

Errata Sheet

February 24, 2011

The Lanterman Act, like other laws is subject to annual review and change. The following changes bring the manual into compliance with the current state of the law. Please review this document with the manual. Text in bold is replacement text to be inserted on the corresponding page. Other instructions are also listed below with the corresponding page number. Please note, the page numbers correspond to the original version of the manual.

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Recent Changes

In 2009, the Legislature required a \$334 million reduction in the Developmental Disabilities Services budget. This was achieved through a combination of increases (primarily in federal revenue) and decreases in expenditures.

A good summary of the specific cuts and laws affected is available here:

http://www.dds.cahwnet.gov/Director/docs/LtrRC_StatutoryChanges_2009.pdf

Some Services Can No Longer Be Purchased

Regional Centers are prohibited from purchasing 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. Experimental treatments or therapeutic services include experimental medical or nutritional therapy when the use of the product for that purpose is not a general physician practice.

Some Services Are Temporarily Suspended or Capped

The bill temporarily suspended the purchase of the following services

pending implementation and certification of the Individual Choice Budget: 1) camping and associated travel expenses; 2) social recreation activities, except for those activities vendored as community-based day program (this does not include social skills training); 3) educational services for children ages three to 17; and 4) non-medical therapies, including, but not limited to, specialized recreation, art, dance, and music.

The regional center may grant an exemption on an individual basis in extraordinary circumstances to permit the purchase of a suspended service when the regional center determines that: 1) the service is a primary or critical means for ameliorating the physical, cognitive, or psychosocial effects of the consumer's developmental disability; or 2) the service is necessary to enable the consumer to remain in his or her home and no alternative service is available to meet the consumer's need.

Respite Services

The bill temporarily limits the amount of respite a regional center may purchase absent an exception. Specifically, a regional center may not purchase more than 21 days of out-of-home respite services in a fiscal year nor more than 90 hours of in-home respite in a quarter, for a consumer. The regional center may grant an exemption from the respite limits if it is demonstrated that: 1) the intensity of the consumer's care and supervision needs are such that additional respite is necessary to maintain the consumer in the family home, or 2) there is an extraordinary event that impacts the family member's ability to meet the care and supervision needs of the consumer.

The amendments also prohibit a regional center from purchasing day care services to replace or supplant respite services. "Day care" is defined as regularly provided care, protection, and supervision of a consumer living in the home of his or her parents, for periods of less than 24 hours per day, while the parents are engaged in employment outside of the home or educational activities leading to employment, or both.

The amendments also provide that a regional center may only consider IHSS a generic resource when the approved IHSS hours meet the respite needs as identified in the IFSP/IPP.

These provisions shall remain in effect until implementation of the Individual Choice Budget.

Individual Choice Budgets

DDS, in consultation with stakeholders, is required to develop an alternative service delivery model that provides an Individual Choice Budget (ICB) for obtaining quality services and supports which provides choice and flexibility within a finite budget that in the aggregate reduces regional center purchase of service expenditures, reduces reliance on the state general fund, and maximizes federal financial participation. The individual budget will be determined using a fair, equitable, transparent standardized process. To date, this process has not been fully developed. Be sure to check in with the regional center on the development of the ICB.

Other Service Standards

Transportation

Regional centers cannot fund private specialized transportation services for an adult consumer who can safely access and utilize public transportation when that transportation is available, and will purchase the least costly transportation modality that meets the consumer's needs as set forth in the consumer's IPP.

In addition, a regional center may only fund transportation from the consumer's residence to the lowest cost vendor that provides the service that meets the consumer's need as set forth in the IPP.

Regional Centers may only fund transportation for a minor child living in the family residence if the family provides sufficient written documentation to demonstrate that it is unable to provide transportation for the child.

Least Costly Services

The IPP/IFSP planning team is required to review the cost of providing services or supports of comparable quality by different providers and to choose the least costly available provider, including transportation, who is able to accomplish all or part of the consumer's IPP and consistent with the particular needs of the consumer and family as identified in the IPP. In determining the least costly provider, the availability of federal financial participation shall be considered.

The consumer is not required to use the least costly provider if it will result in the consumer moving from an existing provider of services or supports to more restrictive or less integrated services or supports.

Use of Generic Services (including medical and dental services and In Home Support Services)

Regional centers are prohibited from purchasing any service that would otherwise be available from Medi-Cal, Medicare, the Civilian Health and Medical program for Uniform Services, In-Home Supportive Services (IHSS), California Children's Services, private insurance or a health care service plan if a consumer or a family meets the criteria to receive the service but chooses not to pursue that coverage.

Documentation of Denial by Generic Resource for Medical/Dental Services

Regional Centers are prohibited from purchasing medical or dental services for a consumer three years of age or older unless the regional center is provided with documentation of a Medi-Cal, private insurance or health care service plan's denial and the regional center determines that an appeal by the consumer or family of the denial does not have merit.

The bill allows regional centers to pay for medical or dental services during certain specific periods: while coverage is being pursued;

pending a final administrative decision; or until the commencement of services.

In Home Supportive Services

Regional Centers are prohibited from purchasing IHSS services for a consumer who meets the criteria to receive, but declines to apply for, IHSS benefits, and from purchasing SLS to supplant IHSS. Between the date a consumer applies for IHSS and the date that a consumer's application for IHSS is approved, the regional center can purchase IHSS services but not at a rate that exceeds the IHSS hourly rate. A regional center executive director may waive the requirement for a consumer to apply for IHSS if the executive director finds that extraordinary circumstances warrant the waiver, and that a finding is documented in an addendum to the consumer's individual program plan.

Group Behavior Training and Other Behavioral Standards

The IPP teams are required to consider the use of group training for parents for behavior intervention techniques, in lieu of some or the entire in-home parent training component of the behavior intervention services.

The TBL specifies the responsibilities of vendors who provide ABA or intensive behavioral intervention services to do the following:

1. Conduct a behavioral assessment of each consumer for whom the vendor provides these services;
2. Design an intervention plan for that consumer; and
3. Provide a copy of the intervention plan to the regional center for review and consideration by the planning team members.

The intervention plan must include certain components, including the service type, number of hours, and parent participation needed to achieve the goals and objectives of the plan.

The bill states that your regional center may only purchase Behavioral Intervention Services when the parent(s) participate in the intervention plan. Parental participation can vary depending on the parent's or parents' situation. Some examples include:

- Completion of group instruction on the basics of behavior intervention;**
- Implementation of intervention strategies, according to the intervention plan;**
- Data collection;**
- Participation in any needed clinical meetings; or**
- Purchase of suggested behavior modification materials or community involvement if a reward system is used.**

Regional centers are not allowed to reimburse parents for participating in any behavioral services treatment program.

Regional Centers may not purchase Behavioral Intervention Services for purposes of providing respite and other types of services. A family may need increased respite if a consumer has challenging or complex behaviors. However, respite is not the same as behavioral intervention and respite providers do not have the skills or training to implement Behavioral Intervention Services. However, there are times when a family may need specialized behavioral respite to help them put the intervention plan into practice at home. The decision as to whether a behavioral respite aide is needed should be made based on the consumer's individual needs and was not changed by the bill.

Finally, regional center must discontinue Behavioral Intervention Services when the treatment goals and objectives in the consumer's intervention plan are achieved. Regional Centers must evaluate intervention plans every six months to make sure that the treatment goals and objectives are updated to reflect the consumer's current circumstances and needs. Regional Centers can only discontinue

Behavioral Intervention Services if those updated treatment goals and objectives do not require continued Behavioral Intervention Services.

The new laws are very specific about how Behavioral Intervention Services are defined, including requirements that such services reflect “evidence-based practices.”

A good source of specific information about each of these changes is the series of fact sheets developed by Disability Rights California:

<http://www.disabilityrightsca.org/pubs/F00000-English.htm>

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Part III. Eligibility

For children under the age of three, regional centers and local education agencies such as school districts provide “early intervention services” through Part C of the Individuals with Disabilities Education Act (IDEA).

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While the majority of children who qualify for Early Start services are served by the regional center, children who have solely a hearing, vision, or orthopedic impairment (called low incidence disabilities), will be served by the local education agency (such as the local school district). Low incidence disabilities fall under the eligibility category of Established Risk Condition.

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Regional center services are quite varied. Many services are solely appropriate for adults. Many services are only available after certain requirements/criteria have been met. This is especially true following the passage of the 2009 budget cuts. Be sure to review all restrictions on services. All services must be appropriate for the individual consumer involved and no two consumers have exactly the same needs.

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These supports and services can come from a variety of places including:

- a consumer's community, family, and work (called natural supports);
- a person or agency who has been identified by the regional center as a vendor or contractor for services;
- a "generic agency" ("any agency which has a legal responsibility to serve all members of the general public and which is receiving public funds for providing such services").
- **a private entity such as medical insurance.**¹

Note: The law states that regional center funds cannot be used to replace the budget of a generic agency.² An example of a generic agency might be a school district. For instance, a regional center should assist a consumer with obtaining speech services from the school district before purchasing those services for the long term on its own. However, if the consumer has an unmet need identified in his or her IPP, the regional center may assist with funding while the service is pursued through the generic/other responsible agency with assurance that the responsible party is following through with all procedures to access the services. Additionally, while regional centers are prohibited from supplanting services for which other agencies are responsible, regional centers may supplement these services when there is a documented need and all reasonable efforts have been made in accessing the necessary amount of service through the other responsible entity.

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¹ WIC § 4659

² WIC §§4648(a)(8), 4644(b).

³ WIC §§4648(a)(8), 4644(b).

with obtaining speech services from the school district before purchasing those services for the long term on its own. However, if the consumer has an unmet need identified in his or her IPP, the regional center may assist with funding while the service is pursued through the generic/other responsible agency with assurance that the responsible party is following through with all procedures to access the services. Additionally, while regional centers are prohibited from supplanting services for which other agencies are responsible, regional centers may supplement these services when there is a documented need and all reasonable efforts have been made in accessing the necessary amount of service through the other responsible entity

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Requesting a Notice of Action

The regional center should send you a notice of action within 5 days of denying you a service you have requested.

Page 57

See new Appendix #4, attached.

Page 68

In Appendix #6, respite should be 24 hours per month not 64 hours per month.

Page 74

In Appendix #6, Procedural Safeguards are for an Early Start consumer and should be deleted.

Page 75

In Appendix #6, respite should be 24 hours per month not 64 hours per month.

Page 78

In Appendix #7, RC Clinical Department will consult with Doctor not SC.

Page 80

In Appendix #8, Adaptive swimming and adaptive ceramics should be removed (item 8).

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In Appendix #9 -- 10. **CCS-Disabled Dealer - The CCS therapist at [consumer one's] school previously agreed to provide [mother] with a copy of the publication entitled "Disabled Dealer."**

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In Appendix #9, Camping for consumer should be removed (item 17).

APPENDIX #4 – REQUEST FOR AN IPP MEETING

[Date]

[Service Coordinator name]

[Regional Center name]

[Address]

RE: Request for an IPP meeting for [Consumer Name]; [Date of birth]

Dear Service Coordinator:

We are requesting that an Individual Program Plan (IPP) meeting for [consumer] be held to identify [consumer's] current needs and determine the assistance Regional Center will provide in meeting those needs.

[Consumer] has a number of medical problems:

- He has a condition known as "Optic Nerve Hypoplasia," which is responsible for his almost complete blindness.
- He is losing his speech as the result of having gone through early puberty. His neurologist believes that his frontal lobe has been overloaded by the introduction of high levels of hormone, and thus cannot send messages to the jaw to move properly to articulate words. [Consumer] has been receiving shots for approximately six months to slow the onset of puberty, but they have had little impact on his speech, or lack thereof.
- [Consumer] is obese (currently over 140 pounds) and his bone growth is abnormally advanced (his current "bone age" is 14 years).
- [Consumer] also suffers from Type-II diabetes.
- He has extreme weakness in his legs that requires him to lift his legs one at a time in order to climb stairs.
- In addition, [consumer] has severe behavior issues and severe learning disabilities. He has been diagnosed as moderately mentally retarded, and his school recently suggested that he begin to take medication for ADHD.
- Moreover, a court psychiatrist, as well as other mental health professionals, diagnosed him as depressed.

Due to these myriad issues, [consumer] requires full-time attention.

Currently, the only service Regional Center provides to [consumer] is one (1) hour per week of behavioral therapy in the home. However, given [consumer's] extreme needs, we believe that [consumer] should be receiving additional services as well:

Speech

Issue: Due to his serious neurological issues, [consumer] has lost some of his speech, which affects his ability to communicate in the home and in the community.

Services:

- (1) We want to discuss Regional Center arranging for a functional speech assessment for [consumer]. [Advocate] will provide the Regional Center with copies of the reports generated by [consumer's] neurologist for consideration in the assessment.
- (2) If the assessor deems that speech therapy is appropriate for [consumer], we want to discuss how Regional Center can assist [consumer] and his mother in procuring the needed therapy.

Vision

Issue: [Consumer's] nearly complete blindness makes it difficult for him to navigate the community in which he lives.

Services:

- (1) We want to discuss Regional Center arranging for a functional vision assessment for [consumer], performed by a doctor who has experience assessing children with special needs.
- (2) If the assessor deems that visual therapy is appropriate, we want to discuss how Regional Center can assist [consumer] and [mother] in procuring the needed therapy.

Mental Health

Issue: [Consumer] suffers from depression, and shows signs of suffering from ADHD and separation anxiety.

Services:

- (1) We want to discuss how Regional Center can arrange for a comprehensive mental health assessment for [consumer], performed by a professional trained in the differential diagnosis of psychological/psychiatric disorders. We want this mental health assessment to test for, among other things, depression and separation anxiety.
- (2) If the assessor deems that mental health services are appropriate for [consumer], we want to discuss how Regional Center can assist [consumer] and his mother in procuring the needed services.
- (3) Additionally, because [consumer] has in the past been prescribed, and would likely benefit from taking, medication to address his mental health issues, we want to discuss Regional Center arranging for a pharmacological consultation to determine how medication for depression would interact with the various other medications [consumer] takes (i.e., the shots he receives to slow the onset of puberty) or may take (medication for ADHD).

Motor Skills

Issue: [Consumer] has gait problems, as evidenced by his difficulty in climbing stairs, getting onto the school bus, etc. Additionally, [consumer] has difficulty buttoning/fastening his pants and tying his shoes.

Services:

- (1) We want to discuss Regional Center arranging for a neuropsychological assessment to determine whether [consumer's] gait issues result from his neurological problems.
- (2) Additionally, we want to discuss if Regional Center can arrange for an occupational therapy assessment to determine the extent to which occupational therapy can help [consumer] improve his gross

and fine motor skills. We understand that this assessment may need to be acquired through the school district, but would like assistance with the process.

- (3) If the assessor deems that physical therapy and/or occupational therapy are appropriate for [consumer], we want to discuss how Regional Center can assist [consumer] and his mother in procuring the needed therapies.

Nutrition

Issue: [Consumer] has diabetes. Additionally, as identified in an April 2006 assessment, [consumer] continues to be obese because he cannot mentally and physically register "fullness."

Services:

- (1) We want to discuss if Regional Center can arrange for further nutritional assessment for [consumer].
- (2) If the assessor deems that [consumer] has nutritional needs that are not being fully managed, we want to discuss how Regional Center can assist [consumer] and his mother in procuring a nutritionist to work with [consumer] and his mother to help design a diet that will help [consumer] lose weight, yet feel satisfied by the food he eats.

Behavioral Modification

Issue: [Consumer] continues to exhibit the same or similar behaviors as those identified through formal assessment in January 2006.

Services: We would like to discuss a re-assessment of [consumer] for behavioral issues. If the assessor concludes that [consumer] can benefit from additional behavioral modification services, we would like to discuss those recommendations and how Regional Center can assist in implementation of those recommendations.

Sexuality Training

Issue: [Consumer] is going through puberty earlier than most children, and thus began displaying sexual behaviors before many of his peers.

Recently, he has begun to engage in inappropriate behavior of a sexual nature at school: he has been touching his genitalia to arouse himself, and engaging with girls in an inappropriate sexual manner.

Service: We would like to discuss sexuality training to help him understand the changes that are taking place in his body, and to help him manage his sexual feelings in order that he may demonstrate socially acceptable behavior.

Social Skills

Issue: When an adult is present, [consumer] will not interact with children. As a result, [consumer] rarely engages with his peers, either one-on-one, or in groups. Additionally, outside of the school setting, [consumer] has very few opportunities to interact with people other than his mother.

Services:

1. We want to discuss ways to arrange for [consumer] to participate in a program or programs that are, at least in part, geared towards improving the social skills of special needs children.
2. Additionally, we want to discuss ways for [consumer] to participate in a "Big Brother" type mentoring program, whereby he is paired up with a mentor who can engage him in activities outside the home, at times on a one-on-one basis, and at times including other children [consumer's] age.

Extended Day/Saturday/Extended Year Services

Issue: When [consumer] is not in school, he spends the majority of his free time in the home following [mother] around as she does all that is necessary to maintain the household and care for her three disabled sons.

As a result, [consumer] does not participate in structured activities that could help him improve his physical fitness, play and social skills, etc. Moreover, the lack of activity contributes to [consumer's] behavior problems, particularly his hyperactivity and unwillingness/inability to separate from his mother.

Services: We would like to discuss options for [consumer] to participate in a program that offers after-school, weekend, and summer programs geared towards engaging disabled children in age-appropriate activities that nurture social, physical, cognitive and creative abilities.

Respite

Issue: [Mother] is an older, single woman caring for three severely disabled sons ranging in age from 11 to 16. She provides care and supervision to her sons 24 hours a day on the weekends during the school year, during the summer, and during school holidays. She provides care and supervision for them 18 hours a day during the week when school is in session; the additional 6 hours are spent performing housekeeping tasks such as cleaning, doing laundry, paying bills, etc. She currently receives no respite services or outside assistance of any kind.

Service: We want to discuss Regional Center's ability to provide 30 hours per month of respite services or alternative services and supports to provide relief to [Mother].

As you know, the Regional Center is required to hold an IPP meeting for [consumer] within 30 days of its receipt of this letter. [Mother] requests that the meeting be held at her home, located at: [address]. She prefers to meet during the mid-morning on any weekday. [Mother] requests that a Regional Center decision maker be present at the meeting.

Please contact me immediately with the date, time, and location of the requested IPP meeting. Thank you for your attention to this matter.

Sincerely,

Advocate

APPENDIX #6 – SAMPLE IPP

Individual Program Plan

Consumer's name: _____ Date of review: 10-16-2004

Residential type: [Consumer] resides with his parents and younger sister.

Address: _____

City/zip code: _____ Date of birth: _____

UCI#: _____

Telephone #: _____ CSC Name: _____

THIS PLANNING MEETING WAS HELD AT:

Consumer's Home Residence

MEMBERS OF THIS PLANNING TEAM:

_____ Consumer

_____ Mother

_____ RC Service Coordinator

STRENGTHS:

[Mother] reported that [consumer] enjoys listening to music. He likes to hear his mother sing to him. [Consumer] likes to watch Sesame Street on television. He pays attention to the different characters since their vibrant colors seem to catch his attention. [Mother] reported that [consumer] has begun to take small steps with one of his legs. [Mother] holds [consumer] and encourages him to try to move both of his legs and feet in a slow walking motion.

HOPES AND DREAMS FOR THE FUTURE:

[Mother] would like for [consumer] to someday become ambulatory. She would like for him to continue to receive Physical and Occupational therapy services at home. [Mother] believes that with these therapies, [Consumer] will learn to move his body appropriately. [Mother] would like for [consumer] to have the ability to communicate his wants, feelings, needs, and thoughts through the use of sign language, facial gestures, and body movements. [Mother] would like for [consumer] to continue to be well taken care of. She states that [consumer] is surrounded by many people who love him.

THINGS PEOPLE NEED TO KNOW ABOUT:

[Consumer] is a 4-year-old boy with a diagnosis of cerebral palsy; Type: Spasticity, Location: Quadriplegia, Impact: Severe.

CONSUMER'S CURRENT ABILITIES:

[Consumer] is non-ambulatory. He can maintain a sitting position with minimal support for at least five minutes. [Consumer] has no functional use of his hand and arm. He can pull to a standing position with assistance. [Consumer] does not move up or down stairs or ramps. He does not use a wheelchair. [Consumer] does not prepare food nor does he perform any house hold chores. He does not display any medical self-help skills. [Consumer] does not feed himself. He must be fed completely. [Consumer] is not toilet or habit trained. He has no bladder or bowel control. [Consumer] does not tend to his own personal hygiene. [Consumer] does not bathe nor does he shower himself. He requires complete assistance with attending to and completing all personal hygiene tasks. [Consumer] does not put on any clothes independently. He does not move about in familiar or unfamiliar settings. [Consumer] does not use public transportation. He does not use money nor does he make purchases. [Consumer] does not enter into interactions with others and he does not form friendships. [Consumer] does not participate in social activities. He does not participate in group projects. [Consumer] does not display unacceptable social behaviors that would interfere with his social

participation. Episodes of [consumer] displaying anger are undetected or rare and appropriate to the situation. [Consumer] rarely or never displays self-injurious behaviors. [Consumer] is reported to be too disabled to display depressive-like behaviors and behaviors that involve frustration. [Consumer] displays a startle response to loud noises. He has some visual exploration, but does not follow moving objects. [Consumer] does not associate events and actions with time. He does not count, does not copy or trace, and does not read. [Consumer] does not keep his attention focused on a single activity. He typically does not endanger himself. [Consumer] does not display memory of instructions or demonstrations. [Consumer] does not have use of words. He has no expressive nonverbal communication. [Consumer] does not demonstrate an understanding of gestures (tactile or visual) or facial expressions. [Consumer] does not understand speech. He babbles but, says no words. Receptive and expressive sign language skills and expressive communication with aides are reported as not being needed. [Consumer] makes no sounds.

FAMILY/SIGNIFICANT OTHERS:

[Consumer] resides with his parents and his younger brother in a beautiful apartment located at: [address], [phone number]. [Mother] reported that she and her husband are the most significant persons in [consumer's] life. [Mother] also mentioned that her mother and siblings are very close to [consumer] and assist her with taking care of him.

LIVING ARRANGEMENTS

CURRENT STATUS:

[Consumer] resides with his parents. [Mother] is the manager of the apartment building in which she and her family reside. Their apartment appears to be a spacious and nice living environment. [Consumer] usually sits on his stroller chair or he sits on a support chair on the couch to watch television. [Consumer] has a younger brother who likes to caress and hug him. [Consumer] seems to follow his younger brother with his eyes within a

short distance of where he goes. This Service Coordinator observed that [consumer's] younger brother demonstrates interest in being around him. He is loving and caring towards [consumer]

DESIRED OUTCOMES:

1. Parents would like for [consumer] to continue to reside at home with his family. They would like for [consumer] to continue to reside in a safe, healthy, and loving home environment.

Plan for Consumer/Family:

1:1 [Consumer] will continue to reside at home with his family.

Plan for Community Supports:

1.2 N/A

Plan for RC Supports:

1.3 Regional Center currently funds the following services:

Service: Respite.

Effective Dates: 04-01-04 to 12-31-04.

Vendor: This Vendor is currently completing the [home health agency] application paperwork to be vendored through [agency].

Amount: 24 hours per month.

Rate: \$8.98 per hour.

HEALTH/MEDICAL STATUS

CURRENT STATUS:

[Mother] reported [consumer] to currently be in overall good health. [Mother] mentioned that [consumer] continues to take PediaSure with fiber for breakfast, lunch and dinner. [Consumer] also eats some solid foods,

which are liquefied for him in moderation. [Consumer] continues to be fed via G-Tube.

Primary Physician: [Doctor name]

Address: [Hospital name]
[Address]

Telephone: _____

Requested Medical Records at: _____

Date of last exam: _____

Other Physicians/Professionals: [Doctor name] Gastroenterologist
Specialist

[Hospital name]

[Address]

Last Visit: [date]

Special Diet: [Consumer] continues to be fed via G-Tube. He continues to take PediaSure with fiber for breakfast, lunch, and dinner.

Medications: None.

Special Health/Medical Needs: [Consumer] is fed via G-Tube.

Height: 42 inches Weight: 35lbs.

DESIRED OUTCOMES:

2. Parents would like for [consumer] to continue to be in overall good health.

Plan for Consumer/Family:

2.1 Mother will coordinate all of [consumer's] doctor and dental appointments. She will follow up with any Doctor's/Specialist's examinations and recommendations.

Plan for community supports:

2.2 Private Medical Insurance and Medi-Cal will coordinate to fund for [consumer's] health and medical expenses.

Plan for RC Supports:

2.3 [Service Coordinator] will request copies of medical records.

SCHOOL/WORK/DAY ACTIVITY

CURRENT STATUS:

[Mother] reported that [consumer] is currently not receiving home-based educational services. [Consumer's] last IEP was completed by School District. [Mother] is interested in pursuing the School District to schedule an IEP meeting for [consumer]. [Mother] stated that she would like for [consumer] to receive occupational and physical therapy services at home, funded by the School District. [Mother] would also like to explore different educational programs available for [consumer] in the local elementary schools assigned to him in his community. [Mother] stated she is willing to attend class with [consumer] to assist the teachers and School Staff in any way needed.

Consumer has been offered a choice of programs? Yes No

Consumer's current program is appropriate? Yes No

DESIRED OUTCOMES:

3. Parents would like for [consumer] to receive an educational school program appropriate for his needs. They would like to explore different school programs available for [consumer]. Parents would like for [consumer] to receive Occupational and Physical Therapy services at home, provided and funded by the School District.

Parents would like for [consumer] to have a current IEP completed by the School District.

Plan for Consumer/Family:

3.1 Parents will request a current IEP meeting to be held by the School District at [consumer]'s assigned school of attendance. Parents will attend IEP meetings on a yearly basis or as needed.

Plan for Community Supports:

3.2 The School District to schedule a current IEP meeting for [consumer] to review his current level of progress, educational goals and objectives, and to review the different school programs and services available for [consumer] to receive according to his educational needs.

Plan for RC Supports:

3.3 Per Parents' request, RC Service Coordinator will attend IEP meetings and/or request the assistance of RC's Educational Advocate.

3.4 Regional Center Service Coordinator will assist [Mother] with information available regarding different school programs, supports, and services available for [consumer] in his community.

SOCIAL-EMOTIONAL/RECREATION/LEISURE/PLAN COMMUNITY

Current Status:

[Consumer] appears to be a happy child. He enjoys watching Barney and Sesame Street on television in the company of his younger brother. [Consumer] likes to look at and play with his toys. [Mother] mentioned that he is especially attracted to vibrant colors. [Consumer] responds to familiar people and their voices by trying to follow them with his eyes. [Mother] reported that he enjoys being outdoors. He likes to be in the company of his family and those who love and care for him. [Mother]

shared that [consumer] looked very happy. [Consumer] appears to be calm, affectionate, and beautiful 4-year-old boy. It was a pleasure for this Services Coordinator to meet [consumer] and [mother].

DESIRED OUTCOMES:

4. [Mother] would like for [consumer] to someday be able to socialize with other people. She would like for [consumer] to learn to communicate with others through facial gestures and body movements. [Mother] would like for [consumer] to receive swimming therapy in a heated pool.

Plan for Consumer/Family:

- 4.1 Parents will continue to plan and fund for social outings in which [consumer] will continue to participate with his family.

Plan for Community Supports:

- 4.2 Regional Services Coordinator will provide [mother] with information regarding social and recreational programs available for [consumer] to participate in. Service Coordinator will also assist [mother] with exploring different programs in her community that offer swim therapy in a heated pool.

Plan for RC Supports:

- 4.3 Regional Center Service Coordinator will continue to meet with [consumer] and [mother] on an annual basis or as needed for his Individual Program Plan meeting.
- 4.4 Regional Center Service Coordinator will assist [mother] with referrals for social-recreational programs and services available for [consumer] in his community as needed. Service Coordinator will assist [mother] with information for transportation services as needed.

FINANCIAL SITUATION

BENEFIT:	AMOUNT:	PAYEE:	INSURANCE:
SS#:	SSI: \$527/month	Mother	Medical Ins.
		Consumer	Medi-Cal
SSA#: N/A			
CCS#: N/A			

LEGAL STATUS

Adult Minor

Guardian/Conservator:

Parents.

The consumer's rights have been read and explained to the consumer on this date:

October 6th, 2004.

Has there been an infringement of consumer's rights? yes no

RC Service Coordinator's Signature

October 6th, 2004

Date

REGIONAL CENTER
INDIVIDUAL PROGRAM PLAN
AGREEMENT SHEET

NAME: _____ DATE: _____

1. We hereby agree to the outcomes and supports as specified in the Individual Program Plan (IPP) held on the above date and authorize the purchase of services needed to implement the plan. The IPP will be completed annually.
2. See comments section below for the number of any outcomes and supports that were not agreed upon.
3. We agree to the continuation of our current Service Coordinator (SC): If not, we understand that we have the right to change the SC by contacting his/her supervisor.
4. Other comments on the IPP:

Planning Team Signatures and Dates:

Consumer's Signature: _____

Parent/Guardian/Conservator's Signature:

Name: _____ Date: _____

Name: _____ Date: _____

___ Witnessed by: _____

Consumer unable to give informed consent

Service Coordinator's Signature: _____ Date: _____

RC Supervisor's Signature: _____ Date: _____

[Supervisor title]

REGIONAL CENTER

QUARTERLY REPORT

___ Quarterly Review Meeting held at: _____

___ Attachment to Annual Review

Name: _____

UCI #: _____

Date of Review: _____

1. X A review of the consumer's general health status was completed on [date].

Summary of Health Status Review:

(Note any concerns and indicate if any referrals have been made to regional center clinicians, the consumer's physician, or other health resources, medications and health care appointments must be documented each quarter)

[Mother] reported [consumer] to continue to be in overall good health. [Consumer] continues to be fed PediaSure with fiber for breakfast, lunch and dinner.

2. The IPP Planning Team has reviewed the consumer's IPP, [date of IPP], and has determined that no new services or supports are required , and the IPP remains appropriate to meet the consumer's needs and wants

Explain why no changes are necessary to the current IPP

[Mother] would like to continue to receive 24 hours per month of respite services. [Consumer] continues to receive LVN level of care from Acme Home Health Agency funded through private insurance.

3. The IPP Planning Team has reviewed the consumer's IPP, [date of IPP], and amended the IPP to include the following new service(s) or support(s): (Addendum to IPP to be completed)
4. An IPP meeting was held on the date above.
5. The IPP Planning Team has reviewed the consumer's CDER, [date of CDER], and determined that no changes are necessary.
6. The IPP Planning Team has reviewed the consumer's CDER, [date of CDER], and a new updated CDER was completed on [date]. Service Coordinator updated information on CDER and submitted changes to input into the system.

IPP Planning Team Signatures

1. Name: _____ Date: _____

2. Name: _____ Date: _____

3. Name: _____ Date: _____

4. Name: _____ Date: _____

5. Name: _____ Date: _____

APPENDIX #7 – PLAN OF ACTION CHART

[Consumer name]

[Date]

Individuals who participated in the IPP meeting on [date]:

Consumer Service Coordinator, [Parent], [Consumer], Consumer Service Supervisor, Advocate/Attorney, Special Education Attorney, Branch Manager, Nurse, and Advocate/Attorney's Intern.

Items/Tasks that need to be completed	By Who/ To Who	By When	Done	Comments/ Follow-up Status
TASK				
Coordinate with service provider to provide 24 hours of respite care per month	RC (SC)	[date]		
Special Education Attorney stated during the IPP meeting that he will speak with consumer's Neurologist to discuss [consumer's] medical status for appropriate school placement i.e. home schooling and attending school on campus at least part time.	Special Education Attorney	[date]	X	Special Education Attorney received letter clearing consumer to attend school with appropriate support. Forwarded to School and School District's special education department.

<p>RC will consult with Doctor about [consumer's] medical status to assist with determining appropriate school placement i.e. home schooling and attending school on campus at least part time which may provide additional support/documentation to assist Special Education Attorney with advocating for [consumer's] educational needs/rights.</p> <p>(If needed, Doctor will be requested to consult with [consumer's] Neurologist at [phone number] about appropriate school placement.)</p>	<p>RC (Clinical)</p>	<p>[date]</p>		<p>N/A will follow up with Dr. D if needed.</p>
<p>Special Education Attorney stated during the IPP meeting that he will contact Elementary School to reconvene the IEP to discuss appropriate school placement.</p> <p>SC will attend [consumer's] IEP meeting as her schedule allows.</p>	<p>Special Education Attorney</p> <p>RC (SC)</p>		<p>X</p>	<p>IEP requested, to be held immediately. Request was sent to Elementary School and school district's special education department.</p>

Items/Tasks that need to be completed	By Who/ To Who	By When	Done	Comments/Fol low-up Status
TASK				
Special Education Attorney stated during the IPP meeting that he will request [consumer's] comprehensive medical and school records.	Special Education Attorney		X	Special Education Attorney received school records. <i>Does RC have medical records?</i>
RC will request [consumer's] medical and school records.	RC (SC)	[date]	x	
[Mother] stated during the IPP meeting that [consumer] is scheduled to see the neurosurgeon the first week of July to assess for a "VNS" device to help with controlling his seizures. [Mother] will inform RC (SC) about the outcome of the meeting with the neurosurgeon.	[mother]	[date]	X	
SC will contact [mother] to assess [consumer's] toileting readiness level and take the appropriate steps with securing services if needed.	RC (SC)	[date]	x	Assessment showed [consumer] is not yet ready for toilet training.

SC will remind [mother] of Behavioral Service Orientation that is held every 3rd Friday of the month from 12-1pm.	RC (SC)	[date]	x	
SC will type the IPP documents, and once the IPP is completed all parties will receive a copy.	RC (SC)	[date]		

APPENDIX #8 – CONFIRMATION LETTER

[Date]

[Service Coordinator]

[Regional Center]

[Address]

[Director of Early Start]

[Regional Center]

[Address]

Re: Services for [consumer]

Dear [caregiver(s)]:

Thank you for arranging the IPP for [consumer] on [date]. We have agreed to the following services and supports for [consumer] and his family:

- 1) The [family] will apply for IHSS.
- 2) RC will fund [nurse], RN or another nurse to complete a nursing and IHSS assessment.
- 3) The [family] will attend the Parent Consultation in Behavior Management Orientation and subsequent Managing Behavior 1 classes on [date].
- 4) RC will fund in home behavioral consult and services to run concurrently with the Managing Behavior classes.
- 5) RC will contact [service provider] and determine when and where the group meets. RC will then contact the [family] and determine with them if the current group meets the needs of the family.
- 6) RC will contact [service provider] and determine if they have aides available and what types of classes would be appropriate. RC will

then contact the [family] and determine if the behavioral services would meet the needs of the family.

- 7) RC will provide the [family] with contact information for the PET and Regional Center after hours contact.
- 8) RC will increase the monthly respite through [service provider] to 24 hours per month immediately.

We look forward to working with you on these services and supports and thank you for your time and attention to this case.

Sincerely,

[Advocate]

cc:

APPENDIX #9 – REQUEST TO CORRECT IPP/IFSP DOCUMENT

[date]

[Service Coordinator]

[Regional Center]

[Address]

Re: [consumer one] and [consumer two] -IPP follow-up

Dear Service Coordinator

I have received your letter dated April 3, 2008 to [consumer one] and [consumer two's] adoptive mother, as well as the drafts of [consumers'] IPPs that you prepared following our meetings on March 27, 2008. I am thankful for your hard work and your demonstrated dedication to [consumers]. Your cover letter quite nicely reflects many of the services and supports that [mother] and I requested for the children in your IPP request letters of March 11, 2008, most of which we discussed and resolved during our IFSP meetings on March 27.

We do think it is important, however, for these services and supports to be documented directly in the IPPs. The current versions of the IPPs do not reflect all of the much-needed supports that we understand the Regional Center is going to provide to the children. I feel that we have made substantial progress, both in ascertaining the services and supports that the children need in collaboratively identifying creative solutions to meet those needs. The IPP reports should memorialize this progress by including the agreed-upon services and supports in the IPPs, according to the goals and objectives that the services are intended to facilitate.

Here is what my notes and your cover letter indicate the Regional Center agreed to at the children's IPP meetings:

Both Children:

1. In-home Support Services: The Regional Center will fund an In-Home Supportive Services Nursing Assessment from [date] through [date]. This is appropriately included in 3(g) under “Health-Plan for RC Supports” in [consumer one’s] IPP, but it is not included in [consumer two]’s IPP.

This should also be included under “Health – Plan for RC Supports” in [consumer one’s] IPP. Also, please confirm that the Regional Center is funding a nursing assessment by a Regional Center vendor, which will ensure that the IHSS hours that [mother] and the children receive are appropriate to their needs. We would also request that the IPP reflect that in the event the nursing assessments do not result in adequate IHSS hours for the children, the Regional Center will fund and engage the advocacy services of a qualified advocate, to ensure that the children receive adequate and appropriate supportive services. This should also be included under “Health – Plan for RC Supports” in both children’s IPPs.

2. Behavior Services: The Regional Center will submit a request for funding for in-home behavior intervention through [service provider]. [Service provider] is not accepting referrals as of [date], but the Regional Center will submit a request for both children as soon as [service provider] starts accepting referrals in approximately six weeks’ time. This should be included under “Home-Plan for RC Supports” and/or “Social/Recreation/Leisure/Play – Plan for RC Supports” for both children.
3. Respite: As soon as [mother] informs you that [consumers’] respite worker(s) have been signed up with [service provider], the Regional Center will submit an authorization for funding for respite for [mother] for 24 hours at the sibling rate for [consumers]. This should be included under “Family/Significant others/Individual – Plan for RC Supports” for both children.

4. RC's Computer Lab: The Regional Center will put [consumers'] names on the waiting list for the Spring Camp at the Regional Center's Computer Lab at its Family Resources Center. This should be included under the "Social/Recreation/Leisure/Play – Plan for RC Supports" for both children. Also, [mother] will visit the Regional Center's Family Resource Center and apply for the summer computer program for both children. This should be added to the "Social/Recreation/Leisure/Play – Plan for Client/Family" sections for both children.
5. RC Clinical Staffing for [consumer one] The Regional Center will arrange for Clinical Staffing to discuss [consumer one's] needs, and what can be done to meet them. One key issue that should be discussed at Clinical Staffing is [consumer one's] obesity, including discussions of nutrition and the impact of medication(s) she has taken, and plans to help [consumer one] reach a healthy weight. This should be added under "Health-Plan for RC Supports" in [consumer one's] IPP.
6. Physical Therapy/Mat time for [consumer one] at school: Because of [consumer one's] extra bone growth in her hips, she has trouble sitting up straight. Although her wheelchair is designed to make her more comfortable, it is still painful and unpleasant for her to have to sit in her wheelchair all day at school. Because of [consumer one's] weight, the school would need a Hoyer lift in her classroom. In order to try to get [consumer one] some time out of her wheelchair during the school day, California Children's Services ("CCS") will conduct a physical therapy assessment to see if she will qualify for physical therapy and to assess her for the mat. We request that this assessment, and all of the assessments that CCS agreed to conduct in [consumer one's] IFSP, be specifically enumerated under "School/Work/Day Activity – Plan for Community Supports" in [consumer one's] IPP.
7. CCS Nutritional Assessment: [Consumer one] will have an appointment with CCS nutritionist for a nutritional assessment and to address [consumer one's] weight. The CCS nutritionist will provide [mother] with information on adaptive swimming programs in Long Beach. This should be included under "Health – Plan for

Community Supports” and “School/Work/Day Activity – Plan for Community Supports” in [consumer one’s] IPP.

8. CCS Occupational Therapist Assessment: The Regional Center will request that CCS arrange for an occupational therapist to conduct an in-home assessment to see if there is any adaptive equipment or if there are any other modifications that could be recommended to improve [consumer one’s] quality of life. One potential support that you identified during the IPP meeting was a special toilet support/balance. The Regional Center will follow up regarding this potential toilet support so that the Regional Center and [mother] can identify it to CCS as a possible piece of appropriate adaptive equipment for [consumer one]. This should be included under “Home-Plan for RC Supports” [consumer one’s] IPP.
9. Transportation-Occupational Therapist Assessment: Because of [consumer one’s] weight, [mother] has a great deal of difficulty transporting [consumer one] in the family’s vehicle. [Mother] will contact [CCS supervisor] to get a copy of the assessment completed by CCS for a ramp and tie-downs. This assessment was completed approximately 5 months prior to the [date] IPP meeting. [Mother] will provide the assessment to the Regional Center, which will assist her in procuring the appropriate adaptive equipment identified in the assessment, including providing recommendations to vendors. This should be added under, “Home – Plan for Client/Family,” “Home – Plan for Community Supports,” and “Home – Plan for HCR Supports” in [consumer one’s] IPP. This assessment, and all of the assessments that CCS agreed to conduct at [consumer one’s] IEP, should also be specifically enumerated under “School/Work/Day Activity-Plan for Community Supports” in [consumer one’s] IPP.
10. CCS-Disabled Dealer: The CCS therapist at [consumer one’s] school previously agreed to provide [mother] with a copy of the publication entitled “Disabled Dealer,” which contains information on vans with ramps and tie-downs for sale. [Mother] and the Regional Center will follow up with CCS at the reconvened IEP if [mother] has not received the “Disabled Dealer” publication by that time. This should be added under, “Home – Plan for

Client/Family,” “Home – Plan for Community Supports,” and “Home – Plan for HCR Supports” in [consumer one’s] IPP. This assessment, and all of the assessments that CCS agreed to conduct in [consumer one’s] IEP, should also be specifically enumerated under “School/Work/ Day Activity-Plan for Community Supports” in [consumer one’s] IFSP.

11. Electronic Wheelchair: At the reconvened IEP meeting, [mother] and the Regional Center will request that CCS provide an assessment for an electronic wheelchair for [consumer one]. The Regional Center will look into Rancho Los Amigos’ Center for Applied Rehabilitation Technology (“CART”) program and assist [mother] with her request to CCS for this assessment for [consumer one]. This should be added under, “Home – Plan for Community Supports,” and “Home – Plan for HCR Supports,” “School/Work/Day Activity – Plan for Community Supports,” and “School/Work/Day Activity – Plan for RC Supports,” in [consumer one’s] IPP.
12. Transportation to Medical Appointments: The Regional Center will fund some of the rides to [consumer one’s] medical appointments. The Regional Center will coordinate with [mother] to facilitate arrangements for transportation and funding of transportation to [consumer one’s] medical appointments. This should be included under the “Health-Plan for RC Supports” section in [consumer one’s] IPP.
13. RC Clinical Staffing for [consumer one]: The Regional Center will arrange for a Clinical Staffing to discuss [consumer one’s] needs, and what can be done to meet them. Some issues that should be discussed at Clinical Staffing include [consumer one’s] insomnia, his periodic swelling of the left eye, potential brain trauma suffered when used to bang his head against the wall, his behavioral problems. This should be added under “Health – Plan RC Supports” in [consumer one’s] IPP.
14. Socialization: The Regional Center will fund an assessment through one of the Regional Center’s vendors to see how they can facilitate appropriate interaction with peers. The Regional Center will forward [mother] the vendor information for both children. The

Regional Center's vendor will contact [mother] for the parent orientation. [Mother] will inform the Regional Center when she has completed the parent orientation. After [Mother] has completed the parent orientation, the Regional Center will submit a request for funding. This should be added under "Social/Recreation/Leisure/Play – Plan for Consumer/Family" and "Social/Recreation/Leisure/Play – Plan for RC Supports" in [consumer one's] IPP.

15. [Consumer one] IEP: SC will attend [consumer one's] IEP meeting at [mother's] request. For [consumer one's] IEP, the Regional Center and Mother will specifically request that [behaviorist] conduct a behavioral assessment of [consumer one] and attend [consumer one's] IEP, and that [consumer one's] behavioral plan for the coming year include the explicit goal that [consumer one] learn to better socialize and not rough play with his peers. This should be added under "School/Work/Day/Activity – Plan for Consumer/Family" and "School/Work/Day Activity – Plan for RC Supports" in [consumer one's] IPP.
16. Best Buddies Program: [Mother] and the Regional Center will ask [consumer one's] school at his next IEP whether the school has a Best Buddies program. [Mother] and the Regional Center will inform [consumer one's] school that [mother] would like for [consumer one] to have a Best Buddy to facilitate his success in his school program. This should be added under "School/Work/Day/Activity – Plan for Consumer/Family" and "School/Work/Day Activity – Plan for RC Supports" in [consumer one's] IPP.
17. Boys & Girls Club: [Mother] will enroll [consumer one] in the Boys & Girls Club. If [consumer one] has difficulty interacting with peers at the Club and/or the club is not adequately equipped to service [consumer one's] particular needs, the Regional Center will arrange for behavioral intervention services training for the staff members of the club through [service provider]. This should be added under "Social/Recreation/Leisure/Play – Plan for Consumer/Family" and "Social/Recreation/Leisure/Play – Plan for RC Supports" in [consumer one's] IPP.

To assist all parties in implementing the IPP, I have prepared and enclosed a “Plan of Action” – a checklist outlining the specific items we discussed for [consumers] at the March 27 IPP meetings.

We look forward to receiving the revised IPPs incorporating the above information at your earliest convenience. Again, most of these supports are documented in your cover letter to [mother], so hopefully this will be an easy task to complete. If you have any questions at all, please do not hesitate to contact me. Thank you very much for your hard work and continued professional courtesy with respect to this matter, and for your prompt attention to this request.

Sincerely,

Advocate

Enclosure

cc: _____