planning Team, including appropriate clinical services members (physician and/or psychologist) must carefully review plans for proposed residence in these programs. The Planning Team members must first visit such a program and determine the type and appropriateness of the service provider to serve a specific individual. Vendorization, including the establishment of a service category and rate of reimbursement, must be completed prior to residency. Requests for service shall be limited to a maximum of one year at a time.

5. **Family Home Agency (Non-Community Care Licensed):** A home that has been approved by a Family Home Agency (FHA) is owned, leased or rented by, and is the family residence of the family home provider. Capacity is limited to two residents. The level of care and funding is to be determined by the Planning Team. Residents must be at least 18 years of age.
6. **Independent Group Residence (Non-Community Care Licensed):** A house, apartment or condominium that is rented or purchased by a vendor. These settings typically serve two to six residents. Residents pay rent to the vendor and the vendor provides **independent living skills training (ILS)**. The volume of ILS varies based on the individual's needs. Residents must be at least 18 years of age. Note, this living arrangement does not fall under SLS.
7. **ICF/DD-H, ICF/DD-N, ICF/DD-CN (Intermediate Care Facility – Habilitation, Nursing, Continued Nursing):** Any request for residency within an ICF/DD-H/N/CN facility must meet the criteria established by section 51343 of the MediCal ICF/DD-H/N eligibility regulations. A Planning Team which includes appropriate clinical member (physician, nurse) must carefully review proposed residence in these facilities. The Planning Team shall seek consultation from GGRC's Resource Developer in charge of Health Care Facilities and a nurse prior to referral.

ICFs have 24/7 responsibility for resident care and supervision. When a resident is absent from the facility for more than 7 days due to hospitalization, GGRC may negotiate a "bed hold" to enable the resident to return to the facility. The bed hold rate will not include costs for active treatment as the resident is absent.

8. **Supported Living Services (SLS) - (service code 896):** Supported Living Services (SLS) are those services provided by agencies or individuals that support adults' efforts to live in their own homes, participate in activities to the extent of their interests and capacities, and realize their maximum potential. Individuals reside in settings that are typical of those in which persons without disabilities reside. Support services, which may change, are provided based on individual needs for as long as needed. In supported living arrangements, the regional center funded services complement generic and natural supports such as In Home Support Services (IHSS), subsidized housing, and the involvement of family and friends. In cases where regional center funding is needed prior to the start of IHSS, the rate shall be at the established IHSS rate for the county of residence. Supported living services shall not be purchased to supplant IHSS or in cases when an otherwise qualified individual refuses to apply for IHSS.

The Planning Team shall confirm that all appropriate and available sources of natural and generic supports have been utilized to the fullest extent possible. The same supported living provider shall be used for all individuals residing in the

same home provided that each individual's particular needs can still be met pursuant to his/her IPP.

Rent, mortgage, lease payments and household expenses shall be the responsibility of the individual and any roommate who resides with that person.

A supported living services provider shall provide assistance to an individual who is a MediCal beneficiary in applying for in-home supportive services within 5 days of the person moving into a supported living services arrangement. Referral to supported living agencies is determined through the IPP process.

Eligibility for SLS:

An individual shall be eligible for SLS upon determination made through the IPP process that the individual:

- (a) is at least age 18 year of age (planning may begin prior to age 18);
- (b) has expressed directly or through the individual's personal advocate a preference for SLS among the options proposed during the IPP process;
- (c) is living in a home that is not the place of residence of a parent or conservator of the individual; and

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

Assessment for SLS is obtained from the same provider who proposes to provide the ongoing SLS. In the case of parent coordinated SLS, families shall not be reimbursed for assessments.

The Planning Team must review the SLS assessment and the support plan to assure that:

- (a) the recommendations are appropriate to meet the goals of the IPP; and
- (b) all regulatory requirements that pertain to supported living arrangements must be met.

9. **Independent Living Program (service code 520):** Independent Living Skills (ILS) training is defined as a program that provides adults functional skills training necessary to secure a self-sustaining, independent living situation in the community and/or provide the support necessary to maintain those skills. ILS training may occur in the individual's own home, the home of a parent or family member or that of another person.

For individuals who do not have legal and financial control over their residence, the teaching of ILS may be addressed as part of the primary day program or through generic resources such as the Department of Rehabilitation (DOR) or in the home. This includes individuals who reside with their own family or those who reside in a CCF and choose independent living services when transitioning to a more independent setting. The individual must be at least 18 years of age.

Persons may receive up to 25 hours per month of ILS for the first 6 months, up to 20 hours per month of ILS for the next 12 months. Up to 15 hours ILS per month, which may be continued as long as there is validated benefit as determined by Planning Team review, and that the person is living a more independent and productive life as determined by the Planning Team. Hours in excess of 15 per month would be determined by the Planning Team.

II. Day Programs

A daytime program for adults may include up to 5 days/week of activity, usually 4-6 hours per day.

Criteria for Necessity of Service:

- A regional center shall not purchase day program, vocational education, work services, independent living program, or mobility training and related transportation services for a consumer who is 18 to 22 years of age, inclusive, if that consumer is eligible for special education and related education services and has not received a diploma or certificate of completion, ***unless the individual program plan (IPP) planning team determines that the consumer's needs cannot be met in the educational system or grants an exemption.*** [WIC §4648.55] (emphasis added)
 - The person will utilize day activity services that are in closest proximity to the person's place of residence that will meet the goals and objectives outlined in the person's IPP.
 - The person will utilize day activity services that are most cost effective.
 - Generic resources will be utilized first (senior center, volunteer opportunities, Department of Rehabilitation) before utilizing regional center funding.
1. Employment and Work Programs (paid by employer or Department of Vocational Rehabilitation): GGRC shall not purchase services that are legally mandated to be provided by the Department of Vocational Rehabilitation.
 2. Activity Center, Adult Development Center and Social Recreation: These services are designed to assist adults to gain increased skills in daily living and/or provide

prevocational training. The regional center can purchase, and program may be continued, if progress is demonstrated and the service is leading towards more independent and productive living for the individual in the community.

3. Behavioral Day Programs: These programs are for individuals who have behavioral issues, which prevent them from participating in less restrictive environments. These programs are designed to provide individualized behavioral intervention, specific to the behavioral issues that the individual demonstrates. The Planning Team shall review the issues prior to referral to a behavioral day program. A regional center psychologist also reviews the Individual Service Plan (ISP) to assure that the program meets standard behavioral guidelines and does not include use of any aversive techniques.
4. Special Day Programs: A unique program option offered by an individual organization which may be purchased as the individual's primary daytime activity if all of the following applies:
 - No other available day program is suitable to meet the special needs of the individual;
 - These services are not designed to augment staffing in existing day programs;
 - The Individual Program Plan identifies time-limited, measurable objectives for this service;
 - There is validated progress and the program is leading towards a more independent and productive life for the individual in the community;
 - The Individual Service Plan (ISP) must be reviewed and funded annually.
5. Adult Education Programs
These programs are provided by local colleges and universities and are not funded by GGRC.

III. Transportation

It is the policy of GGRC to fund transportation services for individuals to primary program sites as identified in the IPP only if appropriate public resources are not available. With the exception of individuals including but not exclusive of those who have severe or profound mental retardation, those with severe behavioral challenges demonstrated by the Challenging Behavior subscales on the Client Development Evaluation Report (CDER) and those with significant mobility impairment [e.g., wheelchair needs to be pushed, uncontrolled seizure disorder, medical equipment (e.g., oxygen tank)], adults aged 18 and older must be assessed on an individual basis and found inappropriate for mobility training before curb-to-curb van service will be considered. Should the individual or family refuse to be assessed for mobility training, they will be required to arrange for their own transportation with reimbursement from the regional center.

GGRC will use transportation services that are the least restrictive and most cost effective. Moreover, transportation services will be safe and appropriate in meeting the transportation needs of the individual. Transportation by taxi shall be purchased only when it is the most appropriate mode of transportation as determined by the Planning Team. Finally, GGRC will only transport to the individual's infant development program or adult day program site closest to their home that will meet the goals and objectives on their IPP/IFSP.

A. Children: Transportation for minor children shall only be funded when the family provides documentation that they cannot provide transportation.

1. Birth to 36 Months: Infants and toddlers under the age of three may receive assistance with travel related costs that are necessary to enable a child to access required early intervention services. A parent or primary care giver must accompany infants and toddlers when transported, unless otherwise agreed upon by the IFSP planning team.
2. School-age Children: Transportation of school-age children to education sites or to related education services is the responsibility of: (1) the school district that serves the child, or (2) the parent/primary caregiver.

B. Adults:

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

1. The Regional Center may fund transportation for medical or other essential appointments when these appointments are related to the developmental disability of the individual and the failure to keep the appointment would be detrimental to the individual's health or well-being.

Mobility training shall be made available to all who may be able to successfully learn to use public transportation. This must be documented in the IPP prior to referral for door-to-door group van transportation. A mobility training evaluation by a qualified individual or agency will be documented in the individual's IPP.

2. Individuals who have successfully completed mobility training will be considered for the provision of vendored transportation only when changes in their situation warrant such support.
3. The Planning Team may recommend funding for public transit fares when the lack of such funding presents a barrier to the individual's ability to access public transit.

C. Vehicle Modifications: Reviewed & Approved by DDS 9/3/2021

Generic resources for transportation such as Paratransit must be considered by the Planning Team prior to a decision being made for GGRC assistance in funding a van conversion. If the individual's needs can be met by Paratransit services or if the need for transportation is the responsibility of another entity such as the public school district, GGRC funding for a van modification should not be approved by the Planning Team. Regional center funding shall not be used to purchase the vehicle itself.

Prior to the Planning Team agreeing to GGRC funding a vehicle modification, an evaluation process must occur to insure that the proposed vehicle modification will appropriately meet the needs of the individual.

When the Planning Team has agreed to fund a vehicle modification, the most cost effective vendor quote will be used to determine the POS amount that GGRC will fund towards the cost of the modification. This is currently \$28,000.00. Three bids are not needed. If GGRC is asked to fund a modification already in place in a used vehicle, the maximum that can be funded is the actual, current market value of the modification itself as vehicle modifications depreciate approximately 10% per year. Should the family/individual elect to purchase a vehicle with a higher cost modification, they will be responsible for the difference between the \$28,000.00 maximum and the cost of the preferred modification.

IV. Early Intervention Services – Infants and Toddlers, Age Birth to 36 Months

Early Intervention Services are described in Title 14, California Early Intervention Act, Chapter 4, Eligibility and Title 17 Regulations Article 2: Eligibility for CA Early Start Program Section 52020-52022.

The Early Start Program is California's response to federal legislation ensuring that early intervention services to infants and toddlers with delays/disabilities and their families are provided in a coordinated, family-centered network. The Early Start Program was established to enhance the development of infants and toddlers with disabilities, to minimize their potential for developmental delay, to enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities and to minimize the need for special education and related services when they reach school age. These services are provided to eligible children ages birth to thirty-six months.

1. Early intervention Services will be provided for an eligible child, from birth until the third birthday unless a child makes significant progress and is functioning at or above age level or within developmental age range as determined by the IFSP team.

2. An Individual Family Service Plan (IFSP) is developed by an IFSP Team. The IFSP will address the infant or toddler's developmental needs and the needs, concerns, priorities and resources of the family related to the identification of necessary services to address these needs and achieve designated outcomes. The parents and/or primary caregiver are an integral part of early intervention services. They agree to participate in therapeutic activities and implement interventions/strategies modeled by the early intervention providers.
3. The IFSP will undergo periodic review, at a minimum of once every six months based on the birth month of the child. Purchases of service are funded through the month following the 6 month review and annual (typically a 6 month period) with exceptions as necessary and agreed to by the IFSP team.

Early Start services are aimed at helping the children achieve appropriate developmental milestones and helping parents develop the skills and knowledge they need to support their child's development in the home and the community. Early Start services are centered around the parents' concerns about their child's development. Outcomes for the child are developed in response to those concerns and thus drive the services that are provided.

Early Intervention services for infants and toddlers from birth to 36 months are coordinated programs of intervention intended to ameliorate developmental delay in the areas of gross motor, fine motor, receptive and expressive language, social emotional and self-help/adaptive skills. Early intervention services and supports are planned and delivered through a partnership between families and professionals to coordinate community services based on the child's needs and the preferences of each family.

Early intervention services include infant development programs, individualized therapeutic services, generic community programs and California Children's Services (CCS).

4. Early Start Parent Training - Regional center may fund a family member to attend conferences when the IFSP team has determined that the following applies:
 - The conference is presented by qualified personnel.
 - The conference will assist the family in understanding special needs of the child and enhancing the child's development.
 - The conference must be within the state of California.
 - Only one family member at a time will be considered for funding. Each family will be able to attend no more than 1 conference in a 12 month period.

Transportation costs, tolls and parking fees will be funded to enable the family to access the conference. The IFSP planning team will determine the most cost

effective mode of transportation. Regional Center will not fund the cost of lodging or meals for conference attendees.

V. Therapeutic Services

Therapy services are occupational, physical, speech and related services intended to address significant deficits in areas of gross motor, fine motor and language development. Therapy services are necessary to prevent deterioration in or improve the level of functioning in specific areas. These services are provided by or under the supervision of a licensed clinical professional. They are typically provided 1 hour per week and are time-limited.

Non-medical therapies including but not limited to specialized recreation, art, dance and music, shall not be purchased pending the implementation of the Individual Choice Model. In addition, with the exception of durable medical equipment, regional center shall purchase only those early intervention services that are federally mandated.

For children over the age of 3, the education authority is responsible for providing these specialized therapies as part of the Individual Educational Program (IEP). If there is evidence that the child will experience deterioration in functioning during school breaks without the therapy, the IEP also addresses the need for continued therapy during these times. Educational services for children aged 3-17 shall not be purchased pending implementation of the Individual Choice Model.

A. Occupational Therapy and Physical Therapy

Occupational Therapy and/or Physical Therapy for children from birth through 36 months are provided by California Children's Services (CCS) when child meets eligibility criteria. Infant programs often include OT/PT as part of the program design. OT and/or PT can be provided when the IFSP team, including a GGRC physician, convenes to review all assessment data, recommends it and agrees that it is not an appropriate CCS referral (see Attachment A). The IFSP team can approve interim services while CCS eligibility is pending or if CCS is at capacity for services, to ensure there is no delay in the initiation of services. OT/PT services are typically provided 1 hour per week, with the option of 2 times per week if the IFSP team, including the professional opinion of the therapist, agrees that a higher frequency is necessary for the child to achieve their developmental outcomes.

Occupational Therapy and/or Physical Therapy for school age children is to be provided by public schools or California Children's Service (CCS).

Occupational Therapy and/or Physical Therapy for adults in most cases is provided by MediCal or Medicare. The Planning Team, which includes the GGRC physician, may recommend an Occupational Therapy and/or Physical Therapy evaluation to address specific time-limited goals. If the Planning Team

recommends and if there is no generic resource available, the regional center may purchase these services for a time-limited period.

B. Speech and Language Services

Speech and Language skill promotion for most children from birth through 36 months is incorporated as an integral part of Infant Development programming. Individual or small group speech and language service may be provided based on the assessed individual needs of the child and the agreement and recommendation of the IFSP Team.

Speech and language services are typically provided 1 time per week with the option of 2 times per week if the IFSP team, including the professional opinion of the therapist, agree that a higher frequency is necessary for the child to achieve his/her developmental outcomes.

Speech and Language services for school age children will be provided by the schools.

Speech and Language Services for adults are provided by MediCal or Medicare.

C. Intensive Behavior Services for Children with Autism

1. Birth to 36 Months

Intensive behavior services provided to children with autism are based on principles of applied behavioral analysis and they specifically address deficits in social and communication skills typical of children with autism. The regional center provides intensive behavior services as part of a comprehensive intervention program for children under 36 months as agreed to by the IFSP team including the GGRC psychologist.

Whenever possible, intensive behavioral services for Early Start children will be in cooperation with the local school district.

2. Intensive Behavioral Intervention using ABA is not to be used in lieu of respite.

3. Above Age 3

For children over the age of two, the Local Education Agency (LEA) has the responsibility for providing these services as an educational program. It is also necessary to look at generic funding sources such as private insurance and MediCal for these services.

D. Physical Therapy in Water (“Aquatic-therapy”)

The individual’s health insurance plan, California Children Services and/or the public school system customarily provide Physical Therapy (PT) and these providers must be accessed prior to GGRC involvement.

It is provided to those individuals who are non-ambulatory and after a substantial period of standard PT has been given. The therapy is provided in water by a licensed and/or certified professional, has to include a treatment plan with measurable goals and objectives, must be short term, time-limited, must be recommended by the ID/IFSP team to include a GGRC physician, and must be an adjunct to standard therapy. Therapy must be based on reliable data that the individual is not able to accomplish goals with land based therapy only. PT in water is provided to enhance the ability of the individual to achieve their goals. Requests can be approved for up to six months at a time. The IDT, including the GGRC physician, must determine, from reliable data that, as a result of this therapy, the individual has made measurable progress towards meeting the treatment goals before the service is renewed.

Individuals with an uncontrolled seizure disorder are not eligible for this type of intervention.

E. Music Therapy -- Suspended

VI. Basic Health Care

A. Diagnostic and Ongoing Medical/Dental Care and Treatment

In most instances, diagnostic and ongoing medical services are paid by parents, private insurance or MediCal, or publicly funded health services. Essential diagnostic and/or ongoing medical/dental care related to the developmental disability may be purchased by GGRC only with written denial by MediCal, private insurance or health care service plan and verification that the individual or family is pursuing an administrative appeal of such denial, unless the regional center determines the denial does not merit appeal. The regional center may pay for such services:

- (1) when coverage is being pursued but before a denial is made;
- (2) pending a final administrative decision on the appeal, if the family has provided verification that an administrative appeal is being pursued;
- (3) until the commencement of services by the plan.

All requests for payment for medical services must be reviewed by the Planning Team/IFSP team that includes a physician.

B. Copayments, Deductibles and Coinsurance Associated with Health Care Service Plans and Health Insurance Policies

GGRC may pay any applicable copayment, deductible or coinsurance associated with the service or support for which a parent, guardian or caregiver is responsible if all of the following conditions are met:

1. The service or support is paid for, in whole or in part, by the health care service plan or health insurance policy of the parent, guardian or caregiver.
2. The individual is covered by his or her parent's, guardian's or caregiver's health care service plan or health insurance policy.
3. The family has an annual gross income that does not exceed 400 percent of the federal poverty level.
4. There is no other third party having liability for the cost of the service or support.

For individuals 18 years of age or older, GGRC may pay any applicable copayment or coinsurance associated with the service or support for which the individual is responsible if the following conditions are met:

1. The service or support is paid for, in whole or in part, by the individual's health care service plan or health insurance policy.
2. The individual has an annual gross income that does not exceed 400 percent of the federal poverty level.
3. There is no other third party having liability for the cost of the service or support.

GGRC may pay a copayment or coinsurance for a service or support if the family's or individual's income exceeds 400% of the federal poverty level when the service or support is necessary to successfully maintain the child at home or the adult in the least restrictive setting, and the parents or individual demonstrate one or more of the following:

1. The existence of an extraordinary event that impacts the ability of the parent, guardian or caregiver to meet the care and supervision needs of the child or impacts the ability of the parent, guardian, or caregiver, or adult service recipient with a healthcare service plan or health insurance policy, to pay the copayment or coinsurance.

2. The existence of catastrophic loss that temporarily limits the ability of the parent, guardian, or caregiver, or individual with a health care service plan or health insurance policy to pay, and creates a direct economic impact on the family or adult. Catastrophic loss may include, but is not limited to, natural disasters and accidents involving major injuries to an immediate family member.
3. Significant unreimbursed medical costs associated with the care of the individual or another child who is also served by the regional center.

The parent, guardian or caregiver of a child or an individual with a health care service plan or health insurance policy shall self-certify the family's gross annual income to the regional center by providing copies of W-2 Wage Earners Statements, payroll stubs, a copy of the prior year's state income tax return, or other documents and proof of other income. The parent, guardian, caregiver or adult with a health care service plan or health insurance policy is responsible for notifying the regional center when a change in income occurs that would result in a change in eligibility for coverage of the health care service plan or health insurance policy.

C. Medically Necessary Special Equipment and Prosthetic Devices

In most instances, a parent, private insurance, MediCal or California Children's Services usually purchases. If denied in writing by state agencies or private insurance and the appeals process has been exhausted with those agencies, GGRC may purchase with a recommendation by the Planning Team/IFSP Team that includes the GGRC physician. These purchases shall be limited to the SMA rate when applicable. If the equipment is deemed not medically necessary through this process, GGRC would not pay either.

D. Diapers

The regional center may supplement the purchase of diapers for individuals who are over the age of three when toilet training would normally be achieved, if the lack of bowel or bladder control is a result of the developmental disability and if there is no other source of funding for these supplies. Normally, for individuals over the age of three, MediCal pays for the purchase of diapers. If the individual is under the age of three and receiving SSI, it is expected that these funds will be used for the purchase of diapers.

1. For children who are 3 years and older, diapers may be funded if the following applies:
 - Generic sources for diaper purchase are not available (e.g. MediCal, which provides diapers for those over the age of 3, can be obtained through Institutional Deeming).

2. Adults will receive diapers/incontinence supplies through MediCal/Medicare. Diapers/incontinence supplies may be purchased by GGRC for adults upon the recommendation of the planning team.
3. Regional center will fund generic brand diapers only.

The regional center may require parents to receive instruction in toilet training and implement those strategies as a condition of continued purchase of diapers. Funding of diapers will be terminated if the family has not been supportive of and involved with the toilet training for a person who is capable of being toilet trained.

VII. Crisis Intervention

A crisis situation is one where there is an observable, physical manifestation of emotional, psychiatric or behavioral disturbance(s) that without intervention would result in harm to self, harm to others, serious property destruction or severe neighborhood disruption. Crisis response services are available to provide acute crisis behavioral intervention to stabilize an acute crisis situation. The team will assess the situation and assist the Planning Team in developing a plan for ongoing behavioral intervention that may include a residential crisis facility. Acute crisis team services are delivered at a 2:1 staffing ratio, unless after initial evaluation by the crisis team, it is determined that a 1:1 ratio can be utilized safely and effectively.

The Crisis Response Team may provide follow-up services as determined by the Planning Team. Follow-up services are indicated to ensure behavior stabilization following an acute crisis. These services may be provided at a 1:1 staffing ratio.

VIII. Children/Family Support Services

A. Child Day Care/After School Care

1. Child day-care is defined as care and supervision for children aged 12 and under, when no parent is available due to gainful employment or attendance at a vocational training/educational program outside the home. GGRC may assist families with day care as outlined in the Lanterman Developmental Disabilities Act, Sections 4685(c)(6): "Regional Centers may pay only the cost of day care services that exceed the cost of providing day care to a child without disabilities. The Regional Center may pay in excess of the amount when a family can demonstrate a financial need and when doing so will enable the child to remain in the family home." Costs for the provision of care beyond that typically provided for a child without disabilities may include, for example, additional staff with training in behavioral management techniques or specialized medical interventions.

The Planning Team will determine that such supervision is necessary and the number of hours needed based on the parent's work, school/training schedule. Hours will include parent's travel time to and from work, school/training. Parent will provide proof of employment or enrollment/participation in a vocational program to the Planning Team at the time of the request for service.

All generic resources appropriate for care and supervision during the parent's work or training hours must be explored by the Planning Team and integrated into the school/child care plan to the maximum extent possible (e.g., family natural supports, child care subsidies offered through public schools, community agencies, etc.).

2. Adolescent/Adult Supervision.

Individuals aged 13 and older who are attending school or day program may need supervision after school/day program while their parents are working. This is based on the severity of the disability.

The Planning Team will determine that such supervision is necessary and the number of hours needed based on the parent's work, school/training schedule. Hours will include parent's travel time to and from work, school/training. Parent will provide documentation of work, school/training program to the Planning Team at the time of the request for service.

All generic resources, such as IHSS (In Home Support Services), family natural supports, subsidies offered through public schools, etc.) appropriate for care and supervision during the parent's work or school/training hours must be explored by the Planning Team and integrated into the care plan to the maximum extent possible.

B. Respite (Includes in-home and out-of-home respite)

Respite is periodic, temporary relief from care and supervision for family members who maintain a child or adult with developmental disabilities in the home. Respite is intended to provide relief from the stress associated with day-to-day care of the family member with a disability and to ensure that person's health and safety. Respite may be planned or emergency in nature. It may occur in the family home or out-of-home, in a licensed community care or health facility.

All families may, at times, experience the need for respite. In most cases, a family of a child with developmental disabilities is able to provide for respite with the assistance of family members, friends or paid sitters as they would for a typical child. In circumstances where such resources are unavailable or inadequate to

meet the family's needs for respite, the regional center may purchase respite services. Regional center may only purchase respite services when the care needs of the individual exceed those of a person of the same age without a developmental disability.

If respite services require an R.N., L.V.N. or C.N.A., the Team physician or nurse must review the case and document the need for this service. Nurses providing this service will be hired by a vendored home health agency or through the Nursing Family Member Vendor only.

If a child requires specialized medical equipment/procedures such as gastrostomy tube feeding, the parent may train the respite worker in any necessary procedures to operate the equipment/complete the procedure. These arrangements will be documented in the child's IPP/IFSP and the parent/caregiver will assume full responsibility for the training and supervision of the respite worker. These services can also be purchased from in-home respite agencies that opt to provide respite workers training in the care of colostomy, ileostomy and gastrostomy site care.

Parents also have the responsibility for obtaining routine child care, after school care, camp and other social and recreational activities for their child with a developmental disability as they would for a typical child, and respite shall not be used as a substitute for these activities. If extra support is required for a child with a disability to be included in such an activity, the regional center may assess the need for extra support and purchase supplementary support services to facilitate inclusion.

Respite is also not intended for use by parents as a substitute for learning to manage their child's challenging behaviors. If a child has challenging behaviors, the parents are expected to attend a class on parenting the child with special needs or behavior management, as appropriate, as a condition of receiving respite services.

Services are appropriate for parents or primary caregiver if the family is providing 7 day-a-week, 24 hour care for the individual in the family home.

Regional center shall purchase no more than 21 days per year of out-of-home respite and no more than 120 hours/quarter of in-home respite. Reviewed and Approved by DDS 7/13/18

Regional center shall not purchase day care services to replace or supplant respite services. "Day care" is defined as regularly provided care, protection and supervision of an individual living in the home of his/her parents for less than 24 hours/day while the parents are engaged in employment outside the home and/or educational activities leading to employment.

The regional center does not provide “extra” respite for 24-hour supervision of an individual when the individual accompanies his/her family for a vacation outside the home.

Respite services can be funded in three ways:

- (1) Family Member Vendor;
- (2) Through an agency acting as Employer of Record (EOR); or
- (3) Through a vendored agency.

Respite through an agency will be used only if a nurse is required to be the respite worker or if the parents/caregivers have not been in compliance with family member respite requirements in the past.

Parents/caregivers utilizing the family member vendor option can use Care.com to locate suitable respite workers.

IX. Individual Programming

In order to carry out the objectives of the IPP, individualized programming/staffing is available for individuals who, because of extreme medical or behavioral issues, require additional staffing in excess of that typically available within the basic program structure. Individualized programming/staffing involves the use of one identified staff person assigned to one individual to carry out an approved plan of medical, behavioral or other interventions.

All 1:1 programs are person specific, time limited, and require a special vendorization, using the state established median daily or hourly rate for the service. Further, all 1:1 programming must be regularly monitored by the Planning Team to determine if continued use is necessary and is producing outcomes consistent with the IPP. Prior to its recommendation for this service, the Planning Team must explore all available alternatives to the use and/or funding of this service.

The following arrangements can be used, when the Planning Team believes the individual will benefit from the services offered, but he or she presents exceptional needs that cannot be managed by the program within their accepted staffing ratio:

- A child (12 and under) may receive 1:1 services to enable him/her to access day care and social recreation programs in generic settings.
- Individualized adult day program services are provided in lieu of the established day program (see II. 4.).

- For residential options, 1:1 services may be used to supplement the existing staffing patterns.

X. Training Services for More Independent and Productive Lives

Training may include a wide variety of specialized services listed below. In many cases, the maximum numbers of hours to achieve objectives are indicated in the guidelines. The Social Worker will assemble a Planning Team for planning to address the individual's needs.

A. Augmentative Communication:

For children birth to 36 months, augmentative communication services may be provided as part of a child's speech and language program. These may be additional services or provided in the context of services already in place. These services are usually recommended for children who are non-verbal and require an alternative means of communication. As part of this service, devices may be recommended to assist a child in accessing communication. Generic resources for funding of these devices, such as MediCal or private insurance, should be accessed prior to the IFSP team consideration of funding for the device.

Augmentative communication training for school age children is provided by public schools.

Training for adults to remediate special communication problems is typically provided in day programs and residential settings. Augmentative communication training for adults may be provided by MediCal if medical need criteria are satisfied or by the Department of Rehabilitation. Services to remediate special communication problems may be purchased by the regional center for a time-limited period:

- when no generic resource is available, and
- an evaluation specifies the need and value of such therapy, and
- if approved by the Planning Team.
- Continuation of services is contingent upon the demonstration of measurable benefits as determined by the Planning Team.

B. Parent Training for Emotional/Behavioral Skills Development:

These skills are typically developed in home, day programs and residential settings. However, special behavior management programs to provide parent training, and training and consultation with programs and residential facilities for specific individuals, may be purchased by the regional center under the following conditions:

- The team psychologist has reviewed the completed assessment and agrees that the recommended program is time limited and designed to correct inappropriate behaviors using appropriate behavioral techniques.
- Ongoing behavior management services will be limited to a maximum treatment program of 36 hours over a 6-month period.
- Parents or caregivers must complete a group training in behavior intervention techniques and the expectations of parental participation in the program prior to authorization for funding by the regional center.

Treatment of emotional/psychiatric disorders is the responsibility of Community Mental Health Services as a generic resource as defined by the Lanterman Act.

C. Socialization/Recreation

These skills are usually developed in school, residential and day settings. Families are expected to provide their disabled children with social and recreational opportunities and assume any associated cost, as they would for a non-disabled child. Such activities include, but are not limited to, camp, karate lessons, horseback riding and YMCA activities. If, however, a child with developmental disabilities needs extra support to engage in an inclusive social or recreational activity in the community, the regional center may provide that support after carefully evaluating that the need for such service is not in conflict with existing law.

In order to maximize the opportunities for individual's participation in generic socialization/recreational activities GGRC may:

- 1) Provide technical assistance and training, including access rights under the Americans with Disabilities Act, to community programs that provide those services.
- 2) Develop and facilitate the use of innovative methods of contracting with community members to provide support in natural environments.
- 3) Develop and facilitate the use of volunteers and natural supports to enhance community participation.

If an adult with a developmental disability living at home or on his own chooses to participate in a social or recreational activity in the community, he/she is expected to pay for that activity using personal funds. If the adult lives in a licensed home, it is the responsibility of the residential program to provide appropriate social and recreational activities.

Regional center funding for social/recreational services is suspended pending the implementation of the Individual Choice Model with the exception of those programs that are vendored as community day programs.

XI. Miscellaneous

A. Interpreter Services

These services are provided for meetings required by the regional center when the individual's primary language is not spoken by the social worker and there are no generic/natural supports available to provide translation.

B. Camping services and associated travel costs shall not be purchased by the regional center pending implementation of the Individual Choice Model.

C. Alternative Funding Sources – Regional center shall not purchase any services that would otherwise be available from specified insurance and public health programs when the individual or his/her family is eligible for such coverage but chooses not to pursue it. The programs specified include MediCal, MediCare, the Civilian Health and Medical Program for Uniform Services, In-Home Support Services, California Children's Services, private insurance and health care services plans.

D. GPS - Reviewed and Approved by DDS 11/19/18 - A GPS device or monthly payment for a GPS monitoring system may be funded for a **minor when the Individual Program Plan (IPP) planning team has determined that the child has a verifiable history of wandering, being absent without leave (AWOL) and lacks safety awareness.**

The IPP planning team must also document all efforts made to teach the child safety skills and to decrease the wandering and AWOL attempts and explain why these efforts have not been successful.

Funding for a GPS device or monthly payment for a GPS monitoring system for a **conserved adult** will follow the parameters of the conservatorship and the same procedure as that for a minor child above.

Funding for a GPS device or monthly payment for a GPS monitoring system for an **unconserved adult** will require the person's written consent to be monitored. The criteria under which a device or monitoring system may be funded will be the same as that listed above for a minor.

XII. Retroactive Authorizations

Authorizations shall be made in advance of the provision of the service. Title 17 does allow retroactive payment for emergency services if services are rendered by a vendored service provider:

1. At a time when authorized personnel of the regional center cannot be reached by the service provider, either by phone or in person;
2. Where the service provider, individual or individual's parent, guardian or conservator notifies the regional center within five working days following the provision of services; and
3. Where the regional center determines that the service was necessary and appropriate.

GGRC will not make payments for retroactive purchase for service provided without a POS authorization. There should be no need for services not to be authorized in advance, since GGRC has emergency response 24 hours per day, 365 days per year.

GGRC may make a one-time exception for retroactive payments to parent vendors. If a parent vendor requests a retroactive payment, the GGRC social worker shall instruct the parent to make a written request to GGRC for reimbursement. The request must include the individual's name, type of service, amount of service, dates of service and the reason for the request of a retroactive POS. The social worker and supervisor shall review the request prior to submission to the county Manager.

Retroactive funding may also be approved if the service is in the IPP and the GGRC social worker is responsible for the funding lapse. Retroactive authorizations are NOT a routine practice as funding retroactively can seriously compromise GGRC's ability to accurately project expenditures and manage the budget effectively.

XIII. Exceptions Process (applicable to any of these guidelines) *Reviewed and Approved by DDS 7/13/18*

A request for an exception to any of these guidelines may be made through the Individual Program Plan (IPP)/Individual Family Services Plan (IFSP) process. The GGRC social worker/service coordinator should be contacted to request the exception. The IPP/IFSP meeting to discuss the request shall be reviewed within 30 days after the request is submitted per Welfare & Institutions Code Section 4646.5(b).

Exceptions recommended by the IPP/IFSP planning team must be approved by the GGRC Executive Director or his/her designee.