

WRC

WESTSIDE REGIONAL CENTER SERVICE STANDARDS

**BOARD APPROVED
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**5901 GREEN VALLEY CIRCLE
SUITE 320
CULVER CITY, CA 90230**

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WESTSIDE REGIONAL CENTER SERVICE STANDARDS

GENERAL STANDARDS

Westside Regional Center (WRC) provides services in accordance with the provisions of the Lanterman Developmental Disabilities Services Act, in accordance with the Center's contract with the State Department of Developmental Services, in accordance with other existing provisions of law relevant to specific service needs, and in accordance with the service policies herein as adopted by the Center's Board of Directors.

The service standards of Westside Regional Center reflect the visions, philosophies and values of the Center. These statements of value and direction have been developed and endorsed via local input to Westside Regional Center from consumers, family members and service providers, and are in alignment with those expressed in the Lanterman Developmental Disabilities Services Act, and with those adopted by the State Department of Developmental Services.

Westside Regional Center provides Intake and Assessment, Individual Planning and Service Coordination, Purchase of Services, Advocacy, Quality Assurance, Service and Support Development, Case Finding, Public Information and Education, Conservatorship and Representative Payee Services. Through its provision of these services, Westside Regional Center will strive to:

1. Help persons with developmental disabilities reach maximum independence, productivity, integration and inclusion in the community; so they may be involved and included in living, working, recreational, spiritual, social, creative and learning opportunities that are available to the general public, and may have opportunities to interact with persons without disabilities in positive, meaningful ways.
 2. Help persons with developmental disabilities have opportunities to increase skills and competencies needed to achieve personal goals, to pursue personal areas of interest, and to exchange with others via contributions of work, friendship, societal improvements and creative works.
 3. View individuals with developmental disabilities as part of social units defined as “families,” “circles of support,” or “natural support systems” which include those people who have a close and significant relationship to the individual and who offer a long-term commitment to the well-being of the individual, and work to facilitate and to protect the strength and soundness of these important relationships.
 4. Help persons with developmental disabilities exercise self-determinism and choice, and participate in decision-making events, including developing plans and selecting services—while learning to accept the responsibilities inherent in accepting control.
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Priority will be given to selection of the least restrictive/least intrusive services and supports.

5. Protect and enhance physical health, safety and satisfaction with life of persons with developmental disabilities.
6. Seek services and supports that are ethnically and culturally appropriate.
7. Maintain the unity of the family. Highest preference will be given to those services and supports which enable minors to live with their families.
8. Support individuals to live in the locale of choice, or in a locale which best enables contact with family, friends, or natural community support options.

In making purchase of service decisions consideration will be given to levels of need, to effectiveness and cost efficiency of services, to maximizing the utilization of generic resources and to the fulfillment of family responsibilities.

The Person-Centered Plan, the Individual Program Plan (IPP), and the Individual Family Service Plan (IFSP for consumers under three years of age) are the processes by which the individual with a developmental disability and, where appropriate, the individual's family members, and other significant persons participate to assemble a plan for a combination of services and supports that reflects the individual's unique blend of needs, preferences, strengths, and circumstances.

Westside Regional Center operates in a partnership role with the individuals involved to provide services and supports that lead to the achievement of desired outcomes. The desired services and supports may consist of contributions or assistance from family, friends, and community members (paid or unpaid); services and activities offered to the general community (cost or no cost); services and supports developed specifically for people with developmental disabilities and contracted by the Regional Center; changes made to environments; changes made to current practices by those already providing support; or a unique combination or alteration of existing support and service options. Assistive technology that enables mobility, communication, etc. will be considered wherever possible.

Westside Regional Center strongly supports creativity, innovations and flexibility in designing a service plan that meets the unique needs of each individual. We encourage consumers and families to bring forth any suggestions for services and supports which they feel will effectively help to accomplish the goals of the consumer.

Services and supports may be purchased by Westside Regional Center only when they are related to special needs associated with a developmental disability or a condition determined by an interdisciplinary team to present a risk of developmental disability and, if a minor, which are beyond those normally associated with raising or providing for a minor in his/her own home.

Westside Regional Center will purchase only those services that help achieve the desired outcomes as identified in the planning process and that are considered cost effective. Purchase of service agreements will be time-limited and the results of those services reviewed for effectiveness. Services will be purchased on a continuing basis only if those services are accountable, of high quality, and demonstrate the achievement of desired outcomes in a cost effective manner.

Westside Regional Center will purchase only those services not available through generic resources or paid by insurance or public or private programs available to the consumer, and will give preference to the use of natural supports where it is anticipated that these will result in a more stable and enduring support system. The Center fully recognizes the difficulties that can be experienced when trying to access generic resources or when submitting for payment through insurance, MediCal, or other sources of payment for services, and is committed to helping consumers and families go through those processes.

In general Westside Regional Center does not purchase long-term therapies. An assessment by an appropriate qualified professional will be required for consideration of funding requests for all therapeutic interventions such as speech therapy, physical therapy, and occupational therapy.

The Center recognizes that families and advocates are often the most knowledgeable about available resources in their own communities, and that there is great value in the networking and combined efforts of families and advocates. Therefore, the Center will develop opportunities for families to meet and share information and will develop informational materials to assist families research support options.

Lists of resources that have been used in the past by other consumers of Westside Regional Center, including lists of vendored agencies and individuals should be considered only as examples of resources that were used by others—not as guaranteed service options.

The purpose of these standards is to provide guidelines for the use of Regional Center funds to provide services and supports to individuals. In applying these standards exceptions may be considered based on the specific needs of individuals and all relevant circumstances. The Purchase of Services Committee or the Executive Director must review service requests that require an exception be made to these standards.

The Service Standards of Westside Regional Center are considered public information and will be made available upon request.

Early Intervention Services

Definition

Early Intervention Services provide professional assistance to infants and toddlers and to their parents or caregivers. The intent of early intervention is to maximize the development and functioning of the children, to prevent circumstances that might lead to secondary disabilities, and to promote active parent/caregiver involvement. Parents/caregivers are helped to understand the strengths and challenges of the children, and learn effective ways to interact with and assist the children. They are also assisted in becoming advocates for their children and in locating and managing resources. The goal is to enable children to reach their full developmental potential, and to become valued participants in their families, schools and communities.

Early Intervention Services are available to infants and toddlers under the age of three who have a developmental disability, as well as those who are at high risk of having such a disability. They are also available to those infants/toddlers under three years of age who have a delay in one or more developmental domains.

Specific services provided under the Early Intervention category vary according to the needs of the child and circumstances of the family. Factors may include medical involvement, developmental status, home environment, cultural and other preferences of the family. Access to transportation for the family may be a consideration. Best practices dictate that early intervention take into account the **whole child**, and give consideration to multiple factors that may affect the welfare and development of the child. Coordination of services and supports that are provided by generic or natural resources as well as those funded by the Regional Center is highly important to the total outcome of early intervention.

Early Intervention Services may be provided in specialized center-based early intervention programs, in regular preschool settings, or in the infant/toddler's home. Services may be provided by a variety of specialists, and may consist of hands-on, one-to-one assistance, group activities, or consultation and education, depending on the needs of the child and of the family.

Specialists commonly involved in assessing needs and in providing professional assistance include:

1. Early childhood educators, infant development specialists, or early childhood development specialists, to promote cognitive, language and personal-social skills, as well as overall development.
 2. Pediatric health care professionals to guide medical care and assessments.
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3. Nutritionists to assess nutritional/feeding issues and recommend solutions involving diet, nutritional supplements, or feeding techniques.
4. Occupational and physical therapists to assist with gross and fine motor functioning.¹
5. Speech pathologists to assist with speech and language development.²
6. Audiology or vision specialists to correct or improve hearing or vision problems.
7. Assistive technology specialists to recommend adaptive equipment and supplies.
8. Social workers to provide support, information, and assistance with advocacy and service coordination.

Infant Development Intervention is the name given to individualized one-on-one sessions provided in the home by an infant development specialist. The specialist uses activities that build upon a child's skills and preferences to promote play, socialization and communication. This service requires the parent/caregiver involvement.

Key factors in the success of Early Intervention Services are:

1. Assessment and planning that takes into consideration the strengths, challenges, and unique personality and preferences of the child, along with the circumstances, strengths, needs, and preferences of family members/ caregivers.
2. Close collaboration of both specialists and family members/caregivers relating to activities and information.
3. Active involvement of family members/caregivers in learning about the child, working in a coordinated fashion with specialists to incorporate therapeutic activities into the daily life of the child.

Policy

Westside Regional Center will consider purchasing Early Intervention Services for infants or toddlers who meet one of the following criteria:

1. The infant/toddler is under the age of three years.

¹ See Occupational or Physical Therapy Section.

² See Speech and Language Services Section.

2. The infant/toddler has been diagnosed with a developmental disability or is at high risk of having a developmental disability, and an assessment has indicated that an early intervention service may maximize abilities.
3. The infant/toddler has delayed development in one or more developmental domains, or has a neurological impairment.

Westside will consider purchasing *Infant Development Intervention* (individualized sessions in the child's own home) for infants through age two, if the service rendered by the infant development specialist is geared primarily toward education of the parents or caregiver. This service may be provided for a maximum of two hours per week, only if the child does not attend a specialized center-based infant development program, for the following:

1. Infants who demonstrate global delays that are not related to a neurological or tonal etiology.
2. New or young parents with infants who have a high risk for developmental delay, yet no measurable existing delay.
3. Parents with a developmental disability who have an infant considered to have a high risk of developing a developmental disability.
4. Infants/toddlers who reside in an environment which may contribute to developmental delay, or to the risk of a developmental delay.

Preference for funding will generally be given to specialized center-based early intervention/preschool programs for all other infants/toddlers who qualify for Early Intervention Services. Participation in these programs will be especially encouraged where the parents/caregivers of the infant or toddler demonstrate severe concern or anxiety resulting from the child's diagnosis, and the program has a parent group to assist with this difficulty.

An evaluation by the appropriate qualified professionals will be used to determine frequency of service in the center-based programs. However, it is generally agreed that a maximum of 2-3 days per week, 2-3 hours per day in program activities with adequate parent/caregiver participation is sufficient for the developmental needs of most children.

Participation by the child's parent or caregiver in a specialized early intervention or preschool program is mandatory if the child is under 18 months. For a child over 18 months, parent/caregiver participation is recommended at all times, and will be required on a routine basis as agreed upon by the parent and Westside Regional Center service coordinator. When an individual other than a parent is the primary caregiver, he/she should be involved, as would the parent.

If a child's attendance in a program falls below 70 percent for two consecutive months, continuation of funding for the program will be reviewed, and consideration given to providing services in the home, or to a reduced frequency of service.

Westside Regional Center shall be the payor of last resort for early intervention services, and will work with parents/caregivers to explore all genetic and private resources for funding. In cases of a neuromuscular diagnosis, such as cerebral palsy, the Center will refer the infant/toddler to the California Children's Services Medical Treatment Unit (CCS-MTU), as soon as the diagnosis is made or suspected.

Note that the Regional Center does not require the use of private insurance to pay for early intervention services where there is a cost to the parent in doing so (deductible, co-pays, etc.). In these cases the Regional Center may elect to pay the cost of accessing private insurance.³

³ For exceptions to this policy see general exception policies, page 3 of this document under General Standards.

FAMILY SUPPORT SERVICES

It is the philosophy of Westside Regional Center that minor children should live with their families whenever possible, and that families should be assisted to live in the home and community of their choice.

Westside Regional Center recognizes that the effective care and upbringing of a child with developmental disabilities may require family members to give more of their time to the child with a disability than they would to other children without disabilities. Care of the child may require added expenses causing financial strain.

Family members will most likely be required to spend time to learn about the developmental disability, and to learn and apply such things as methods to enhance the early education of the child, specialized techniques to care for a medical condition, or effective ways to deal with behavior challenges. They may need to learn new communication techniques. They may also be required to spend time and energy to arrange for inclusion of the child in community activities. Even when given help to seek out available resources and advocate for the child, parents must also take a considerable amount of their own time to be involved in these activities. The added responsibilities and uncertainties may cause emotional stresses on family members.

As every family situation is unique, it is the policy of Westside Regional Center to work with each family to discern the needs and goals of that family and develop a plan that will effectively assist to maintain the developmentally disabled minor in the home. In doing so Westside Regional Center will respect and support the decision-making authority of the family, as well as the cultural preference, values, and lifestyles of families. In addition, Westside Regional Center will focus on the entire family and promote the inclusion of children with disabilities in all aspects of school and community.

Assistance that may be required may include a wide variety of resources. The uniqueness of each family dictates that creativity, innovation and flexibility are essential to success in designing a plan that leads to achievement of the desired outcomes. Families are encouraged to present creative options that best help meet their Individual needs for support, and reflect the personal choices of the minor and of the family members.

Westside Regional Center believes that natural resources within the family's own community should be utilized if at all possible and a plan for family support should include a strong emphasis toward building on family strengths and development of connections with extended family, neighbors, friends, local support groups, and local recreational and educational resources.

The following are examples of support options that families have found helpful in meeting their needs:

1. Strong advocacy, resource development and training assistance to locate or establish and attain needed resources--including lay resources within the family's community, benefits to which the minor child and family members may be entitled, connections with knowledgeable and respectful professionals, and services available through community agencies such as the school system. Westside Regional Center service coordination and specialist staff are available to assist families in this area. In addition, families can get help from the Family Resource Center and by attending parent group meetings. It is the policy of the Center to work with family members as a team in these efforts, and to help maximize the families' or community's own ability to perform these roles.
2. Training opportunities for family members and/or members of the extended family and community where these will lead to the development of *natural support* resources and will lead to improved ability to care for the minor child.
3. In-home or out-of-home respite that offers family members a break from full-time care, enables family members to engage in activities that strengthen the family and allows family caregivers to participate in training or to spend time developing necessary resources. Day care or after-school care services (called *Specialized Supervision*) to provide non-medical care and supervision when caregivers are working or in education/training programs that lead to work.
4. Personal counseling, support groups, or connection with other parents to help meet the ongoing challenges of raising a child with developmental disabilities.
5. Recreational, religious, or creative activities that provide enjoyment and relationship building.
6. Adaptive equipment to make it easier for the child to live in the home, and to make it easier to care for the minor.
7. Professional assistance in or outside the home to help families deal with behavioral, communication, medical, and learning challenges.
8. Help with the purchase of supplies, such as diapers (for minors three years and above), and appliances.

For those activities that require funding, families will be assisted to seek out any available funding from generic agencies, community groups, insurances, etc., before being approved for funding from the Regional Center. Continuation of Regional Center funding is contingent upon demonstrated evidence that the resource is assisting to attain the desired outcomes.⁴

⁴For exceptions to this policy see general exception policies, page 3 of this document under General Standards.

Respite Guidelines

Respite services provide intermittent or regularly scheduled non-medical care and supervision of the developmentally disabled minor or adult for purposes described under No. 3 under Family Support Services. It is provided only to minors or adults residing in the home of a family member. Respite care is not intended to substitute for day or after school care for working parents. (See separate guidelines for Specialized Supervision.)

In general, services which best achieve the desired outcomes will be given preference for Regional Center funding. Respite can help to temporarily remove family members from the stresses of dealing with certain challenges. However, preference will be given to services (whether paid through Regional Center or outside funding) that more directly help to resolve or ameliorate a situation. Where respite is requested for relief from behavior challenges, for example, there may be other services that can assist the family to develop necessary personal or community resources, or give the family members necessary training, or help the developmentally disabled person develop skills to better interact with and contribute to the family. Services such as these would be given preference over continued funding for respite that is primarily designed to remove family members from the stresses of dealing with behavior challenges. However, respite may be used at the same time these other services are being provided, or resources are being developed, as a means to reach the desired outcomes more quickly and expediently.

Each family that can benefit from respite services has differing needs. However, these general guidelines will be used to establish the number of hours per month of respite that can be funded by the Regional Center:

Respite guidelines for minors and adults up to age 22:

- ?? Up to seven hours per month when the family needs time off from care to attend training, to participate in important family or community activities that strengthen the family or enhance the family member's ability to provide care.

 - ?? UP to 14 hours per month when family members are required to give specialized intensive care to their developmentally disabled minor, e.g., toileting, feeding, ambulation; when support systems are lacking, or there is unusual stress on the family. For example, when one family member is required to provide all care, when there is more than one developmentally disabled minor (or adult) in the household, when the nature of the disability requires an exorbitant amount of time in searching for and developing adequate resources.
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?? Up to 21 hours per month when other conditions exist that are more difficult to deal with on a full time basis. Examples are behavioral challenges that include aggressive, assaultive, self-abusive behavior or property destruction, or severe physical or medical challenges that require intensive care. Where behavioral challenges are a primary factor in determining the need for respite services, it will be required that a family systems assessment be completed to identify other actions that can be taken by family members/other support systems to lessen the severity and frequency of the behavior challenges.

Following its commitment to meet individual family need, Westside Regional Center will also consider a variety of alternate arrangements for respite services. For example, a family may prefer to use a larger block of respite care at one time.

Additional hours per month may also be provided upon documentation of need. Examples are when the minor is under three years of age or 16 years and older and requires 24-hour care, or where there is more than one developmentally disabled family member in the home and both require intensive levels of care, or when there is a crisis situation and it appears that respite hours will help the family resolve its difficulties, and thus continue to care for the developmentally disabled minor and avoid permanent out-of-home placement.

Twenty-four hour respite services for minors may be provided in licensed residential facilities where there is a crisis situation requiring temporary removal of the minor from the home.

Respite services for adults (ages 22+):

It is the intent of Westside Regional Center to support those families and adult consumers who choose to live together by providing relief to family caregivers from the responsibilities of care and supervision. The amount of respite provided varies according to the level of support required by the adult. For example, an adult who is able to provide for his/her own safety and self-care, who can travel in the community and attend training/social events outside the home would not normally need respite care. Because round the clock supervision of an adult is not normally the responsibility of family caregivers, there is no pre-designated limit to the number of hours of respite that may be provided for an adult whose needs for care and supervision are more intense.

Out-of-home respite care for adults in a licensed residential facility can be provided up to a maximum of 21 days in any 12-month period. After that amount of time, it would be expected that SSI payments and/or other public benefits should be applied to a residential care arrangement.

Westside Regional Center funds in-home respite for both minors and adults through a voucher system at the current established hourly rate of \$6.00 or \$50.00 for a full 24-hour day. (See procedures for using the voucher system.⁵) Families that can document need for a type of specialized care that would require more than this amount can apply for an exception to these rates. An individual with medical needs may require a trained health professional (LVN or RN) for specialized care and supervision. (See separate guidelines for In-Home Nursing Respite). The availability and utilization of In-Home Support Services provided through the County Department of Social Services will be a factor in assessing Westside Regional Center's funding of respite.

Participation in a social/recreational/educational program or camp program can be used as alternative forms of respite care for children and adults. As is the case with any service that offers more than one benefit, the need for care and supervision that can be fulfilled by these programs must also be balanced with the expected outcome of the program activities and with the cost effectiveness of the program. It must be established that the consumer wishes to participate in these activities, and that the activities are appropriate for the individual. Funding for short-term training and assistance given to program staff and/or the consumer in order to facilitate participation in local community social/recreational/educational activities will be given preference over funding for segregated programs.⁶

⁵ Available from your service coordinator or the administrative offices

⁶ For exceptions to this policy see general exception policies, page 3 of this document under General Standards.

Specialized Supervision

Specialized supervision is provided to school-aged developmentally disabled persons (up to age 22) while family caregivers are at work or attending a vocational/educational program leading to future work, and have no other means to provide care and supervision. This service is designed to provide basic care and supervision only. It is provided to those whose health and/or safety would be in jeopardy without such care because of the nature of their disability.

Specialized supervision may be provided to those who meet all of the following criteria:

1. Alternative resources for supervision have been ruled out;
2. The individual resides in a single parent household with parent working or attending a vocational/educational program full-time, or a two-parent household with both parents working or attending a vocational/educational program full-time;
3. The person is in need of constant supervision or total support due to severe physical and/or medical challenges; or
4. The individual has severe behavior challenges that constitute a threat to the health and safety of the individual, to the safety of others in the environment, or a threat to property;⁷
5. Other circumstances which the ISP team and Regional Center management deem qualify the individual for these services.

Normal parental responsibilities will be considered in determining eligibility for specialized supervision services. Under most circumstances, when funding day or after-school care services for a child under the age of 13*, Westside Regional Center may pay only the cost of care that exceeds the cost of normally providing day/after-school care to a child without disabilities of the same age. The Regional Market Ceiling Rates for State and Federal Programs is used as a basis to determine parental responsibility for cost of day/after-school care programs.

For children 13* years of age and older, the Regional Center will fund the entire cost of after-school care when all other criteria have been met.

Specialized supervision may be provided in the person's own home, or provided in a program designed specifically for people with developmental disabilities (such as a camp program during

⁷ As with respite services, in cases where specialized supervision is necessary because of serious behavior challenges, it will be required that a family and school system's assessment be completed to determine what, if any, other effective actions can be taken to help alleviate the behavior challenges.

* Change effective June 30, 2002.

the summer months). It may also be provided by a generic publicly funded or private community program.

Westside Regional Center supports and encourages family caregivers to seek out cost effective inclusive community programs (such as local day care programs) in lieu of segregated programs whenever possible. In these cases the Regional Center may provide temporary supports to assist with the inclusion process. These may include an *inclusion aide* or training for program staff in methods of inclusion. The maximum for funding of such support is generally three months.⁸

EXTENDED SCHOOL YEAR SERVICES

Extended School Year Services are provided in accordance with the individual needs of persons attending school whose parents are unavailable to provide supervision because of their employment during customary school hours. When an individual need exceeds usual and customary Westside Regional Center will pay the cost which is over and above parental responsibility. Singled holidays and pupil Free Days are considered parental responsibility.

Westside Regional Center will provide supervision in the most cost effective setting and manner. Westside Regional Center does not provide funding for enhancement programming unless it is the most cost effective setting in which supervision can be provided and it exceeds usual and customary cost for childcare.

Extended School Year Services are designed to provide supervision during customary school days and hours, therefore, overnight settings, such as residential camps, will be funded only under exceptional circumstances. If an exception is granted for camp funding it must be more cost effective than funding of appropriate daily supervision and will be the only funded service during the extended school year period for the purposes of specialized supervision.

⁸For exceptions to this policy see general exception policies, page 3 of this document under General Standards.

Behavior Intervention

Behavior challenges can result from many different causes. They are often a reaction to events or circumstances in the life or environment of the child or adult with developmental disabilities. The physical environment of the person may contribute to stresses leading to undesirable behavior (excessive noise, temperature, etc.). In addition, eating habits, schedules, interactions with other family members, frustration due to inability to communicate needs easily have been known to contribute to these challenges. Discovering ways to alleviate these challenges may include an analysis of the life and environment of the individual with behavior challenges. Areas to be evaluated include the physical and social environment, goals and obstacles, skills, health and daily habits, support network, and opportunities available to the individual.

A variety of approaches will most likely be required, some of which will affect or require the involvement of other family members. Requests for services to assist with behavior challenges will therefore require a *whole family* and complete individual assessment to identify all possible causes of the behavior challenges, and to determine effective steps that can be taken by the members of a particular family.

If behavior management training is recommended by the planning team, this service must be prescribed and directed by a qualified licensed professional specifically trained in behavior management. Westside Regional Center will fund such service only if it is designed to teach family members or the primary caregiver to use positive behavior management to reduce the challenging behaviors and increase adaptive skills.

Funding for behavior management training requires the following criteria be met:

1. The behaviors pose a threat to the health and/or safety of the individual or to others;
 2. Without such service it is likely that the individual will move to a more restrictive setting; or
 3. Without such service the individual will be denied access to a primary program or a less restrictive program due to lack of required skills; or
 4. The behaviors significantly interfere with other services designed to help achieve objectives contained in the ISP/IFSP; or
 5. The behaviors cause disruption to the harmony of the family and prevent inclusion of the individual in family functions;
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6. Funding is not available for this service through any appropriate alternative source;
7. The parent/primary caregiver agrees to become competent to implement the recommended techniques and take responsibility for implementation;
8. All other recommendations from the *whole family* and individual assessment (e.g. for environmental changes, dietary changes, etc.) have been or are being implemented as well.

When behavior management training is provided, this service should not exceed 15 hours per month for three months. Two weeks prior to the end of this three-month period, the parents/primary caregiver must submit a report to the Regional Center detailing progress for each objective, and giving a description of parent involvement over the three months. Based on a review of this report, funding can be extended for an additional three-month period based on:

1. A request for funding from the family;
2. Documented satisfactory progress and satisfactory involvement by the family/primary caregiver; and
3. A determination that this service continues to be the most effective means of education for the individual.⁹

⁹For exceptions to this policy see general exception policies, page 3 of this document under General Standards.

Transportation of Children

In some cases support to families may include assistance with transportation for children. In the case of early intervention services, if an infant or toddler is participating in a site-based program, parent attendance and participation is considered essential. Parent/caregiver participation is mandatory if the child is under 18 months. Therefore, in most cases the parent or caregiver will accompany the child to the site-based program and will provide transportation.

Transportation assistance can be provided if the following conditions exist:

1. The parent or caregiver does not have a vehicle and therefore cannot provide transportation.
2. It is determined by the planning team that the cost of providing transportation in the private vehicle of the parents or caregiver would cause a significant strain to the financial resources of the family.

In either of the situations above, Westside Regional Center may consider providing a stipend to either assist with the costs of hiring another party to provide the transportation, or to help cover the cost of transporting the child in the parents'/caregiver's own vehicle. Transportation stipends are based on the distance to and from the site-based program. They may only be used to pay for transportation via a vehicle that has insurance as required by California law; and where the driver of the vehicle has a current valid driver's license.

Transportation of school aged children to and from school, is the mandated responsibility of the public school systems, and is therefore not provided by Westside Regional Center. Likewise, transportation to other activities not related to the special needs of the child is considered a normal responsibility of parents/caregivers, and is not provided by the Center. Transportation will be considered for travel to and from programs/activities related to the developmental disability that occur outside the normal school year, but only if such transportation is not available from the public school system.

Transportation of infants or toddlers provided by commercial companies on buses is highly discouraged, due to lengthy ride times and the vulnerability of the children. Westside Regional Center will consider funding commercial transportation for infants only if parents/caregivers cannot provide transportation nor locate an alternate family member or friend to do so, even with stipend assistance, and it is determined by the planning team that the infant will experience additional delay by not attending the program.

Conditions for the provision of commercial transportation are as follows:

1. Funding for commercial transportation of infants will only be approved for companies that provide an aide on each trip to assist the infants.
2. Commercial transportation will not be considered if the time of travel either to or from the program is over 45 minutes.¹⁰

¹⁰For exceptions to this policy see general exception policies, page 3 of this document under General Standards.

Out-of-Home Care for Children

It is the philosophy of Westside Regional Center that children should live in their natural homes, and are, in most cases, best cared for by members of their family, extended family, or other natural caregivers.

Therefore, the Center will give priority to funding the necessary supports to assist families to maintain their minor child at home. Situations causing parents to request placement of a minor outside the home will be extensively reviewed to determine if there are viable support options that can be provided to help avoid out-of-home placement. The Center does not limit funding for such support to previously funded services, and encourages suggestions for innovative forms of assistance that would effectively serve the unique needs of a given family. (See Family Support Section in these standards).

Existing alternative residential options for children include licensed Community Care Facilities (group homes), host family homes (called *Supportive Partnerships*), and group health care settings.

In order to best maximize the growth, well-being, and independence of the child, Westside Regional Center will provide funding only for the residential service option that offers the greatest degree of individualized attention and care, and is the least restrictive option available. Therefore, Westside Regional Center shall require that any child under the age of 18 for whom out-of-home placement is deemed necessary be referred first to a *Supportive Partnership*, arrangement.

Supportive Partnership services are provided by members of traditional families who live in homes in typical residential neighborhoods, where there are opportunities for the child to interact and participate with other community members. In these arrangements, care can be individualized to the needs of the child.

Supportive Partnerships services are operated under the supervision of Foster Family Agencies. These privately operated agencies are licensed by the Community Care Licensing Division of the State Department of Social Services. They are responsible for recruitment, training, certification, monitoring, and the provision of ongoing support to the host family homes. In these arrangements, the host family operates in a supportive partnership with the natural family. Contact between the natural family and the child is thus maintained, so that both the natural family/caregivers and host family may share the responsibility for the overall physical and emotional well being of the child, while the child is living with the host family.

If it is deemed necessary to place a child in a Supportive Partnership or other alternative living arrangement, the following are requirements for the placement:

1. Placement of children in residential care outside the home will be considered only as a temporary option, and will be provided only if the child has health or behavioral challenges that prevent the child from remaining in his or her own home.
2. The child must be placed in a home or facility near enough to the natural parents to allow frequent visits with the child, and for frequent interaction with service providers.
3. A plan for reunification of the child with the natural parents must be in place prior to placement, with timelines and contingencies established in the plan.
4. Supports to the family designed to enable reunification to occur will be provided upon the child's return to the parental home. These may include such things as training and education; changes made to the living environment; support resources that can assist with stresses of maintaining the child at home; a complete assessment and implementation of interventions designed to help the family deal with health, behavioral, or other challenges, including the use of adaptive equipment.
5. Family members/natural caregivers will be required to maintain contact with the child and host family or residential service provider staff on a frequent basis (frequency to be determined by the planning team), and to be involved with planning and provision of support to the child to the maximum extent possible.
6. The Center will not consider funding for care outside the natural home that isolates the child from regular ongoing contact with family and/or other natural support systems.
7. Respite services are not available to natural family members while their child is in an alternative living arrangement, despite frequent visitation of the child to the natural home.

Families should be aware that for any alternative living arrangement for children, SSI/SSA payments will be applied to the cost of care. In addition, families may be required to contribute to the cost of care via Parental Reimbursement Fees. The amount of these fees is based on a sliding scale and other factors, and is determined by the Department of Developmental Services (DDS). It is also the responsibility of DDS to collect the Parental Reimbursement fees.¹¹

¹¹For exceptions to this policy see general exception policies, page 3 of this document under General Standards.

Intensive Intervention for Children with Autistic Features

Westside Regional Center will assist with provision of intensive intervention if:

1. Parents have the ability to participate as required; and
2. Consumers are judged to have the potential to benefit.
3. Consumers are not over the age of three.

Westside Regional Center may purchase intervention services if the following criteria are met:

Eligibility Requirements:

1. Autism is suspected or a diagnosis of autism has been made by the Regional Center.
2. The child is between the ages of 18 and 36 months. Request for exceptions will be reviewed by the Executive Director or designee.
3. The child's needs cannot be met through less intensive services.
4. The intensive intervention is consistent with the goals of the IFSP.
5. There is no other source of funding (such as private insurance).
6. Parents are willing and able to participate in training and service delivery. This is essential because a program plan that is consistent across individuals and settings is more likely to facilitate progress and generalization of acquired skills than a program that is conducted solely by the agency's trainers in isolated settings.

Parents' Responsibilities:

1. The number of hours per week required of parent participation will be determined on a case by case basis. This determination will be based on such variables as (a) complexity of skills to be mastered; and (b) parents' prior knowledge and learning ability. In no case may parents participate less than five hours per week in training.
2. Parents will participate in all clinical meetings.
3. Parents cooperate with all aspects of service provision as described below.

Service Provisions:

1. The child is assessed by Westside Regional Center psychologist to: (a) determine the likelihood that the child will respond to intervention; and (b) establish a baseline through observation and performance on standardized measure as appropriate. This assessment
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may be waived per the decision of the Westside Regional Center psychologist if adequate current information is available through outside assessments. A determination of the likelihood for benefit of the service will include an assessment of: (a) whether cognitive and adaptive abilities are adequate to take advantage of this type of learning; and (b) whether there are severe behavior problems that would significantly interfere with the child's ability to benefit from the intervention.

2. A service provider will be determined as consistent with the Lanterman Act and Title 17 and also with Title 34 and Code of Federal Regulations.
3. The service provider will conduct an assessment with recommendations for an intervention plan. This assessment will not exceed 15 hours, and will not be conducted over more than a two-month period.
4. Westside Regional Center, the service provider and parents will sign a contract which defines their agreement regarding service provision and the responsibilities of each of the parties.
5. Funding will depend upon agreement between the Regional Center, service provider, and family. The number of hours of intervention recommended and the intervention plan must take into account what is developmentally appropriate for the child.
6. Funding will be approved in three-month increments. The service provider will submit progress reports to the Regional Center two weeks prior to the termination of each three-month funding period.
7. Parents, with the assistance of Westside Regional Center, will advocate for the public school district to assume responsibility for adequately meeting their child's educational needs as well as their behavioral needs with the school setting. Such advocacy is essential for program effectiveness, as it will facilitate progress and generalization of acquired skills across individuals and settings.

Typical Reasons for Termination of Services:

1. The child turns three. (Exceptions may be granted as the child proceeds through the transition process.)
 2. The child is able to adequately benefit from less intensive and/or less restrictive intervention approaches (such as a classroom setting).
 3. Another funding source becomes available.
 4. The family is not making appropriate use of the service and/or is not fulfilling the conditions of the contract.
 5. The family wishes to terminate the service.
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6. The program is not producing effective results.¹²

¹²For exceptions to this policy see general exception policies, page 3 of this document under General Standards.

Training for Parents or Guardians

Westside Regional Center believes that training for parents or guardians can be extremely valuable. Training helps to empower parents and guardians, as they learn, for example, about developmental disabilities, about different types of resources and funding mechanisms, about system issues, and about advocacy techniques. Learning ways to cope with communication, behavior and medical challenges can be essential in helping parents maintain their son or daughter at home. The value of the various training opportunities that are available depends on individual need and circumstances.

Westside Regional Center tries to inform parents and guardians about available training opportunities through public information activities, and through service coordination activities. The Westside Coastal Family Resource Center also works to inform families about training opportunities.

Because of the high value of training, Westside Regional Center will pay the cost for parents or guardians to attend conferences or training classes relating to the individual needs of their son or daughter, or to the needs of the family in providing support to their son or daughter, under the following conditions:

1. Stipends for training are available only one time per year for one parent or guardian per household;
2. The amount of the stipend will generally not exceed \$150 for any one training class or conference opportunity;
3. Stipends will be used only for tuition or conference registration fees, and may not be used to pay the cost of hotels, transportation, or late fees;
4. The parent or guardian should submit a brief statement telling how the conference or training class will assist them in caring for, or providing support to their son or daughter. This statement may be prepared by the Service Coordinator after conferring with the parent or guardian.
5. Parents or guardians attending training or conferences will be asked to mail or bring handouts to their service coordinator (if not protected by copyright), so that these may be shared with other parents and staff members.

Requests for higher amounts for tuition or conference fees, or payment for more than one member of a household to attend will be considered on an individual basis.¹³

¹³ For exceptions to this policy see general exception policies, page 3 of this document under General Standards.

ADULT SUPPORT SERVICES

Introduction

The aim of Adult Support Services is to provide the necessary support and training that enables each individual to achieve the maximum possible level of independence and productivity, to attain personal goals, to be involved and included in the mainstream of society, and to attain maximum quality of life within the parameters of the chosen lifestyle and goals of the individual.

Adult Support Services addresses quality of life as a complex balance of satisfaction and attainment within various areas of existence. These include:

1. **Self.** One's identity, goals, reputation, knowledge, abilities, personal appearance, health, safety, comfort, the facilities and tools necessary to provide for personal needs, the ability to maintain responsible control over the direction of one's own life, the ability to work or attain needed resources to provide for one's own needs.
2. **Family.** Relationships with parents, spouses, children, extended family or with close friends who act as family to provide a mutual and dependable support network and with whom one works to attain personal and group survival goals.
3. **Friendships and groups.** Relationships with others who share similar interests or goals, and with whom one associates to accomplish certain goals or to provide mutual assistance for personal and group survival. Objectives of group activities may include learning, working, recreation, artistic creation, and contribution to others.
4. **Community membership and contribution.** Awareness of one's role within a larger community, activities that contribute to the welfare of others, knowledge of laws and rules of the community, voting, adherence to practices of racial or ethnic culture, participation on committees, boards, advocacy groups, etc.
5. **Physical Environment.** Ability to manage and control one's environment, quality of one's environment.

Quality of life usually depends on enjoyment of certain freedoms: Freedom from harm or suppression; freedom to express and act to realize one's choices and desires, including where to live and with whom. It also depends on one's ability to carry out responsibilities: to care for one's own health and welfare, to know and comply with existing law, and to do what is best for others as well as one's self.

To achieve the goals of Adult Support Services, Westside Regional Center is committed to providing equitable, effective, and innovative services balanced with the limitations brought to bear by the Center's mandate for responsible fiscal management. It is our policy to direct our coordination activities and purchase of services for adults toward those programs, services, or community activities that offer state-of-the-art, cost effective methods to better achieve the outcomes desired by individual consumers.

Preference in funding and service coordination is given to those services for adults that provide instruction and support in natural environments. Preference is also given to services that emphasize involvement and inclusion in the mainstream of society and offer the support necessary to accomplish this. In addition, Westside Regional Center believes that most adults can work, given the necessary training and supports, and will give preference to those services that effectively assist our consumers to achieve their employment goals.

Over the years a variety of service options have been developed to provide support and assistance to adults with developmental needs. Under the current regulations, for agencies in the state of California, some of these are funded by the Regional Center (under the Department of Developmental Services), and others by the Department of Rehabilitation, Department of Social Services, Department of Health, etc. The Center does not provide funding for services offered through these other State agencies. Nor does it provide funding when a service is available through any other community agency or paid through insurance or other sources.

However, Westside Regional Center does provide information, referral and service coordination to assist our consumers to take advantage of all available service options. In addition, the Center provides consultation and advocacy on behalf of our consumers to help assure that these generic services meet the needs and are accessible to our consumers. The Center also continually strives to assure that more and more generic community services and activities are available to our consumers, and that supports exist where necessary to enable participation in these.

Currently, Adult Support Services provided through the various state agencies, including the Department of Developmental Services, can basically be divided into two basic categories: those that provide support for home living, and those that provide support for daytime activities, including instruction/education, community involvement, and work. Social/Recreation/Leisure Services, and services that assist consumers to travel about the community are related to both of these categories.

The following represent some of the commonly used existing Adult Support Service types. Funding sources are indicated in parenthesis:

Home Living Support

- ?? Licensed Residential Facilities
 - Small Group Homes (Regional Center & SSI)
 - Intermediate Care Facilities (Department of Health/Medi-Cal)
- ?? Adult Family Home Living, *Family Home Agencies* (Regional Center & SSI)
- ?? Independent Living Programs (Regional Center)
- ?? Supported Living Programs (Regional Center)
- ?? In Home Supportive Services (Department of Social Services)

Daytime Activities Support

- ?? Adult Education - Community Colleges, Adult Basic Education Programs, etc. (Department of Education)
- ?? Basic Skills Instruction
 - Activity Centers (Regional Center)
 - Adult Development Centers (Regional Center)
- ?? Work Training & Support
 - Supported Employment (Department of Rehabilitation, Regional Center)
 - Work Training Centers (Department of Rehabilitation)
 - Work Activity Programs (Department of Rehabilitation)
 - Work Adjustment Programs (Department of Rehabilitation)
- ?? Senior Programs
 - Generic Senior Day Programs (Area Agency on Aging)
 - Adult Day Health Care Programs (Department of Health or Regional Center)

Socialization/Recreation (Generic agencies or Regional Center)

Travel and Mobility

- ?? Special Bus Services (Regional Center)
- ?? Mobility Training - training to use public transportation (Regional Center)
- ?? Generic Transportation (City, other agency)
- ?? Driver's Education (Regional Center if no other source available)

Differences amongst services offered to adults by the various providers under the above categories include the following:

1. **Schedule.** Some of the Adult Support Services offer support and training/assistance through morning and evening hours when the consumer is not involved in daytime program activities. Some provide support and training/assistance during specified daytime or evening hours only (8:00 a.m. to 3:30 p.m., Saturdays only, two hours per week as scheduled, etc.).

2. **Level of support.** Programs differ in the number of hours of service offered each individual and degree of personalization (individualized versus group support/instruction).
3. **Duration.** Some services require that consumers will be able to complete the program in a certain time frame (six months, two years, etc.). Some provide ongoing support without limitation.
4. **Segregated and site-based vs. community based.** Some address care and supervision or skill attainment in a segregated or simulated setting, with the goal of preparing consumers to eventually perform work and daily living activities in less restricted settings. Others give the necessary support to individuals while going through the routines of daily life in natural environments while at the same time teaching needed skills.
5. **Age.** Services offered differ in the age groups whom they serve (young adults, seniors, etc.).
6. **Skills or abilities required for admission.** Some programs are offered to anyone, regardless of existing skills or challenges. Others require demonstration of existing abilities and absence of certain challenges.

The Regional Center Service Coordinator works in conjunction with the consumer and others involved in the planning team to gather information about existing services to determine which services will best assist the consumer to achieve the desired outcomes. The Service Coordinator also assists with the referral process or advocacy efforts to help the consumer gain access to the desired services. This service coordination assistance is available regardless of the source of funding for the service. The Adult Services Specialist is available to assist consumers with referral and access to programs of the Department of Rehabilitation.

It should be emphasized that new service options are continually being developed. For programs funded through the Regional Center, consumers and families are encouraged to suggest innovative service design options, or changes that might be made to current service options to better meet the needs. Adult services providers who receive funding through Westside Regional Center are encouraged to be flexible and to welcome creativity in individual service design. In addition, the Center is continually involved in needs assessment and new service development activities.

HOME LIVING

Independent Living Services

Definition

The goal of Independent Living Services is to enable adults to live independently in their own homes in the community, or to increase independence while living in the home of a family member or caregiver.

Independent Living Services offer functional skills training and supports in all or some of the following areas: cooking; cleaning; shopping; menu planning; meal preparation; money management; use of public transportation; personal health and hygiene; self-advocacy; independent recreation; participation in natural environments; use of medical, dental and other community health resources; use of police, fire, or other emergency help; and home and community safety. Independent living services are conducted in natural environments, rather than in a center-based environment. This type of service does not involve care and supervision, nor large blocks of time in giving support and assistance. Activities are not simulated, but are conducted as part of everyday life while participating and living in one's own community.

Policy

It is the policy of Westside Regional Center to provide independent living services to those adults who express the interest and desire to live in their own homes, and who have the potential to do so without jeopardizing their health and safety.

These services may also be offered to adults who still live in the home of a family member or licensed residential setting. In these cases, the service may be designed to prepare the adult to move to an independent living setting, or to assist the adult to attain more independence while still living in the current environment.

Independent living services may be offered in conjunction with other services and activities. For example, a consumer may attend a community college or participate in a work training or supported employment program while receiving this service.

Westside Regional Center will purchase an evaluation to be done by an independent living service provider to determine compatibility of this service with the abilities and goals of the consumer.

Consumers receiving independent living services must be 18 years or older, and not be eligible to participate in programs funded by the public school system. Exceptions to this would include

consumers who are at least 18 years of age, and although eligible for a school funded program, would not benefit from that program.

Independent Living Services offer varying levels of instruction and support based on individual need.

1. **Independent Living Skills Training** provides intensive instruction and practice in natural settings. This service may be offered to individuals who have the desire to live independently, but need significant skill development in order to accomplish that goal. Consumers receiving this service may live in their own home, in the home of their family, or in a licensed residential facility. In the latter case, training must be offered during daytime hours in sites other than the residential facility. For consumers receiving work training, the Independent Living Skills training must be scheduled so that it does not conflict with the consumer's work schedule.
 - a. Westside Regional Center will provide funding for Independent Living Skills Training for an adult who lives in the parental family home or in a licensed residential setting for a maximum of two years. The consumer's progress must be evaluated after one year of receipt of the service, and the results of the evaluation must indicate that sufficient progress is being made toward gaining independence to warrant continuation of the service.
 - b. Before beginning Independent Living Skills Training in the family home or in a licensed residential setting, specific goals for independence must be identified. In addition, an independent living assessment must determine that opportunities exist to exercise independence in the identified goal areas.
 - 1) If the consumer is prohibited from exercising independence for all of the identified goal areas due to reasons other than lack of skills (for example, a person is not allowed to manage his or her own funds or use the kitchen for cooking, even if the person had the skills to do so), funding will not be approved for Independent Living Skills Training until the barriers to application are removed.
 - 2) If barriers to exercising independent living skills exist for some of the identified goal areas, the service may be funded if it can be demonstrated that opportunities for exercise of independence in these areas will exist in the near future. The person's IPP must contain objectives and strategies for creating such opportunities, and the family members living in the home, or administrator of the licensed residential facility must agree to the objectives and strategies.

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- c. If the intent of the service is that the adult move to his or her separate home, Independent Living Skills Training will be provided for a maximum of one year while an adult is still living in the family home or licensed residential setting.
 - 1) The service will be terminated and the needs of the adult re-evaluated if the adult does not move out of the parental family home or licensed residential setting after one year.
 - 2) An exception to this policy may be made if the needs of the individual are re-evaluated, and the goals are changed in the person's IPP to state that the intent of Independent Living Skills Training is to increase the level of independence while still living in the family home or licensed residential setting. Under these conditions, continuation of the service requires that there be opportunities to exercise independence in the home or licensed residential setting.
 - d. If, after Independent Living Skills Training has been terminated, the adult again chooses to move out of the family home or residential setting, and a definite moving date is established, Westside Regional Center will provide funding for assistance to locate and move to a separate home.
 - 1.) Once the consumer moves to his or her separate home, the Regional Center may resume Independent Living Skills Training, or provide Independent Living Support Services, or Independence Assistance, according to the needs of the individual.
 2. **Independent Living Support Services** are offered to those who have the basic skills to live independently, but who may need minimal ongoing support and training to maintain that independence. Duration of this service is not limited, as the need for the support may be ongoing.
 3. **Independent Living Assistance** provides periodic assistance to persons who could otherwise live independently, but whose physical challenges prohibit them from performing some essential functions of self-care or home maintenance, and who do not qualify for In Home Supportive Services (IHSS), or qualify for insufficient IHSS assistance.
 - a. Every effort must be made to develop natural support resources to enhance the assistance provided to individuals, both before the service begins, and while it is being provided.
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- b. Examples of Independent Living Assistance are: assistance with dressing, bathing, meal preparation, bill paying, and home maintenance tasks. The service may also be used to provide occasional companionship and/or assistance to enable an adult to attend community functions.

The basic level of need for each consumer is determined by the individual support plan. However, as needs change, service providers are expected to gear frequency of service to the needs of the consumers. For example, frequency of service may increase if a consumer temporarily needs additional assistance to cope with changes in a life condition or situations encountered that were not addressed in earlier training. Examples include: a move to a new neighborhood necessitating assistance to locate resources or to use public transportation in the new area; loss of job causing financial and budgeting problems; difficulties with relationships causing significant problems (roommates, spouse, etc.); parenthood. Persons who have behavioral challenges may also need additional support from time to time.

Independent Living Assistance may be paid via a negotiated flat rate (This rate may not exceed the hourly rate approved by the Department of Developmental Services), or may be paid on an hourly basis, depending on the needs of the consumer.¹⁴

¹⁴For exceptions to this policy see general exception policies, page 3 of this document under General Standards.

Supported Living Services

Definition

Supported Living is a relatively recent program model that has proven extremely effective in assisting persons to live in homes of their own choice in the community, regardless of the severity of the challenges of the individual. The model is highly individualized, and draws upon a system of supports and adaptations to the home environment to help overcome or compensate for those challenges. It has been successfully provided to many individuals who would have previously been placed in more restrictive residential settings.

The range of supported living services and supports available includes, but is not limited to: assistance in finding, modifying and maintaining a home; facilitating circles of support to encourage the development of unpaid and natural supports in the community; advocacy and self-advocacy facilitation; development of employment opportunities; social and daily living skills training and support; provision of 24 hour emergency response systems; securing adaptive equipment and supplies; recruiting and training individuals, paid or unpaid, to provide personal care and other assistance; and facilitating community participation.

Inherent in the Supported Living model is the belief that individuals with developmental disabilities have the right to choose where and with whom they live, and to live in homes typical of the non-disabled population. It is also believed that these individuals have the right to make decisions and participate in setting their own routines, in creating the structure and design of their living environment, and in choosing who comes into their home, and who provides support. It is believed that individuals benefit from community participation, at whatever level they are capable. It is also believed that learning is most effective when it takes place in the environment to which it applies. Therefore, all services and supports are provided in the context of the home and community environment.

Supported Living works best when an individual is part of an adequate circle of support that includes strong natural bonds of commitment that come from developed relationships. Therefore, an integral part of Supported Living is assistance to develop and strengthen natural support systems, whether they be family, friends, neighbors, or other individuals in the community. In addition, where necessary, individuals are provided more formalized paid supports. In some cases 24-hour care and supervision may be provided. The service is ongoing for those who need continual supports.

Policy

Westside Regional Center has a sincere commitment to the concept of supported living. Through experience with this service model, we have validated that given the proper supports to live in one's own home, any individual, despite the intensity of challenges, does benefit from the

more individualized services that Supported Living offers. In addition to providing funding for paid supports under this service, the Center has pioneered innovative approaches to support this model. The H.O.M.E. Corporation was established to purchase homes and apartment buildings that can be offered at affordable prices to consumers of Westside Regional Center. The Achievable Foundation was established as the fundraising arm of the Center and has awarded grants to assist consumers who receive Supported Living services. For some individuals the supports required for Supported Living could be extensive. In the interest of providing the best living options for individuals within a framework of cost effectiveness, the following criteria are used to determine if funding can be provided to allow an adult consumer to live in his/her own home in the community:

1. Westside Regional Center will provide Supported Living Services to those persons for whom the projected annual cost of the consumer's supported living arrangement does not exceed the total annual cost of Regional Center funded services and supports that would be provided if the consumer were served in an appropriate licensed residential facility. *Total cost of services*, for purposes of this criterion, includes the cost of the supported living services plus all additional costs for day programs, transportation, and other support services.¹⁵
2. Westside Regional Center funding cannot be provided for any of the costs incurred by a consumer in securing, occupying or maintaining a home rented, leased, or owned by a consumer except when the Executive Director has determined that:
 - a. Payment of the costs would result in savings to the State with respect to the cost of meeting the consumer's overall services and support needs;
 - b. The costs cannot be paid by another means, including available natural or generic supports; and
 - c. The costs are limited to:
 - 1) Rental or utility security deposits;
 - 2) Rental or lease payments;
 - 3) Household utility costs;
 - 4) Moving fees, and
 - 5) Non-adaptive and/or non-assistive household furnishings, appliances.

¹⁵ If the individual is living in a licensed residential facility the "appropriate licensed facility" for purposes of cost comparison is that facility. When the consumer does not reside in a licensed facility the cost of the SLA must be within the range of costs for SLA's for other consumers with comparable needs. Aggregate costs of SLA's provided by the same vendor for more than one individual must meet the requirements above when considered on an average. (17CCR 58617)

6) Home maintenance or repair costs.¹⁶

Additionally, the following guidelines should also be considered when determining if Supported Living Services is the most appropriate service option for achieving quality of life for the individual, including protection and enhancement of the individual's health and safety:

1. The individual is 18 years of age or older and has indicated the desire and motivation to increase his/her independence in living.
2. The individual has, or is eligible to receive, financial resources necessary to pay for rent/mortgage, utilities, food, clothing and all other typical living expenses, unless an exception is granted per number two above.
3. The individual and, where appropriate, his/her parent or conservator, have chosen supported living services, and have full understanding of any risks.
4. The likelihood exists, given the individual's life circumstances and identified potential resources, that sufficient natural supports can be developed to build a full compliment of support resources and avoid total reliance on paid supports.
5. Appropriate services and supports can be identified and are available as needed to protect the health and safety of the individual and of others if he or she has:
 - a. Life-threatening medical conditions,
 - b. The need for continuous nursing care,
 - c. The need for constant supervision because of uncontrolled seizures,
 - d. Physical limitations that require 24 hour personal assistance, or behaviors that could result in a threat to the health or safety of self or others, could result in extensive property destruction or the need for law enforcement intervention, or would likely result in repeated evictions.¹⁷

¹⁶ [17CCR 58611 (b)]

¹⁷ For exceptions to this policy see general exception policies, page 3 of this document under General Standards.

Adult Family Home Living (Family Home Agencies)

Definition

The Adult Family Home living option was established by SB 1730 (1994). This option is based on the premise that enduring and permanent relationships are crucial to a person's growth, development and overall quality of life.

The Adult Family Home provides a safe, caring home environment wherein the adult with developmental disabilities can exist as an equal member, take part in the social activities of the family, be involved in decision making, and enjoy relationships based on mutual affinity and commitment. The *family* who offers this service can consist of several members, or can be just one individual. Children may or may not be present in the family. Support is provided as needed by the family, generic agencies and community to assist the adult to care for personal needs, maintain health and safety, pursue interests, increase independence, and develop opportunities for community participation.

As no more than two adults with developmental disabilities live in any one Family Home, this avoids the *collective* approach to support processes that occurs in group living options. Support can be tailored to individual needs, abilities, choice, preferences, and cultural values. Family Homes also offer more privacy to individuals, as sleeping quarters are typically not shared.

Family Home Agencies are responsible for recruiting, training, certifying, monitoring, and providing ongoing support to Adult Family Homes.¹ The agencies visit the homes at least monthly to assure provision of required services and supports as well as maintenance of a quality living environment. They assist with coordination of health care and development of generic resources, and provide respite to Family Home providers. The agencies also take care of mandated reporting requirements. Family Home Agencies are under contract to, and vendored by Regional Centers.

Policy

Westside Regional Center provides funding for Family Home services for adult consumers who meet the following criteria:

1. The adult does not have severe behavior challenges that constitute a threat to his/her health and safety, to others in the environment of the individual, or to property; and

¹ Family Home Agencies are not licensed. Regulations have been developed to protect consumer health, safety, and satisfaction. Oversight responsibility belongs to the Department of Developmental Services.

2. The adult does not require ongoing medical or nursing care;² and
3. The adult has expressed a desire to live with a family, and it is not in the best interest of the individual, or is not possible, to live with his/her natural family; or
4. The adult has a relationship with an individual or family with whom he/she expresses a desire to live, and the individual or family is approved as a Family Home provider by a Family Home Agency; or
5. The planning team has determined that the adult individual would benefit from a family support arrangement; or
6. The adult has experienced long-term separation from his/her natural family and community, and has expressed a desire for family support.

Adults eligible for Supplemental Security Income (SSI) who live in family homes are required to use their SSI payments to pay for the cost of service. Where SSI payments do not cover the full cost of care, Westside Regional Center will provide supplemental funding.¹⁸

² Individuals who require ongoing medical or nursing care are not eligible for Family Home services, as unlicensed homes may not provide this type of care per California Law.

¹⁸For exceptions to this policy see general exception policies, page 3 of this document under General Standards.

Licensed Residential Facilities

Definition

Licensed residential services for adults provide supervised group living in a location other than the adult's own home. Individuals typically live with others who also have developmental disabilities. Assistance is given by staff of the facility to help residents attend to self-care needs and to perform activities of daily living. Individuals share bedroom quarters with at least one other individual. Licensed residential facilities are expected to provide opportunities for learning and growth in order to enhance self-sufficiency and independence. They are expected to provide the least restrictive living circumstances possible by providing only the amount of supervision and assistance actually needed. They are expected to accommodate cultural or ethnic preferences. They are also expected to assist individuals to be involved in community life by taking part in community activities, forming relationships with others in the community, and accessing generic resources as needed to deal with health care issues or to participate in learning, recreation and socialization activities.

Licensed homes are expected to approximate typical home environments and to be located in typical neighborhoods. They are required to offer comfortable, clean, aesthetic and safe living environments. They are required to respect the dignity and privacy of each resident and to involve the residents in making choices about living activities.

It is the responsibility of all licensed residential service providers, in cooperation with Regional Center staff, the individual, and the individual's support network, to identify and coordinate medical, dental and ancillary support resources. Those facilities approved to provide services to consumers with challenges such as behavior or ongoing medical care issues are required to maintain the appropriate staff and consultants relevant to such needs.

Transportation is provided by licensed residential facilities to medical/dental/ancillary support appointments, and when residents are participating in group outings.

Licensed group living options include Community Care Facilities,³ Intermediate Care Facilities and Skilled Nursing Facilities.⁴ The various types of options that exist with these categories differ in the number of individuals living on the premises, in the number of staff available to provide assistance, in the availability of professional staffing to provide certain types of medical and other care. The minimum number of residents in a single facility is four. Only Intermediate Care Facilities and Skilled Nursing Facilities can provide ongoing medical and/or nursing care to individuals.

³Community Care Facilities are licensed by the Community Care Licensing Division of the State Department of Social Services. Oversight responsibilities are shared by the Regional Center and the Community Care licensing Division.

⁴The Licensing and Certification Division of the State Department of Health Services Licensing has oversight responsibilities for Intermediate Care Facilities and Skilled Nursing Facilities.

Policy

Westside Regional Center believes that adults should be able to make choices about where they live and with whom. The Center strives to inform adults and those who support them about available living options. A yearly presentation and tour is offered to consumers and family members for this purpose, and covers all types of living options. If individual adults choose to live in licensed group settings, the Center strives to identify several options that would be appropriate to meet the individual's needs, and offers pre-placement visits to assist the individuals in making a choice.

Preference in funding for Community Care Facilities is given by Westside Regional Center to those facilities who have no more than four residents. The Center encourages all new developing Community Care facilities to design their programs for a maximum of four residents.

Adults who qualify for SSI are required to apply for SSI payments to help cover the cost of licensed residential facilities. Some facilities are funded by Medi-Cal. If these sources are insufficient to cover the full cost of residential care, or if these sources are not available, the Regional Center will provide funding for this service.

If an adult does not have a conservator and does not wish to live in a licensed group facility, the Center will honor that decision. Adults can terminate their current living arrangements at any time, and every effort will be made to assist them in moving to the residence of their choice. However, Westside Regional Center will provide placement assistance and funding only for those residential services that are appropriate, given the abilities and needs of consumer, and that represent the least restrictive option available to the consumer.

Service providers can also make the decision to terminate placement in their facility. In these cases, the Regional Center staff will attempt to resolve the situation. If this is not possible, the consumer will be assisted to locate alternative living arrangements.

Westside Regional Center believes that connections to friends, family, and others who provide natural supports are essential to the well-being of any individual. These supports often offer the best assurance of advocacy and protection to the individual. When placing an individual in a new home, serious consideration is given toward safe-guarding and preserving these relationships. Therefore, the Center will assist consumers to locate the residential option in the community of choice that best facilitates contact with family and friends, as well as access to community supports and opportunities with which the consumer is already familiar. To this end, the Center strives through its program development activities to maintain the availability of diverse types of living arrangements throughout its service area.

The Lanterman Developmental Disabilities Services Act, and Title 17 of the California Welfare and Institutions Code specify standards of quality by which licensed residential facilities must

abide. In addition, Westside Regional Center has published standards for service providers. Quality assurance activities of Westside Regional Center include training and technical assistance to help service providers comply with all standards. The Center works cooperatively with service providers to correct situations affecting health and safety, quality of life and consumer satisfaction. However, the Center may refuse to provide funding for services by licensed residential facilities that demonstrate deficits in quality assurance reviews. In these cases, individuals will be given options for alternative living arrangements, and moved to another option of choice. In cases of severe violations, individuals may be moved to an alternate living arrangement for a temporary placement until permanent options have been selected.

Living arrangements for all adults in licensed residential facilities are reviewed by Westside Regional Center at least semi-annually, or at the request of the consumer.¹⁹

¹⁹For exceptions to this policy see general exception policies, page 3 of this document under General Standards.

Supplemental Services in Residential Settings

Westside Regional Center may consider additional staffing and other supplemental services for consumers residing in community residential settings in order to prevent placement in a more restrictive living arrangement. Supplemental service requests will only be honored when all other intervention strategies have been exhausted.

Prior to approval of regional center funds for supplemental services, the following criteria must be met:

1. The Service Coordinator, in consultation with the WRC Health and Medical Services Division, (including clinical specialists relevant to the consumer's challenges, if needed), must determine that supplemental services are appropriate. The Service Coordinator must also determine that the consumer's continued placement in the facility where supplemental services will be provided is in compliance with Title 17 and 22 regulations with regard to the medical and behavioral profile.
 2. Services must be consistent with outcomes listed in the IPP or IFSP and connected to specific objectives.
 3. Additional services should not supplement the staffing ratio or duplicate services included in the contractual agreement with the residential provider. Inexperienced staff, problems with facility consultants and inappropriate staffing patterns and/or program plans would not constitute good rationale for additional staffing.
 4. The facility administrator must agree to continued placement, and be in agreement with the time-limited provision of supplemental services. The administrator must also agree to following up as needed after supplemental services have been terminated, including any necessary training of facility staff, if required, in order to meet the special needs of the consumer.
 5. The individual(s) selected to provide supplemental services must be qualified and meet minimal training/educational and licensure requirements appropriate to a particular discipline.
 6. An initial assessment and plan for provision of supplemental services must be completed by the appropriate specialist(s) as required by the specific needs of the consumer. The plan must include methods and timelines for fading the supplemental services. Supplemental services will not be authorized for more than three months at any one time. More frequent reviews of the need for supplemental services may be required in individual cases.
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- a. Services related to behavioral intervention must be approved and reviewed minimally every 30 days by a behavior specialist
 - b. Services supporting a consumer's medical condition require an initial medical or nursing assessment, consultation with the primary physician, and other specialty assessments (nutrition, OT, etc.) when appropriate. The medical condition of the consumer and the need for supplemental services must be reviewed by the WRC Health and Medical Services Division every thirty days at a minimum.
7. The facility must maintain detailed documentation related to the supplemental services on a 24-hour basis for every shift. Documentation should include I. D. notes or other systems as appropriate that describe the status of the behavior or condition, actions taken/interventions, and the results. These notes should also address any difficulties with implementation of the plan. In addition, the facility must maintain a log of supplemental staffing hours.

The Facility Liaison must provide quarterly monitoring to ensure compliance with 1 through 7 above. More frequent monitoring may be deemed necessary as determined by the Residential Program Manager.²⁰

²⁰ For exceptions to these standards see general exception standards, page three of this document.

Daytime Activities Support

Introduction

Westside Regional Center believes that adult consumers should engage in meaningful daytime activities that lead to accomplishment of personal objectives along a broad range of existence. These activities should assist individuals to reach maximum potential, to pursue personal interests, and to fulfill responsibilities. They should lead to the ultimate goal of maximum life quality and satisfaction. The Center also believes that each adult consumer should enjoy as great a level of independence as desired and possible. Adult consumers should not be segregated for daytime activities. Instead, each adult consumer should be involved and included in the mainstream of his or her own community.

Westside Regional Center believes that to accomplish these support objectives, creative combinations of natural and paid supports must be assembled with individuals in mind, via the planning and service coordination activities. Service development and advocacy functions of the Center must strive in the meantime to broaden the range of available options and opportunities.

The Center discourages support based on *group program planning* with pre-designated, routine activities, unless this service is designed to provide supervision or leisure activities on a part-time or temporary basis. Preference in funding will be given to supports that assist individuals to engage in daytime activities that approximate those of adults without disabilities, while incorporating the choices, purposes and objectives of the individual. These should take place in natural community settings. The daytime activities of most adults typically involve one or more of the following: learning; working; contributing to others; engaging in leisure, social, or creative activities; caring for personal needs or the needs of others by shopping, running errands, exercising, etc. For those with medical needs or physical challenges, daytime activities can involve medical appointments, resting, physical therapy, etc. Flexibility should be applied to the purchase of service options, so that the broad range of needed activities can be incorporated into the planning for each individual.

The Center also encourages flexibility in scheduling daytime support activities. Scheduling should not bind individuals to a criteria of attendance during specified hours only (8:00 a.m. to 3:30 p.m., Monday through Friday). For example, an individual may have only enough stamina to work or attend a training activity for several hours per day. Other hours may be dedicated to leisure or personal care. Some individuals may work several days each week and require only supervision or meaningful companionship during the remaining hours. Seniors may benefit from leisure activities on a short or part-time schedule.

Service standards following this introduction apply to existing daytime support program and service types, and incorporate the basic standards outlined above.

Integrative Employment Services

Definition

Integrative Employment service models provide highly individualized support that leads to meaningful paid work in natural work environments. These models have proven extremely successful for employment placement of persons with developmental disabilities, including those with severe and multiple challenges. Agencies providing this service tend to be innovative, and gear their approaches to individual circumstances. Therefore, not all aspects of this service category are fixed or defined.

Commonly recognized *best practice* characteristics of Integrative Employment Services include:
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1. Placement of individuals in meaningful jobs in which they are in proximity to persons without disabilities. Jobs are in natural work settings in the community.
2. Work is for prevailing wages. Preference is given to full-time work, but opportunities for part-time employment are included to enable persons with more severe challenges to work. Employees with developmental disabilities receive the same benefits as other employees in their work place.
3. Employees are involved in the decision-making concerning choice of jobs.
4. Assistance provided is as non-intrusive as possible. The ultimate objective is that support and assistance be provided by other employees within the work place, and that outside assistance from program staff be removed or minimized as quickly as possible. However, long-term minimal follow-up may be provided to assure maintenance of employment and to assist with job changes or crisis situations.
5. Employees are accepted, included, and involved in the social fabric of the work place.
6. Service agencies employ a positive, business-oriented approach, and strive to locate jobs that enhance the status and image of the employees.
7. Service agencies are outcome oriented, with innovative, flexible approaches to achieve results. Creativity in selection of jobs, in use of support, and use of adaptive technology are employed to remove barriers to employment. Vital statistics are compiled to show effectiveness.

²¹ *Outstanding Integrative Employment Agencies: Creativity, Leadership and Commitment*, Byron A Dalton, M.Ed., Developmental Disabilities Training Institute, University of North Carolina at Chapel Hill.

8. Integrative Employment agencies offer services inclusively to people with severe and multiple disabilities. **Readiness** is not a pre-requisite for employment. The model is not a **continuum** of services through which consumers move to the next step. It offers a range of opportunities and approaches so as to meet individual needs and desires.
9. Service agencies are strong advocates for the rights of persons with disabilities to have access to the community, to be fairly compensated, etc.

Some of the Integrative Employment opportunities currently available are as follows:

1. **Individual Competitive Employment.** Individual placement in full or part-time work for which minimum wage or better is earned. On-site support is not intensive, and time-limited follow-up may be provided.
2. **Supported Employment.** Individual placement in full or part-time work that may involve intensive on-site support initially, and may require ongoing follow-up. Earnings may be at or below minimum wage.
3. **Group Supported Employment.** A group of persons (maximum of eight) with developmental disabilities work in close proximity to each other (sometimes called *enclaves*, or *work crews*). Earnings are often less than minimum wage, although they may be above the minimum. Work can be either full-time or part-time.
4. **Transitional Employment.** Time-limited support leading to employment. It may include on-the-job training, apprenticeship training, work/training stations, and at times, enclaves. Pay is typically less than the minimum wage. Like other integrative options, it occurs in regular employment settings.

Note that all Integrative Employment Services take place in integrated settings, and individuals are paid prevailing wages for their work. Service agencies may vary in approaches to job development. Some teach self-directed job search skills. Some may also offer assistance with money management and budgeting, social skills related to the job, and setting employment goals. Some also provide travel/mobility training. Because Integrative Employment is a cutting edge, innovative, and growing service area, new models may develop over time.

Policy

Westside Regional Center believes strongly that most people with developmental disabilities can work, regardless of the severity of their challenges. The Center has given strong support to Integrative Employment models in the past, as the workability of these has been fully demonstrated. The Center also promotes participation by employers within its service area by

conducting public relations and dissemination activities designed to inform and attract employers. An employer advisory committee has been established for this purpose.

Westside Regional Center believes that individuals can begin at an early age to establish basic employment goals and gain experiences that lead to a greater likelihood of future employability. Therefore the staff of the Center will make every effort to advocate for expansion of integrative employment and employment orientation opportunities within the public school system.

Innovative approaches that achieve the outcomes of employment in natural work settings alongside members of the general public are encouraged. Priority will be given to those services that follow the *best practices* principles delineated above.

Consumers may be offered volunteer service opportunities under Integrative Employment Services, in order to learn job related skills and interact with others on the job. However, Westside Regional Center highly discourages volunteer work if there is the possibility that the consumer could be working for pay. Volunteer placements should only be made if they are temporary, or if it can be shown that the volunteer job will lead to a paid position within a short period of time (no longer than six months). Consumers should not be placed in volunteer jobs if the employer would normally pay wages for the work, as this violates federal labor laws.

All consumers who express the desire to work, or who choose to explore the possibility that they may be able to work, will be referred for an Integrative Employment assessment. All adult consumers leaving the public school system will be offered the opportunity to receive Integrative Employment Services.

Westside Regional Center will not pay Integrative Employment service agencies to provide supervision during non-work hours. Integrative work opportunities will most likely involve time to research and make decisions about potential job opportunities, to go through the interview process, to prepare for travel, clothing requirements, etc. These are considered part of Integrative Employment Services. However, supervision of activities while waiting for a job, or during non-work hours if the employee is working part time, will be provided under other categories of daytime activities services.

The Department of Rehabilitation, and its sub-divisions of Habilitation Services and Vocational Rehabilitation, provide funding for some Integrative Employment Services. However, consumers funded under that department must meet certain criteria. Westside Regional Center will pay for Integrative Employment Services only for those who do not qualify for similar services funded by the Department of Rehabilitation. Furthermore, the Center will continue to advocate for inclusion of all consumers, regardless of the level of challenges, in services offered by the Department of Rehabilitation. If the Department of Rehabilitation will pay for a portion of service for a consumer, for example, for hours on the job only, then the Center will purchase other portions of the service in a blended funding arrangement.²²

²²For exceptions to this policy see general exception policies, page 3 of this document under General Standards.

Supported Day Services

Definition

Following the philosophy that flexibility, creativity and innovative use of resources is required to better meet the individual needs of adult consumers and to more effectively assist with community participation, Westside Regional Center has created a new service model called *Supported Day Services*.

The Supported Day Service model uses an individualized approach to provide support for adult daytime activities. Services entail assistance to participate in a range of activities in community settings and/or home environments in order to fulfill objectives as identified in the individualized planning processes. Supported Day service staff work with consumers to plan educational, recreational, leisure, work, social, self-care, religious, or other activities during daytime hours. These can be activities performed alone, or with family, friends, or other community members. Examples of activities include formalized community classes, gatherings with friends, paid work, volunteer work, shopping, pursuit of hobbies, exercise at home or participation in a gym, gardening, home video instruction or home tutoring, music or art.

Effective advocacy, creative development of opportunities, and skillful coordination are required to assist with community access issues and to deal with irregular schedules and varying activities. Emphasis is placed on development of natural supports to provide companionship and/or assist individuals to take part in activities. Close follow-up is provided to assist with changes or difficulties that may arise.

Personal supervision and/or assistance during planned activities may be provided by Supported Day staff when natural support systems are not yet available. Basic supervision can be purchased from traditional day activity programs or arranged with family members or caregivers on a part-time basis when no Supported Day activities are planned.

This service is primarily designed for those who do not wish to engage in segregated and formalized daytime program activities on a regular basis, and who instead can benefit from daytime activities in community or home settings. Although the service can entail assistance to work on a very limited basis (less than 20 hours per week), it is not intended for adult consumers whose primary daytime activity is work.

Supported Day Services may be purchased on a part-time basis to assist with daytime activities outside of work hours for an individual receiving Integrative Employment Services.

Policy

Westside Regional Center may purchase Supported Day Services for adult consumers under the following conditions:

1. The individual does not qualify for employment services provided by the Department of Rehabilitation/Habilitation; and
2. An assessment of the home and community environment of the individual indicates that the potential exists for development of natural support resources, and it is expected that fading of paid assistance will occur; and
3. The cost of the service calculated over the period of one year, including the cost of any services purchased to supplement the Supported Day Services, does not exceed the highest cost of alternative daytime activity support services.

Exception:

Some adult consumers who can benefit from Supported Day Services require ongoing, individualized supervision. If it is unlikely that natural support resources can be developed to provide that supervision, Supported Day Services may be offered under the following conditions:

1. The planning team has given consideration to the individual's need for supervision, and has determined that Supported Day Services is the best service option for the individual; and
2. A periodic review is conducted to determine effectiveness of the service; and
3. The service agency uses creative means to help the individual develop meaningful relationships with others in his/her community and help to create opportunities for involvement of natural support resources even when supervision is in place; and
4. The cost of the service plus any other daytime support services received by the individual does not exceed the highest cost of alternative daytime activity support services. Supported Day services may be offered on a part-time basis to maintain the cost effectiveness of the service.

Supported Day Services may include employment assistance for those individuals who work on a very limited schedule (less than 20 hours per week). For individuals who work at least 20 hours per week, the Regional Center may purchase a blend of Integrative Employment and

Supported Day Services. In these cases the total hours of service for both categories may not exceed 40 hours per week.²³

²³For exceptions to this policy see general exception policies, page 3 of this document under General Standards.

Site-Based Daytime Activity Programs

Definition

A variety of site-based, structured, daytime activity programs exist. These offer group program models for providing basic supervision; leisure and social activities; and basic training in self-care, self-advocacy, functional academics, and pre-vocational skills. Group activities sometimes take place in community settings. These services are usually provided exclusively to individuals with developmental disabilities. However programs provided by the Department of Rehabilitation or funded by Medi-Cal (see below) may serve persons with other disabilities as well. Individuals are typically required to attend on a five-day per week, eight-hour per day basis. However, Westside Regional Center is currently negotiating flexible scheduling options with service providers.

The following program types are included in this support category:

- ?? Activity Centers
- ?? Adult Development Centers
- ?? Behavior Management Day Programs
- ?? Work Activity Programs
- ?? Work Adjustment Programs
- ?? Adult Day Health Care Programs

Activity Centers, Adult Development Centers, Behavior Management Day Programs, and for some consumers, Work Adjustment Programs are funded by the Regional Center. Site-based programs in the Behavior Management and Work Adjustment categories serve consumers with behavioral or emotional challenges. The Work Adjustment Programs focus on pre-vocational skills and experience.

As mentioned in the introduction to Adult Daytime Support Services, Westside Regional Center gives preference to funding non site-based support services. Consumers referred to site-based daytime activity programs must meet the following criteria:

1. The consumer does not qualify for services funded by the Habilitation Services section of the Department of Rehabilitation; or
 2. If referral is to an Adult Day Health Care facility, the individual does not qualify for Medi-Cal funding; and
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3. The consumer has made the choice to participate in a site-based program and the planning team can demonstrate how such a program will lead to accomplishment of personal objectives; and
4. The individual has the stamina to meet scheduling requirements of the program; or
5. Attendance at a site-based program is planned as a part-time support option, and the consumer is involved in other community-based activities during other days or hours of the week; or
6. There is no other daytime activity option available to the individuals, and the individual requires ongoing daytime supervision in a structured environment.

The Work Activity Programs and for some consumers, the Work Adjustment Programs, are funded by the Habilitation Services Section of the Department of Rehabilitation. These primarily focus on pre-vocational skills training and experience. Work Adjustment Programs provide these services to consumers with behavioral or emotional challenges.

Adult Day Health Care Programs are funded by MediCal. Consumers referred to these programs must have medical challenges that qualify them for MediCal coverage.²⁴

²⁴For exceptions to this policy see general exception policies, page 3 of this document under General Standards.

Socialization/Recreation/Leisure Support

Support for adult consumers has not traditionally stressed opportunities for creative or artistic accomplishments, entertainment or recreation, nor pursuit of hobbies and special interests. Opportunities to engage in these activities in natural, inclusive community settings have been lacking for many consumers. Also lacking has been sufficient support and opportunities leading to development of meaningful relationships from which one obtains assistance, validation of self-worth, companionship, and affection.

Traditional forms of adult support have focused almost exclusively on programmed activities that could produce improvement in readiness or production. The expectation has been that the schedules of adult consumers should be filled with planned activities. Westside Regional Center recognizes that leading as normal a life as possible means having some time for friendships, relaxation, and pursuit of individual interests for entertainment or recreational purposes. Exercise, outdoor activities, travel and vacations are important to the well being of many individuals. Having self-determinism means that individuals are free to make decisions about their daily activities, and have the freedom and flexibility to choose what to do in their spare time.

As many adult consumers have moved to more independent lifestyles, so have they faced the sometimes attendant conditions of idleness, isolation, and loneliness. Inattention to these areas can contribute to the failure of attempts to work and live in the community. Moreover, the lack of social competencies and social opportunities is likely to hamper efforts to develop natural support relationships and to be included in community activities.

Policy

Westside Regional Center helps address these issues through its public education and advocacy activities, as it strives to open doors for inclusion of adults in social and recreational activities in natural community settings. The Center also strives to inform family members, service providers and consumers about available social and recreational opportunities through agency publications, self-advocacy groups, and parent/service provider meetings.

Service Coordination staff of the Center will encourage incorporation of needs for social, recreational and leisure activities in the Individualized Service Plans for adults. Independent Living, Supported Living, and Supported Day Services, as well as licensed residential programs are expected to address these areas as one of the important components of living. Integrative Work Services should address inclusion of individuals in the social environment of the work place. The Center does not typically purchase specialized group programs to meet social/recreational/leisure needs.

It is the responsibility of adult consumers to pay for travel to and from social/recreation/ leisure activities, and to pay any fees related to such activities. Some adult consumers who do not have the need for other forms of daytime or living support, have situations or challenges that prevent opportunities for social interaction or recreational pursuit. Their challenges may prohibit the development of natural support systems. These adults can sometimes benefit from a paid companion to help fulfill needs for socialization and to provide accompaniment to recreational opportunities in the community. In these cases, Westside Regional Center may provide funding for a paid companion. Amount of service is determined by individual need. However, in most cases number of hours would not exceed 40 hours per month.

Westside Regional Center may fund a social/recreational program for a consumer as a specialized service or respite service. In such cases, the Center will use its Family Support policy to determine the amount of service to be funded.²⁵

²⁵For exceptions to this policy see general exception policies, page 3 of this document under General Standards.

Transportation and Mobility Services- Adult

Definition

Transportation and Mobility services are designed to help consumers travel about their communities. Currently, Regional Center support for travel includes the following:

1. Travel, or Mobility Training to help consumers learn to travel safely as pedestrians, and to use public transportation to arrive safely at designated sites in the community. These services teach such things as: orientation to environment; location of destination sites; time, distance, and directional concepts; safety concepts; traffic and pedestrian signs, symbols and rules; appropriate behavior while traveling; how to obtain a bus pass; routing and use of bus schedules. Providers of service may specialize in Travel/Mobility Training, or provide this training as a part of another service, such as Independent Living, Supported Employment, Supported Living, or Supported Day.
2. Stipends provided to family or other individuals to assist with the cost of providing transportation via private vehicles.
3. Payment of fees for Drivers Education classes to assist consumers who can drive and have access to an automobile to obtain a driver's license.
4. Commercial transportation, usually by bus or van, to and from regularly scheduled daytime activities, or to emergency medical services.
5. Service Coordination efforts to help consumers locate and gain access to other publicly funded transit or para-transit services funded by City or other government programs, or by other generic agencies. Examples are Medi-Ride, Dial-a Ride, etc.

Policy

Westside Regional Center recognizes that mobility is essential to full access and participation in the community. The Center will give priority to services that ensure adequate access to work or other daytime activity sites, and that ensure consumers are able to travel as necessary to provide for personal survival and to increase their level of independence. Modes of travel that are the least restrictive, that are used by members of the general public, and that promote independence by requiring the least reliance on others will also be given priority.

Westside Regional Center requires that all consumers requesting help with travel be assessed for

the potential to benefit from Travel/Mobility Training. The Service Coordinator will first determine if a full Travel/Mobility Training assessment is warranted. If so, the assessment will be purchased from an agency or individual specializing in this type of service.

Travel/Mobility Training is not limited to destinations for regular, scheduled daytime activities, but will include training to access local shopping sites, leisure and recreation sites, and other points in the community to which travel is necessary or desired by the consumer.

Westside Regional Center believes that orientation and mobility skills should be taught at as early an age as possible to prepare adults for community travel. Therefore, advocacy and service coordination efforts will emphasize inclusion of orientation and mobility training in the curriculum for young adults still in school programs.

The Regional Center will pay for the cost of bus passes for adult consumers who are able to use public transportation.

If, by assessment, independent travel to community sites is not recommended, the members of the planning team will determine possibilities for assisted travel on public transportation, or for transportation provided via natural support systems. The assisted travel can involve teaming up with a friend, family member, or other support person. Assisted travel can involve paid support to use public transportation if this service is cost effective and time limited, and will lead to greater independence for the consumer.

Financial assistance to help cover transportation costs can be given to family, friends, service providers or other community members. This assistance is available only if the person providing the transportation has adequate automobile insurance and a current valid driver's license. It is usually only provided to help cover costs of transport to and from the primary daytime activity of the consumer. Amounts available to assist with costs of transporting individuals are calculated based on:

1. Distance of trips.
2. Whether the consumer uses a wheelchair and thus needs more personal assistance.

Westside will pay the fees for driver education classes under the following circumstances:

1. The planning team has determined that the consumer has the ability to learn the required information and pass a driving test.
2. The consumer has or will have access to a vehicle, and has or will have the resources to purchase the necessary licenses and insurances.

Transportation services via commercial companies will only be provided to consumers for

whom it has been determined by assessment that commercial transportation is the most appropriate service as the health or safety of the consumer would be in jeopardy if he or she traveled via public transportation sources. Prior to funding commercial transportation it must be determined that there is no other source of transportation via generic public services or via natural resource systems, paid or unpaid. Regional Center payment for commercial transportation services are limited to:

1. Travel to and from home to the primary, regularly scheduled daytime activity for the consumer.
2. Travel to and from medical or other essential appointments, where these appointments are related to the disability of the consumer, and the failure to keep the appointment would be detrimental to the individual.

Transportation by taxi is not considered a cost-effective use of public funds, and will be provided only in highly unusual circumstances.²⁶

²⁶For exceptions to this policy see general exception policies, page 3 of this document under General Standards.

Adult Training

Westside Regional Center believes that training classes and conference attendance can be beneficial to adult consumers, inasmuch as these assist individuals to gain knowledge or learn skills that help achieve personal outcomes and gain empowerment. In particular, self-advocacy training can be valuable to adult consumers who choose to participate. Attendance at conferences also offers opportunities to meet and interact with other adults with developmental disabilities as well as professionals and others interested in similar issues. The support and encouragement one can gain from such experiences can be extremely helpful. Some training classes offered in the community can provide opportunities to learn skills and interact with people without disabilities.

Therefore, Westside Regional Center will pay for adult consumers to attend training classes or conferences that are appropriate, given the consumers' individual needs and desires, under the following conditions:

1. WRC will pay the cost to attend a training class or conference up to two times per year for any one adult consumer.
2. The Regional Center will pay for tuition or conference fees, as well as transportation, and cost of lodging if the training occurs out of the area.
3. If several consumers plan to attend the same conference or training which requires an overnight stay, arrangements will be made for room sharing, if the consumers are amenable to sharing a room with another individual, and it is reasonable and appropriate to do so.²⁷

²⁷ For exceptions to this policy see general exception policies, page 3 of this document under General Standards.

HEALTH CARE SERVICES

Introduction

Health and Allied Services include preventive, corrective or maintenance health care measures, as well as therapeutic interventions and the use of adaptive technology designed to improve functional capabilities. These services can be grouped as follows:

1. Medical and dental care of all types
2. Nutritional evaluations/consultation/supplements
3. Vision and hearing evaluations/corrections
4. Counseling or health care designed to improve emotional status
5. Assistance to obtain and use adaptive equipment
6. Genetic diagnostic/counseling and prevention activities
7. Occupational or physical therapies
8. Speech and language therapy
9. Other health/allied services as appropriate to individual need

Health and Allied Services needs are reviewed and determined by the consumer's planning team with input from the appropriate professionals. Westside Regional Center believes that physical and emotional health should be evaluated in relation to the *whole person*, and that all inter-related factors should be considered when determining the most appropriate and effective health care interventions.

The Center also believes that the cultural or personal values and/or preferences of the consumer and where appropriate, of the consumer's parents or guardian should be respected and given consideration when evaluating health care options. Westside Regional Center believes that the right to informed consent should be honored. The Center also strives to stay informed of best practices in health and allied services, and is committed to providing funding only for those providers that follow known best practices in serving consumers.

Westside Regional Center assists to meet Health and Allied Services needs in the following ways:

1. Regional Center Service Coordinators assist consumers and/or parents/guardians to identify needs, to locate and gain access to appropriate services,
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and to locate and secure funding. The Center strives to assist all consumers to obtain routine or preventive health and dental care as part of effective health care maintenance.

2. The Regional Center Director of Health/Medical Services, Regional Center specialists and Regional Center physician are available to the planning teams for consultation, and for assistance in gaining access to and obtaining information from health and allied service providers.
3. It is expected that parents will pay for the routine health care of their children as a part of normal family expenses. Adult consumers are expected to provide for their medical and dental needs through the use of county health clinics, MediCal providers, or private insurance. However, if the need for health and/or allied services is related to the developmental disability, and it has been documented by written denial that there is no other funding resource (MediCal, CCS, insurance, etc.), Westside Regional Center can, in some cases, provide funding for these services.
 - a. Westside Regional Center does not require the use of private insurance to pay for services identified in the IFSP for children under the age of three if there is a cost to the family resulting from accessing the insurance (deductible, co-pay, reduction in the life time benefit cap, etc.).
 - b. In such cases the Regional Center may elect to pay the cost of accessing private insurance.
4. The Regional Center provides training and consultation regarding health care issues to health and allied service providers and to the community at large. This training includes information that will enable health care providers to better care for people with developmental disabilities, and information to help prevent the occurrence, severity, or impact of developmental disabilities. The Regional Center also provides training and consultation to parents, consumers and service providers regarding proper health care and prevention of secondary disabilities.²⁸

²⁸For exceptions to this policy see general exception policies, page 3 of this document under General Standards.

Occupational or Physical Therapy

Definition

Traditionally, Occupational Therapy (OT) has focused on the functional use of the upper extremities to include such areas as dressing, eating, and cooking; while Physical Therapy (PT) has focused on gross motor activities such as sitting and ambulation. These distinctions have become less clear over time, particularly when working with children and infants, as some therapists possess expertise in a variety of areas which allows for flexibility in making referrals. For infants a *developmental* approach is usually indicated in which one therapist of either discipline provides treatment. The opposite discipline is available for consultation as needed. For adults, the traditional definitions of occupational and physical therapy are more frequently used in making referrals.

In the case of children, the role of the therapist is to facilitate independent functioning of the child. Independent functioning of young children, according to their developmental age, is achieved through assessment and intervention efforts in the areas of motor control, sensorimotor development, adaptive coping, social-emotional development, daily living skills, and play.

The purpose of Occupational or Physical Therapy is:

1. Facilitate and promote maximal attainment;
2. Improvement or maintenance of functional skills and independent functioning; and
3. Prevent or ameliorate *developmental delays* in a child.

Policy

Westside Regional Center will consider purchasing Occupational or Physical Therapy for consumers when:

1. Recent medical records (less than 6 months) have been obtained and reviewed as part of the determination process for appropriate therapy services.
 2. Individual therapy should be provided to facilitate the independent functioning of infants and toddler whenever progress depends on the direct handling by the trained therapist.
 3. Occasionally, individual treatment may be indicated for an adult when specific areas of need are identified that cannot be provided by a generic resource such as transfers or activities of daily living problems.
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In general, as the consumer's potential for physical change declines with age, the goal of the therapeutic intervention is re-directed from acquisition of basic skills to adaptation and durable medical equipment to meet the consumer's physical needs.

Indications that a referral is necessary include:

1. **Infants and young children under three years of age** may benefit from individual therapy if an evaluation identifies fine motor, gross motor, muscle tone, or feeding problems.
 - a. These services may be covered by CCS, Medi-Cal, insurance, or Regional Center. The Regional Center is the payer of last resort. Therefore, all other funding options should be explored and exhausted.
 - b. If OT/PT therapy is indicated as a needed service on the IFSP for children under the age of three years, Westside Regional Center may require the use of private insurance only if there is no cost to the family as a result of its use. Cost includes deductibles, co-pays, or a reduction in the life time benefit cap, or
 - c. Where there is such cost to the family, the Regional Center may elect to pay the cost of accessing private insurance.
2. **Other children under three**, depending on the severity of the identified fine motor, gross motor, muscle tone or feeding problems, may benefit from an infant or toddler development program where therapists are available on staff as consultants. These programs may be funded by public school or Westside Regional Center.
3. **Young adults** may benefit from a therapy consultation or therapy to evaluate the need for adaptive equipment, to assist in using specific adaptive equipment, or to learn specific skills which will make them more independent. A generic source should be used to fund these services whenever possible.

To the maximum extent appropriate to the needs of the child, early intervention services should be provided in natural environments, including the home and the community settings in which children without disabilities participate.

The level of therapy services to be considered may include:

1. Monthly monitoring
 2. Parental instruction
 3. Written information
 4. Consultation in home or program setting
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5. Individual therapy

The frequency of individual therapy may be up to two times per week and should be based on the consideration of multiple factors such as:

1. Cognitive ability;
2. Motivational level;
3. Caregiver availability
4. Diagnosis and prognosis; and
5. Age and functional goals.

A combination of these factors contribute to the attainment of skills. Authorizations will be approved for a period of six months, with review of progress reports to determine progress and continued needs, prior to reauthorization.

Children who are enrolled in a comprehensive infant development program (with consultant therapists), would normally not be considered for individual therapy funding through WRC. An exception may be made if the child is demonstrating significant gross or fine motor delays, compared to overall functioning. In such a case, individual therapy may be considered in addition to the comprehensive program for a limited time, with review of progress at the end of such time to determine progress and effectiveness of such additional intervention.²⁹

²⁹For exceptions to this policy see general exception policies, page 3 of this document under General Standards.

In-Home Nursing Respite

Definition

If respite services are to be provided to a person with a developmental disability who is medically fragile or technology dependent, the services of a registered nurse (RN), licensed vocational or licensed practical nurse (LVN/LPN), home health aid or certified nurses aid (HHA/CAN) may be required.

Provision of respite care by a person with specialized nursing knowledge, training and skills will be considered for persons who meet one or more of the following:

1. The person is at risk of respiratory or cardiac arrest.
2. The individual has an uncontrolled seizure disorder.
3. The individual is required to use special equipment such as oxygen, a respirator, suctioning machine, nasal gastric tube, apnea monitor, urinary catheters or colostomy bag, or has a tracheostomy or gastrostomy.
4. The individual has feeding problems that require specialized nursing care.
5. The individual requires prolonged intravenous administration of nutritional substances or drugs.
6. The individual requires other types of basic and/or specific nursing care.

The determination of which type of professional is most appropriate to provide respite care to such individuals is based on the specific care needs of that individual. The Nurse Practice Act defines specific levels of responsibilities for each of the professionals listed above. Definitions and guidelines under the Department of Consumer Affairs of California are utilized to determine scope of work allowed. (See copy of job descriptions for RN, LVN, HHA and CAN).³⁰ A general frame of reference for the scope of practice of these professionals is as follows:

1. The registered nurse (RN) is the most highly trained of the categories, and has the broadest scope of practice as regards nursing care.

³⁰ Separate documents available upon request.

2. The licensed vocational/practical nurse (LVN/LPN), unless specifically trained and certified, may not:³¹
 - a. Draw blood.
 - b. Start IV fluids or hand IV solutions containing medications.
 - c. Administer hyperalimentation, TPN solutions via a central vein catheter, or irrigate the CV catheter.
 - d. Irrigate a Heparin lock.
 - e. Do IV medications by push.
 - f. Hang blood
 - g. Perform deep endotracheal suctioning.
3. The scope of work of home health aide/certified nurses aides (HHA/CAN) is limited as follows:
 - a. They may not be responsible for the direct administration of medications. They may, however, bring those medications to the consumer who is capable of taking them with assistance.
 - b. They may not perform any procedure which requires the skills or education of a licensed nurse, i.e., NG feedings, irrigation of foley catheters, performance of sterile procedures.
 - c. They may not obtain or accept treatment orders from a physician.

Prior to establishing the type and level of care to be given for nursing respite, Westside Regional Center shall require a comprehensive nursing assessment provided by a registered nurse to address the following:

1. The consumer's current medical status and documented needs for nursing respite.
2. Medical/nursing problems to be addressed by specialized nursing care.
3. Required medications and treatment procedures.
4. Equipment and supplies available and/or needed.

³¹ Note that LVN/LPN's and HHA/CNA's are not vended separately by Westside Regional Center, and must be employed by an agency that provides the overall supervision of the activities of the LVN/LPN's.

5. Adequacy and safety of the physical environment of the home.
6. Names of physicians and/or other current health care professionals who provide care to the individual and relevant treatment plans.

Westside Regional Center will provide funding for nursing respite only after all other funding resources, such as Medi-Cal, private insurance, California Children's Services, or In Home Supportive Services have been researched and exhausted.

Based on the assessment by the nurse consultant, the number of nursing respite hours that will be considered ranges from 16 to 48 hours per month. Westside Regional Center recognizes the difficulties experienced by family members or other caregivers who provide in-home care to persons who are "medically fragile," and will consider provision of the maximum number of hours in these cases. Requests for more than 48 hours per month will be reviewed as exceptions.³²

³²For exceptions to this policy see general exception policies, page 3 of this document under General Standards.

Speech and Language Services

Speech and Language Services are designed to enhance one's ability to communicate with others. This area includes the ability to formulate and express one's thoughts and feelings, whether verbally by vocal demonstration, or non-verbally by gestures or pantomime. It also involves the ability to receive, duplicate, understand, and answer or acknowledge communication from others. Because expressive and receptive language can depend on abilities to process auditory or visual information, assessments of speech and language readiness and competence must include structural evaluations of the ear, nose, and throat, and evaluations of sight, as well as psychological aptitude for communication.

Westside Regional Center provides assistance with speech and language services as follows:

1. For individuals who are three through twenty-one years of age, language and speech therapy services become the mandated responsibility of the public school system, when the need for these services has been acknowledged and written into the Individual Education Plan (IEP). Service Coordinators, along with the Educational Consultants at Westside Regional Center, provide advocacy and consultation to assist parents to go through the necessary steps (including the IEP process), to obtain needed services through the public school system.
 2. Westside Regional Center will provide speech and language therapy for children under three years of age if identified as a needed service in the child's IFSP, and if there is no other public or private source of funding available.
 - a. For children under the age of three years, Westside Regional Center may require the use of private insurance only if there is no cost to the family as a result of its use. Cost includes deductibles, co-pays, or a reduction in the life time benefit cap, or
 - b. Where there is such cost to the family, the Regional Center may elect to pay the cost of accessing private insurance.
 - c. A routine medical examination to rule out other health reasons for the speech and language delay, as well as an audiology evaluation are required in order to evaluate the potential benefit of speech and language therapy.
 3. Speech and language therapy would not normally be provided to individuals who are older than twenty-one years of age, as it is generally agreed that speech and language development ceases around puberty. It is recognized, however that certain consumers may benefit from speech therapy designed to
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improve articulation. Other exceptions may exist as well. Consumers who are over twenty-one years of age and who might benefit from speech and language therapy must obtain a prescription for the assessment and services from a physician to facilitate coverage from private insurance or Medi-Cal. In some cases for consumers who have Medi-Cal, the Westside Regional Center staff physician can evaluate the need for these services and write the prescription. If the consumer has private insurance, the consumer must obtain a prescription from his or her medical provider.

4. For all individuals receiving funding for speech and language therapy, an evaluation and plan developed by a competent professional is required. The plan needs to be time-limited with expected outcomes outlined. Generally, the desired outcome is that a consumer's speech and language abilities will be commensurate with other abilities (gross and fine motor, cognitive skills, etc.). Speech and language therapy will not be extended beyond a period of six months without a written progress report that justifies the need for continuation of services. The progress report is reviewed by the Regional Center Health Services staff prior to extension of funding.
5. Generally, individual one-to-one speech and language therapy is only provided at a maximum of two hours per week. If a consumer attends a specialized center-based program that offers speech and language services, individualized speech and language therapy will most likely not be provided.³³

³³For exceptions to this policy see general exception policies, page 3 of this document under General Standards.

Genetic Diagnostic/Counseling and Prevention Services

Genetic diagnostic/counseling and prevention services are designed to provide information and counseling to parents at risk of parenting a child with a developmental disability, and to provide information and counseling both to individuals and to the public at large that helps avoid the occurrence, or lessen the severity or effect of a developmental disability.

Westside Regional Center provides service coordination to facilitate access to genetic diagnostic/counseling services that may include:

- ?? Diagnostic Evaluation
- ?? Genetic counseling
- ?? Prenatal diagnosis counseling
- ?? Carrier testing
- ?? Nutritional consultation
- ?? Ultrasonography
- ?? Amniocentesis
- ?? Karyotype determination
- ?? Metabolic and hematologic studies
- ?? Chorionic Villus sampling

If no other funding resource is available, Westside Regional Center may consider providing funding for such services if the following conditions are present with pregnancies or anticipated pregnancies:

1. Either parent has a developmental disability in which a genetic etiology is suspected or a genetic disorder has already been diagnosed.
 2. A family member (immediate or extended) has a developmental genetic disorder.
 3. History of a previous child with a developmental disability, congenital anomalies, or chromosomal disorder.
 4. Parents are carriers of recessive genetic disorders that can be diagnosed in the pre-natal stage.
 5. Maternal age is 35 years or older by the due date.
 6. Teratogenic exposure during pregnancy (including substance abuse).
 7. History of unexplained or spontaneous abortions (three or more).
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8. Adolescent/Maternal PKU.

Additional funding considerations are as follows. However, exceptions may be made on a case by case basis.

1. Parents requesting diagnostic/genetic counseling services must reside in the service area of Westside Regional Center.
2. The Center will not provide funding retroactively for services that were performed without prior authorization.
3. Westside Regional Center does not provide or fund procedures or services which are part of regular medical management in prenatal or obstetric care.

Prevention Services of Westside Regional Center also include educational activities designed to teach members of the general public how to prevent the occurrence of developmental disabilities. Public education activities include training in elements of risk, ways to avoid risk (good prenatal care, accident prevention, etc.); training and counseling to help develop effective parenting techniques; as well as early intervention services to designed to maximize the development and the health and well being of a child with a developmental disability. Services given to high-risk infants and toddlers and their parents/caregivers are covered under Early Intervention Services in this document.³⁴

³⁴For exceptions to this policy see general exception policies, page 3 of this document under General Standards.

Provision of Formulas and Nutritional Supplements

Formulas and nutritional supplements are specifically constituted liquids or powders designed to improve the nutritional state of a consumer. These may be prescribed for such conditions as failure to thrive, disturbances of the digestive system and metabolic disorders such as PKU.

Westside Regional Center may provide funding for nutritional formulas or supplements under the following circumstances:

Formulas

1. The specialized formula is required due to a medically documented diagnosis, and is prescribed by a physician; and
2. The cost of the formula exceeds the amount it would cost to feed a person of the same age who is non-handicapped (based on current guidelines from the U.S. Department of Agriculture); and
3. Funding is not available through any other resource.
 - a. For infants and toddlers under the age of three, private insurance can be used to pay the cost of services and supports only if there is not cost to the family as a result of its use.
 - b. In such cases the Regional Center may elect to pay the cost of accessing private insurance (deductibles, co-pays, or a reduction in the life time benefit cap, etc.).

Nutritional Supplements

1. The nutritional supplement is due to a medically documented condition and is prescribed by a physician; and
2. The supplement is recommended in a nutritional evaluation performed by a nutritionist who is vendored by Westside Regional Center.

The Center does not provide funding for over-the-counter infant formulas such as Similac, Enfamil or ProSorb, as these are considered normal feeding products, and the purchase of these would fall under the responsibilities of any parent.³⁵

³⁵For exceptions to this policy see general exception policies, page 3 of this document under General Standards.

Feeding Therapy

The purpose of feeding therapy is to ameliorate chewing and swallowing difficulties. This service consists of a variety of interventions performed by one or more of the following:

- ?? Occupational therapist
- ?? Physical therapist
- ?? Nutritionist
- ?? Developmental specialist
- ?? Behavior specialist

This service would normally be provided by California Children's Services (CCS) to consumers who qualify. Westside Regional Center may provide funding for feeding therapy under the following circumstances:

1. There is an evaluation by an occupational or physical therapist who specializes in oral feeding techniques. This evaluation should include an assessment of feeding behaviors and any behavior problems associated with feeding. It should state recommended feeding procedures, and list anticipated outcomes of the therapy with specified time frames.
2. A maximum of two feeding therapy sessions per week for a three month period may be authorized.
3. Continuation of funding for feeding therapy is contingent upon receipt and review of a progress report justifying the need for continuation.
4. No other source of funding, such as Crippled Children's Services is available to the consumer.
 - a. Note that for children under the age of three for whom feeding therapy is indicated on the IFSP, the use of private insurance to pay for services may only be required if there is no cost to the family as a result of its use (deductible, co-pay, etc.).
 - b. The Regional Center may elect to pay the cost of accessing insurance.³⁶

³⁶For exceptions to this policy see general exception policies, page 3 of this document under General Standards.

Durable Equipment

Durable equipment includes those mechanical assistive or adaptive devices which are designed to sustain life or to facilitate mobility, communication, community access or environmental control in order to maintain or maximize independence. Consumers who are having difficulties with mobility, with maintaining an adequate sitting posture, with activities of daily living such as feeding, dressing and bathing, and with various independent living skills such as cooking, may benefit from durable equipment. Durable equipment includes, but is not limited to, wheelchairs, walkers, braces, special eating utensils, apnea monitors, communication devices, helmets, and cooking and dressing aids.

Westside Regional Center may purchase durable equipment under the following circumstances:

1. The durable equipment is required for reasons related to the developmental disability and is prescribed by a physician in consultation with appropriate professions such as an occupational or physical therapist.
2. All other potential funding resources, such as California Children's Services, Medi-Cal, and/or private insurance, have been explored and written denial of eligibility for funding to purchase the equipment has been received.
 - a. Note that for children under the age of three where durable medical equipment is indicated in the IFSP, the use of private insurance to pay for the DME may not be required if there is a cost to the family resulting from access of the insurance (deductible, co-pay, etc.).
 - b. In such cases Westside Regional Center may elect to pay the cost of accessing private insurance.

Coordination of care is an essential element to successful outcomes when obtaining and using equipment. This can involve selection of the right equipment to meet consumer needs, locating and securing funding, assuring that the consumer has the necessary support to learn to use the equipment and resolve any problems, and coordination of the involvement of health care/allied services providers. If a consumer is not eligible for such coordination of care via another agency (e.g. California Children's Services, Orthopedic Hospital or Rancho Los Amigos Hospital), Westside Regional Center's OT Consultant is available to assess the need for durable equipment, and to work in conjunction with the Regional Center Service Coordinator to coordinate care on an ongoing basis.

Westside Regional Center asks that consumers and families return equipment purchased by the Regional Center after it is no longer being used, so that it can be made available to other consumers.³⁷

³⁷For exceptions to this policy see general exception policies, page 3 of this document under General Standards.

Supplies for Incontinence

Supplies for incontinence consist of any equipment or ancillary materials required to maintain a dry or clean skin surface for persons who cannot independently maintain urinary or stool continence. Supplies include: disposable diapers, briefs, underpads, undergarments, liners, pads, pants and pad systems, cleansing creams and wipes.

Consumers who may require such supplies include those who experience the following:

- ?? Delay in childhood development in the area of toilet training.
- ?? Neurologic abnormalities (such as spina bifida, imperforate anus, hydronephrosis, etc.).
- ?? Traumatic injury to the pelvis, elimination tracts or lower musculature.
- ?? Other medical conditions that can predispose a person to incontinence (such as diabetes insipidus).
- ?? Emotional challenges causing incontinence.

Westside Regional Center may consider purchasing or providing partial funding for supplies for incontinence under the following circumstances:

1. Generally it is required that a consumer be over five years of age. Toilet training is a natural part of development for most children under the age of five, and incontinence supplies for this age group are therefore considered a normal family expense. Exceptions may be considered if it can be documented that the cost of these supplies causes a severe financial hardship to the family.
 2. If a consumer over the age of five exhibits bladder and bowel control in one environment and not in another, then an assessment will be made to determine reasons for this discrepancy, and support will be offered to assist the consumer to generalize bladder and bowel control. This support may include training or consultation for any persons significant to the environment where the incontinence occurs (family members, teachers, or other support persons); manipulation of the environment, or any other solution that becomes evident through the assessment of causes.
 3. Similarly, if a prior assessment indicates the likelihood that a consumer over the age of five may be able to learn bladder control, yet recommendations from the assessment are not being implemented at home nor in other settings (such as school), Westside Regional Center will provide the necessary training and/or assistance to parents or caregivers and to significant persons in other environments, so that the recommended interventions can be carried out.
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4. For consumers over the age of five years who are challenged by incontinence, consideration will be given to the purchase of incontinence supplies if it has been determined that there is no other source of funding. An evaluation by an approved specialist is required to determine length of funding. If the evaluation indicates that the consumer can benefit from habit training, these supplies may be approved for a six month period. Continuation of funding is contingent on receipt of a progress report from the approved specialist. If the evaluation indicates that habit training is not recommended, or progress reports show that habit training has been unsuccessful, then authorization may be given to purchase incontinence supplies for up to one year at a time.³⁸

³⁸For exceptions to this policy see general exception policies, page 3 of this document under General Standards.
