



## **Purchase of Services Standards**

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**These standards may be viewed on the Internet at [www.sdrc.org](http://www.sdrc.org)**

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## **San Diego Regional Center Purchase of Service Standards**

### **Basic Service Standards**

The criteria contained in these Basic Service Standards will be used when reviewing the needs of the person served during the team process to develop Individual Program Plans (IPP) and Individual Family Service Plans (IFSP). The IPP Planning Team or IFSP Team, including the person served, the San Diego Regional Center (SDRC) service coordinator, the parent or legal representative of a minor, the conservator, and other appropriate SDRC staff, will recommend the need, type, and amount of service and support required. When invited by the person served, or parents of minors, or legal representatives, others may join the Planning Team. According to the Lanterman Developmental Disabilities Services Act, the following Basic Service Standards shall apply to each request for funding by SDRC:

- a) the service must be related to the individual's developmental disability;
- b) a minimum of at least one IPP or IFSP objective has been developed for the individual which addresses the service need;
- c) the IPP Planning Team or IFSP Team determines that the identified purchase of service will support the persons served in achieving their life goals;
- d) the IPP Planning Team or IFSP Team identifies and considers all possible sources of support, including natural and generic resources, which would assist the person served to meet the identified IPP or IFSP objective(s);
- e) the responsibility of the parent for providing similar services to a minor child without disabilities has been taken into consideration by the Planning Team and is reflected on the IPP or IFSP;
- f) the identified service is the most cost-effective means of meeting the IPP objective(s) in accordance with Sections 4648 (a)(6)(D) and 4659 of the Welfare and Institutions (W&I) Code [Section 4659 (c) of the W&I Code prohibits the SDRC Regional Center from purchasing services available from generic resources such as Medi-Cal, Medicare, In-Home Supportive Services (IHSS), California Children's Services (CCS), or private insurance. Section 4659(d) of the W&I Code prohibits SDRC from purchasing medical or dental services for clients 3 years and older unless documentation of Medi-Cal, Tri-West or other private insurance denial for those services is provided. Verification that all possible sources of funding have been pursued and denied is required. SDRC may pay for medical or dental services during the following periods: while coverage is being pursued, but before a denial is made; pending a final administrative decision on the administrative appeal if an administrative appeal is being pursued; or, until the commencement of services by Medi-Cal, private insurance, or a health care service plan];
- g) the identified service provider meets all legal requirements and Title 17 regulations and has developed program goals that support the objectives outlined in the IPP or IFSP;
- h) the service, intervention, treatment or support is evidence-based and is not experimental, is

not unproven or potentially harmful to the person, and does not employ potentially aversive behavior techniques [evidence-based services must be peer-reviewed and published in a reputable professional journal such as the Journal of the American Medical Association (JAMA)]; and,

i) in order for a service to continue, the person served, the parent or legal representative of a minor, or the conservator must be satisfied with the service and the Planning Team agrees that the service has provided reasonable progress towards the IPP or IFSP objectives.

In accordance with Section 4646.4 of the W&I Code, SDRC shall use an internal process to ensure adherence with federal and state laws and regulations. The process will ensure that: there is conformance with the SDRC's Purchase of Service Standards; generic services and supports are being utilized when appropriate; other services and sources of funding are utilized as contained in Section 4659 of the W&I Code; and, families' responsibility for providing similar services and supports for a minor child without disabilities is considered.

All services provided by SDRC will be determined based on individual choices, individual needs, Person-Centered Thinking, and current laws and regulations. The services in the SDRC Purchase of Services Standards are not all inclusive. Unusual circumstances related to a developmental disability may warrant additional services not listed. Exceptions to the SDRC Purchase of Services Standards will be considered on an individual basis.

**DDS Approved on April 11, 2011**

### **Habilitation/Supported Employment Service**

SDRC may purchase services from Habilitation/Supported Employment Programs to assist a person in reaching their goal of employment. There are three types of Habilitation Programs and each type focuses solely on employment related outcomes.

**Criteria:** In addition to the Basic Service Standards, the following apply to purchase of habilitation/supported employment programs:

- a) The person has completed high school and is at least 18 years old or is ineligible for a public secondary school program;
- b) The person is eligible for DOR services; and,
- c) The person possesses the desire to work and the level of maturity needed to be successful in an employment setting.

### **Types of Habilitation/Supported Employment Programs include:**

1) Work Activity Program (WAP): a WAP is a site-based program that offers paid work opportunities throughout the day in addition to vocational skills development. A consumer will typically attend a WAP program five days a week. A consumer's pay is based on their productivity and may receive sub-minimum wage. A person in a WAP has a productivity rate of at minimum 7% to 10%.

2) Group Placement: Group placements are community-based employment opportunities where a person will work with three to eight individuals and have 100% supervision from a job coach while on the job.

3) Individual Placement (IP): IP's are community-based employment opportunities where a person works independently on the job but may need a job coach to assist with learning job duties and responsibilities while at work. The DOR provides initial funding for job coaches. A person in IP needs approximately 20% or less support

from a job coach for 60 days or 25% support or less for 90 days or 30% support or less for 120 days before funding is transferred from DOR to the regional center. Once they become familiar with the job responsibilities, the person may no longer need the support from a job coach and is considered competitively employed.

The DOR and SDRC work closely together and both serve as funding sources for Habilitation/Supported Employment Programs. DOR is the initial funding source for Group and Individual Placement and SDRC funds the ongoing support once the person has adjusted to their work environment. SDRC is the funding source for WAPs.

Individual Habilitation Support Plan (IHSP) objectives are developed with the consumer to monitor progress toward employment outcomes.

### **Other Regional Center Adult Day Programs**

When other options, including Habilitation/Supported Employment Programs, or generic services cannot meet the needs of adults served by SDRC, other adult day program options may be considered. Typically these programs include up to 5 days/week of activity, usually for 4-6 hours per day.

**Criteria:** In addition to the Basic Service Standards the following apply to purchase of adult day programs:

- a) The person is at least 22 years of age or has completed high school and is ineligible for a public secondary school program;
- b) No other resource is available to meet the need;
- c) The person intends to attend an adult day program that is in closest proximity to the person's place of residence that will meet the goals and objectives outlined on the person's IPP; and,
- d) The most cost-effective service, including the cost of transporting the person to the program, has been selected.

**Types of Regional Center funded adult day programs include:**

- 1) Activity Centers, Adult Development Centers, Senior Programs, Customized Endeavors Options, and Alternative Senior Program Component are community-based adult day programs. These services are designed to assist adults to gain increased skills in daily living and/or provide vocational/employment training. Whenever available and appropriate, the consumer should be provided with a program that supports his/her potential for some degree of meaningful employment.
- 2) Behavior Management Program - means a community-based day program that serves adults with severe behavior disorders and/or dual diagnosis who, because of their behavior problems, are not eligible for or acceptable in any other community-based day program. Focus is on the development and maintenance of the functional skills required for self-advocacy, community integration, employment, and self-care. Behavior Management Programs provide a 1:3 consumer-to-staff ratio. In addition to the DDS general vendor standards, SDRC has developed the following **standards for Behavior Management programs:**
  - 1) To be considered for this program category the consumer should have intensive behavioral programming needs. A behavior profile summary must be completed that outlines behaviors that preclude participation in other adult day programs. Clinical Services staff must participate as members of the Planning Team in assessing the need for a Behavior Management Day Program and review the behavioral plans developed by the programs prior to funding approval. Written denials from other types of adult day programs indicating that the person's needs cannot be met in their program must be submitted with the funding request.
  - 2) An IPP objective addressing transition to a more typical day program will be developed upon entry into the program and reviewed in six (6) month intervals by the Planning Team.

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## **Assistive Technology Devices**

Assistive technology devices include durable medical equipment and other devices that allow persons with a developmental disability to function more effectively in their environment. Such assistive devices may enhance an individual's performance in areas of mobility, communication, self-care, community access, and environmental control. Such devices may include:

- a) Mobility devices are adaptive mechanical systems that are designed to enhance an individual's mobility and positioning. Included are standard and custom positioning and seating systems, positioning and mobility devices that support or substitute walking skills.
- b) Augmentative Communication devices are aids specifically designed and dedicated for use in communication. These devices enhance, augment, or support speech.
- c) Environmental Aids, Controls & Modifications: are items which change an individual's home, work and community environment in a manner which will maintain or increase functional control of the environment.
- d) Other Electronic Devices & Accessories include electronic devices, personal computers and computer-related devices. Personal computers have multiple uses and their functioning can be modified by peripheral equipment and software.

**Criteria:** In addition to the Basic Service Standards, the following criteria apply to Assistive Technology Devices. Assistive technology devices are available for children and adults through a number of resources. Consumers and their families are expected to utilize their own insurance, private funding resources, and/or government programs such as California Children Services (CCS), Medi-Cal, DOR, public schools, other government programs, etc., to obtain needed assistive technology devices. When no other resource exists, SDRC may purchase assistive technology devices for a consumer following assessment by the appropriate clinical professional. Specific criteria that are utilized include:

- a) A current assessment which includes a description of the consumer's need, how that need relates to the consumer's developmental disability, how a device can address the need, and how a device will allow the person to do more for him/herself or how the level or intensity of support will be decreased.
- b) The device requested is determined to be suitable for the environment(s) in which the consumer functions.
- c) The ability of the consumer, family and caretaker(s) to effectively use, transport across environments and care for the recommended device.
- d) The range and cost-effectiveness of the options available.

Through the IPP/IFSP process, the Regional Center will continuously evaluate the ongoing need for and use of any equipment purchased on behalf of the consumer. Appropriate use, care and maintenance of any assistive technology device is the responsibility of the consumer and family or caretaker. Repair may be authorized for equipment that has been purchased by SDRC when it has been properly maintained. Any assistive device purchased on behalf of a consumer with State funds may be reclaimed by the Regional Center when it is determined not to be used as intended or is no longer meeting the needs of the consumer. The Regional Center may purchase adaptive equipment to be used in conjunction with real or personal property, household

items, or appliances purchased by or for the use of the consumer when additional equipment is needed to adapt the item because of the individual's developmental disability. Under ordinary circumstances, the Regional Center does not purchase or provide modification of major pieces of real or personal property.

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## **Behavior Intervention Services**

Behavior Intervention Services include individual and group services to train the consumer's parent or primary caregiver to use principles of applied behavior analysis to modify consumer maladaptive behavioral excesses or deficits which relate to the developmental disability. Such services also focus on developing alternative functional behaviors. Behavior Intervention Services consist of a time limited, specific course of treatment which identifies target behaviors and the specific behavioral strategies to be taught to the parent or primary care provider to modify the consumer's maladaptive behaviors. Behavioral intervention services employ techniques and programs that are evidence-based and are provided by a vendor who is either a Board Certified Behavior Analyst, a Licensed Clinical Psychologist, a Licensed Marriage and Family Therapist, or a Licensed Clinical Social Worker.

**Criteria:** In addition to the Basic Service Standards, the types of behavioral services which may be funded by the SDRC are:

- a) Group instruction
- b) In-home parent training and consultation
- c) Intensive behavior intervention
  - 1) Intensive early intervention autism services for children ages 0 to three.
  - 2) Intensive intervention autism services for children ages three to seven.

SDRC may purchase Behavior Intervention Services for a consumer with maladaptive behaviors when the following criteria are met:

- a) It has been determined that the consumer cannot obtain behavioral services through other generic resources such as Medi-Cal, Medicare, Tri West, IHSS, CCS, private insurance or other health care plan.
- b) Parent or primary care provider completes SDRC orientation and signs informed consent.
- c) Parent or primary care provider completes 8 hours of group instruction on the basic principles of behavior modification. Parent demonstrates commitment to consistently implement behavior modification principles within the home environment.
- d) There is a behavior assessment which targets specific behaviors and includes a time-limited intervention plan with service type, number of hours of in-home service and parent or primary care giver participation. The plan must be consistent with IPP/IFSP goals. The intervention shall also set forth the frequency at which the progress of the consumer shall be evaluated and reported. The progress review will occur in intervals of no longer than six months.
- e) Behavior services must include the active, ongoing participation of a parent or primary care-giver. The parent or primary care-giver is responsible for the following:
  - 1. Completion of group instruction on the basics of behavior intervention.
  - 2. Active work with the consumer according to the Intervention Plan.
  - 3. Collection of data on behavioral strategies and submission of that data to the provider for incorporation into progress reports.
  - 4. Participation in any needed clinical or planning team meetings.
  - 5. Purchase of suggested materials.

SDRC may purchase Intensive Behavior Intervention Services for young children ages 0 to 7 when the following criteria are met:

- a) The child displays significant behavior excesses/deficits associated with a diagnosis of Autistic Disorder, or Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS) coexisting with Mental Retardation.
- b) a, b, and c from the previous section have been met.
- c) A behavior needs services evaluation has been completed and identifies the need for autism services with a plan that addresses the intensity of the needed services.
- d) A behavior management consultant/behavior analyst with experience in the use of applied behavior analysis interventions with young children with autistic disorder has conducted a behavioral assessment.
- e) The behavioral assessment identifies the behavior excesses/deficits to be targeted during the autism intervention services, including functional communication, behavior excesses, safety skills, self-stimulatory behavior, transitions from preferred to non-preferred activities, compliance, and self-help skill deficits.
- f) The parent or primary caregiver agrees to attend all training sessions and actively participate as the primary behavior change agent in implementing behavioral strategies to generalize and maintain skills in the natural environment. These strategies include the following:
  - Use of the functional communication system during family activities.
  - Implementation of proactive and reactive strategies for reducing the frequency of behavior excesses.
  - Implementation of strategies for obtaining compliance,
  - Redirection of self-stimulatory behavior.
  - Implementation of self-help skill training with the child.
  - Provision of a structured environment at naturally occurring times.
- g) The Planning Team meets to review the assessment and relevant collateral material to determine the level of service to be provided. Specific, measurable, time-limited outcomes to include on the IPP/IFSP will be developed based on this review.

All services will be time limited and be reviewed every 3-6 months by the Planning Team to evaluate the effectiveness of intervention and progress achieved. Intensive intervention for children over three is provided for a maximum of 24 months.

SDRC shall not purchase behavior services:

For purposes of providing respite, day care, or school services. SDRC shall terminate behavior services when:

- a) The consumer's treatment goals and objectives as set forth in his or her IPP/ISFP have been achieved.
- b) No substantial progress has been documented for treatment goals, objectives or IPP/IFSP outcomes.
- c) There is documentation of a lack of appropriate parent/primary care provider participation in implementing the intervention plan.

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### **Conferences/Workshops/Seminars**

Participation in conferences, workshops and seminars provides opportunity for people with developmental disabilities and/or their family members to develop skills and abilities in leadership and/or increase their knowledge of developmental disabilities and related resources.

**Criteria:** In addition to the Basic Service Standards, the following apply to funding of conferences, workshops or seminars. Transportation, lodging, and meal costs are the responsibility of the individual or family. The conference, workshop or seminar must be in California.

a) **Family Member**

The regional center may fund registration fees up to \$200 for one family member's attendance at one conference, workshop or seminar each fiscal year. The Planning Team determines that the following criteria are met:

- The conference, workshop or seminar is presented by a recognized organization or individual.

**AND**

- The conference, workshop or seminar will assist the family in understanding the special needs of their family member and enhancing the person's development.

b) **Adult with Developmental Disabilities**

The regional center may fund the registration fees up to \$200 for adult attendance at one conference, workshop or seminar each fiscal year. The Planning Team determines that the following criteria are met:

- The conference, workshop or seminar will be presented by a recognized organization or individual.

**AND**

- The conference, workshop or seminar will assist the adult in meeting the goals on his/her IPP.

**OR**

- The conference, workshop, or seminar will assist in the development of leadership/partnership skills.

**DDS Approved on December 21, 2010**

## **Conservatorship**

The establishment of a conservatorship is a legal proceeding in which an individual or agency is appointed by the court to be responsible. There are two types of conservatorships. A conservator of the person must ensure that the conservatee is properly fed, clothed and housed, while a conservator of the estate is responsible for managing the conservatee's money and other property. One individual may serve as either conservator of the person or conservator of the estate, or both, or two individuals may assume the different conservatorship roles. SDRC believes that the existence of a developmental disability should not be in and of itself sufficient reason for the establishment of a conservatorship. 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, SDRC supports the establishment of a conservatorship.

**Criteria:** In addition to the Basic Service Standards, the following apply to Conservatorship. The establishment of a conservatorship is considered the responsibility of the proposed conservator and it is expected that the cost will be borne by the person(s) seeking conservatorship. In the event conservatorship is needed and no appropriate private individual or agency is available to institute conservatorship proceedings, referral will be made to generic resources such as Legal Aid, USD Law School, Counselor in Mental Health, the Public Guardian's Office, or the Director of the Department of Developmental Services (DDS) may be nominated to become the conservator when no other resource is available and the consumer meets the criteria for such nomination as specified by DDS.

**DDS Approved on December 21, 2010**

## **Day Care**

Day care is care and supervision for clients living in their parents' homes, are attending a special education school program, and are unable to care for themselves while both parents, or a single parent, are engaged in paid employment outside the home or are attending educational classes leading to paid employment. Families generally have a variety of day care resources available to them such as extended family members, neighbors, friends, licensed family day care homes, licensed day care centers, recreation and after school programs operated by the schools, YMCA, Boys & Girls Club, camps and other agencies. Organizations such as the YMCA Child Care Resource Service and the Family Day Care Association offer assistance to families in locating day care services. The Americans with Disabilities Act (ADA) places requirements on day care providers to serve children with special needs. At 18 years of age, other public benefits, including Supplemental Security Income (SSI) and In-Home Supportive Services (IHSS) may be available resources to consider to pay the full or partial cost of day care and supervision.

**Criteria:** In addition to the Basic Service Standards, the following applies to day care. SDRC may purchase or provide funding through a Fiscal Management Service (FMS) for day care services for working parents who care for their son or daughter at home as outlined in the Lanterman Developmental Disabilities Act, Sections 4659, 4646.4 (a) (4) and 4685 (c) (6). Section 4685 (c) (6) states: "...the regional center may pay only the cost of day care services that exceeds the cost of providing day care services to a child without disabilities. The regional center may pay in excess of this amount when a family can demonstrate a financial need..." In reviewing requests to fund day care, SDRC will consider the client's family situation, the family's efforts to locate day care, the responsibility of the day care provider to meet the needs of the client under the ADA and other laws, the cost effectiveness of the proposed day care, and financial means of the parent(s).

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### **Forensic Support Services**

SDRC recognizes that judicially involved persons with developmental disabilities can face unique problems when interfacing with the criminal justice system. It is expected that community resources, such as the District Attorney's Office, the Public Defender's Office, and all other generic resources such as Legal Aid Society, and various advocacy agencies i.e. law clinics, etc, be explored and assist in meeting the needs of persons with developmental disabilities and assure protection of their rights.

**Criteria:** When generic resources are unable to meet the needs of a person who is facing charges, and additional specialized support is needed to explain legal proceedings to an SDRC consumer, SDRC may purchase forensic support services on a one-time, time-limited basis. Such services shall include assisting the judicially involved person in navigating and understanding court orders/probation conditions and in conjunction with the Planning Team, developing individualized support plans, such as specific justice and diversion plans which address compliance with court-ordered conditions. The purpose of funding forensic support services is to reduce recidivism by providing individualized support to the judicially involved person in complying with the court orders and to increase the individual's knowledge and understanding of the judicial process. Under ordinary circumstances, forensic support services are authorized on a one-time hourly basis, not to exceed 25 hours over a six-month period.

**DDS Approved on December 21, 2010**

### **Independent Living Services (ILS)**

Independent Living Skills (ILS) training is defined as a service which focuses on functional skills training for adults which enables each individual to acquire or maintain skills to live independently or to achieve greater independence within his/her home.

Training is focused on teaching the individual to complete household tasks, such as cooking, cleaning, bill payment, and laundry on their own and is not intended for self-care or as respite for the parent or family member. Such training is provided in the adult person's own home or in the home of a parent, family member, or other person.

The Planning Team will review assessment information and identify critical skill needs and the projected number of training hours per month required to meet initial outcomes before SDRC purchases independent living services. The independent living vendor providing the service shall establish specific outcomes in accordance with the Planning Team's recommendations, provide these outcomes in writing to the Regional Center service coordinator at the time of the 30-day review and will update these outcomes as needed based on consumer outcomes and potential. The vendor will submit written progress reports, in compliance with Title 17 Regulations to the Regional Center at a minimum of every six months.

ILS may also include the teaching and demonstration of functional skills to parents with a developmental disability who are raising their own children and include: identification of developmental milestones, discipline, age appropriate activities, accessing community resources such as AFDC, WIC, baby-sitting, day-care, preschool, recreation, doctors, nutrition, child health and safety, transportation training, and prenatal issues.

ILS training shall not include the following unless there has been prior agreement of the service coordinator and such activities are outlined as the vendor's responsibility on the IPP.

- Driving the client to appointments or to community activities.
- Involvement in court hearing/custody issues.
- Supervised visitations to foster homes.

**Criteria:** In addition to the Basic Service Standards, the following apply to funding of ILS. SDRC may purchase independent living skills training when the Planning Team determines that the client:

- a) is living independently and requires the training to maintain this independence, including providing parenting, or
- b) is actively seeking an independent living arrangement and a target date for the move has been identified; or
- c) to achieve greater independence while living in the home of a parent, family member or other person.

The focus of independent living skills is to promote greater independence for the client and therefore the client needs to:

- 1) demonstrate the ability and motivation to achieve greater independence; and
- 2) demonstrates motivation and an understanding of the goals of completing his/her own bill payment, grocery shopping, doing laundry, maintaining a clean home, being a good, responsible neighbor, etc.

SDRC may purchase ILS training for SDRC clients who are parents or are currently in the 2nd



trimester of a pregnancy when the following criteria exist:

- a) The Planning Team determines that the pregnant client and her fetus would benefit from supportive services emphasizing prenatal care, nutrition and preparation for a new baby;  
AND
- b) The child is living with the client or there is a Child Welfare Services (CWS) reunification plan in place;  
AND
- c) The Planning Team determines that the client has a need for training in parenting skills and
- d) The client demonstrates the ability and motivation to work on parenting skills.

**DDS Approved on December 21, 2010**

### **Infant Development Programs**

Infant Development Program means a coordinated program of assessment and developmental services for infants and toddlers with suspected or identified developmental disabilities and their parents, designed to: a) assure optimum development of the child or lessen degree of delay or disability already present; b) assist parents in understanding, accepting, and working with their child's disability or delay.

**Criteria:** Infant Development Programs take the form either of a program attended by the infant/toddler and parent(s) or an in-home program when appropriate. When a child resides within the boundaries of a local school district which offers an infant development program, the SDRC Service Coordinator shall refer any potentially eligible child to that school district. If available, that resource shall be used. When this or other generic resources are not available or determined not appropriate by the Individualized Family Service Plan (IFSP) team to meet the needs of the infant/toddler/family, the Regional Center may utilize and fund services provided by private resources. At age three, preschool services are considered the responsibility of the local school district and the child's service coordinator assists in coordinating a referral to the school district.

**DDS Approved on April 11, 2011**

### **Insurance Copayments and Coinsurance**

The San Diego Regional Center may pay, when necessary to ensure that the client receives a service or support, any applicable copayment or coinsurance associated with the service or support paid for by the health care service plan or health insurance policy of the client's parent, guardian, or caregiver and for which the parent, guardian, or caregiver is responsible when the service or support (a) is necessary because of the developmental disability or developmental delay and (b) is identified in a client's individual program plan (IPP) or individualized family service plan (IFSP).

The San Diego Regional Center shall not pay health care service plan or health insurance policy deductibles [subdivision (g) of Section 4659.1 of the Welfare and Institutions Code].

**Criteria:** The San Diego Regional Center may pay any applicable copayment or coinsurance if all of the following conditions are met:

- (1) The client is covered by his or her parent's, guardian's, or caregiver's health care service plan or health insurance policy;
- (2) The family 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, as provided in subdivision (a) of Section 4659 and Article 2.6 (commencing with Section 4659.10) of the Welfare and Institutions Code;
- (4) The parent, guardian, or conservator of the client submits an application for payment and certifies the family's gross annual income 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;
- (5) The parent, guardian, or conservator agrees to notify the San Diego 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 copayments or coinsurance; and,
- (6) The parent, guardian, or conservator agrees that payment will be made directly to the provider of the service or support.

For clients 18 years of age or older that are the insurance policyholders, or identified in policies held by others, the San Diego Regional Center may pay any applicable copayment or coinsurance if all of the following conditions are met:

- (1) The client has an annual gross income that does not exceed 400 percent of the federal poverty level;
- (2) There is no other third party having liability for the cost of the service or support, as provided in subdivision (a) of Section 4659 and Article 2.6 (commencing with Section 4659.10) of the Welfare and Institutions Code;
- (3) The client submits an application for payment and certifies her or his gross annual income 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;
- (4) The client agrees to notify the San Diego 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 copayments or coinsurance; and,

- (5) The client agrees that payment will be made directly to the provider of the service or support.

The San Diego Regional Center may pay a copayment or coinsurance associated with the health care service plan or health insurance policy for a service or support in the IPP or IFSP if the family's or client's income exceeds 400 percent of the federal poverty level, the service or support is necessary to successfully maintain the child at home or the adult client in the least-restrictive setting, and the parents or client 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 client with a health care service plan or health insurance policy, to pay the copayment or coinsurance. For purposes of this paragraph, extraordinary events may include, but are not limited to, bankruptcy, loss of employment of one or more of the household's primary wage earners, death of an immediate family member; or,
- (2) The existence of catastrophic loss that temporarily limits the ability of the parent, guardian, or caregiver, or adult client with a health care service plan or health insurance policy, to pay a copayment or coinsurance, and creates a direct economic impact on the family or adult client. For purposes of this paragraph, catastrophic loss may include, but is not limited to, natural disasters and accidents involving major injuries to an immediate family member; or,
- (3) Significant unreimbursed medical costs associated with the care of the client or another child who is also a regional center client.

In addition to the certification of gross annual income, the client, parent, guardian, or caregiver must submit written verification documenting the extraordinary event, catastrophic loss, or significant unreimbursed medical costs. Within 15 working days of receipt of the documentation, the decision to grant or deny copayment or payment of coinsurance will be made by the San Diego Regional Center Executive Director or the Executive Director's designee. If the decision is to deny the request, the client, parent, guardian, or caregiver will be notified via Notice of Proposed Action, DS form #1803.

If the San Diego Regional Center agrees to cover copayments or coinsurance because of an extraordinary event, catastrophic loss, or significant unreimbursed medical costs, the parent, guardian, conservator or client, as applicable will meet the following conditions:

- (1) Notify the San Diego Regional Center when a change in income or circumstance occurs that would result in a change in eligibility for coverage of the health care service plan or health insurance policy copayments or coinsurance; and,
- (2) Agree that payment will be made directly to the provider of the service or support.

### **Medical/Dental Services**

Medical and Dental services are those services provided on an individual basis in order to improve and maintain health. These needs are generally met from the following services: Medi-Cal, Medicare, the Civilian Health and Medical Program for Uniform Services, In- Home Supportive Services, California Children Services, private insurance or a health care service plan. Parents of minors are primarily responsible for providing all medical and dental care services and equipment for their children. Minors in placement are generally eligible for Medi-Cal. Adults are in most instances covered by Medi-Cal.

Parents/conservators are considered voluntary resources for medical care for adults. Assistance shall be provided to the consumer and/or his/her family in securing necessary and appropriate medical and dental services utilizing all available resources. General health care needs for consumers of SDRC are similar to the needs of all individuals in society. In addition, persons with developmental disabilities may have special health care needs associated with and resulting from their disability.

**Criteria:** In addition to the Basic Service Standards, the following apply to Medical/Dental Services: SDRC may purchase only those services related to the developmental disability. Regional centers are prohibited from purchasing any service that would be otherwise available from any other generic service, unless the regional center is provided with a written denial from the generic service and any appeal by the consumer or family is determined to not have merit. Regional Centers are also prohibited from purchasing any experimental medical or nutritional therapy, therapeutic services or devices that have not been clinically determined or scientifically proven to be effective or safe. For those consumers 3 years of age or older, Regional Center may pay for medical or dental services while coverage is being pursued, but before a denial is made; pending a final administrative decision on the administrative appeal if the consumer/family has provided to the regional center a verification that an administrative appeal is being pursued; or until commencement of the generic service. Evidence of application must be provided to SDRC prior to funding.

**DDS Approved on December 21, 2010**

### **Non-Durable Equipment/Supplies**

Non-durable equipment/supplies include medical and nursing supplies which facilitate the care and management of an individual in the home or community setting. Nondurable medical equipment/supplies may be required on a time-limited or long-term basis for a specific health problem related to the developmental disability.

**Criteria:** In addition to the Basic Service Standards, the following apply to Non- Durable Equipment/Supplies. Families are expected to provide non-durable equipment/supplies for their minor children. For adults and some children, there are governmental programs available to meet most of their needs. The need for non-durable equipment/supplies for both children and adults is met in most instances by resources such as California Children Services (CCS), Medi-Cal, Medicare, other governmental aid, insurance, private funding resources, etc. SDRC may purchase non-durable equipment/supplies for a consumer following assessment by an appropriate clinical professional, when:

- a) The need is related to the developmental disability, and the funding is not available from any other resource or in the case of minor children from the family, and
- b) The need for the product is thoroughly documented in the consumer's record and included in the IPP/IFSP. For ongoing needs, it is expected that all possible resources will be explored on a regular basis. In considering the purchase of incontinent supplies including diapers, SDRC may purchase diapers for children three years of age or older and may purchase diapers for children under age three when a family demonstrates a financial need and when doing so will enable the child to remain in the family home. When purchasing incontinent supplies, the goal is to have the consumer toilet or habit trained. Therefore, the IPP/IFSP must include a toileting goal unless the Planning Team determines that the consumer's diagnosis/prognosis precludes such an objective. Cost effectiveness will be considered in reviewing these requests.

Under ordinary circumstances, the purchase of food, vitamins, minerals and nutritional supplements is the responsibility of the consumer and family/care provider.

**DDS Approved on December 21, 2010**

## **Personal Assistance Services**

Personal assistance services help adults or children to be successful in their own home and in the community. Personal assistance services assist a person with a developmental disability to complete typical tasks that are necessary for daily living. Requests for personal assistance will be considered on a case-by-case basis. The Individual Program Plan (IPP) must identify specific needs requiring personal assistance. The planning team, having utilized all available generic resources and current services and supports, including natural supports, determines the amount of personal assistance hours needed. Personal assistance cannot be provided by the client's parent or spouse. Personal assistance is a time limited service and will be reviewed at least annually to determine continued need and changes in circumstances.

The planning team will assess the client's need, the extent to which other generic options are available, and the personal circumstances of the family and client. Clients and families may be asked to provide as much supportive documentation as possible to allow the planning team to make an appropriate determination. Items for review may include, but are not limited to:

1. All current purchase of service authorizations;
2. A copy of the In-Home Supportive Services (IHSS) notice of award;
3. The schedule of IHSS utilization;
4. The primary caregivers' work schedules, including holidays and transportation time;
5. The client's school or program schedule, including transportation time;
6. The extent of utilization natural supports;
7. Documentation of any hours awarded through a federal waiver program;
8. The requested amount of personal assistance hours;
9. Consents for the release of information in order to verify information, or to assist with accessing generic resources.

Individuals receiving nursing respite services, of any type, or nursing support because of their current medical conditions are not eligible to receive personal assistance hours.

Personal assistance services may be considered in the following circumstances: For children younger than the age of 18 years:

When personal assistance services are needed to assist with bathing, grooming, dressing, toileting, meal preparation, feeding, and protective supervision that are typically parental responsibilities. Personal assistance services will be considered on an exception basis when the needs of the client are of such a nature that it requires more than one person to provide the needed care. There may be exceptional circumstances as a result of the severity and/or intensity of the developmental disability that may impact the family's ability to provide specialized care and supervision while maintaining the child in the family home. Personal assistance services are generally not considered for children 13 years of age and older who are able to remain safely in the family home without supervision.

Personal assistance services may be considered for children with specialized care needs beyond those that can be provided in a typical daycare. The child may have behavioral challenges that constitute a threat to their health and safety and the safety of others, or a threat to property, and therefore is unable to attend a regular child daycare. This service is provided when parents, caregivers or guardians are unavailable to provide such care and supervision because they are engaged in full-time work, school or vocational training. The amount of service is limited to no more than 40 hours per week, based on demonstrated need.

In addition to the general requirements, the following criteria must be met:

- The child must be enrolled in school.
- The parent(s)/caregiver(s)/guardian(s) must first make a good faith attempt to utilize child daycare services prior to requesting personal assistant hours.
- The parent(s)/caregiver(s)/guardian(s) must be employed or attending school full-time, or the parent is also an individual receiving regional center services.

For clients 18 years of age and older who reside in the home of a family member: Personal assistance services may be considered when the client does not qualify for daycare services and/or is not eligible for IHSS but still requires care and supervision due to the primary caregivers' work schedules. The amount of service is limited to no more than 40 hours per week, based on demonstrated need

Personal assistance services may be considered when there is a gap in day program services because of waiting lists, lack of transportation options, or the needs of the client make it challenging to identify appropriate supports.

Once transportation and/or a day program services are located that meet the client's needs, the personal assistance services hours will be terminated.

For clients in Independent Living or Supported Living arrangements:

Personal assistance services may be considered when the available generic resources and/or natural supports are insufficient to meet the needs, or the needs exceed the number of hours provided by the supported living services (SLS) provider or the independent living services (ILS) provider.

For clients attending Continuing Education, College, or University:

Personal assistance services may be considered when the individual does not qualify for IHSS but requires assistance and/or support with typical tasks that are necessary for daily living in order to successfully attend college or university.

In addition to the general requirements, the following criteria must be met:

- The client must be 22 years of age or older or have a high school diploma, and cannot be receiving any services from a school district;
- Registration with the college or university disability office is required, and services provided by the college or university disability office will be considered when determining the number of personal assistance hours;
- The use of Tailored Day Services should be explored first as the preferred support option;



- The planning team will require proof of school registration and current schedule of classes;
- Personal assistance will only be funded while continuing education, college, or university is in session.

Any exceptions to this policy will be considered on a case-by-case basis and can be considered based on the medical or health needs of the client or those of her or his parent(s), caregiver(s), or guardian(s) and the requirements for the utilization of generic resources.

**Authority**

Welfare and Institution Code §§4512(b), 4512(e), 4512 (f), 4512(h), 4646.4(a)(4), 4659, and 4685 Title 17, California Code of Regulations, commencing with §54300 and including §§54302(a) (26), (32), (39), (57), 56704(a)(6), 54342(a)(31)(32)(33) Title 22, California Code of Regulations, §80001(a)(1)

**DDS Approved on August 4, 2021**

### **Preschool Services**

SDRC promotes the inclusion of young children with delays or disabilities in all aspects of typical preschool settings. Preschool services do not preclude the purchase of other early intervention services that the child may need.

**Criteria:** The IFSP team must consider the purchase of neighborhood preschool service and needed qualified personnel in lieu of an infant development program. Consideration of the purchase of neighborhood preschool services must include a review of cost-effectiveness and a determination by the Planning Team that the program will meet the needs of the child.

**DDS Approved on December 21, 2010**

## **Residential Services**

Residential services are those services and supports provided in either a group home licensed by the State Department of Social Services (Community Care Licensing) or Department of Health Care Services (Health Care Licensing), in a home certified by a Foster Family Agency (FFA) or a home certified by an Adult Family Home Agency (AFHA).

**Criteria:** In addition to the Basic Service Standards, the following criteria apply to funding of residential services. SDRC may purchase residential services when one or more of the following circumstances: the family is unable to manage; the consumer is an adult requesting to move from present residence; the conservator of the person requests placement; or residential placement is needed to protect the health and safety of the individual.

- a) Placements in Community Care Licensed homes: For those persons requiring levels of supervision and training above basic care in Community Care Licensed Facilities, funding for the authorized level of care in the appropriate placement facility will be provided as long as requirements for consumer training and staff ratios are met. Entrance and Exit criteria and procedures for admission must be followed for placement funding to be authorized for Level 3, Level 4, and negotiated rate residential homes.
- b) Health Licensed: Persons requiring residential placement in facilities licensed by the Department of Health Services will be funded by Medi-Cal unless the consumer is not eligible for Medi-Cal funding.
- c) Foster Family Agency and Adult Family Home Agency: Individual rates will be determined by SDRC based on CDER profile information and the individual needs of each consumer.
- d) Court Dependents: If the consumer is a Dependent of the Court, funding for placement will remain the responsibility of the County Department of Social Services. SDRC will assess the consumer's needs and provide the necessary placement cost information to the County so that appropriate, timely payment can be made.
- e) State Developmental Center Admission or Placement: When an adult consumer is severely disabled and requires admission to a state developmental center under the court commitment (In RE: HOP), the legal fees for the processing of the commitment may be authorized.

**DDS Approved on December 21, 2010**

## **Respite Services**

Respite refers to the provision of intermittent or regularly scheduled temporary care to persons who require care and supervision, which exceeds that of an individual of the same age without developmental disabilities. Respite is one of an array of family support services that assists the family to maintain the client at home; provides appropriate care and supervision to protect the client's safety in the absence of family members; relieves family members from the constantly demanding responsibility of caring for a client; and attends to the client's basic self-help and other activities of daily living while the family member is using respite services. Respite cannot replace or supplant day care services while the parents are engaged in employment outside of the home or educational activities leading to employment or both. All families need occasional breaks from the constant responsibilities of caring for their children.

Families are expected to provide for their own respite with the assistance of other family members, neighbors, friends or paid sitters, whenever possible. If, however, the planning team determines that the person requires a degree of care beyond that typically required by an individual of the same age, and if other generic resources such as IHSS, Medi-Cal, private insurance, military resources, etc. and other supports, such as family members, neighbors, friends, are not available, then respite funding through the regional center may be considered. SDRC will only consider services such as IHSS a generic resource when the approved services meet the respite need as identified in the client's IPP or IFSP.

**Criteria:** In addition to the Basic Service Standards, the following criteria apply to respite funding requests. When determining the need for respite, the regional center will use an assessment process which takes into consideration the intensity of the client's care and all factors and resources available, including natural family supports, the number of hours of school services, day services, IHSS, military benefits, etc. If the client or family disagrees with the initial determination of respite hours, they may request an exemption. Requests for exemptions are made through the service coordinator and the planning team process. An exemption may be granted by SDRC if it is demonstrated that the intensity of the client's care and supervision needs are such that additional respite is necessary to maintain the client in the family home or there is an extraordinary event that impacts the family members' ability to meet the care and supervision needs of the client. For clients receiving respite, such services will be included on the IPP/IFSP. Respite may be provided in the person's own home or in a licensed facility.

**DDS Approved on October 22, 2010**

### **Supported Living Services (SLS)**

Supported Living Services (SLS) are services and supports provided by agencies or individuals that support an adult's efforts to live in his/her own home, maintain a household, actively participate in his/her community, advocate for him/herself, pursue personal interests, and become as self-reliant as possible. SLS is generally highly intensive services available on a 24-hour basis and are based on the individual needs of the consumer and may be provided for as long as needed.

**Criteria:** In addition to the Basic Service Standards, the following criteria apply to SLS. An individual shall be eligible for SLS upon determination made through the IPP process that the individual:

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

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

An assessment for SLS is obtained prior to the initiation of SLS services and reviewed by the Planning Team to assure that all needs have been comprehensively addressed. In the case of parent coordinated SLS, families shall not be reimbursed for SLS assessments.

The Planning Team shall review the SLS assessment and the SLS 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, including the definition of cost-effectiveness, are being met.

SLS funding is determined based on the consumer's needs and the negotiated rate established by SDRC for the vendor agency. Cost-effectiveness is a factor in determining SLS. 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, friends, neighbors, and co-workers. 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. SLS shall not be purchased to supplant IHSS or in cases when an otherwise qualified individual refuses to apply for IHSS. A waiver of the requirements of the above requirement may be considered by SDRC when documentation of an extraordinary circumstance exists.

The Planning Team shall ensure that all appropriate and available sources of natural and generic supports have been utilized to the fullest extent possible. The same SLS 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 payment and household expenses shall be the responsibility of the individual and any roommate who resides with that person.

A SLS provider shall provide assistance to an individual who is a Medi-Cal beneficiary to apply for IHSS within 5 days of the person moving into a SLS arrangement. Referral to supported living agencies is determined through the IPP process. Persons considering SLS shall attend an orientation session sponsored by SDRC prior to referral to a SLS assessment.

**DDS Approved on April 11, 2011**

## **Social Recreation Activities, Camp Services, Nonmedical Therapies, and Educational Services**

### **Social / Recreation Activities and associated travel expenses**

The San Diego Regional Center (SDRC) recognizes that all persons, regardless of their disability, enjoy and benefit from participating in social and recreational opportunities throughout their lifetime. For many clients, an individual's social/recreational needs and interests can be achieved through the natural environment within their family's activities or residential service program. In addition, clients are often involved with social/recreational activities as part of their educational or day program services. In general, adult clients, parents of children living at home, or the primary care provider of children and adults in residential placement settings, have the responsibility, for pursuing, and/or providing ongoing opportunities for social and recreational activities. Regional Center is available to assist with identifying activities and providers available in the local community.

Social/recreational services are designed to enhance social interaction opportunities and skills, which enable the client to become involved in group and individual activities at home and within the community. Such services encourage clients to initiate communication with others, teach appropriate social skills, develop friendships, and enhance natural supports. Social/recreational services are considered time-limited, with periodic reassessment, and are intended for clients to acquire the social, behavioral, and/or recreational skill(s) identified in the Individual Program Plan (IPP) or Individual Family Service Plan (IFSP). The review and determination of the need for social recreation, camping, and nonmedical therapies must be rooted in the Individual Program Plan (IPP) process. The provision of services to clients and their families should be effective in meeting the goals stated in the IPP, reflect the preferences and choices of the client, and reflect the cost-effective use of public resources. Resources which provide outlets and services for social/recreational opportunities can include, but are not limited to, family, friends, schools, residential settings, day services, independent living and supported living programs, municipal parks and recreational programs, and other generic community activities and services.

Social and recreational services may be provided, arranged, or purchased by the SDRC in accordance with the ***Basic Service Standards*** outlined in the ***SDRC Purchase of Service (POS) Standards***, and when all of the following criteria are met:

1. The client has limited or no socialization or recreation resources similar to, or as listed above, available to them;
2. The need for the service is identified in the client's IPP or IFSP and a specific goal/outcome has been developed by the planning team in relation to the need;
3. The identified service meets required Home and Community Based Services (HCBS) regulations;
4. The service is not considered a duplication of service related to another funded service.

Funding for transportation related to accessing social / recreational activities will be assessed on an individual basis.

SDRC may consider funding for necessary supports to facilitate meaningful participation in social / recreational activities.

### **Camp and associated travel expenses**

Camp and associated travel expenses may be provided, arranged, or purchased by the SDRC in accordance with the **Basic Service Standards** outlined in the **SDRC Purchase of Service (POS) Standards**, and when all of the following criteria are met:

1. The need for the service is identified in the client's IPP or IFSP and a specific goal/outcome has been developed by the planning team in relation to the need;
2. The client's ability to participate does not compromise his/her health and safety;
3. The identified camp meets required HCBS regulations;
4. The service is not considered a duplication of service related to another funded service.

Funding for transportation related to accessing camp will be assessed on an individual basis.

SDRC may consider funding for necessary supports to facilitate meaningful participation in camp activities.

### **Non-Medical Therapies (including but not limited to specialized recreation, art, dance, and music) and associated travel expenses:**

Non-Medical Therapeutic Services may be provided, arranged, or purchased by the SDRC in accordance with the **Basic Service Standards** outlined in the **SDRC Purchase of Service (POS) Standards**, and when all of the following criteria are met:

1. The need for the service is identified in the client's IPP or IFSP and a specific goal/outcome has been developed by the planning team in relation to the need;
2. The specialized service meets the regulatory criteria of a non-medical therapy outlined in Title 17;
3. The identified service meets required Home and Community Based Services (HCBS) regulations;
4. The service is not considered a duplication of service related to another funded service.

Please note that traditional Occupational Therapy, Physical Therapy, Speech Therapy, and Behavior Therapies are considered **Medical** Therapies and are subject to different criteria.

Funding for transportation related to accessing Non-Medical Therapies will be assessed on an individual basis.

SDRC may consider funding for necessary supports to facilitate meaningful participation in Non-Medical Therapies.

### **Use of Participant-Directed Services (PDS) for Social Recreation, Camping Services, 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 the Regional Center; and,
- 2) The provider's service is primarily delivered to individuals who do not receive regional center services.

The FMS shall be used to pay the provider directly and not to reimburse the individual or family for the cost of the service.



**Educational Services (for children 3 – 17, inclusive, years of age)**

In general, education is the responsibility of the school system for the school-aged child. Preschool services are designed for children who are at least 3 years of age and include programs specifically for children with a developmental disability who are not eligible for a public-school program. Preschool programs should provide children with the skills necessary to begin functioning in a school setting including social skills, communication skills, group interaction, listening and attending skills, and basic pre-academic concepts. Regional Center may purchase preschool education when documentation has been presented indicating the non-availability of a publicly funded developmental/educational program for the child. A preschool program is not intended to serve as child care for families.

The Service Coordinator is available to attend Individual Education Plan (IEP) meetings to assist the client and family with educational planning. Advocacy services will be considered as an exemption when all other generic services have been exhausted, such as the school district ombudsperson, legal aid services, and SELPAs. Service Coordinators will assist with connecting families and empower them to utilize community resources such as the Office of Client Rights Advocacy (OCRA) and State Council on Developmental Disabilities (SCDD).

**Exceptions**

Exceptions to these standards will be considered on an individual basis, and reviewed with the Planning Team. When reviewing a request for exception, SDRC will consider the individual circumstances, and efforts to locate and participate in generic resources.

**Authority**

- W&I Code Section 4688.22
- W&I Code Section 4519.5(a)(8)
- W&I Code Section 4512
- W&I Code Section 4646
- W&I Code Section 4646.4
- W&I Code Section 4648.5
- W&I Code Section 4659

**DDS approved on 5/3/2024**

## **Therapy Services**

Therapy services include occupational therapy, physical therapy, speech and language therapy, and nutrition services that are provided by individuals who meet the established professional qualifications of the individual discipline. Therapy refers to services which are provided individually (or in small groups) and augment or compliment other generally available programs and care. Therapy assists the consumer to benefit from other elements in his/her IPP/IFSP.

**Criteria:** In addition to the Basic Service Standards, the following criteria apply to funding Therapy Services. During evaluation and follow-up, the need for a therapy service may be identified. In most cases, the need is met by other resources, such as CCS, MediCal, public school, private family resources, etc. SDRC staff assists families and caretakers to identify and utilize these resources. In those instances where it is determined that another agency has denied the service and SDRC staff believe that agency should be responsible, the consumer and/or family will be assisted in filing an appeal to that agency. If no other funding source exists, SDRC may purchase therapy services for a consumer if all of the following criteria are met:

- a) Consumer requires therapy(ies) to prevent a specific deterioration, improve function for increased independence or form a basis for a long-term plan;
- b) Consumer has been assessed by the qualified professional of the specific discipline who indicates in his/her report that the consumer would benefit from therapy and recommends a time-limited, specific course of treatment containing clear goals and short-term objectives;
- c) Written documentation is provided of non-availability of the specific services by generic agencies or private family resources (e.g., medical insurance); and
- d) The need for therapy has been determined by the Planning Team to be appropriate and the need is included in the IPP/IFSP. A therapy service is discontinued when the objective as defined in the IPP/IFSP has been met or either the treating specialist or the Planning Team has determined that the consumer will no longer substantially benefit from the intervention. Alternative resources are sought as the individual's needs and situation change.

**DDS Approved on December 21, 2010**

## **Transportation**

Transportation services include bus and trolley passes, Americans with Disabilities Act (ADA) public paratransit systems, mileage reimbursement, or vouchers and vendored transportation by bus, van, taxi or automobile. Mobility training is a transportation service which teaches clients how to use public transportation or other modes of transportation enabling them to move about the community independently.

**Criteria:** In addition to the Basic Service Standards, the following apply to transportation services:

- a) Clients who require transportation services should be encouraged to arrange and pay the cost of such service when possible.
- b) The preferred method of transportation shall be the least restrictive, most normalizing and cost effective.
- c) SDRC may purchase transportation services for clients to attend the closest appropriate day program to their residence. Normally, service is funded to travel from home directly to the program site and back again during normal working hours, up to five days per week.
- d) For clients who choose to attend a day program other than the closest appropriate day program to their residence, SDRC may purchase a bus and trolley pass and/or mobility training.
- e) Adult clients should be evaluated to determine their capacity to be trained to travel to and from day programs, supported employment, jobs or other activities, on public or private transportation systems, either independently or with a client or other person who normally takes the same journey. Those who appear capable should be referred to the Mobility Training Program.
- f) Adult clients should become certified for ADA Paratransit services and initiate requests for service from these public systems. If necessary, the client may be reimbursed through the SDRC voucher program or other means to compensate for ADA paratransit fares. Referral to SDRC contracted transportation vendors will only be considered only if the client is unsuccessful in accessing ADA Paratransit services.
- g) Supported Employment
  - 1) The primary transportation mode for those clients in supported employment programs and community colleges shall be public transportation. These may consist of public bus, or public ADA Paratransit systems. If public bus could provide access to the worksite, the Planning Team must assess whether the client should be mobility trained before requesting mileage reimbursement, or contracted service.
  - 2) The secondary mode of transportation for those clients in supported employment programs shall be voucher reimbursement. The client, client's parent or conservator will be provided reimbursement under the standard rate schedule.
  - 3) Under the following conditions, SDRC may pay for transportation to supported employment if the client is not able to take public transportation:
    - a) The client does not successfully complete mobility training.
    - b) The work site is in the same community as the client resides.
    - c) Transportation is provided only to a central program site for those employed in work crews and enclaves or at worksites that frequently change.

- d) Contracted curb-to-curb service to a group or individual work site would be considered only if the cost of contracted service would not exceed the average contracted cost to move a client to a center-based program site. If contracted, the cost should be equivalent to the amount paid under the standard rate schedule.
  - 4) Independent travel should be a goal for clients in Supported Employment Programs. The Planning Team should consider the development of IPP objectives that encourage the client's independence through the accomplishment of mobility training and the purchase of their own bus pass and/or use of ADA paratransit or other public transit systems.
  - 5) Other sources of transportation funding must be explored: Department of Rehabilitation Impairment Related Work Expenses (IRWE) Employer Sources.
- h) Community Integrated Programs
- 1) The primary transportation mode for those clients in community-integrated programs shall be public transportation. These may consist of public bus, ADA Paratransit or other public transit systems. If public bus could provide access to the community site, the Planning Team must assess whether the client should be mobility trained before requesting mileage/voucher reimbursement or contracted service.
  - 2) The secondary mode of transportation for those clients in community-integrated programs shall be voucher reimbursement. The client, care provider, or day program provider will be provided reimbursement under the standard rate schedule.
  - 3) Under the following conditions, SDRC may provide contracted service for transportation to community-integrated program sites:
    - a) The client does not successfully complete mobility training.
    - b) The client is unable to access ADA public paratransit services.
    - c) The program site is in the same community where the client resides.
    - d) Transportation is provided only to and from single central community program site.
    - e) The cost of contracted service should be equivalent to the amount paid under the standard rate schedule and will not exceed the average contracted cost to move a client to a center-based program site.
    - i) Clients who have been successfully mobility trained will be considered for the provision of vendored transportation only when changes in their situation warrant such support.
    - j) Parents and care providers have the responsibility for providing transportation for social and recreational activities, medical appointments, and other incidental travel needs. Parents are responsible for their own transportation to meetings and program/residence visitations.
    - k) Primary care providers (those with whom the client resides) may be reimbursed in accordance with Title 17 for the transportation of clients to and from day programs when that is a safe, dependable and cost-effective method and the provider meets vendorization requirements.
    - l) The family of a minor child must provide sufficient written documentation to the regional center to demonstrate that it is unable to provide transportation for the child. To protect the health and safety of minor children, SDRC shall only pay for transporting a minor child when the child is accompanied by his/her parent or guardian. SDRC shall not fund transportation for minor siblings of clients.

- m) SDRC may fund transportation to assessments or evaluations used to determine eligibility when there is no other resource to provide such transportation.
- n) When local education agencies provide the primary program for school-age clients, the schools are responsible for providing transportation as agreed upon through the IEP process. Parents are responsible for transportation of their children to activities such as infant and preschool programs, daycare, and medical appointments.
- o) Infants and toddlers younger than the age of three years may receive assistance with travel-related costs that are necessary to enable a child to access required early intervention services. A parent or guardian must accompany infants and toddlers when transported.

**DDS Approved on August 22, 2016**