



San Gabriel / Pomona
Regional Center

Purchase of Service Policy

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This policy may be viewed on the Internet at www.sgprc.org

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Purchase of Service Policy Statement

San Gabriel/Pomona Regional Center (SG/PRC) may purchase services and supports when services and supports will: (1) enable the individual to approximate the pattern of everyday living of a nondisabled person of the same age, (2) lead to a more independent, productive and normal life in the community, and (3) promote opportunities to participate in community life.

Public resources which are available to implement the service, as well as other sources of funding available, shall be investigated prior to regional center purchase of a service. The Lanterman Act specifies that these include but are not limited to Social Security, Supplemental Security Income (SSI), In-Home Support Services, Medi-Cal, Medicare, private insurance and trust funds. In those instances where it is determined that another agency should be responsible, assistance in obtaining the needed service will be provided. While funding from another agency is being pursued, regional center may purchase urgently needed services and supports until that agency provides the services. Parents of minors, ages 0-17, are also required to pay a portion of the costs for respite, day care, and camp services as specified by the State of California, Department of Developmental Services Family Cost Participation Program.

Services and supports shall be purchased to meet needs associated with a developmental disability when such services and supports will accomplish all or any part of the Individual Program Plan. As stated in the Lanterman Act, the regional center shall take into account the family's responsibility for providing similar services to a child without disabilities. Also, the regional center shall assure that individuals, and their families when appropriate, participate in all decisions related to identifying services and supports in the Individual Program Plan (IPP) and Individualized Family Service Plans (IFSP). IPPs and IFSPs shall be prepared jointly by one or more representatives of the regional center, including the service coordinator, the person with the disabilities, and where appropriate, the person's parents, legal guardian, or conservator. When invited by the person, or where appropriate, parents, legal guardian, or conservator, participants in the IPP/IFSP meeting may also include other persons.

Each service must be identified in the IPP/IFSP and be associated with one or more objectives. The individual program planning and individualized family service plan process is at the heart of the regional center's function to plan for and meet the needs of the individual and his/her family, using all alternative funding sources available whenever possible, and purchasing cost-effective services where not. Since the regional center's service coordination function focuses on opportunities to participate in community life, opportunities for work, play and social activities in natural settings with non-disabled peers must be provided whenever possible. The IPP/IFSP will therefore be sensitive to these quality of life issues.

Priority consideration shall be given to those services that promote choice and empowerment, provide opportunities to participate in community life with emphasis on interaction with non-disabled peers, and encourage unpaid natural support.

Please refer to the end of this document for notations that provide additional information about this POS Policy.

Services and supports shall be purchased only from providers who adhere to the quality standards set forth by the regional center, the Department of Developmental Services and California regulations related to the service. The IPP/IFSP planning team shall consider the following when selecting a provider of client services and supports:

1. A provider's ability to deliver quality services and supports which accomplish the specified IPP/IFSP objective.
2. The cost of providing services and supports of comparable quality by different providers, if available, shall be reviewed, and the least costly available provider of comparable services, including the cost of transportation, who is able to accomplish all of part of the person's individual program plan, shall be selected. In determining the least costly provider, the availability of federal financial participation shall be considered. The individual shall not be required to use the least costly provider if it will result in the client moving from an existing provider of services or supports to more restrictive or less integrated services and supports.
3. The ability of the provider to develop and facilitate services in natural environments with natural supports.
4. The ability of the provider to empower individuals and their families, when appropriate, to make choices in their own lives including where and how they live, their relationships with people in the community, the way they spend their time, including education, employment and leisure, the pursuit of their personal future, and program planning and implementation. Cultural preferences and values of the individual and of families shall also be considered when purchasing services and supports.
5. The ability of the provider to provide services that result in a more independent, productive and normal life for the person.

SG/PRC will not purchase experimental treatments, therapeutic services or devices that have not been clinically determined or scientifically proven to be effective or safe or for which risks and complications are unknown.

Funding continuation will occur if the person with disabilities, or when appropriate, the parent, legal guardian or conservator and the regional center agree that the planned services and supports have been provided as specified above and reasonable progress has been made toward meeting the IPP/IFSP objectives.

Persons with developmental disabilities have the same legal rights and responsibilities guaranteed all other individuals by federal and state laws. No otherwise qualified person by reason of having a developmental disability shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity, which receives public funds.

Please refer to the end of this document for notations that provide additional information about this POS Policy.

This policy statement shall be applied along with the specific standards for each category of service. The services in this policy are not all inclusive. Unusual circumstances related to a developmental disability may warrant additional services not listed. Exceptions to the Purchase of Service Policy shall be reviewed and approved by the Executive Director of the San Gabriel/Pomona Regional Center (SG/PRC).

Adult Day Services and Supports

Adult day services and supports purchased by the regional center are designed to develop, maintain or increase self-care, self-advocacy, employment training, community integration, and social, mobility, and behavior skills. The types of programs include activity centers, adult development centers, behavior management programs, and adult day health care centers. Priority will be given to services and supports that utilize natural environments for training, empowerment, encourage the development of natural supports, and work toward the ultimate goal of employment.

Adults should first be considered for referral to the Department of Rehabilitation for employment training or supported work, and then a work activity program before an adult day program is explored. When purchasing services and supports, the regional center will consider the cost effectiveness of these services. Cost effectiveness shall include the combined cost of transportation and the adult day program and supports.

The regional center may purchase day services and supports if all of the following criteria are met:

1. The adult is not eligible for an appropriate public school program.

AND

2. The adult is not eligible for supported work, work activity programs, or a Medi-Cal funded program.

AND

3. The needs of the individual can best be met by purchasing day services and supports.

AND

4. The individual is willing to attend and participate in the services and supports (if the individual is capable of indicating his/her preference).

The adult, legal guardian, conservator chooses services and supports based on the recommendations from regional center staff and the person's needs; the availability of alternative training and socialization experiences in natural settings; the need to increase self-care or other skills which allow the person to reside in the least restrictive living arrangement; and any other factors identified.

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Behavior Intervention

Behavior intervention services are designed to provide education, training, and support to families and/or service providers in situations where emotional, social, or behavioral challenges are interfering with an individual's ability to participate in family and community life and/or to remain in the least restrictive living setting.

The purpose of behavior intervention services is to develop an intervention plan to be carried out by the family or the service provider.

1. The plan shall include steps to teach more appropriate replacement behaviors and to reduce challenging behaviors.
2. The plan shall focus on increasing the skills of the family or the service provider when interacting or instructing the person.
3. The plan shall emphasize the increase of positive and adaptive behaviors and reduce maladaptive behaviors.
4. The plan shall not include behavior intervention techniques that may cause pain or trauma.

Families are required to attend group training sessions in behavior intervention strategies appropriate for individuals served by the regional center prior to any purchase of in-home behavior intervention services. Group training is offered regularly and provides basic information on behavioral techniques. In many cases implementing this basic information is sufficient to improve the behavior of the person in the home and community setting. This training also prepares families for what is expected of them for a successful outcome if more intensive behavior intervention is authorized. Depending on individual family needs, additional hours of respite to attend the behavioral strategies training may be authorized.

The need for behavior intervention services shall be determined through the IPP/IFSP process. Several factors are reviewed in determining the need for behavior intervention. These may include:

- Recent changes in behavior.
- How long the behavior has been of concern.
- Previous behavioral services and their outcome.
- Developmental level.
- The presence of significant stressors apart from the challenging behaviors.

When the need for services has been determined, a behavioral intervention specialist will collaborate with all involved parties to complete an assessment which includes a functional analysis of the challenging behaviors and a plan to assist the person and the family. (See criteria below.)

A purchase may be made of behavior intervention services if the following criteria are met:

Please refer to the end of this document for notations that provide additional information about this POS Policy.

1. The behavior significantly interferes with participation in family and community life, or the ability to remain in the least restrictive living setting. Some examples of behaviors which meet these criteria are self-injurious, aggressive or assaultive behavior, or other disruptive and/or dangerous behavior.

AND

2. An assessment has been completed by a specialist who indicates that the individual would benefit from intervention and that the family/service provider agrees to implement the recommendations of the intervention plan. The assessment should include a functional analysis for each behavior of concern, positive interventions to teach replacement behaviors, intervention plans that are consistent with the functional analysis, procedure for data collection, and expected outcome.

AND

3. The family has completed group training in behavior intervention.

Parents and service providers should recognize that the success of this intervention depends upon their active participation, learning and implementing behavioral techniques, and a willingness to change their behavior in order to support that individual's special needs appropriately.

For school-age children and youth, the regional center cannot provide behavior intervention services for challenging behaviors that occur in the school setting, although coordination and communication with the school program is encouraged.

All services in this category must specify a time-limited course of intervention. Authorization should not exceed six months, and progress is typically reviewed after three months of intervention. Services will not continue unless reasonable progress toward IPP/IFSP objectives/outcomes has been made.

Behavioral Health Treatment

Definition

Behavioral Health Treatment is designed to provide education, training, skill acquisition and support to families and/or service providers in situations where emotional, social, or behavioral challenges are interfering with an individual's ability to participate in family, community life and/or to remain in the least restrictive environment. San Gabriel/Pomona Regional Center (SG/PRC) shall only purchase behavioral services that reflect evidence-based practices, promote positive social behaviors, and ameliorate behaviors that interfere with learning, social interactions and/or activities throughout an individual's day. If challenging behaviors occur in a school setting, SG/PRC will advocate, collaborate, and support provision of services through the Individual Educational Program (IEP).

Statutory & Regulatory Framework

Behavioral Health Treatment for individuals under 21 years of age with a diagnosis of Autism are required to be provided through the child's private health care plan per 1905 (a)(4)(B) of the Social Security Act for Early Periodic Screening, Diagnostic and Treatment (EPSDT), Title 42 of the Code of Federal Regulations Section 440.130 (c), Welfare and Institutions Code 14132.56. and Health and Safety Code Section 1374.73. Behavioral Health Treatment for eligible Medi-Cal members under 21 years of age are required to be provided through their Medi-Cal Managed Care Plan, when deemed medically necessary per DHCS (Department of Health Care Services) All Plan Letter APL 18-006.

SG/PRC may fund Behavioral Health Treatment to ameliorate behaviors that interfere with learning, social interactions and/or activities throughout an individual's day for the following:

- Individuals ages 21 and over;
- Individuals ages 3 to 21 who have Fee-For-Service Medi-Cal; and
- Individuals ages 3 to 21 who are not covered under the Autism Insurance Law

Components of the Behavior Health Treatment Plan

The goal of Behavioral Health Treatment is to develop an intervention plan to be implemented by the primary caregiver to reduce the occurrence of the behavior identified through the planning team process. The service provider will implement the intervention plan, educate, train, and transition the implementation of the intervention plan as function of the primary caregiver.

1. The plan shall include steps to increase socially appropriate replacement behaviors and to reduce challenging behaviors
2. The plan shall focus on increasing the skills of the family or the service provider when interacting or instructing the individual served
3. The plan shall include the use of evidence-based positive behavioral strategies

Please refer to the end of this document for notations that provide additional information about this POS Policy.

The plan should avoid the use of behavior intervention techniques that may cause pain or trauma. Please see SG/PRC's Behavior Modification Review Committee Policy (BMRC).

Functional Behavior Assessment

When the need for behavioral services has been determined, a Board-Certified Behavior Analyst or a professional whose license permits them to complete and or monitor behavioral intervention plans, will complete a Functional Behavior Assessment (FBA) which includes:

1. Direct Observation of the problem behavior of concern of the individual served
2. Indirect Observation (Interviews with caregivers, review of records, completion of surveys and questionnaires)
3. A Functional Analysis (FA) of challenging behaviors

(FA model selected must address the Individuals consent, current behavioral trends, environment, Direct Support Staff qualifications and be deemed reasonably safe to conduct via a Safety Net Plan produced by the direct treatment team tasked with executing the FA)

4. An Individualized Behavior Intervention Plan
5. At a minimum, includes a description of the problem behavior,
 - a. Hypotheses as to why the problem behavior occurs and
 - b. Intervention strategies that include positive behavioral supports and services to address the behavior
 - c. Outlines the target behaviors to decrease and functionally equivalent replacement behaviors to increase
 - d. Procedure for data collection
 - e. Parent/Provider Training and expected outcome

Introductory Training for Parents or Caregivers

Families who receive this service are required to complete training sessions in behavior intervention strategies either at group training sessions or on-line prior to the on-set of ongoing services. Group training provides basic information on behavioral techniques. A 10-lesson interactive, on-line learning module in multiple languages is available through the Autism Distance Education Parent Training (ADEPT) on SG/PRC's website.

In some cases, implementing these behavioral strategies may improve the behavior of the individual served in their home and community setting. This training also prepares families for what is expected of them for a successful outcome if more intensive behavior intervention is authorized. Depending on individual family needs, additional hours of respite to attend the behavioral strategies training may be authorized.

Planning Team Considerations

Please refer to the end of this document for notations that provide additional information about this POS Policy.

The need for Behavioral Health Treatment shall be determined through the IPP/IFSP process. Several factors are reviewed in determining the need for behavior intervention. These may include:

- Is the challenging behavior of social significance
- Recent changes in behavior
- Length of behavior of concern
- Previous behavioral services, barriers to progress and outcomes
- The presence of significant stressors apart from the challenging behaviors
- Developmental level

Funding Criteria

When a person is eligible to receive this service, Behavioral Health Treatment Services may be purchased if the following criteria are met:

1. The behavior significantly interferes with participation in family and community life, or the ability to remain in the least restrictive living setting.
 - a. Some examples of behaviors which meet these criteria are self-injurious, aggressive /assaultive behavior, or other disruptive and/or dangerous behavior, or other behaviors of social significance.

AND

2. An assessment has been completed by a Board-Certified Behavior Analyst or a professional whose license permits them to complete/monitor behavioral intervention plans, who indicates that the individual would benefit from behavioral intervention services.

AND

3. The family/service provider agrees to implement the recommendations derived from the FBA, which may include:
 - Antecedent Strategies
 - Consequence Strategies
 - Teaching Strategies
 - Environmental Changes

AND

4. The family has completed either a group training or the 10-lesson interactive, on-line learning module available through the Autism Distance Education Parent Training (ADEPT) on SG/PRC's website.

Please refer to the end of this document for notations that provide additional information about this POS Policy.

Parents and service providers recognize that the success of this intervention depends upon their active participation, learning and implementing behavioral techniques as recommended in the behavior intervention plan and their commitment to changing the assessed behavior.

Evaluation of Progress

- In accordance with the Individual Program Plan, services will be reviewed at regular intervals to monitor progress and to ensure continued need.
- Services may only continue if the individual, parent, legal guardian, or conservator (when appropriate) and the regional center agree and reasonable progress toward IPP objectives and long-range goals has occurred.
- Service Providers will submit progress reports quarterly, semiannually, or required frequency specified within their service delivery design, SG/PRC agreements or where legally required.

Exceptions and Appeal Process

The SG/PRC Executive Director or designee may grant an exemption to this policy as warranted under extraordinary unique individual circumstances. Accordingly, if an individual served or their legal representative disagrees with services offered through implementation of this policy, they retain the right to appeal the Planning Team's and the Executive Director's (or designee's) decision as described within Welfare and Institutions Code Section 4710 et al.

Day Care

The purpose of regional center support for day care is to cover the extra cost of specialized care due to the exceptional needs of a child with a developmental disability when day care is not available through usual resources in the community at prevailing community costs. It is not intended to cover all costs associated with providing care and supervision for a child with a developmental disability (under age 18) who is unable to care for himself or herself.

Parents are expected to pay the typical cost of day care for a child without disabilities until the child reaches age 13. Regional center will fund the incremental difference between typical cost and actual cost incurred for children with developmental disabilities up to age 13. Regional center will fund the full cost at age 13 until age 18. After age 18, other services and benefits including Supplemental Security Income (SSI) and In-Home Support Services (IHSS) shall be considered in determining the need for the purchase of day care.

Day care is one of the three specific regional center services that by law require an assessment for cost participation by the parents under the Family Cost Participation Program (FCPP). FCPP will apply to families who meet the following criteria:

1. The child is 0 through 17 years of age; and
2. The child lives in the parents' home; and
3. The child is not eligible for Medi-Cal.

Regional center only funds day care while parents are at work or vocational training. In two-parent families, both parents must be employed and/or in vocational training to qualify for the service. In single-parent families, the parent must be employed or in vocational training to qualify for the service.

The need and amount of day care services shall be determined through the IPP/IFSP process. In determining this need, the regional center shall take into account the family's responsibilities for providing similar services to a child without disabilities. Day care shall only be provided if a degree of care beyond that normally associated with the care of an individual without a developmental disability is required.

The number of day care hours provided will vary depending upon the need of the individual and may range from one (1) to 20 hours per week.

In determining whether the child requires specialized day care, the parent, legal guardian, and the regional center shall take into consideration the following factors and circumstances:

1. Significant behavior challenges, including disruptive hyperactivity, self-abusive behavior, aggressive acting-out behavior, assaultive behavior, and/or emotional difficulties;

Please refer to the end of this document for notations that provide additional information about this POS Policy.

2. Significant medical or physical needs, including use of equipment requiring a specially trained care person, feeding needs that require extensive time and effort by a care person, suctioning, tube feeding, uncontrolled seizures, or any other medical-physical need that requires extensive time and effort or special training;
3. A child, over the age of 5, has significant self-care needs including lack of toilet training, inability to communicate basic needs, lack of self-help skills such as bathing, toileting, dressing, eating, and lack of ability to ambulate.

In determining the type of day care (in the home or outside the home, individual or group setting), the IPP/IFSP team shall determine the most appropriate, cost-effective program available.

It is expected that families would access referrals for appropriate day care through the California Child Care Resource & Referral (R & R) Network for local child care options. This network is designated by the State of California to assist families in finding day care options, including providing resources for children with disabilities. The regional center also shall assist the family in locating and utilizing day care provided by generic and community agencies, such as public schools, Y.M.C.A.s, and other day care programs serving the community.

According to the Americans with Disabilities Act (ADA,) day care providers have a responsibility to assess whether a child with disabilities can be reasonably accommodated by the day care service without an additional charge. Only when an accommodation is “above and beyond” a “reasonable accommodation” can an additional fee be imposed by the day care service.

Day care shall not replace a public school program. Day care for the child may be provided in addition to respite for the family, and the amount of respite determined to meet the family’s needs shall not be reduced by the number of hours of day care provided.

For infants and toddlers less than three years of age in the Early Start program, who do not have a diagnosis of a developmental disability, child day care is considered a non-required service and shall not be included in a child’s IFSP. Regional center shall not purchase non-required services but may provide referrals to child care resources in the community.

Employment Training and Support Services

Employment is a significant way for adults to lead more independent and productive lives. All adults should be considered for employment training.

Please refer to the end of this document for notations that provide additional information about this POS Policy.

Referrals for this service can be made through the Department of Rehabilitation (DOR), supported work programs, and work activity programs. DOR is required to fund supported work services until the adult is stabilized in a specific job. Upon stabilization, usually within six (6) months, DOR notifies the regional center at least fifteen (15) days in advance of the transition of the funding to regional center. The regional center can then continue to purchase supported work services.

When the regional center is considering referrals for employment training and support services, priority consideration shall be given to agencies that can arrange for timely job placement, preferably in a work environment with non-disabled persons.

The regional center may purchase employment training and support services if all the following criteria are met:

1. The adult is willing to participate in employment training and support services.
2. The adult is ineligible for an appropriate public school funded program.
3. The adult is ineligible for funding from the Department of Rehabilitation (DOR).

Extended Day and Extended Year Services

Extended Day and Extended Year Services are designed for school-aged children and youth living at home/foster homes who have a constant need for a supervised structured setting beyond the school program to promote and maintain positive behavior. The programs operate after school hours, on Saturdays and during school breaks. Parents are responsible for care on holidays. Extended day/year services that also meet a day care need will be subject to the Family Cost Participation Program for children ages 0 to 17.

The need for these services shall be determined through the Individual Program Plan process with consideration to the preferences of the child or youth and, where appropriate, the parent, legal guardian, or conservator.

Extended Day and Extended Year Services may be purchased if the following criterion is met:

The child/youth exhibits behaviors that require intervention beyond that expected of a generic child care or recreational setting. These behaviors may include aggressive, assaultive or self-abusive behavior, or property destruction, or other behaviors which might endanger the client or others. Additional behaviors may include significant tantrums, wandering away, extreme hyperactivity or self-stimulatory behaviors. These services are purchased only when they are necessary to maintain the client in his/her family/foster home.

Services will not continue unless reasonable progress toward IPP objectives has been made.

Genetic Services

Genetic services are designed to prevent or minimize the effect of a probable developmental disability through diagnostic studies. Diagnostic studies evaluate the individual's risk of parenting a child with a developmental disability or specific genetic disorder associated with developmental delay.

If tests performed before the birth of the baby appear to be needed, the regional center can refer the individual to a state approved pre-natal diagnostic center for further evaluation.

Genetic Services also include diagnostic evaluation to determine if there is a genetic etiology (cause) which accounts for an individual's developmental disability.

Genetic evaluation or counseling is generally provided by a regional center consultant.

The regional center may purchase prevention/genetic services and supports if the following criteria are met:

1. An assessment by the regional center's specialist has determined that an individual is at risk of parenting a child with a developmental disability.

OR

2. An assessment by the regional center's specialist recommends diagnostic tests to determine the etiology (cause) of the developmental disability.

AND

3. The individual has been denied or is not eligible for Medi-Cal, private insurance or other coverage.

Independent Living Services

Independent living services is a curriculum-based training service designed to provide instruction to develop and/or maintain functional skills necessary to increase independence within the family home and/or in the community. Service participants receive training and support in a natural setting to acquire the necessary skills to achieve greater independence. ILS can provide training to individuals who do not have legal and financial control over their residence. All service participants must be at least 18 years of age. As outlined in § 56742 (b)(3), training can be provided in the following areas:

- (A) Cooking;
- (B) Cleaning;
- (C) Shopping in natural environments;
- (D) Menu planning;
- (E) Meal preparation;
- (F) Money management, including check cashing and purchasing activities;
- (G) Use of public transportation in natural environments;
- (H) Personal health and hygiene;
- (I) Self-advocacy training;
- (J) Independent recreation and participation in natural environments;
- (K) Use of medical and dental services, as well as other community resources;
- (L) Community resource awareness such as police, fire, or emergency help; and
- (M) Home and community safety.

Independent living programs may also, or in lieu of the training specified above, provide the supports necessary for a consumer to maintain a self-sustaining, independent living situation in the community.

The purpose of such services is to help individuals learn, acquire, and maintain skills to enable them to do things as independently as possible and be full participants in community life.

Please refer to the end of this document for notations that provide additional information about this POS Policy.

The regional center may purchase independent living training if the following criteria are met:

1. The adult understands the goals and expectations of the services,
2. The adult expresses a willingness to participate, and
3. The IPP team agrees the training will help the individual to meet the goals set forth in the IPP

The type of training services and the number of hours per month, is determined by the individual needs and choices based on existing skills and those areas the individual would like to improve. These services shall specify a course of intervention for skill acquisition. Such authorizations should be reviewed every six (6) months through the Planning Team, and the total cost of training per month should be comparable to other day programs. Some individuals may require additional training in independent living skills to enable them to move to an independent living arrangement.

All services are intended to address targeted goals. In accordance with § 4648 (a)(8), ILS should not be used to replace or supplant any other generic resource legally responsible to provide services to the general public. SG/PRC will not authorize funding for the purchase of any independent living support and/or service that is considered experimental, optional, or elective in nature. The expected result from the provision of any independent living support, service, or combination of supports and services is to lead to the development of measurable outcomes as outlined in the individual's Individual Program Plan.

Exceptions to a Service Policy may be granted by the San Gabriel/Pomona Regional Center Executive Director, or designee.

Individual/Family Training and Development

Participation in seminars and conferences provides opportunity for people with developmental disabilities and/or their family members to develop skills and abilities in leadership and/or increase their knowledge of developmental disabilities and related resources. Transportation, lodging, and meal costs are the responsibility of the individual or family.

Family Member

The regional center may fund one-half the registration fees for family member attendance at conferences or seminars up to two times per fiscal year. The Individualized Family Service Plan (IFSP)/Individual Program Plan (IPP) team determines that the following criteria are met:

1. The conference or seminar will be presented by qualified personnel.

AND

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

Adult with Developmental Disabilities

The regional center may fund the full registration fee for adult attendance at one conference or seminar each fiscal year. The IPP team determines that the following criteria are met:

1. The conference will be presented by qualified personnel.

AND

2. The conference will assist the adult in meeting the goals on his/her IPP.

OR

3. The conference or seminar will assist in the development of leadership/ partnership skills related to serving on local agency boards or committees.

Infant Development Services

Infant Development services and supports are designed specifically for infants and toddlers to improve functioning in one or more areas of delayed development and/or to assist the parents/care givers to understand, accept and work with their child's special needs. The services and supports may begin as early as shortly after birth up to the child's third birthday.

Instruction and activities, provided by qualified instructors, address all areas of child development, including cognitive, gross and fine motor, communication, social/emotional, and self-help/adaptive skills. Some infant development programs specialize in areas such as children with autism, medically fragile infants, and infants with vision and hearing impairments. Vended infant development programs are required to provide parenting training and support. Therefore, parents/care givers are expected to actively participate in this training.

The regional center may purchase an infant development program if one of the following criteria is met:

1. The infant/toddler has an established risk of developing a developmental disability because of biological, medical, or environmental factors and an assessment has indicated that an infant development program may reduce that risk.

OR

2. The infant/toddler has been diagnosed as having a developmental delay or developmental disability and an assessment has indicated that an infant development program may remediate the delay or lessen the effects of the disability.

AND

3. The infant/toddler is not eligible for a public school program or there are no openings available in a public school program.

Infant development services are provided in home and community settings that are natural or typical for the child's age peers who have no disability. The regional center will make every effort to obtain programs that accommodate working parents/care givers' ability to participate by purchasing Saturday or evening programming when that is necessary. An infant development teacher may provide inclusion support to a child in a regular preschool or daycare setting. Infant development programs are not designed to take the place of regular child care.

Please refer to the end of this document for notations that provide additional information about this POS Policy.

The specific program, frequency, and intensity of services which are provided for the child will be determined by:

- The recommendations of qualified professionals who conducted the assessments.
- The child's individual developmental needs.
- The priorities of the parent(s), legal guardian(s), or authorized representative.
- The presence of medical and/or physical concerns.

In instances where the child is medically fragile, a medical release may be requested from the child's physician prior to the purchase of service.

When a child resides within the boundaries of a local school district which offers an early intervention program, the regional center will refer potentially eligible children to that school district. The school districts will accept eligible children up to their funded capacity and will notify the regional center when there are no openings in the program in accordance with current interagency agreements.

Intensive Behavior Services for Children with Autism

Intensive behavior intervention consists of individual instruction and behavioral techniques to teach new skills. Research suggests that children with autism can benefit from early and intensive behavior intervention services. Such services are based on principles of Applied Behavior Analysis (ABA) to specifically address deficits in social, self-care, and functional communication skills. Intensive behavior programs may include various methods such as behavior intervention, discrete trial training, or pivotal response. Regional center shall only purchase ABA or intensive behavioral services that reflect evidence-based practices, promote positive social behaviors, and ameliorate behaviors that interfere with learning and social interactions. These programs must be supervised and implemented by appropriately qualified personnel.

The goal of intensive behavioral services is to progress to the least restrictive and most natural environment, as quickly as possible; therefore, the outcome should be transition to the next level of independence, using fewer supports. Generalization of skills (to multiple situations) is included in the program and regularly implemented by parents in a variety of settings. All behavior intervention services are considered to be time-limited. Parent training and full participation is essential to the success of intensive behavioral services and therefore required for program implementation. Parents are also responsible for the purchase of suggested program materials or community involvement if a reward system is used.

The regional center seeks to work cooperatively with the public school districts to provide continuity of services across educational, home, and community settings. Parents are encouraged to facilitate communication and collaboration with the school district. The regional center may share responsibility for addressing some developmental skills with the school district, but is not responsible for funding services that are the legal responsibility of another publicly funded agency.

When intensive behavior services are being considered for a young child, many factors must be considered. Upon decision by the Individualized Family Service Plan (IFSP)/Individual Program Plan (IPP) team, along with recommendation from the Autism Consultation Committee, all of the following conditions shall be met:

1. A diagnosis of autism is suspected or has been confirmed by the regional center.
2. The child is under the age of 66 months.
3. The child's needs cannot be met through less intensive services.
4. Parents and/or primary caregivers have completed group instruction on the basics of behavior intervention. Depending on individual family needs, additional hours of respite to attend the initial behavioral strategies training may be authorized.
5. Parents and/or primary caregivers are willing and able to actively implement intervention strategies, collect and submit data on behavior strategies, and participate in all clinical meetings throughout the duration of the program.

Please refer to the end of this document for notations that provide additional information about this POS Policy.

6. The regional center and the child's parent or legal guardian have made reasonable efforts to identify and use all private and publicly available (generic) services to meet the child's needs as identified on the IFSP/IPP.
7. The outcomes and goals do not duplicate those being addressed by the Individualized Education Program (IEP) through the school district for those children over 36 months of age.

The IFSP/IPP planning team, in consultation with the Autism Consultation Committee, determines the frequency and intensity of the hours of service, based on an assessment completed by a qualified behavior professional. The team may also make specific recommendations to ensure that the planned outcomes and interventions address the identified needs of the child.

Review of progress is conducted by the IFSP/IPP planning team, in consultation with regional center specialists, to assure that satisfactory progress is achieved. Progress will be reviewed every six months throughout the duration of the program. The IFSP/IPP planning team will review the child's needs prior to the completion of the program and consider any other transitional services that may be appropriate for the child. For children served together with the public school system, the regional center requires that school records be made available for review to monitor progress of intensive behavior intervention services.

The regional center will consider the following criteria to evaluate whether intensive behavior services should be concluded:

1. The child has met the goals and objectives identified in the ABA treatment plan and any updated goals do not require intensive behavior intervention.
2. The child demonstrates very little or no progress and the IFSP/IPP planning team, in consultation with the Autism Consultation Committee, concludes that the intervention is not an appropriate service to meet the client's goals and objectives.
3. A period of progress has been followed by a leveling off or plateau phase extending more than three months, and the IFSP/IPP planning team, in consultation with the Autism Consultation Committee, concludes that upon review of the goal and objectives they need to be updated. The updated goals and objectives do not require intensive behavior intervention.
4. There is documentation of a lack of parent or primary caregiver participation in implementing the program.

Please refer to the end of this document for notations that provide additional information about this POS Policy.

Medical, Dental and Equipment Services

Medical, dental, equipment and supply services and supports may be purchased to improve or maintain an individual's health status. The purchase of medications is included within these services.

General health care needs for regional center clients are similar to the needs of all members of the community. Ordinarily, parents of minors are expected to provide for all medical and dental care, equipment, and supplies for their children through private insurance, California Children's Services, or other sources of health care and funding available to the general public.

The regional center may purchase medical, dental, equipment, and supplies for either children or adults if the following criteria are met:

1. The needed treatment or equipment is associated with, or has resulted from a developmental disability, developmental delay or an established risk condition.

AND

2. The requested treatment or equipment is deemed to be medically necessary.

AND

3. The regional center consultants or clinicians have reviewed and approved the need for such treatment or equipment.

AND

4. The individual is not eligible for Medi-Cal, California Children's Services, private insurance or another third party payer coverage or these funding resources have denied the necessary equipment or services in writing and the regional center has determined that an appeal of the denial is not warranted.

Regional center clients in residential and foster care normally are eligible for, and are expected to utilize, the benefits of the Medi-Cal program.

An individual without medical insurance, Medi-Cal or California Children's Services coverage who requires surgery, hospitalization or other complex treatment will be referred to a medical facility with other funding sources.

The regional center may purchase diapers or provide reimbursement to parents if the child is age five (5) or older and is not toilet trained.

The regional center may provide reimbursement to parents or purchase diapers for children between the ages of three (3) and five (5) who are not toilet trained or expected to be toilet trained

Please refer to the end of this document for notations that provide additional information about this POS Policy.

within six (6) months. The family's responsibility for providing diapers to a child without a disability must be taken into account (e.g., night-time diapers for a three year old).

The regional center may purchase or provide reimbursement for diapers for children under three (3) when a financial need is demonstrated and when doing so will enable the child to remain in the family home.

If nutritional supplements are the individual's exclusive nutritional intake, regional center shall take into consideration parental responsibility for the typical cost of food for a non-disabled child of similar age and size. Behavioral or sensory factors affecting a person's ability to tolerate certain food textures will be addressed through intervention recommended by regional center consultants or clinicians. (Refer to guideline for Therapy Services.)

Mobility Training

Mobility training is a support service designed to teach adults how to use the public transportation systems. Its purpose is to enable the individual to be more independent and to access the community. The regional center shall assess individuals for mobility training before the purchase of vendored transportation services is considered.

Regional center will authorize a mobility training assessment when requested by an adult, parent, guardian, conservator, or authorized representative request. Based on the results of the assessment, mobility training may be purchased from an approved vendor who works with the individual to develop his/her knowledge and familiarity of bus routes, appropriate social behavior, the use of bus passes or money, and safety issues, as well as other related needs. The training generally lasts for one to three months of no more than 20 hours per month. Additional hours of training can be considered for purchase if it is recommended to meet the person's needs. Training can also be provided in a group of two or more for the eventual purpose of the group using public transportation with or without paid supports.

The regional center will consider purchase of mobility training if the mobility training assessment indicates that the adult has the potential for effectively using the public transportation system.

Parenting Skills Training

Parenting skills training is designed to assist adults with developmental disabilities with the challenges of raising children and providing a safe, nurturing home environment for them. It may include instruction in areas such as: infant care, immunization/health care needs, nutrition, safety, child development, toilet training, discipline, and speech and language development.

Training should focus on the entire family, taking into account the unique needs, strengths, preferences, values, and lifestyles of the family.

When parenting skills training is needed and this service is not available through a generic or private funding source, the regional center may purchase this service. The number of hours per month is determined after consideration of the parent's skills, needs, and preferences. There is usually a time-limited course of intervention.

Preschool Services

Preschool services may be purchased for children less than 3 years of age with a developmental disability, developmental delay, or established risk condition to:

- Enhance skills in the areas of communication and social/emotional development.
- Provide opportunities to participate in a structured educational environment with peers.
- Provide opportunities to generalize skills within a small group setting.
- Prepare the child for entry into a public school program.

Regional center will promote the inclusion of children with disabilities in all aspects of typical preschool settings and provide necessary identified supports. Preschool services are not intended to replace other individualized early intervention services that the child may need.

The regional center may purchase a preschool program for a child if he or she meets all of the following criteria:

1. The Individualized Family Service Planning (IFSP) team agrees that a specific outcome(s) on the child's IFSP can be met in a typical preschool environment.
2. The parent(s) have explored other community resources such as Mommy and Me programs, city parks and recreation departments, First Five funded programs, etc., and the identified outcome cannot be met through these resources.

The hours and the number of days per week which are recommended for the child will be determined by the needs and outcomes identified for the child, the presence of medical and/or physical concerns, and the transportation resources of the family. Preschool services are provided two to three half-day sessions per week.

Preschool services are not intended to replace the parent's responsibility to provide day care for a child when the parent is working or in a school/vocational program. In addition, preschool services do not replace parental responsibility to provide typical socialization opportunities for the child in their home, neighborhood, and community.

Services and supports may be purchased until the child reaches three years of age. At age 3 preschool services are considered educational and are the responsibility of the local school district.

The regional center may continue providing or purchasing preschool services for a child, who has a developmental disability, after the his/her third birthday if the birthday occurs during a period when the local school district special education preschool program is not in session; and, when the IPP planning team determines that services are necessary until the special education program resumes or the beginning of the next school term.

Residential Services

Residential services are designed to provide direct supervision and specialized services to achieve Individual Program Plan objectives in a licensed residential setting. Dependent upon the abilities and independence of the person, the residential provider may provide care, supervision, training, and support to promote the individual's functioning in the areas of self-care, daily living skills, physical coordination, mobility, behavioral self-control, choice-making, community integration, accessing community resources, and participating in leisure time activities.

Residential services may be purchased if a person's physical, behavioral, and health needs cannot be met in the current living arrangement and other living arrangements have been considered prior to seeking residential services.

Residential services and supports for children will be considered only after all other alternatives have been exhausted. Children with developmental disabilities usually have greater opportunities for education and for social growth when they live with their families. The cost of providing other types of services and supports in the home is typically equal to or lower than the cost of providing out-of-home placement. Parents of minor children who live in residential care are assessed a parental fee.

The regional center, taking into account the preferences of the individual, parents, guardian, or conservator, recommends a residential setting on the basis of age, behavioral needs, physical needs, medical needs, language, and other factors. Priority will be given to a setting that offers a homelike environment (six residents or fewer) as well as providing community integration, emphasis on individual choices, and which is the least restrictive option.

Those needing a residential setting licensed by the Department of Public Health Services will be funded by Medi-Cal. The regional center may purchase the service if the individual is not eligible to receive Medi-Cal.

An alternative living arrangement that may be considered is a certified Adult Family Home provider, which is not a licensed facility and is not required to provide 24-hour care and supervision, but may meet the individual needs of those who do not require skilled nursing care.

Respite Care

Respite care services are designed to provide family members with temporary relief from the continual care of a person with a developmental disability. "Family member" means an individual who:

- Has the person with developmental disabilities residing with him or her.
- Is responsible for the 24-hour care and supervision of the person.
- Is not a licensed or certified residential care facility or foster family home receiving funds from any public agency or regional center for the care and supervision provided. Notwithstanding this provision, a relative who receives foster care funds shall not be precluded from receiving respite.

The Regional Center may only purchase respite services when the care and supervision needs of the person exceed that of an individual of the same age without developmental disabilities.

Services can be purchased for a short period during planned or emergency situations. Respite services are generally provided in the home; however, respite on a 24-hour basis will usually be purchased from a licensed residential facility, a long-term care facility or an Adult Family Home Agency. The number of respite care hours will vary depending upon the need of the individual and family. The need and the amount of these services shall be determined through the Individual Program Plan/Individualized Family Service Plan process with consideration to the preferences of the child or adult and the family. In determining this need, the regional center shall take into account the family's responsibilities for providing similar services to a child or adult without disabilities. As well, the regional center shall take into account other services and/or activities that are provided that may also provide family members with relief from the responsibility of continual care. These may include, but are not limited to, school, adult day services, work, day care, extended day/year programs, and In-Home Support Services (IHSS) hours that meet a respite need, such as protective supervision hours.

The regional center shall not purchase more than 21 days in a fiscal year of out-of-home respite services in a licensed residential facility, a long-term care facility or an Adult Family Home Agency or more than 108 hours of in-home respite services in a quarter (or 36 monthly hours).

The regional center may grant an exception to any of the above if it is demonstrated that the intensity of the person's care and supervision needs are such that additional respite is necessary to maintain him/her in the family home, or there is an extraordinary event that impacts the family member's ability to meet the care and supervision needs of the person. To request an exception, the Service Coordinator assigned to the individual should be contacted so that an internal review of the request can be made. The regional center will not authorize additional respite specifically for vacations or for attending parent support meetings, conferences, or trainings other than behavior training.

Please refer to the end of this document for notations that provide additional information about this POS Policy.

Respite care shall be provided through the use of a vendored in-home respite or home health agency. Parents may choose the option of selecting their own respite worker as long as that individual is employed by a vendored respite agency. The person must be employed prior to regional center funding. For those with medical needs, a registered or licensed vocational nurse from a home health agency may be appropriate to provide respite.

Respite is not intended for use by parents as a substitute for behavior intervention. If an individual has challenging behaviors, the parents are required to attend group training in behavior intervention training. Depending on individual family needs, additional hours of respite to attend behavioral strategies training may be authorized.

Respite care may be purchased if one or more of the following criteria are met:

1. The child or adult with a developmental disability exhibits behavioral challenges requiring specialized care. Such behaviors include aggressive acting out, assaultive or self-abusive behaviors, property destruction, hyperactivity or other behaviors which might endanger the client or others.

OR

2. There are medical and/or physical needs requiring specialized care, including the need to be monitored for uncontrolled seizures or breathing difficulties; the need for special feeding, care of a gastrostomy, tracheostomy, or the use of special equipment.

OR

3. The individual has significant self-care needs beyond those normally associated with his or her age. These needs include challenges in completing activities of daily living, such as feeding, toileting, dressing, bathing, or communication.

OR

4. There are extraordinary family circumstances, which includes illness, a single-parent home, more than one family member with a developmental disability, and/or extreme financial hardship. This includes a parent who is unable to fully care for their child due to illness, age or a disability.

For children less than three years of age in the Early Start program, who do not have a diagnosis of a developmental disability, respite shall only be provided to enable the parent(s) to meet training outcomes on the child's IFSP.

Respite is one of the three specific regional center services that by law requires an assessment for cost participation by the parents under the Family Cost Participation Program (FCPP). FCPP will apply to families who meet the following criteria:

1. The child's age is birth through 17 years; and

Please refer to the end of this document for notations that provide additional information about this POS Policy.

2. The child lives in the parents' home; and
3. The child is not eligible for Medi-Cal.

Sexuality Training

Sexuality training is designed to assist individuals with developmental disabilities in protecting themselves from sexual abuse and/or exploitation (being taken advantage of) and to acquire socially acceptable behaviors and responsible attitudes toward human sexuality. Services and supports are to be provided in natural, integrated settings designed to empower adolescents and adults to make responsible choices regarding their sexuality. Services and supports may be provided to individuals or to groups with common educational needs. Services shall encourage input and participation.

Training services are determined by individual need, but may include:

- Protecting oneself from abuse.
- Using contraception (birth control) alternatives and responsibilities.
- Preventing sexually transmitted diseases (STDs).
- Taking responsibility for intimacy, relationships, marriage and domestic partnerships, and parenting.

The regional center may purchase sexuality training for an individual if he or she meets the following criterion:

1. The individual or his/her parent, legal guardian or conservator has expressed an interest in training and there are no appropriate or available services funded through another source.

All services in this category shall specify a time-limited course of intervention. Authorization should not exceed six (6) months.

Social Recreation/Camp & Non-Medical Therapies Policy

Definition

Social Recreation/Camp and Non-Medical Therapies are services and supports for individuals served by the regional center that provide integrated participation within community settings. They are intended to develop an individual's social skills, create social connections, and enhance physical health while ameliorating the impact of the developmental disability.

Social Recreational/Camp and Non-Medical Therapies may include, but are not limited to: swimming, gymnastics, sports club, dance classes, martial arts, creative arts, music therapy, art therapy, equestrian therapy, day camp, overnight camp, or community integration activities.

SG/PRC may fund camping services and associated travel expenses that are delivered within the boundaries of the State of California. Consideration of parental obligations, natural supports, and available resources is included to ensure fulfillment of SG/PRC's obligation to secure the most cost-effective service delivery option.

Philosophy and Purpose

San Gabriel/Pomona Regional Center (SG/PRC) encourages access to social/recreation activities; including camp and non-medical therapies (music, art, and equestrian therapy) for children and adults with developmental disabilities because these activities can improve their confidence, encourage independence, foster mental wellness, help them retain emotional stability, increase physical health, establish friendships, expand circles of support, and create diverse circles of friends that include persons with and without disabilities.

The purpose of social recreation/camp and non-medical therapies is to meet the unique service needs of the individual served within the context of objectives and long-range goals described in the Individual Program Plan (IPP). Goals on the IPP are person-centered and guided through the planning team assessment process. These services and supports are essential bridges for encouraging the inclusion of individuals served within all aspects of community living.

SG/PRC's funding decisions regarding social recreation/camp and non-medical therapies are guided through person-centered choice and decision making within the IPP process. SG/PRC will fund services and supports that ensure optimal participation within integrated community settings.

Individuals served often experience a variety of barriers to participation in community social recreation. Environmental, physical, person-related, and task related barriers may require additional supports such as adapted equipment, individualized support, development of professional competence in working with individuals served, and supportive equipment for activities selected.

Community social recreational programs can be highly successful when elements of the environment, individual, and task are all supported. SG/PRC is committed to alleviating barriers to access of social recreation services and may fund additional services and supports to secure access and equity for individuals served.

Please refer to the end of this document for notations that provide additional information about this POS Policy.

As an ongoing practice, SG/PRC will encourage publicly and privately funded socialization, leisure, and recreational programs, camps, and non-medical therapy service providers to reimagine, modify, and refine their service delivery models ensuring that people with developmental disabilities are fully included.

Funding Criteria

Individuals served may participate in social/recreation activities, camps, and non-medical therapies through community programs, funded through their families, churches, schools, day programs, and residential services.

To be considered for SG/PRC funding, these person-centered activities should include opportunities and experiences that will improve self-reliance, increase adaptive behaviors, and improve the ability to establish social relationships. These are primary social and recreational benefits.

The social and recreational benefit of each activity or service specified within the IPP shall also be considered when planning and purchasing such services. In some cases, an individual may need services to develop a particular skill to join or participate in a social recreational program. An example is learning to swim to later participate in water sports or pool parties with friends and family. SG/PRC will consider funding additional supports to encourage service equity and access to social recreation, camp, and non-medical therapies.

SG/PRC may purchase social recreation/camp and non-medical therapy services when the following criteria are met:

- The Individual is at least three (3) years of age.
- The Individual resides in their own home or with family, including foster care.
- The parent has made reasonable efforts to identify and use typical community socialization, leisure, or recreation programs to meet the individual's needs, including parental responsibility to fund typical social/recreation programs, camp, and non-medical therapies when applicable.
- The Planning Team has identified and documented social skill challenge(s).
- Social Recreation/Camp and Non-Medical Therapy services are not currently funded through a generic resource.
- The individual has socialization needs that significantly affect social interaction with peers and others. Examples may include limited responses to social engagement from others, excessively friendly advances towards others, excessive shyness or passivity, inappropriate social interactions (e.g., teasing/bullying), difficulty developing friendships, hyperactivity, withdrawal, or other behaviors (easily frustrated, resistive). **Service Amount and**

Frequency

- Funding for social recreation activity, service, program, or non-medical therapy may be purchased as determined through Planning Team assessments and recommendations.
- Social recreation activities may occur once or twice weekly for 6 hours total per week but is based on the frequency and quantity of services assessed and determined to be needed within the Planning Team process.

Please refer to the end of this document for notations that provide additional information about this POS Policy.

- Non-Medical therapies may occur twice a week (hourly sessions) or consistent with the Planning Team assessments and recommendations and service needs determination.
- One session of camp, up to two weeks per year, may be purchased for individuals who meet the criteria for social recreation services.
- The frequency/duration of services should not interfere with the time that families spend together engaging social recreation activities during weekends and vacations.
- Social recreation services and non-medical therapies cannot be used to replace an individual's need for childcare when parents are working.
- Social recreation services may be considered as part of a family support plan to meet a respite need.

Planning Team Considerations

- A parent's responsibility for paying for similar services and supports for a minor child without a disability will be considered. Parents will pay the typical cost of private lessons.
- SG/PRC recognizes that adults served are typically on a fixed income. For this reason, SG/PRC will not require adults that are eligible for social recreation services/camp or non-medical therapies to pay for these services.
- If a child requires additional experience and practice to benefit from the service due to their disability, SG/PRC may consider funding supplemental services and supports, thereby encouraging access to the social recreation activity that is funded by the parent.
- Cost of admission to recreational activities or events in the community will be paid for by the individual or parent.

Evaluation of Progress

- In accordance with the Individual Program Plan, services will be reviewed at regular intervals to monitor progress and to ensure continued need.
- Services may only continue if the individual, parent, legal guardian, or conservator (when appropriate) and the regional center agree and reasonable progress toward IPP objectives and long-range goals has occurred.
- Service Providers will submit progress reports quarterly, semiannually, or required frequency specified within their service delivery design, SG/PRC agreements or where legally required.

Exceptions and Appeal Process

The SG/PRC Executive Director or designee may grant an exemption to this policy as warranted under extraordinary unique individual circumstances. Accordingly, if an individual served or their legal representative disagrees with services offered through implementation of this policy, they retain the right to appeal the Planning Team's and the Executive Director's (or designee's) decision as described within Welfare and Institutions Code Section 4710 et al.

Social Skills Training

Social skills training is provided to children and young adults to develop appropriate social interaction skills so they may participate in their home and community. Social skills training is provided individually or in a group format. It addresses significant challenges in one or more of the following areas:

- Engagement and awareness of other people: The person's ability to engage or be engaged by other people and his/her level of interest in interacting with others.
- Social interaction: the person's capacity to engage with others in an age- and socially-appropriate manner.
- Verbal and non-verbal social communication: Non-verbal skills include appropriate eye contact, ability to point and wave, and ability to read other people's non-verbal cues. Verbal skills include the ability to initiate and sustain a conversation, use proper intonations, and listen appropriately.
- Play skills: The ability to initiate play and take turns, play in parallel with other children, cooperate and collaborate in play, and use symbols and imagination in play.

Social skills training is typically provided one to two times per week and is time-limited, usually not to exceed one to two years. It entails a detailed curriculum with meaningful and measurable outcomes and parent participation. It is expected to address specific goals and objectives identified by the Individual Program Plan (IPP) team and prepare the child or young adult to transition to inclusive environments where he/she will be able to practice the skills learned and continue to build new skills.

The regional center encourages families to involve their children in typical social and recreational activities in the community where they will have opportunities to develop and practice age-appropriate social skills. Parents of minor children are expected to assume the typical cost of community social activities.

Regional center may purchase social skills training if the following criteria are met:

1. The child or young adult exhibits significant needs in communication and social interaction that prevent him/her from forming relationships in the community or benefiting from social and recreational activities with typical peers.

AND

2. An assessment conducted by a qualified professional provides evidence that the individual's social skills will improve with a structured, time-limited intervention.

AND

3. The parents or primary caretaker agree to assume a major role in implementing training strategies between sessions.

Please refer to the end of this document for notations that provide additional information about this POS Policy.

Services will not continue unless the individual, parent, legal guardian, or conservator (when appropriate) and the regional center agree and reasonable progress toward IPP objectives has been made. Progress in reaching the objectives will be reviewed every six (6) months or at the end of a program session.

Supported Living Services

The intent of supported living services is to provide opportunities for adults with developmental disabilities, regardless of the degree of disability, to live in homes that they own or lease with support available as often and for as long as it is needed. The purpose of providing services and supports shall be to assist that individual to exercise choice in his or her life while building vital and long-lasting relationships with other individuals. While independent living skills are designed to provide instruction to develop specific skills, supported living services are offered for as long and as often as needed, with the flexibility required to meet a person's changing needs in his or her home over time.

Adults will be supported in living arrangements which are typical of those in which persons without disabilities reside. Services and supports shall change as needs change (without requiring a move from their homes.)

Supports and services purchased by the regional center would generally be expected to decrease over time as natural supports are developed and generic resources are accessed with the assistance of service providers.

Individuals shall have control over the environment within their own homes, where and with whom they live. Services and supports shall be flexible and tailored to individual needs and preferences.

The range of supported living services and supports available include but are not limited to:

- Assessment of needs.
- Assistance in finding, modifying and maintaining a home for the individual.
- Facilitating circles of support to encourage development of unpaid and natural supports in the community.
- Advocacy and self-advocacy facilitation.
- Development of employment goals.
- Development and provision of 24-hour emergency response systems.
- Securing and maintaining adaptive equipment and supplies.
- Recruiting, training, and hiring individuals to provide personal care and other assistance, including In-Home Support Services (IHSS) workers, paid neighbors, and paid roommates.
- Facilitating community participation.
- Instruction and training in skills such as cooking, cleaning, shopping, menu planning, money management, mobility training, and sexuality training.

Services and supports provided in the process of assessing and assisting an individual to arrange services may be funded for up to 60 days prior to the actual move in date to the adult's own home.

Please refer to the end of this document for notations that provide additional information about this POS Policy.

Supported living services and supports must be cost-effective. Therefore, the regional center costs for supported living services should not exceed the cost of the most appropriate licensed residential facility for each individual client, as specified in the California Code of Regulations. In-Home Support Services (IHSS) and/or other sources of support are taken into consideration in determining services funded by the regional center. Regional centers shall not purchase supported living services for an individual who is eligible for IHSS benefits but refuses to apply. Regional centers shall not purchase supported living services to supplant IHSS.

Therapy Services

Therapy services and supports include occupational, physical, speech or nutritional therapies that are required to prevent deterioration of a specific condition, or to improve functional skills.

In most cases the need for therapy is met by public school programs, California Children's Services (CCS), Medi-Cal, Medicare, private family insurance, military health insurance, or other resources.

Therapies purchased by the regional center must always relate to the developmental disability, developmental delay, or established risk condition, and to specific Individual Program Plan/Individualized Family Service Plan (IPP/IFSP) objectives. Therapies will be continued until that objective has been met, or when the service becomes available through a generic resource, or when the specialist has determined that, in his or her professional judgment, the individual will no longer benefit from the intervention. Regional center shall not purchase educationally related therapy services after the age of 3.

The length of service, frequency (how often), and amount (at any one time) of therapy are determined on an individual basis taking into account the needs and preferences. These services shall be reviewed at least every six (6) months based on any necessary re-evaluations and/or reports from the service provider, and specify a time-limited course of intervention.

The regional center may purchase therapy services and supports if the following criteria are met:

1. Therapy is required to prevent a specific deterioration (worsening) in a person's condition or to enable him or her to make progress in achieving developmental or functional skills.

AND

2. An assessment by a qualified licensed professional with a specialty in the therapy service and/or the appropriate regional center specialist has been completed and indicates that the client would benefit from therapy.

AND

3. The child or adult is not eligible for this service through CCS, Medi-Cal, Medicare, public schools, private family insurance, military health insurance or other resources.

Transportation

The regional center may purchase transportation services from available public transportation systems (in the form of a bus pass or Access coupons) or purchase private transportation companies vendored by the regional center, or family members may become vendored for reimbursement of mileage costs. In addition, the regional center may purchase mobility training for adults, when appropriate, so that they can utilize public transportation. All adults shall be assessed for their ability to use public transportation prior to consideration of regional center purchasing specialized transportation.

If there is no appropriate or available public paratransit (Access) or generic transportation, the regional center may purchase vendored specialized transportation services for adults to attend the most appropriate, closest day services and supports as determined by individuals, their families and the regional center representatives. The regional center shall not purchase vendored specialized transportation for an adult who can safely utilize public transportation. The regional center shall purchase the least expensive transportation modality that meets the individual needs.

In addition, for those who are employed and/or seeking employment either independently or with supports, it is expected that they will get to their jobs using generic transportation services such as public transportation or that the supported employment program provides transportation. However, when this is not possible, the regional center may fund transportation under the following circumstances:

1. The person and the supported employment program, which is arranging employment, discuss the feasibility of regional center purchasing transportation prior to securing employment.
2. Every effort is made to locate employment within ten (10) miles of home.
3. The cost of the transportation is reasonable.

For minors living at home, the regional center shall take into account the family's responsibilities for providing transportation services similar to those provided for a child without disabilities. Parents, legal guardians, or care givers are expected to provide for routine transportation, such as to medical appointments, from afterschool programs, to and from Saturday programs, and to and from programs during times when public schools are not in session. The regional center may provide transportation to the above services if the family provides sufficient documentation to demonstrate that they cannot provide or arrange transportation.

The regional center may purchase transportation for under school-age children to a required early intervention service or program other than a public school as required by Early Start program regulations. Transportation will be provided by the most cost-effective method that meets the needs of the child and family. If vendored transportation services are authorized, the parent or care giver is strongly encouraged to accompany the child on the transportation vehicle.

In general, regional center purchases one form of transportation per client at any one time. As an exception, the regional center may authorize multiple forms of transportation services if this is the most cost-effective approach to meeting the transportation needs identified in the IPP.

NOTATIONS

- *POS Policy (Board Approved -December 2009/DDS Approved-July 2010)*
- *Intensive Behavior Services for Children with Autism (Board Approved-February 2013/DDS Approved-June 2013)*
- *Independent Living Services (Board Approved–December 2015/DDS Approved-May 2016)*
- *Respite Care (Board Approved–December 13, 2017/DDS Approved-May 29, 2018)*
- *Social Recreation/Camp/Non- Medical Therapies (Board Approved- March 23,2022/DDS Approved- May 3,2022)*

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