

IPP and IFSP Advocacy Manual

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California's Protection & Advocacy System

While this publication is designed to provide accurate and current information about law, readers should contact an attorney or other expert for advice in a particular case, and also consult the relevant statutes and court decisions when relying on cited materials.

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Introduction

This manual is intended to help anyone interested in advocating for regional center consumers to ensure they receive the services they need. This includes attorneys, social workers, volunteers, caregivers, parents, and Court-Appointed Special Advocates (CASAs). The manual focuses on advocating for needed services through the development of an appropriate Individual Program Plan (IPP) or Individualized Family Service Plan (IFSP). Both the IPP and IFSP are formal, written agreements between the regional center and the consumer (and for minors, the consumer's family) that set goals for the consumer and provide services that will help the consumer reach those goals. This manual is designed to help anyone through the process of developing and revising an IPP or IFSP.

<p style="text-align: center;">Chapter 1: What Every Advocate Should Know About Regional Center Services</p>

Part I: Introduction to the Regional Center

Regional centers are nonprofit private corporations that contract with the Department of Developmental Services (DDS) to provide or coordinate services and supports for individuals with developmental disabilities.

There are 21 regional centers in the state of California, 7 of which are located in Los Angeles County. Each regional center provides services to eligible individuals within its catchment area (the local area that it serves).

A list of Regional Centers and the areas they serve can be found here:

<http://www.dds.ca.gov/RC/RCList.cfm>

Part II: Relevant Laws and Regulations

Lanterman Act¹

The law regarding regional center services is found in the Lanterman Act, which is part of the California Welfare and Institutions Code (WIC) starting at Section 4500.

A free copy of the Lanterman Act can be found at:

<http://www.dds.ca.gov/Statutes/LantermanAct.cfm>

Under this act, every eligible consumer will have an Individual Program Plan (IPP). The IPP is the key document for consumers, generally over the age of three, who are receiving regional center services due to their developmental disability. This document is created at a meeting (the IPP

¹ The Lanterman Act generally applies to consumers over the age of 3. IDEA Part C and the California Early Intervention Services Act apply to children 0-3, as does the newly enacted Prevention Program for “at risk” children.

meeting) and includes information about the consumer's needs, strengths, goals and objectives, and services he or she is receiving.

Individuals with Disabilities Education Act (IDEA)

IDEA (also known as IDEIA) is a federal law that governs both early intervention services for children 0-3 years of age (also known as Part C) as well as special education for children over the age of three (Part B). Federal law governing Early Intervention services can be found at 20 United States Code (USC) sections 1431 through 1445.31 and 34 Code of Federal Regulations (CFR) sections 303.1 through 303.670.

California Early Intervention Services Act

The California law regarding early intervention services is found starting at Section 95000 of the California Government Code.

Under this act, every eligible child will have an Individualized Family Service Plan (IFSP). The IFSP is a document that every consumer receiving early intervention services should have. It is created at an IFSP meeting with feedback from the family, regional center, providers, and anyone else who may have information about the consumer's strengths, needs, likes and dislikes. This document will include outcomes, criteria for determining progress towards those outcomes, and information about the early intervention services that the consumer is receiving (service provider, location, frequency, etc.).

Regulations

Regulations are standards made by state agencies such as DDS and serve as a guide to implement and interpret the law.

Regulations that are relevant to both the Lanterman Act and the California Early Intervention Services Act are contained in Title 17 of the California Code of Regulations. The regulations can be found online here:

<http://www.dds.ca.gov/Title17/Home.cfm>

Recent Changes

The laws regarding regional center services changed in 2009 due to budget cuts. A good summary of the specific cuts and laws affected is available here:

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

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

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

Part III: Eligibility

A. Children Under the Age of Three

For children under the age of three, regional centers provide “early intervention services” through Part C of the Individuals with Disabilities Education Act (IDEA). In California, the program through which these services are provided is called the Early Start program, but it is also sometimes referred to as the Early Intervention program.

To be eligible for these services, the child must meet one of the following criteria:²

1) Have a *developmental delay* in one or more of the following areas:

- Cognitive development;
- Physical and motor development, including vision and hearing;
- Communication development;
- Social or emotional development; or
- Adaptive development

a) In order to qualify as having a developmental delay:

- i. Children 0-23 months must have a 33% delay in one domain

² California Government Code § 95014(a)(1).

- ii. Children 24-35 months must have a 33% delay in TWO or more domains, or a 50% delay in ONE domain.

2) Have an *established risk* condition

- Examples include chromosomal disorders (such as Down Syndrome) and neurological disorders.

Note: In prior years, children birth to three years old, who were —at risk” for a developmental delay due to a combination of biomedical factors such as low birth weight, prematurity and drug exposure (among others), were eligible for Early Start services. However, as of October 1, 2009, these children no longer qualify for these services. They may qualify for the —Prevention Program” which provides intake, assessment, case management, and referral to generic agencies. Additionally, toddlers 24-35 months old with a delay in one area between 33% and 49% used to be eligible for Early Start but are now only eligible for the Prevention Program.

B. Individuals Over the Age of Three

Regional center services are available to any person age three or older who has a developmental disability as defined by the Lanterman Act. Under California law, the Lanterman Act gives people with developmental disabilities the right to support and services which allow them to live a more independent and normal life.

A developmental disability is a disability that originates before the age of 18, continues, or can be expected to continue, indefinitely, and constitutes a “substantial disability” for the individual.³

Developmental disabilities include:

- (1) Mental retardation;
- (2) Cerebral palsy;
- (3) Epilepsy;
- (4) Autism;
- (5) Disabling conditions that are closely related to mental retardation or conditions that require treatment similar to that required for mental retardation.

³ WIC § 4512(a).

Under the Lanterman Act, a person must have a diagnosis or condition that fits one of the five categories of eligibility, and that diagnosis or condition must constitute a substantial disability for a person.

The Meaning of “Substantial Disability”

DDS regulations define a substantial disability as “a major impairment of cognitive and/or social functioning.”⁴ While impairments in both cognitive and social impairment are not necessary to fulfill the substantial disability requirement, in practical use, this only applies to persons applying under the basis of autism, cerebral palsy, or epilepsy because those applying under mental retardation or 5th category will need to show impairments in both domains in order to establish that they are indeed mentally retarded or qualify under the 5th category.

Substantial disability must be proven by showing impairments in at least three of the following areas:

- Self-care;
- Receptive and expressive language;
- Learning;
- Mobility;
- Self-direction;
- Capacity for independent living; and
- Economic self-sufficiency.

Note: Before August 11, 2003, the law did *not* require impairments in any particular number of areas. If a person was found regional center eligible before then, and the regional center now reassesses his/her eligibility, the person does not have to show impairments in three or more areas.

Mental Retardation

The American Psychiatric Association/DSM-IV-TR requires the following for a diagnosis of mental retardation:

- Deficits in intellectual functioning and adaptive functioning;
- An IQ score of approximately 70 or less and impairments in at least three of the areas listed above (self-care, receptive and expressive

⁴ California Code of Regulations, Title 17 (17 CCR) § 54001.

language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency).

Note: A diagnosis of mental retardation is possible for individuals with full scale IQ scores between 71 and 75 if they have significant deficits in the areas of adaptive behavior listed above. The opinion of an independent expert may be required to establish this.

See <http://www.ddhealthinfo.org> for more information.

Cerebral Palsy

Cerebral palsy is an umbrella term that describes a set of conditions that affect the control a person has over movement. It usually starts at birth or during the first few years of life. Symptoms may change over time, but generally the condition itself is not progressive. It is caused by damage to the parts of the brain that control movement and posture or the failure of those parts to develop appropriately.

See <http://www.nlm.nih.gov/medlineplus/cerebralpalsy.html> for more information.

Autism

The DSM –IV-TR and the DSM for Primary Care, Child and Adolescent Version describes Autistic Disorder as one of five Pervasive Developmental Disorders (PDDs). Other PDDs included are Pervasive Developmental Disorder-Not Otherwise Specified (PDD NOS), Asperger’s Disorder, Rett Syndrome, and Childhood Disintegrative Disorder.

Children with autism exhibit the following:

- Some degree of qualitative impairment in reciprocal social interaction;
- Qualitative impairment in communication; and
- Restricted, repetitive, and stereotypic patterns of behaviors, interests, and activities.

Note: Although Asperger’s Disorder and autism are similar, there are some differences. The primary way that Asperger’s Disorder differs from autism is that a diagnosis of autism does require a significant language delay and an onset before the age of 3.

Some regional centers take the position that people with Asperger's Disorder are not eligible for regional center services under the category of "autism." Some regional centers also take the position that people with PDD NOS are not eligible for regional center services under "autism," although they may be eligible for services under "5th category." (See below for information about eligibility under "5th category"). People with higher IQs may qualify as "high-functioning autism" which is difficult to distinguish from Asperger's.

See <http://www.ddhealthinfo.org> for more information about autism and other developmental disabilities.

Epilepsy

Epilepsy is a neurological condition that produces seizures. A seizure occurs when there is a brief electrical disturbance in the brain and can last from a few seconds to a few minutes.

Some seizures result in a brief disruption in the senses while others may result in short periods of unconsciousness.

More information about epilepsy can be found here:

<http://www.ddhealthinfo.org>

<http://www.epilepsyfoundation.org>

5th Category

A person may be found to have a developmental disability under California law even if he/she does not have one of the four conditions listed above (mental retardation, autism, cerebral palsy, or epilepsy). A person may be eligible under the "5th category" if he/she:

- Has a condition "closely related" to mental retardation; or
- Requires treatment "similar to" persons with mental retardation.

The law is not clear about what "closely related to" or "similar to" mental retardation means. However, an example might be a person whose IQ is too high for a diagnosis of mental retardation, but who has significant deficits in adaptive skills that result in him/her functioning like a person with

mental retardation. As noted above in the —Autism” section, a person with PDD NOS may qualify for regional center services under 5th category.⁵

Co-Occurring Mental Health Issues or Learning Disabilities

Some people with developmental disabilities have co-occurring mental health issues or learning disabilities. Section 54000(c)(1) of Title 17 of the California Code of Regulations states that, for the purposes of regional center eligibility, the term —developmental disability” shall not include handicapping conditions” which are —solely psychiatric.” Section 54000(c)(2) states that the term —developmental disability” shall not include conditions which are —solely learning disabilities.”⁶

Note: Even if there is an applicant with a psychiatric condition or a learning disability, this does not automatically preclude his or her eligibility for Regional Center services. If you are not sure what is causing the impairment—a psychiatric condition, learning disability, or something else—request an evaluation by the Regional Center for a developmental disability. Regional centers must provide services to consumers who have a developmental disability even if that disability is coupled with psychiatric disorders or learning disorders, or both.

Part IV: Getting Services-Key Concepts from the Lanterman Act

Once a person has been determined to be eligible for regional center services, an Individual Program Plan (IPP) must be developed within 60 days of the completion of the assessment.⁷ (For children receiving Early Intervention services, the planning document is called an Individualized Family Service Plan (IFSP). See Chapter 6 for more information.) The IPP is developed jointly among the regional center consumer, family members

⁵ A recent appellate decision has imposed an additional requirement on 5th category eligibility. The judge in that case interpreted 5th category eligibility as requiring —both a cognitive element and an adaptive functioning element.” *Samantha C. v. State Dep’t of Developmental Servs.*, 2010 WL 2542214 at 15 (Cal. Ct. App. June 25, 2010). This may make it more difficult to establish eligibility for someone with Asperger’s, because his or her **adaptive** functioning impairments are comparable to those associated with Autism, but he or she may have little or no **cognitive** impairment. However, if you are representing a client with Asperger’s, you should still request an evaluation.

⁶ These regulations were upheld in *Samantha C.* at 10

⁷ WIC § 4646(c).

(where appropriate) and the regional center at an IPP meeting. The IPP is like a contract which describes what services and supports the regional center will provide, or help obtain, for consumer. See Chapter 3 of this manual for information about planning for the IPP meeting.

Regional Center services include:

- Adaptive equipment services
- Advocacy, assistance or facilitation
- Assessment
- Assistance in finding, modifying and maintaining a home
- Behavior modification
- Camping
- Child care
- Community integration services
- Community residential placement
- Community support facilitation
- Counseling for the consumer
- Counseling for the consumer's family
- Daily living skill training
- Day care
- Developmental and provision of a 24-hour emergency response system
- Development of unpaid natural supports
- Diagnosis
- Diapers
- Domiciliary care
- Education
- Emergency and crisis intervention
- Emergency housing
- Emergency relieve for personal care attendants
- Evaluation
- Facilitated circles of support
- Facilitation, including outreach and education
- Facilitation with a facilitator of the consumer's choosing
- Financial assistance
- Follow-along services
- Foster family placement
- Habilitation
- Home location assistance

- Homemaker services
- Identification of circles of support
- Infant stimulation programs
- Information and referral services
- Mental Health services
- Occupational therapy
- Paid neighbors
- Paid roommates
- Parent training
- Peer advocates
- Personal care of assistance
- Physical therapy
- Protection of civil, service and legal rights
- Protective services
- Provision of circles of support
- Recreation
- Recruiting, hiring and training personal care attendants
- Respite
- Respite for personal care attendants
- Self-advocacy training
- Sexuality training
- Sheltered employment
- Short term out-of-home care
- Social services
- Social skills training
- Sociolegal services
- Special living arrangements
- Specialized dental care
- Specialized medical care
- Speech therapy
- Support services for consumers in homes they own or lease
- Supported employment
- Supported living arrangements
- Technical assistance
- Training
- Transportation services
- Travel training
- Treatment
- Vouchered services

Note: Some of these services can be funded by the regional center directly, although many services listed above may be funded by generic agencies such as Medi-Cal or CCS. However, all of these services should be discussed and considered for inclusion in a consumer's IPP.

A child age birth to three who is eligible for Early Intervention services may receive:⁸

- Assistive technology and services
- Audiology
- Center based services (such as a special preschool for children with disabilities)⁹
- Counseling and home visits
- Durable medical equipment ¹⁰
- Family training
- Medical services (only for diagnostic and evaluation purposes)
- Nursing services
- Nutrition services
- Occupational and physical therapy
- Physical therapy
- Psychological services
- Speech and language therapy
- Service coordination
- Social work services
- Special instruction
- Transportation and related costs (such as reimbursement)
- Vision services

Obtaining Services/Supports

A regional center's duty is to secure the services and supports identified in a person's IPP (or IFSP). The regional center is also required to give preference to services that would allow:¹¹

⁸ 17 CCR § 52000(b)(12); 20 USC § 1432(4)(E); 34 CFR § 303.12(d).

⁹ Although regional centers are moving away from these services and opting for neighborhood preschools. Please see Chapter 6 for more information.

¹⁰ Durable medical equipment is not a "required service" but is still available, and must be provided if necessary. Please see Chapter 6 for more information.

¹¹ WIC § 4648.

- Minors with developmental disabilities to live with their families;
- Adults with developmental disabilities to live independently in the community;
- Consumers to interact with persons without disabilities in positive, meaningful ways.

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

- a consumer's community, family, and work (called natural supports);¹²
- a person or agency who has been identified by the regional center as a vendor or contractor for services;¹³
- a "generic agency" ("an agency which has a legal responsibility to serve all members of the general public and which is receiving public funds for providing such services").¹⁴

Note: The law states that regional center funds cannot be used to replace the budget of a generic agency.¹⁵ 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 should "pay for" the service in the meantime. Additionally, while regional centers are prohibited from supplanting services for which other agencies are responsible, regional centers should supplement these services when necessary.

However, for Early Intervention (Early Start) services, the regulations state that the regional center's responsibility to consumers with IFSPs is to "provide, arrange, or purchase early intervention services" and that the regional center itself is "the payor of last resort."¹⁶ Stemming from 2009 budget cuts, regional centers have been requiring Early Start consumers to obtain services through their insurance (private or Medi-Cal) first, before

¹² WIC § 4512(e).

¹³ WIC § 4648(a)(3).

¹⁴ WIC § 4644(b).

¹⁵ WIC §§4648(a)(8), 4644(b).

¹⁶ 17 CCR § 52109.

the regional center will pay for them. Unfortunately, in practice, this often leads to a delay in service provision due to administrative obstacles such as the Treatment Authorization Request (TAR) process. If this occurs, you should request that the regional center —gapfund” the services until the insurance funding is available.¹⁷ This request is consistent with the requirement that Early Intervention services specified on the IFSP shall begin as soon as possible.¹⁸

Part V: Other Services

A regional center consumer might also be eligible for services from programs such as California Children’s Services (CCS) (a medical services program for children with chronic health conditions or diseases), EPSDT supplemental services (a Medi-Cal program for children under 21 with full-scope Medi-Cal that provides medically necessary services, including mental health and home health care services), and In-Home Supportive Services (IHSS) (a program that provides in-home attendant care and supervision).

For more information on these programs, see the following Disability Rights California’s publications:

1. California Children’s Services
<http://www.disabilityrightsca.org/pubs/506001.pdf>
2. A Guide to Children’s Medi-Cal Services
<http://www.disabilityrightsca.org/pubs/518801.htm>
3. In-Home Supportive Services
<http://www.disabilityrightsca.org/pubs/547001Index.htm>

¹⁷ California Government Code § 95004(b)(2).

¹⁸ 17 CCR § 52109(b).

Chapter 2: Authorized Representatives and Educational Rights Holders

Authorized Representative

Under the Lanterman Act, the —authorized representative”¹⁹ has the right to request records, authorize assessments, advocate at IPP meetings, and request a fair hearing on consumer’s behalf. For a minor, the authorized representative is the person with legal custody or someone who the legal custodian has appointed to act on behalf of the consumer. The authorized representative may be the child’s biological parent(s), adoptive parent(s), or legal guardian. Simply being a foster parent does not mean that a person is the authorized representative. If it is unclear who the authorized representative is for the child, contact the child’s dependency attorney.

During dependency proceedings, the issue of who has legal custody may be complicated. Where there is a dispute, you may want to ask the child’s dependency attorney to ask the judge to appoint someone as the authorized representative.

Educational Rights Holder

The holder of educational rights also has the ability to request records, authorize assessments, advocate at meetings and request a fair hearing, especially for services under IDEA part C (Early Start, for children birth to three). Educational rights can be transferred from the biological parents to another person, if appropriate, through the court. Please speak to the child’s dependency attorney if it is unclear who holds the educational rights for the consumer.

Court Appointed Special Advocate (CASA)

A CASA, upon presentation the court’s order of appointment to a specific consumer’s case, has the specific authority to inspect and copy any records relating to the consumer without the consent of the consumer or parents.²⁰ This includes the consumer’s regional center records.

¹⁹ WIC § 4701.6.

²⁰ WIC § 107.

Chapter 3: IPP Preparation: Case Planning Mechanics

Caregiver Interview

The first step in the case planning process is to conduct an interview with the caregiver. Questions to the caregiver should be designed to elicit an overall picture of the consumer from the caregiver's perspective. The following information should be gathered:

- Developmental, medical, and social history;
- Current physical condition;
- Current developmental condition;
- Current emotional/behavioral/mental health condition;
- Regional center involvement;
- Special education involvement;
- Current and historical financial status (what kind of funding sources the consumer is receiving such as AFDC-FC, AAP, SSI, Social Security, KinGAP, CalWORKS, CAPI, etc.);
- Health Care Coverage (Medi-Cal, CCS, EPSDT, HCBS Waiver, Private Insurance, Medicare, etc.);
- Other Agency Services (IHSS, ILP, Rehabilitation, etc.).

* See Glossary for definitions of terms above

After gathering the above information, you should begin to draft a case plan summarizing the information obtained. You should highlight any questions left unanswered from the caregiver interview that will require a further review of the records, and/or interviews of other people. (See Appendix #1 for a sample draft case plan.)

Getting the File

To get a more complete picture of the consumer, you will need to get the consumer's case file from the regional center. In order to do this, you will first need to get a signed authorization to release information and records from the authorized representative for the consumer. (See Chapter 2 for more information on who is the authorized representative or education rights holder). You should have the authorized representative sign and

date at least two originals of the release, with one original to be kept by the authorized representative for his or her own records.

The release should specify that the information and records being requested will relate to the consumer's developmental, educational, social, and medical needs. These records should include any and all medical, psychological, social, legal, educational, and vocational evaluations, assessments, and reports. (See Appendix #2 for a sample Authorization to Release Information and Records form.)

Once you have obtained the signed release of information and records, you will need to send an original copy to the regional center service coordinator with case management responsibility for the consumer. Along with the signed release should be a cover letter detailing the records and information request. (See Appendix # 3 for a sample Request for Records cover letter.) The regional center case file information you are seeking should include any and all of the following:

- Individual Program Plans (IPPs);
- Individualized Family Service Plans (IFSPs);
- Individual Service Plans (ISPs);
- Individualized Education Programs (IEPs);
- Quarterly Reports;
- Psychological, Medical, Developmental Assessments and Reports;
- Client Development Evaluation Report (CDER) Documents;
- Home and Community-Based Services (HCBS) Waiver Documents;
- Title XIX/Case ID/Consumer Transaction/SANDIS Notes;
- Notes by caseworkers and other service providers, including files obtained from other agencies.

The right to receive regional center records is set forth in WIC § 4725.²¹ Although this Lanterman Act provision is set forth in the section dealing

²¹ That section reads, in part: (a) "Access" means the right to inspect, review, and obtain an accurate copy of any record obtained in the course of providing services under this division; (b) "Record" means any item of information directly relating to a person with developmental disabilities or to one who is believed to have a developmental disability which is maintained by a service agency, whether recorded by handwriting, print, tapes, film, microfilm, or other means.

with Fair Hearing procedures, the right to access information is not conditioned upon whether a fair hearing has been initiated. This information should be made available when the regional center is presented with a valid release of information and records pursuant to the confidentiality provisions under WIC § 4514.

The regional center may charge you for the cost of copying the documents, but only up to the actual cost of reproducing the record, and not if the cost would prohibit you from requesting the record.²² No charge may be made to search for or retrieve any record.²³

Organizing the File

Once you have received the file, it is recommended that you organize it chronologically according to the type of documents obtained. For instance, you should separate all IPPs, IFSPs, ISPs, IEPs, CDERs, Case ID Notes, medical records, etc., and mark them all by date. It is recommended that you create a binder or accordion folder with each type of document tabbed separately along with a Table of Contents identifying the date and number of pages of the respective documents. Maintaining the consumer's file in this fashion will make document retrieval easier for the future meetings you will have with the regional center.

Further Follow Up With Caregiver

Once you have obtained the file and have had a chance to review and organize its contents, you should follow up with the caregiver to verify any change in circumstances since the initial draft of your case plan. Any changes reported by the caregiver should warrant amendment of your case plan. Likewise, any facts noted in the consumer's regional center case file that appear inconsistent with the caregiver's report should be reconciled with the caregiver and the case plan amended accordingly. When saving your amended case plan electronically, you should rename your revised case plan so that prior case plans are still saved.

²² WIC § 4725(a).

²³ WIC § 4725(a).

Gathering Independent Documentation

When reviewing the regional center case file with the caregiver, you should ask if the caregiver possesses other relevant documents not contained in the file, or if the caregiver is aware of other relevant documents maintained by another agency that are not in the regional center case file. If the latter situation occurs, you should seek out that documentation by having the legal custodian sign additional releases of information and presenting a records request with those other agencies. Once you obtain the documents, you should maintain a separate file of those documents to keep track of what documents you know to be within the regional center's possession from those not within the regional center's possession.

Sharing Additional Assessments/Records with the Regional Center

If you receive additional assessments or records that have relevant information, you may want to share them with the regional center. For example, if the consumer has had an independent evaluation that shows the need for a particular service, providing this information to the regional center will be helpful in supporting your request for that service. Be sure you have the proper consent from the authorized representative or educational rights holder before sharing any documentation. These extra documents can be included with your request for an IPP (please see below for a description of the IPP request).

Research

Once you have reviewed the records and completed your interviews with the caregiver, you should begin to prepare an outline of the areas that will be addressed at the IPP. While IPPs in their written form slightly vary in structure from regional center to regional center, the following areas are typically covered with children:

- Self-Care Skills
- Living Arrangement & Family Supports
- Education
- Health & Medical
- Income Maintenance & Health Care Coverage
- Social & Recreational

The IPP will set forth goals, objectives, and services and supports to further the goals and objectives in each of the above areas (See Chapter 4). If you and the caregiver have identified certain services or supports that you believe may be appropriate, it is recommended that you conduct some research on these services and supports.

The laws governing services for children over age three are contained at California Welfare & Institutions Code section 4500 *et seq.*, referred to as the Lanterman Developmental Disabilities Act (Lanterman Act), and can be found online at:

<http://www.dds.cahwnet.gov/Statutes/LantermanAct.cfm>

The laws governing services for children under age three are contained at California Government Code section 95000 *et seq.*, referred to as the California Early Intervention Services Act,²⁴ and can be found online at:

<http://www.dds.cahwnet.gov/Statutes/GovernmentCode.cfm>

Regulations which implement the Lanterman Act are contained at Title 17 of the California Code of Regulations (17 CCR) sections 50201 through 58882. State regulations²⁵ which implement the California Early Intervention Services Act are contained at 17 CCR sections 52000 through 52175. Regulations for both programs can be found online at:

<http://www.dds.cahwnet.gov/Title17/Home.cfm>

Disability Rights California (DRC) (formerly Protection and Advocacy, Inc., or PAI) has several publications online that summarize the above laws as they relate to specific issues. For issues involving the Lanterman Act, see DRC's publication Rights Under the Lanterman Act found online at:

<http://www.disabilityrightsca.org/pubs/506301index.htm>

²⁴ See also California Education Code sections 56425 through 56432 for additional laws applicable to school districts in serving children under three with low incidence disabilities.

²⁵ Federal law also governs the implementation of Early Intervention services. See 20 USC §§1431 through 1445.31 and 34 CFR §§303.1 through 303.670.

For issues involving Early Intervention, see Chapter 12 of DRC's publication, Special Education Rights and Responsibilities found online at:

<http://www.disabilityrightsca.org.org/pubs/504001SpecEdIndex.htm>

Another research tool for determining whether services and supports may be appropriate for the consumer is through the review of administrative hearing decisions that have dealt with issues relating to the Lanterman Act and Early Intervention law. The Office of Administrative Hearings (OAH) is the agency that hears these types of cases. The OAH decisions can be accessed online for review here:

<http://www.oah.dgs.ca.gov/DDS+Mediation+and+Hearings/search.htm>

To access a specific decision, simply put in the case number in the search engine query and a link to that case should appear in a separate window. If you would like to research by topic, you can type in specific words in the search engine query to obtain all cases that include those words. For example, you can search for cases about feeding therapy by typing "feeding therapy" into the query box.

Talking with Experts and Providers as Another Source of Information

You can also reach out to experts and providers in the areas of need for the consumer. For example, if the consumer is having difficulty eating independently, and requires occupational therapy in the area of feeding, you may want to speak to an occupational therapist who provides feeding therapy. This can help you get a better idea of how to phrase your request for services.

Requesting the IPP Meeting

Once you have reviewed the laws, regulations, publications, and decisions regarding the services and supports you believe may be appropriate for the consumer, you will be in a better position to draft your IPP meeting request letter to the regional center based on the outline you will have developed during the course of your preparatory research.

We recommend that for each area you wish to address, that you initially identify the issue of concern and then make the request for services and supports you wish to obtain from the regional center in order to satisfy the concern. (See Appendix #4 for a sample IPP meeting request letter.)

Note that in some instances, it may be premature to ask the regional center to purchase or secure a particular service or support if the need for that service or support has not yet been documented. In those instances, we recommend that a request be made for the regional center to conduct an initial assessment to determine if, and to what extent, services should be provided to meet the area of concern.

Planning for "Gaps"

Occasionally, there will be cases where a consumer is in immediate need of a particular service or support that the regional center maintains another agency has the primary responsibility to provide. Both the Lanterman Act and Early Intervention law support the notion that the regional center can “gap fund” the service or support to meet the immediate need while helping to assist the family in helping to procure the service or support from the other agency. The request to gap fund a service or support should be noted in the IPP or IFSP meeting request letter.²⁶

IPP Addendums

Sometimes, a family may be content with most of the current IPP plan's goals, objectives, and services and supports. However, sometimes the family may become aware of other services or supports that may be appropriate for the consumer, or may wish to change the one or more of the existing IPP's goals or objectives. In these cases, a request to have the current IPP amended to include or modify a particular portion of the IPP can be made. Typically, this is referred to as an IPP Addendum. (See Appendix #5 for a sample IPP Addendum Request.)

²⁶ California Government Code § 95004(b)(2) (Early Intervention); WIC § 4659(d)(1) (Lanterman Act).

CHAPTER 4: At the IPP

The IPP Planning Team

Each IPP should be created by a planning team. The planning team, at a minimum, consists of the parents/legally appointed guardian (or authorized representative) and one or more regional center representatives, including the consumer's service coordinator.²⁷ However, the consumer can also invite other participants, such as friends, neighbors, service providers and advocates.

Note: There must be a regional center representative at the IPP meeting who has authority to make a decision regarding IPP services and supports. In other words, it is not acceptable for the regional center representative to say that he or she doesn't have the authority to make a decision. If no one with authority to make decisions on behalf of the regional center is present at the meeting, it must be rescheduled for a time within 15 days, unless a later date is agreed upon by consumer or parent/guardian/conservator.²⁸

Location of the Meeting

The IPP meeting should take place somewhere that is convenient for the consumer to enable him or her to actively participate in its development.²⁹ Meetings are often held where the consumer lives, but can also be held at a day program, the regional center office, or anywhere else that the consumer feels comfortable. IPP meetings have taken place at parks, fast food restaurants, etc.—anywhere the participants agree to meet.

²⁷ WIC § 4512(j). Note, if the child has special health needs and lives in a specialized foster care home or group home, the team should also include the child's primary care physician or other health care professional designated by the physician, any involved medical team, and the county social worker or regional center worker, and any health care professional designated to monitor the child's individualized health care plan pursuant to paragraph (8) of subdivision (c) of Section 17731. See WIC §§ 17710(d) and 17731(c)(1).

²⁸ WIC § 4646(f).

²⁹ WIC § 4646(a).

Timing of the Meeting

The meeting should take place at a time that is convenient for the consumer and family.³⁰

In terms of frequency, an IPP must be reviewed and modified at least once every three years.³¹ If a consumer receives services through the Medi-Cal Home and Community Based Waiver, or lives in a group home, an Intermediate Care Facility (ICF/DD) or a developmental center, there must be an IPP meeting yearly.

Most regional centers conduct annual IPP meetings, typically during the month of the person's birthday. However, an IPP can be reviewed or modified more often if the parent/legal guardian/authorized representative requests it.³² Once the IPP meeting has been requested, it must take place no more than 30 days after the review is requested.³³

For a sample IPP request letter, see Appendix # 4.

Taking Notes

It is helpful to use an easel and large sheets of paper so that everyone can best share and understand the information presented. Ask someone at the regional center to take notes on this easel. As an advocate, it may be helpful if you also take separate notes for yourself and the consumer.

Also, if you provide the regional center with notice at least 24 hours prior to your meeting, you can tape record the meeting.³⁴ This may be very helpful in ensuring you get a complete record of the meeting.

What Is Discussed at the IPP

Each planning team may have a different pattern of discussion, but often the first thing that will happen is a review of the information gathered about the consumer. There will be a review of the strengths, preferences and

³⁰ WIC § 4646(b).

³¹ WIC § 4646.5(b).

³² WIC § 4646.5.

³³ WIC § 4646.5(b).

³⁴ WIC § 4646.6.

needs of not only the consumer, but also the family unit. This information is sometimes gathered through formal assessments, but often is gathered at the team meeting. This is where you, as an advocate, will present the information you have gathered beforehand regarding the consumer.

The IPP team may also review the consumer's general health status, with the consent of the consumer/family.³⁵ This review may include medical, dental and mental health needs. It may also include a discussion of current medications including any observed side effects and a date of the last medications review. Any concerns regarding medical treatment or medication should be referred to the regional center's clinical staff and or/ the treating physician.

Next, the team will discuss the main components of the plan. The general purpose of this process is to set forth goals and objectives and to create a plan for how to achieve them successfully.

Components of the IPP

An IPP must contain: 1) a statement of goals and objectives, 2) a schedule of the types and amount of services and supports needed and 3) a schedule for review and evaluation of the IPP.³⁶ For a sample IPP, please see Appendix # 6.

Goals and Objectives

Goals are broad statements based on the consumer/family's needs, preferences and choices while objectives are specific and time-limited activities that help the consumer reach his/her goals. IPP objectives must be specific, time-limited, stated in measurable terms, and related to the individual's goals and needs. An objective is measurable when it is written in a way that will allow the planning team to determine if each service/support specified in the objective has been delivered appropriately.³⁷

- Below is a list of possible goal areas for families with minor children:

³⁵ WIC § 4646.5(a)(5).

³⁶ WIC § 4646.5(a)(2)(4) and (6).

³⁷ WIC § 4646.5(a)(2)&(6).

- Where the family wants the consumer to live.
- Needs specific to the consumer with a disability, such as reducing challenging behaviors, increasing self help skills, improving communication skills, curing or alleviating a medical problem, etc.
- Ways in which the consumer should be included in school and community.
- Ways in which cultural preferences, values and lifestyle of family should be integrated into the services received.
- The family's interest or need to go to work, go to school or receive training and the care they need for their consumer to be able to do so.
- Family's interest or need to pursue recreational and leisure activities, have a break from caring for a consumer with severe disabilities, or accomplish day to day tasks such as cooking, shopping and caring for other children, especially if services for the consumer are necessary to enable to family to do these things.

Schedule of the Types and Amounts of Services and Supports the Consumer Needs

The IPP should list the services and supports needed in order to reach the goals that have been decided upon. All of the discussed and agreed upon services should be specified in the IPP. These services and supports include what the family needs to maintain the consumer in the home, if living at home (including a foster care placement or prospective adoptive home) will be in the best interest of the consumer. If living at home is not in the best interest of the consumer, then out-of-home placement alternatives may be discussed.

- Below is a list of support services specifically mentioned in the Lanterman Act³⁸:
 - Advocacy assistance
 - Behavior modification programs

³⁸ See also WIC §§ 4512(b) and 4685(c)(1).

- Child care
- Counseling
- Day care services
- Homemaker services
- Infant stimulation programs
- Mental health services
- Respite for parents
- Short-term out-of-home care
- Special adaptive equipment (wheelchairs, hospital beds, communication devices, etc.)
- Special training for parents
- Specialized medical and dental care

There may be other sources for services and supports, such as natural supports, community resources or generic agencies. Natural support is assistance from family, friends and others. These natural supports are voluntary relationships and regional center funded services cannot be denied because a friend or family member is not able or willing to provide the assistance. Other sources of services may include the local education agency (i.e., the school district who may provide special education services), Medi-Cal, private insurance, SSI and IHSS.

While the regional center can expect the consumer to seek these services from other sources, if appropriate, before providing services itself,³⁹ it cannot terminate services until generic services are actually in place. Also, the generic service must actually meet the identified need before the regional center can refuse to provide similar services. Further, if there is a service that must be provided immediately, the regional center should provide it until the generic agency service is obtained. This is called “gap-funding.”

Once the team has decided on the services needed to meet the goals that have been developed, it must identify any steps needed to get those services started, and describe these steps in the IPP. Furthermore, the IPP must specify the service providers such as vendors, contractors, generic service agencies and natural supports.

³⁹ WIC § 4659(c).

If the Regional Center Refuses To Write a Service or Support Into the IPP Based On its Own Purchase-of-Service Policy

A Purchase of Service (POS) policy is a regional center policy that explains the requirements for receiving a service and may set limits on the amount or frequency of the service. The Lanterman Act entitles every person with a developmental disability to the supports needed to live an independent and productive life in the community on an *individual* basis.⁴⁰ Therefore, the regional center cannot apply a *general* policy to prevent a consumer from getting services based on what that individual wants and needs.⁴¹ POS policies cannot forbid the purchase of a particular type of service (such as in-home nursing) or set strict limits on the amount or frequency of that service. Each POS policy must have an exception for individual circumstances. If the consumer truly needs a particular service or support from the regional center, the POS policy cannot be used as a barrier.

If your regional center service coordinator tells you the support you want is beyond what the regional center provides under its POS policies, ask for a copy of the policy and for the exception to that policy. You can appeal if you believe the consumer needs particular services or supports from the regional center despite the POS policy. You can also file a complaint to challenge the policy itself as placing an illegal bar or cap on services. See Chapter 7 on how to file a complaint against the regional center.

If the Regional Center Refuses To Write a Service or Support Into the IPP Because It Does Not Have Enough Money

Limited funding cannot be the basis for denying a service or support. As long as the regional center has any funds to purchase services, it must provide services and supports based on the consumer's individual needs and preferences, as determined through the IPP process. The California

⁴⁰ WIC §§ 4500.5, 4501, 4502.

⁴¹ See *Williams v. Macomber*, 226 Cal. App. 3d 225 (1990) in which the State Appellate Court ruled that the denial of home day-care services on the basis of a general policy of denying such services to minors with working parents violates the Lanterman Act's requirement that services to be provided for each consumer must be selected —on an individual basis." The Court said that —the Regional Center's reliance on a fixed policy is inconsistent with the Act's stated purpose of providing services —sufficiently complete to meet the needs of each person with developmental disabilities — (§ 4501)." *Williams*, 226 Cal. App. 3d 225, 232.

Supreme Court has ruled that regional centers have wide discretion determine *how* to implement an IPP, but no discretion at all in determining *whether* to implement it. They must implement it. If the regional center says it denied or reduced services or supports because it doesn't have enough money, you can request a fair hearing.⁴² See Chapter 7 on how to file an appeal against the regional center.

The Lanterman Act does require that regional center services be cost-effective in achieving goals and implementing the IPP. Cost effectiveness means only that the regional center must deliver the services and supports chosen so that the consumer gets the best results for the money. But this does not mean that the regional center can use lack of cost-effectiveness as a reason for *denying* a particular type of service. It means that a regional center can consider cost in choosing among providers who deliver the same services of comparable quality.⁴³

Schedule for Review and Evaluation of the IPP

The IPP must contain a schedule for regular, periodic review and evaluation to find out whether the planned services are being provided, objectives have been met within the times specified, and consumers and families are satisfied with the IPP and its implementation.⁴⁴

The Written Product

Handwritten IPPs are permitted but they are usually typed after the conference to make them easier to read. DDS has advised that regional centers should provide a typed copy of the IPP to the members of the planning conference within 45 days after the planning meeting.⁴⁵

Whether handwritten or typed, the final IPP must be prepared in a form that is understandable to the consumer and family.⁴⁶ If the consumer or family needs interpretation or translation services to fully participate in the

⁴² *Ass'n for Retarded Citizens—Cal. V. DDS*, 38 Cal.3d 384 (1984).

⁴³ WIC § 4648(a)(6)(D).

⁴⁴ WIC § 4646.5(a)(6) & 4750.

⁴⁵ See DDS Individual Program Plan Resource Manual page 28. You can find a copy here: http://www.dds.cahwnet.gov/RC/docs/IPP_Manual_Full.pdf.

⁴⁶ WIC § 4502.1 and 22 CCR §§ 98210(a) and 98211(c).

development of the IPP, or to understand the written IPP, the regional center shall provide translation or interpretation services as appropriate.⁴⁷

Signing the IPP

The authorized representative (parent, caregiver, court-appointed representative) should sign the IPP so it can go into effect.⁴⁸ If you agree on some things but not on others, you should write down the things which you agree on and those which you do not agree on. Be sure to fully document the disagreements, so that the record can be preserved, then sign the IPP so that the agreed upon services and supports can go into effect. You can appeal any disagreement through the fair hearing procedure.

If the Regional Center Representative Says That He or She Does Not Have the Authority to Make a Decision

There must be a regional center representative who has authority to make a decision regarding IPP services and supports. In other words, it is not acceptable for the regional center representative to say that he or she doesn't have the authority to make a decision. If no one with authority to make decisions on behalf of the regional center is present at the meeting, it must be rescheduled for a time within 15 days unless a later date is agreed upon by consumer or parent/guardian/conservator.⁴⁹

You can object if the regional center says that a Purchase of Service (POS) or other committee must make final decisions about the services and supports before the regional center will agree to them. Also, do not agree to an IPP that simply —recommends funding” for a particular service, where the final decision is to be made later by the regional center. The regional center may discuss the consumer's service needs at an internal meeting after the IPP, but within 15 days, a representative of the regional center must meet with the consumer directly to discuss the goals and services needed. In other words, final decisions on an IPP should be made at an IPP meeting, not behind closed doors at the regional center.

⁴⁷ 22 CCR §§ 98210(a) (c) (d) and 98211(c).

⁴⁸ WIC § 4646(g).

⁴⁹ WIC § 4646(f).

Remember, it is a good idea to tell the service coordinator in advance about what things you would like to discuss in the planning team meeting. This allows the people from the regional center to ensure that the regional center staff with authority to make decisions on those particular services can be present.

When There Is a Disagreement During the Meeting

If an agreement cannot be reached at a meeting, a second meeting must be held within 15 days. This can be another in-person meeting or a follow-up meeting via phone. However, just because the team disagrees regarding some portions of the IPP, this does not stop the implementation of those services and supports that have been agreed upon.

Etiquette

It is a required feature of person-centered planning that there be an awareness of, and sensitivity to, the lifestyle and cultural background of consumers and families as well as respect for their right to make choices. Here are some recommended ground rules to ensure that the meeting meets this standard:

- Discussions are positive in tone. They focus on the capacities and capabilities of the consumer and family.
- The decisions and choices made at the planning conference are made by the team as a whole, with deference to the wishes and preferences of the consumer and family.
- Discussions will be non-judgmental and open-ended. Team members agree to share ideas and viewpoints freely, Team members agree to listen to and consider the ideas of everyone on the team. Team members agree to refrain from arguing and be respectful to all other members.
- There is nothing carved in stone that says that everything that needs to be accomplished for the IPP process to be complete must be accomplished in a single meeting. The conference can be continued

later with another meeting, if necessary (for example if more information is needed or if someone needs to leave the meeting). If an agreement cannot be reached at the meeting, a second meeting must be scheduled within 15 days unless a later date is agreed upon by consumer or parent/guardian/conservator.

- Active involvement and discussion by consumers and families are promoted by creating a comfortable, friendly and encouraging atmosphere during the meeting.

Chapter 5: What to Do After the IPP?

Preparing a Plan of Action Chart

Immediately following an IPP meeting, create a Plan of Action Chart (See Appendix #7, Sample Plan of Action Chart). This chart should carefully outline the responsibilities of the IPP participants in implementing the plan. It may include responsibilities for all members of the team, including the family. For example, if the regional center agreed to provide 24 hours of respite a month, and the regional center said that it would contact the provider you should make note of this in your chart (See first task in Appendix #7).

Sending a Confirming Letter

Immediately following an IPP meeting, you should send a confirming letter to the regional center service coordinator outlining the agreements as you understand them. (See Appendix #8, Sample Confirmation Letter). Regional centers vary in how quickly they provide a written copy of the IPP so it is best to confirm agreements early.⁵⁰ Always start by thanking the regional center for meeting with you and spending time and attention on the case. In this letter or email, also confirm any and all items agreed to, such as timelines and service or assessment agreements. Your confirming letter can also be accompanied by the plan of action chart. (See Appendix #7). Also, at this point, you should reiterate your request for a written copy of the IPP at this stage.

Reviewing the Copy of the IPP

Step One: Does it Accurately Reflect What Was Discussed and Agreed to in the Meeting?

First, you want to make sure that the typed copy of the IPP that you received is factually accurate. Ideally, immediately after the IPP, you will have created a plan of action chart (Appendix #7) and sent out a

⁵⁰ DDS has advised that regional centers should provide a typed copy of the IPP to the members of the planning conference within 45 days after the planning meeting. DDS Individual Program Plan Resource Manual, p.28.

confirmation letter (Appendix #8). Review your plan of action chart and make sure that each item is included in the IPP. If you did not complete a plan of action chart, review your notes or the audio tape from the meeting to make sure that everything you discussed is included in the document.

Step Two: Are the Goals and Objectives and Plans for Implementation Properly Drafted?

You also want to ensure that the body of the IPP reflects the discussions that were held during the meeting. Be sure to look at the goals and confirm that they are appropriate and helpful. The goals should be developed to help the consumer and family live the most independent and productive lives possible and for the consumer to be maintained in the least restrictive environment.

Carefully review what the regional center is going to provide versus what generic agencies will be providing. Watch out for things like:

Goal: Claimant will be safe in the afternoons while parents are at work.

Regional Center Service: None. Parents will enroll consumer in daycare.

It is possible that even though the family will be enrolling him in daycare he will need the support of an aide to attend. If so, that should be written into the IPP.

The services should be reasonably calculated to achieve the goal. For example:

Goal: Claimant will be safe in the afternoons while parents are at work.

Regional Center Service: Regional center will fund a behavior trained aide through BST for three hours every school day effective May 1, 2009 through April 30, 2010.

For this goal to make sense, you have to know what BST is – be sure to collect information about the program/provider before agreeing that the program/provider is appropriate.

Any service that regional center has agreed to provide should be clearly articulated with duration and frequency. For example:

Goal: Caregivers require a break from caring for consumer.

Regional Center Service: Regional center will provide 24 hours per month of respite through any agency provider, effective May 1, 2009 through April 30, 2010.⁵¹

If the discussion involved a specific provider or type of service, that information should be specifically indicated in the IPP. Do not assume those specific terms will be followed if they are not written in the IPP.

For example:

Goal: Caregivers require a break from caring for consumer.

Regional Center Service: Regional center will provide 24 hours per month of LVN level respite through Acme Home Health Agency, effective May 1, 2009 through April 30, 2010.

If the regional center has denied a service, be sure that both the rationale you used to request that service and the reason for the denial are included in writing in the document.

If You Find Mistakes in the IPP Document

You should immediately request that any errors in the IPP document be corrected. (See Appendix #9, Request to Correct IPP Document.) Contact the regional center service coordinator and explain the errors and required corrections. If you do this over the phone, follow up your discussion with a

⁵¹ Note also that any change, reduction or termination to a service that is not for the purpose of protecting the health and safety of the consumer must be accompanied by a Notice of Action sent at least 30 days before the change. WIC § 4710. A regional center cannot merely use the termination date in the IPP as a substitute for adequate notice.

letter or email. Typically, mistakes of fact will be corrected without a problem. However, you may have thought you reached agreement about a specific service and when you receive the IPP, the service is not listed. You should request that the IPP be amended to include the service or that a Notice of Action is issued regarding the denial so that the consumer can appeal.

When Services Should Start

Services should start as soon as reasonable following the IPP meeting. Some services are easier to coordinate than others and will start more quickly. For example, respite services in a metropolitan area should begin rather quickly. Other services may be more difficult to obtain in a short time. For example, obtaining an assessment by a vision therapist in a rural area may take more time to arrange.

Important tip: If time frames were agreed to during the IPP meeting, they should be followed. If timelines are not being followed, please see Chapter 7 regarding complaints.

Waiting Lists

You should not be put on a waiting list for any service. However, there may be an instance where you are willing to wait for a service to get a specific provider. This needs to be seriously considered and discussed at the IPP meeting.

Requesting a Specific Provider

The Lanterman Act provides considerations that are to be used when selecting a vendor.⁵² One such consideration is familial preference. If you have a preference for a specific provider, you should articulate that preference and the reason why to the service coordinator. If the regional

⁵² WIC § 4648(a)(6)(A) A provider's ability to deliver quality services or supports which can accomplish all or part of the consumer's individual program plan. (B) A provider's success in achieving the objectives set forth in the individual program plan. (C) Where appropriate, the existence of licensing, accreditation, or professional certification. (D) The cost of providing services or supports of comparable quality by different providers, if available. (E) The consumer's or, where appropriate, the parents, legal guardian, or conservator of a consumer's choice of providers.

center refuses to fund that provider, you should request a Notice of Action. However, if the service provider you are requesting is not vendored with the regional center and is unwilling to become vendored with the regional center, you will have a very difficult time securing that provider.

Furthermore, regional centers are now required to use the least costly vendor. The IPP planning team must review the cost of providing services or supports of comparable quality by different providers and to choose the least costly available provider. However, this provider must be able to meet the particular need of the consumer and his or her family. Also, a consumer is not required to use the least costly vendor if it would mean that he or she would have to move from an existing provider of services or supports to more restrictive or less integrated services or supports.⁵³

If Services Do Not Start Following the IPP Meeting

You should contact the regional center service coordinator and/or the supervisor to determine why services have not started. Follow up any phone contact with a letter or email. If necessary, you may need to file a complaint. (See Chapter 7.)

If You Do Not Like the Provider

If you are having problems with a provider, contact the regional center service coordinator. Since the regional center is paying the vendor, and the vendor wants to continue getting contracts from regional center, the regional center can motivate the vendor to provide the best services. Regional centers also have quality assurance (QA) departments that can monitor and train vendors. If the QA department finds problems with the vendor, it can issue a Corrective Action Plan and ultimately, de-vendor the provider if the problems are severe and go uncorrected.

⁵³ WIC § 4648(a)(6)(D).

Chapter 6: Advocating for Children Under Age Three: The IFSP

Regional center services and eligibility are different for children under the age of three compared to children three and older. Children under the age of three can qualify for Early Start services from the regional center under Part C of the Individuals with Disabilities Education Act (IDEA). For children age three and over, the Lanterman Act governs eligibility and services. While children three and older will have an IPP, children under three will have an Individualized Family Service Plan (IFSP).⁵⁴ Many of the advocacy skills and concepts that apply to IPPs also apply to IFSPs. The general information in Chapter 3 is applicable to IFSPs as well. The goal of this chapter is to provide additional information specific to IFSPs.

Timing of the IFSP

Whereas an IPP should be reviewed at least once every three years, an IFSP must be reviewed at least every six months. However, just like an IPP, an IFSP may be reviewed or modified more often if the parents/legal guardian requests it.⁵⁵

Components of the IFSP

Based on the identified concerns and needs pursuant to assessment, IFSPs must include:

- 1) Statements of developmental outcomes expected, including criteria procedures and timelines used to determine progress;
- 2) Statements about the outcomes for the family when services for the family are related to meeting the specific developmental needs of the infant or toddler; and
- 3) Statements of the specific early intervention services necessary to meet the unique needs of the infant or toddler and the family to

⁵⁴ The exception to this are plans developed through Harbor Regional Center, where what are actually IPPs are also referred to as IFSPs.

⁵⁵ 17 CCR § 52102(b).

achieve the outcomes.⁵⁶ For a sample IFSP, please see Appendix #10.

1) Statements of the developmental outcomes expected for the infant or toddler and the criteria, procedures and timelines used to determine the degree to which progress toward achieving outcomes is being made

An outcome is a measurable statement, based on an assessment of need, of the developmental improvement expected for the infant/toddler and how supports are expected to assist the family in meeting the consumer's needs. This statement should include:

- The specific behavioral change expected;
- Specific criteria that defines when the outcome has been achieved;
- A definite period of time by which progress is to be reviewed; and
- Specific procedures used to measure the change.
- Example – Jennifer will express her needs verbally to her family using 5 to 20 single words by next June, as observed by parent and service provider.

2) Statements about the outcomes for the family when services for the family are related to meeting the specific developmental needs of the infant of toddler.

An example of such an outcome would be: —Parent would like to be able to help consumer with her behavior when she begins to tantrum.” The corresponding service could be a parent training on behavioral strategies. Other services for family incomes may include training on a specific disability, such as hearing impairment, or referral to a family resource center.

⁵⁶ 17 CCR § 52106(b)(4),(5) &(6).

3) Statements of the specific early intervention services necessary to meet the unique needs of the infant or toddler and the family to achieve the outcomes

A service is a method of intervention that is provided to achieve an outcome.

Required early intervention services include:⁵⁷

- Assistive technology devices and assistive technology services
- Audiology services
- Family training, counseling and home visits
- Health services necessary to enable the infant or toddler to benefit from the other early intervention services
- Medical services only for diagnostic or evaluation purposes
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services
- Service coordination services
- Social work services
- Special instruction services
- Speech and language services
- Transportation and related costs
- Vision services

Under the Early Start program, regional centers can only provide for “required” services. However, they are also required to provide durable medical equipment, even though it is classified as a —no-required” service⁵⁸. Also, some non-required services may be considered required services if they are necessary for the family to benefit from early intervention services. For example, generally respite under the Early Start program is considered to be a non-required service. However, it could be considered a required service if, for example, it is needed to allow a parent

⁵⁷ 34 CFR § 303.12.

⁵⁸ California Government Code § 95020(e)(3).

to attend a parent training session that is necessary for the family to benefit from the early intervention services.

When writing a service into an IFSP, simply listing the service is not sufficient. Statements about required early intervention services must include:⁵⁹

1. The frequency – number of days or sessions that the service will be provided during a specific period of time (for example, 2x per week, 1 day per week).
2. The intensity – length of time service will be provided during each session (for example, 60 minutes per session).
3. The method of delivering the services – how and by whom the service will be provided.
4. The initiation date – the projected date when the service will start.
5. Duration – the time between initiation and end dates.
6. Scheduled dates when services/programs will not be available (such as when family will be on vacation, service provider operates a program with holiday breaks or vacations).
7. Name of the funding agency and or other funding sources for the early intervention service.
8. Whether the service is a required, other public or non-required service.
9. The location (environment) where the service will be provided.
 - Must specify the natural environments such as home, child care, community or private program where early intervention services will be provided.
 - Include a justification of the extent, if any, to which the services will not be provided in a natural environment.

For an example – see SCLARC's sample IFSP worksheet at:

<http://www.sclarc.org/INITIALIFSP.pdf>

⁵⁹ 17 CCR § 52106(b)(6)(A)-(F).

Some Important Things to Remember About Services

Private Insurance and Generic Resources

Based on recent changes in the law, the regional center is now required to have families use their private insurance or health care service plan for available services identified in the IFSP, except for purposes of evaluation and assessment. However, regional centers are still required to ensure the timely provision of required early intervention services.⁶⁰

In addition, regional centers must utilize generic services to the greatest degree possible. In the past, many Early Start consumers received early intervention services through center based early-preschool environments. Now, the focus will shift to referring these consumers to neighborhood preschools. However, regional center services must still be individually tailored to the needs of the individual.

Required vs. Non-Required Services

Effective October 1, 2009, regional centers are only responsible for providing “required” services (see list on page 36). Required services are those services that are required by federal law, specifically Part C of the IDEA (Individuals with Disabilities Education Act). Therefore, a consumer’s IFSP generally can no longer include a non-required service (other than durable medical equipment). However, as discussed above, there may be certain circumstances where services that would usually be considered non-required may be considered required because they are necessary to allow the family to access early intervention services.

Parent Training on Behavioral Interventions

Helping parents effectively deal with their children’s challenging behaviors is an important early intervention service. In the past, training was provided as part of an in-home component of the behavior intervention services provided in a consumer’s IFSP. Now, training will be mostly provided in group training sessions.

⁶⁰ California Government Code § 95004(b)(2); 17 C.C.R. § 52109(b).

Prevention Program

Effective October 1, 2009, regional centers will also be administering the new Prevention Program for those children that are “at risk” of a developmental delay but do not qualify for Early Start. Children 24-35 months old who have one delay between 33% and 49% will also be served in the Prevention Program instead of the Early Start program.

The Prevention Program will provide assessment, case management, and referral to generic service agencies. If a consumer is made eligible for the Prevention Program and you believe should have been eligible for Early Start, you can appeal that denial. However, once appropriately placed in the Prevention Program, there is no appeal process.

For more information about the Prevention Program, see:

http://www.dds.cahwnet.gov/Director/docs/PreventionProgramPolicies_Procedures09.pdf

Chapter 7: Filling a Complaint or an Appeal

There are a variety of complaints that can be filed if the regional center or a vendor fails to perform their legally mandated duties.

4731 Complaints

The Section 4731 Complaint is a complaint against a regional center, developmental center, or service provider. It can be filed by the consumer or on his behalf. This complaint is used for rights which have been punitively withheld (something not provided or done in retaliation), improperly denied (something not provided or done in violation of timelines or other established processes), or unreasonably denied (something not done or provided in violation of the law). For example, the regional center is required to hold an IPP meeting within 30 days of your request under Section 4646.5(b) of the Lanterman Act. If you request an IPP in writing on February 23, 2009, and on April 12, 2009, the meeting still has not been held, you could file a 4731 complaint on the basis that your right to a timely IPP meeting was improperly denied.

4731 complaints are not for disputes concerning the nature, scope, or amount of services or supports. For example, if you are requesting 52 hours of respite per month and regional center has only authorized 24 hours per month, you would have to go through the appeal process, not the complaint process.

The written complaint is filed with the Executive Director of the regional center or developmental center, as appropriate. The Director of the regional center or his/her designee will investigate the allegation. You will receive a written proposed resolution within 20 working days.

If you are unsatisfied with the resolution offered by the regional center, you can appeal to the Department of Developmental Services (DDS) within 15 days of receiving the response. The Director of DDS will then investigate and issue a written decision within 45 days.

Please see Appendix # 11 for Sample 4731 Complaints.

Title 17 Complaint

Title 17 Complaints are rarely utilized, but information about them is included here for your information.

Under Section 50540 of Title 17 of the California Code of Regulations, you can also file a complaint against a service provider for rights which have been abused, punitively withheld, improperly denied, or unreasonably denied. For example, if a provider withheld personal and incidental (P&I) money.

To file this type of complaint, contact the Clients' Rights Advocate (CRA) responsible for the area in which the service provider is located. The CRA will investigate and issue a written proposed resolution within 10 days. If you are unsatisfied with the resolution, notify the CRA within 5 days and the complaint will be referred to the director of the regional center. The director then has 10 working days to resolve the complaint. If the complaint is still unresolved, the director shall refer it to the Department of Developmental Services for a final administrative decision.

DDS has issued a Program Advisory that protects complainants from reprisal or retaliation for filing a complaint.⁶¹ This prohibition against reprisals applies to both 4731 complaints and Title 17 complaints.

Monitoring Progress

Many vendors submit quarterly reports to the regional center about the progress the consumer is making in the program. Whether or not the vendor must submit quarterly reports depends on the service. For example, respite providers do not have to submit quarterly reports but behavioral service providers do. You should obtain copies of these reports if you have any concerns about the services being provided. To obtain these reports, you would send a signed release of information to the regional center service coordinator and request the specific document. When reviewing quarterly reports, refer back to the original goal in the IPP and look to see if progress is being made on that goal. If progress isn't being made, why not? Has the service been provided consistently? Is the consumer receiving enough of the service? Is the right modality being

⁶¹ DDS Program Advisory, PSB-99-5, July 28, 1999; see also WIC § 4905.

utilized by the vendor? Talk to the providers and service coordinator about your concerns; remember, you can always request another IPP meeting to discuss the progress.

The regional center must send out an annual statement of services.⁶² This statement should include the type, unit, month, and cost of services and supports purchased by the regional center.

Requesting a Notice of Action

The regional center should send you a notice of action within 15 days of denying you a service you have requested. However, oftentimes, notices are not sent because the regional center believes that the consumer has rescinded the request following discussion or has agreed with the denial. Be sure to be very clear that if a request is denied, you want a notice of action so you can appeal the decision.

The regional center must notify you 30 days prior to making any changes to your services or terminating any of your services.

What should be included in a Notice of Action

The Notice of Action must include the following:

- The action the regional center is taking;
- The reason for that action;
- The effective date of that action;
- The law or regulation they are relying on to make that decision;
- How to appeal;
- Your fair hearing rights regarding:
 - Aid Paid Pending,
 - Translation/Interpretation,
 - Access to Records,
 - Informal Meetings and Mediation, and
- Availability of advocacy assistance.

⁶² WIC § 4648(h).

Aid Paid Pending

If you appeal a reduction or cancellation of services within 10 days of receiving the notice of action your services will continue during the appeal process.⁶³ This is very similar to “stay put” in special education. See below for information regarding Early Start Appeals.

Who Should Fill Out the Hearing Form?

See Chapter 2.

The Appeal Process

See the section below for information regarding Early Start Appeals. A manual about regional center hearings can be found at:

<http://www.disabilityrightsca.org/pubs/548401.pdf>

The first step is a voluntary informal meeting. This is a meeting with the director of the regional center or someone acting on his/her behalf. It must be held within 10 days of your hearing request. Following the meeting regional center will send you a letter explaining its offer to you. You can bring other people with you to explain your case but you do not have to. This is a good opportunity to explain your case and hear the other side. It is also a good chance to negotiate.

The next step is mediation. Not all regional centers participate in mediation, which is allowable under the law since mediation is a voluntary process for both parties. Mediation is a meeting between the parties and a neutral third party, the Office of Administrative Hearings (OAH) supplies an Administrative Law Judge (ALJ) who is specially trained to help you reach agreement. The mediator does not issue a decision but rather helps facilitate a mutually agreeable solution.

The final step is a hearing held before an ALJ. The ALJ is an independent officer of the court and employed by OAH. If mediation was held, a different ALJ will be assigned to hear the case. The hearing must be held within 50 days of when the request was made. A list of witnesses and the

⁶³ WIC § 4715(a).

general subject of their testimony and all evidence must be submitted to the regional center 5 calendar days prior to the hearing.

Note: In most instances, you will not be doing a hearing but rather planning for and attending an IPP meeting to secure appropriate services and supports. If disagreement occurs and a hearing is necessary, it is recommended that the case should be passed to an attorney or advocate with experience in regional center hearings. Nevertheless, laying a good foundation at the IPP meeting will lead to a more successful appeal.

Early Start Procedural Safeguards: Mediation, Due Process, Hearings and Complaints

There are three different processes that can be used to deal with disagreements regarding the Early Start Program: complaints, mediation, and due process hearings. Recently, some changes were made to these processes. This material includes the changes that went into effect on July 1, 2009.

Early Start Complaints

A complaint can be filed if you believe there has been a violation of any federal or state statute or regulation governing early intervention services. This includes eligibility and services.⁶⁴ For a sample Early Start Complaint, please see Appendix # 12.

The complaint should include the following:

- The name, address and telephone number of the person filing the complaint;
- A statement that a regional center, local education agency or any private service provider receiving Early Start funds has violated any law or regulation governing Early Start;
- A statement of facts upon which the alleged violation is based;
- The party allegedly responsible; and

⁶⁴ 34 CFR § 303.511; 17 CCR § 52170. In the past, disagreements regarding eligibility and services could not be resolved through the complaint processes (due process was used), but now, the complaint process can be used for all violations.

- A description of any voluntary steps taken at the local level to resolve the complaint, if any were taken.

When a complaint is filed on behalf of a consumer by an individual or organization other than the consumer's parent or legal guardian, the complaint must be accompanied by a signed consent authorizing the filing of the complaint. The consent must also include authorization for the individual or organization which files the complaint to receive personally identifiable information about the complainant.

The complaint should be mailed to:

Department of Developmental Services
Attention: Office of Human Rights and Advocacy Services
Early Start Complaint Unit
1600 Ninth Street, MS 2-15
Sacramento, CA 95814

There is also an electronic form that can be filled out, called the —~~Erly~~ Early Start Complaint Investigation Request.” This electronic form can be found at:

<http://www.dds.ca.gov/Forms/docs/DS1827.pdf>

Mediation

Mediation is a voluntary process that is non-binding and confidential. A neutral mediator facilitates settlement negotiations between parties. These conferences are an informal way to address and resolve disagreements.

You can file a request for mediation before you request a complaint or due process hearing, as an initial step. You can also request it at any time during the complaint or due process hearing processes.⁶⁵ Requests for mediation are filed with the:

Office of Administrative Hearings

⁶⁵ In the past, mediations could only be used to resolve disputes filed under due process hearings; however, now they can be used at any time.

Attention: Early Start Intervention Section
2349 Gateway Oaks Drive, Suite 200
Sacramento, CA 95833
(916) 263-0654 Fax: (916) 376-6318

Due Process Hearings

Disagreements related to issues including identification, evaluation, assessment, placement or services can be resolved through a due process hearing. The consumer is entitled to continue to receive early intervention services pending the hearing (also known as “stay put”).⁶⁶ Unlike in Lanterman Act appeals, there is no requirement that the appeal be filed within a certain period of time in order to get these “stay put” services.

A request form for a due process hearing form can be obtained from the consumer’s service coordinator, the regional center, the LEA, and the Department of Developmental Services (DDS) website:

www.dds.ca.gov/Forms/pdf/DS1802.pdf

The hearing process is basically the same as described above except that the hearing must take place and a written decision issued within 30 days.

Where to Find More Information

There are a lot of good websites including:

- Disability Rights California
<http://www.disabilityrightsca.org/>
- Office of Administrative Hearings
<http://www.oah.dgs.ca.gov/>
- California Code of Regulations - Titles 17 & 22
<http://ccr.oal.ca.gov/>
- California Laws at Findlaw
<http://ca.findlaw.com/>

⁶⁶ 17 CCR § 52172(f).

Glossary

AAP – *Adoption Assistance Payments*: State and Federal financial assistance and Medi-Cal benefits provided to families adopting children out of the foster care system.

AFDC-FC – *Aid to Families with Dependent Children – Foster Care*: provides cash and Medi-Cal benefits for providers of out-of-home care for children placed into foster care.

CalWORKS – *California Work Opportunity and Responsibility to Kids program*: provides cash aid, employment services, and other benefits to needy families.

CCS – *California Children’s Services*: a state program for children (under the age of 21) with certain diseases or health problems that provides health care and services.

<http://www.dhcs.ca.gov/Services/CCS/Pages/default.aspx>

EPSDT – *Early Periodic Screening, Diagnosis and Treatment program*: It is the child health component of Medicaid, aimed at improving the health of low-income children by funding appropriate and necessary pediatric services.

<http://www.hrsa.gov/epsdt/>

HCBS Waiver – *Home and Community Based Services Waiver*: allows for funding for alternative care environments for individuals who would otherwise require placement in an institutional setting, such as nursing home or hospital. Services include private duty nursing, respite care and home health services.

<http://www.dhcs.ca.gov/services/Pages/HCBSWaiver.aspx>

IHSS – *In Home Supportive Services*: pays for attendant care and supervision services so that those who are disabled, blind or over the age of 65 can remain safely in their own homes.

<http://www.dss.cahwnet.gov/cdssweb/PG139.htm>

ILP – *Independent Living Program*: provides training, services and programs to assist certain current and former foster and adoptive youth achieve self-sufficiency before and after leaving the foster care system.

<http://www.dss.cahwnet.gov/cfsweb/PG1350.htm>

Medi-Cal – *California's Medicaid Program*: provides health care services for low-income individuals including families with children, seniors, persons with disabilities, foster care youth and pregnant women. It also provides services for low-income people with specific diseases such as tuberculosis, breast cancer or HIV/AIDS.

<http://www.dhcs.ca.gov/services/medi-cal/Pages/default.aspx>

SSI – *Supplemental Security Income*: makes monthly payments to people with low income and limited resources who are disabled, blind or 65 or older.

<http://www.ssa.gov/pubs/11000.htm>

APPENDIX #1 – SAMPLE DRAFT CASE PLAN

CASE PLAN

CONSUMER:

HOLDER OF ED RIGHTS:

CAREGIVER (if different):

CSW:

CONSUMER’S ATTORNEY:

INTRODUCTION

[Consumer] is [age] years old and lives with his [foster parent, legal guardian, etc] [name], at [address]. *Provide brief synopsis of the most pressing issues in the case, including main concerns of the caregiver.*

DEVELOPMENTAL MEDICAL AND SOCIAL HISTORY

Provide a summary of the consumer’s history, including all diagnoses, relevant medical and developmental issues, significant birth history, etc. Also include background information on placement and family history.

CURRENT PHYSICAL CONDITION

Describe the consumer’s current physical condition.

CURRENT DEVELOPMENTAL CONDITION

Describe the consumer’s current developmental condition. Include information from most recent evaluations regarding different developmental domains and the consumer’s age equivalents in those areas. (i.e., Consumer is delayed in the area of communication, most recent Bayley scale found his age equivalent to be 12 months, with his chronological age at 22 months at the time of testing).

CURRENT EMOTIONAL/BEHAVIORAL/MENTAL HEALTH STATUS

Describe the consumer's emotional/behavioral/mental health status. It is helpful to include any mental health diagnoses, as well as the caregiver's perspective on emotional and behavioral functioning.

REGIONAL CENTER INVOLVEMENT

Provide information regarding the history of the consumer's involvement with the regional center, including status as an Early Start/ Prevention Program/Lanterman Act consumer. Also include relevant contact information, such as phone and fax of the consumer's service coordinator.

SPECIAL EDUCATION INVOLVEMENT

Include a history of the consumer's involvement with special education. Include current eligibility category (Specific Learning Disabled, Developmentally Delayed, Other Health Impairment, etc), placement (where do they attend school, and what kind of classroom) as well as services currently being provided (speech therapy, occupational therapy), whether there is a behavior intervention plan in place, It is also helpful to include a history of past placements, eligibility categories (for example if the consumer was "Developmentally Delayed" at three, but then the eligibility switched to Autism at a later age).

CURRENT AND HISTORICAL FUNDING STATUS

Describe what sources of funding the consumer is receiving including sources such as AFDC-FC, AAP, SSI, Social Security, KinGAP, CalWORKS, CAPI, etc. Also include any pertinent funding history, such as when funding began, changes in rates, etc.

HEALTH CARE COVERAGE

Provide information regarding the type of coverage the consumer has, such as Medi-Cal, private insurance, CCS, EPSDT, HCBS waiver, etc.

OTHER AGENCY INVOLVEMENT

Describe any involvement by other agencies/programs such as IHSS, ILP, Rehabilitation, etc.

APPENDIX #2 – SAMPLE AUTHORIZATION TO RELEASE RECORDS AND INFORMATION

AUTHORIZATION TO RELEASE INFORMATION/RECORDS

I authorize any person, governmental agency, corporation or other agency to release to [Advocate] and [Advocate’s agency] any and all information pertaining to [consumer’s] education, developmental, social service, and/or mental health needs. Such information shall include medical, psychological, social, vocational, rehabilitative, educational, and law enforcement records, reports, assessments, and evaluations. The authorization includes the release of all records or documents deemed confidential and extends to all documents otherwise considered confidential under any Federal or State privacy laws.

This authorization shall include, but not be limited to, the right to inspect, copy, or otherwise utilize said records as may be deemed fit to obtain whatever clarification or opinion on said records [Advocate’s name] shall deem necessary to the proper disposition of my case.

I understand that this authorization, except for action already taken, is subject to revocation by me at any time. I also understand that a photocopy or facsimile copy of this authorization has the same effect as the original.

Please forward all records regarding the above-named consumer within five (5) days of receipt of this form to:

- [Advocate Name]
- [Address]
- [Address]
- Telephone: [Number]
- Facsimile: [Number]

Person Authorizing Release of Information/Records: _____
[Specify: Parent/Guardian/Surrogate]

Signature: _____ Date: _____

APPENDIX #3 – SAMPLE REQUEST FOR RECORDS COVER LETTER

[Date]

[Regional Center Caseworker Name]

[Regional Center Name]

[Address]

[Address]

RE: Request for Records
[Name] aka [Name], D.O.B. [Date]

Dear [Name],

On behalf of [consumer] aka [other names used by consumer], a [Regional Center Name] Consumer for who you are the caseworker, I am writing to request a copy of all his Regional Center records. This request includes, but is not limited to **ALL**:

- Individualized Family Service Plans (“IFSPs”);
- Individualized Service Plans (“ISPs”);
- Individualized Program Plans (“IPPs”);
- Individualized Education Plans (“IEPs”);
- Client Development Evaluation Report (“DER”) Documents;
- Psychological, Medical, Developmental Assessments and Reports;
- Title XIX/Case ID/Consumer Transaction/SANDIS Notes;
- Notes by caseworkers and other service providers, including files or documents obtained from outside agencies.

I am enclosing an authorization to release information/records signed by [Name(s) of Educational Rights Holder/Authorized Representative]. As you are aware, the law provides that our office have access to such records within three business days. See Welfare & Institutions Code Sections 4514(d), 4725 and 4728. [Agency] only provides legal services to low-income individuals [modify as necessary depending on your agency]. As such, we request that any fees associated with the production of copies be waived based on hardship.

If you have any questions, please feel free to call me at [phone number]. Thank you in advance for your prompt action regarding this request.

Sincerely,

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] suffers from 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 Regional Center to arrange 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 Regional Center to 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 Regional Center to arrange 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 Regional Center to 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 Regional Center to 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 Regional Center to 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 Regional Center to arrange 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 Regional Center to arrange for a neuropsychological assessment to determine whether [consumer's] gait issues result from his neurological problems.
- (2) Additionally, we want Regional Center to arrange for an occupational therapy assessment to determine the extent to which occupational therapy can help [consumer] improve his gross and fine motor skills.
- (3) If the assessor deems that physical therapy and/or occupational therapy are appropriate for [consumer], we want Regional Center to 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 ~~illness~~ illness."

Services:

- (1) We want Regional Center to 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 Regional Center to 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 are requesting that Regional Center re-assess [consumer] for behavioral issues. If the assessor concludes that [consumer] can benefit from additional behavioral modification services, we request that Regional Center fund 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 are requesting that [consumer] be provided with 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 Regional Center 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 Regional Center to arrange 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.
- (3) We want Regional Center to arrange for transportation to and from any such program facility.

Recreation and Exercise

Issue: [Consumer] participates in very few recreational activities. Additionally, he gets very little exercise, which contributes to his obesity.

Services:

- (1) We want Regional Center to arrange for services that will engage [consumer] in an active play setting.
 - a. For instance, the Karate Program that [consumer] currently participates in provides him with a great deal of exercise while allowing him to engage in an activity that he enjoys. We wish to revisit the issue of Regional Center funding for this program.
 - b. Additionally, a swimming class taught by an instructor with experience working with special needs children would provide [consumer] with exercise while allowing him to engage in an activity that he enjoys.
- (2) We want Regional Center to arrange for transportation to and from any such program facility.

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 are requesting that Regional Center arrange 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 Regional Center to provide 30 hours per month of respite services.

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 #5 – SAMPLE IPP ADDENDUM MEETING REQUEST LETTER

(via fax and e-mail correspondence)

[Date]

[Regional Center name]

[Address]

Re: IPP Addendum request for [Consumer name], [date of birth]

Dear Service Coordinator:

I am representing [consumer] via his foster parent with respect to this request that [consumer's] Individual Program Plan (IPP) be amended to recognize the following service need:

In-home skilled nursing to monitor and intervene as needed to mitigate the effects of [consumer's] intractable seizure disorder.

[Consumer] is currently not in school due to his uncontrolled and often violent seizures occurring during the day. [Consumer] has also been experiencing these seizures at night. He was recently prescribed Diastat in an attempt to lessen the severity of the seizures.

[Consumer's] Diastat medication must be administered rectally by someone competent to recognize the symptoms of his oncoming seizures and respond accordingly. Consequently, his caregiver has had to be by his side at all times in preparation of administering his medication, sleeping with one eye open. There are no other alternative natural supports available to provide this care. Further, there are five other minors in the household, including a non-ambulatory sibling who is also a consumer of [Regional Center]. The rigors of caring for [consumer] and the other children have begun taking a toll on his caregiver threatening to compromise the quality and continuity of [consumer's] care.

His caregiver contacted the California Department of Health Services' In-home Operations (IHO) on or around April 16th to have IHO assess [consumer's] eligibility for EPSDT-funded home health care. The phone representative at IHO's Los Angeles office told his caregiver that another

representative would be contacting her shortly to begin the application process. After two weeks, his caregiver has still not heard back from IHO.

We are requesting that RC provide or procure immediate provision of eight (8) hours daily of nursing to meet needs pending ultimate provision, in whole or part, through EPSDT funding. Once EPSDT funding begins, we wish to revisit the amount of nursing hours RC may provide, as appropriate, in supplementing the hours ultimately authorized under EPSDT. [Consumer's] family does not have private insurance.

We request that RC coordinate home health nursing for [consumer] by identifying an available home health agency vendored by RC and Medi-Cal who can begin providing services on an immediate basis. We also request that RC assist in coordinating in the development of an in-home plan of treatment with [consumer's] doctor and the home health agency, if necessary to procure EPSDT funding. To the extent RC is able to expedite [consumer's] application with IHO for EPSDT-funded home health care through any established contacts, we request that process be undertaken as well. His caregiver will cooperate to the extent she is able in facilitating provision of home health services for [consumer] through RC and IHO. His caregiver will provide whatever necessary documentation is in her possession to implement this service request.

We ask that this service be authorized under the Lanterman Act, i.e., Cal. Welfare and Institutions Code 4685 and Cal. Code Regs., tit.17 54342(31) (Home Health Agency), 54342(46) (Licensed Vocational Nurses) 54342(66) (Registered Nurses).

Given the health and safety concerns presented, I hope this request can be processed as expeditiously as possible. Thank you for your careful and prompt attention to this request. If you have any questions regarding this request, please contact me at [phone number].

Sincerely,

cc: [Consumer's] Caregiver

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 seen 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: 64 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 the 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 IEP:

Planning Team Signatures and Dates:

Consumer's Signature: _____

Parent/Guardian/Conservator's Signature:

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

____ Witnessed by: _____

Consumer unable to give informed consent

Service Coordinator's Signature: _____ Date: _____

RC Supervisor's Signature: _____ Date: _____
[Supervisor title]

Procedural Safeguards Summary

The Regional Center Individualized Family Service Plan (IFSP) process assures, for the infant/toddler, 0-36 months, a timely, comprehensive, multi-disciplinary evaluation, including assessment activities related to the infant/toddler and the family. If eligible, the infant/toddler and family have the right to appropriate early intervention services. Services will be considered and encouraged to occur in the natural environment.

- Written parental consent must be obtained prior to conducting evaluations, assessment, and beginning early intervention services. The public agency will make reasonable efforts to ensure that the family is fully aware of the nature of the evaluation, assessment, and/or services available.
- Parents are to be notified, in their primary language, of meetings concerning their children. Meetings will be held at a time convenient to families, as much as possible. Notice will be given to the family when issues of eligibility and services are discussed. This includes beginning, changing, identifying, or denying services, evaluation or placement.
- Parents have the right to confidentiality of personally identifiable information.
- Parents have the right to have family members, friends, professionals, and/or advocates assist them at meetings.
- Parents have the right to utilize administrative and judicial process to resolve complaints. A process for complaints and due process will be available to parents.
- Parents have the right to be informed of the location of records, and the policies and procedures regarding the maintenance of records. Parents have the right to examine the consumer's early intervention record.

* This is not an exhaustive list of the rights of families under the early intervention system. Additional information may be obtained from the service coordinator.

REGIONAL CENTER
QUARTERLY REPORT

Quarterly Review Meeting held at: _____

Attachment to Annual Review

Name: _____

UCI #: _____

Date of Review: _____

1. 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 64 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. X 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: _____

6. 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 (SC)</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/Follow-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. Does RC have medical records?
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) The [family] will enroll [consumer] in adaptive swimming (starting [date]) and adaptive ceramics (starting [date]) through the [provider]. They will transport him to and from the lessons and utilize their respite hours for supervision services.

9) 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 (—CS”) 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 will 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 (~~—CARR~~) program and assist [mother] with her request to CCS for this assessment for [consumer one]. This should be added under, ~~—Time~~ – Plan for Community Supports,” and ~~—Time~~ – 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. Camping for [consumer one]: The Regional Center has identified [camp], as an appropriate summer camp and after school program for [consumer one]. [Mother] will sign [consumer one] up for the [camp] and after school programs. This should be added under –Social/Recreation/Leisure/Play – Plan for RC Supports” in [consumer one's] IPP. Please confirm that the Regional Center will be funding [consumer one's] camping activities, and include this in [consumer one's] IPP.
18. 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: _____

APPENDIX #10 – SAMPLE IFSP

INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

IDENTIFYING INFORMATION

Child's Name _____ Male Female UCI#: _____

Birth Date [date] SSN _____ Regional Center/LEA _____

Parent/Guardian _____

Street Address _____

Mailing Address _____

E-Mail Address _____

Home Phone _____ Work Phone _____ Message Phone _____

IFSP TYPE: _____ (Date)
 Initial Periodic Review This IFSP Meeting [date]
 Annual Review Other Projected Periodic Review
 Transition Plan (6 months or before) [date]
Projected Annual Review [date]

Language: English/Spanish Interpreter needed:
 Yes No

Service Coordinator _____ Phone () - _____

Health Benefits Policy # _____ SSI: Yes
 No CCS#: _____
 Medi-Cal #: _____

IFSP PARTICIPANTS

The following individuals/agencies participated in the development of the IFSP by either attending the meeting or giving input:

Name/Title	Agency/Phone	Present	Consult	Report
[name], Consumer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[name], Mother		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[name], Father		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[name], Teacher	[School district]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAMILY INFORMATION

CHILD/FAMILY (Briefly state family composition and child description)

[consumer] is a 24 month-month old male who has a history of neonatal depression, asphyxia, and neonatal seizure and has a diagnosis of cerebral palsy. [consumer] continues to feed via g-tube. [consumer] is currently displaying global developmental delays. [consumer] is an only child.

FAMILY CONCERNS AND PRIORITIES (These statements are voluntary)

Mother continues to be concerned with [consumer's] overall development. Specific concerns continue to be [consumer's] gross motor skills fine motor skills, feeding, and vision. [consumer] does not sit independently, does not reach and grasp objects and does not feed orally. Mother is also, concerned about [consumer's] transition to public school. [consumer] continues to receive occupational therapy, visual infant development and infant development services from Los Country Office of Education (OH Program and DHH Program). [consumer] also continues to receive RN nursing services.

FAMILY RESOURCES (These statements are voluntary)

Mother does not work. Father continues to work full time. Parents have good family support. [consumer] does not receive SSI benefits and does not get WIC.

ELIGIBILITY:	<input type="checkbox"/> Early Start (See below)	<input checked="" type="checkbox"/> Lanterman: Cerebral Palsy.
<input checked="" type="checkbox"/> High Risk:	Asphyxia, neonatal seizures, hypertonia	
<input checked="" type="checkbox"/> Developmentally Delayed:	<input checked="" type="checkbox"/> Adaptive/Self-Help	<input checked="" type="checkbox"/> Communication <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Established Risk:	<input checked="" type="checkbox"/> Cognitive <input checked="" type="checkbox"/> Physical	<input checked="" type="checkbox"/> Social/Emotional
<input type="checkbox"/> Risk:	_____	

DEVELOPMENTAL STATUS

Child's age when developmental levels were determined:
 Chronological: _____ mos. Adjusted: _____ mos.

Methods/Instruments used to establish levels:

Per parental report, infant specialist report and occupational therapist report.

Cognitive Development (learning/play/problem solving): **Level:** Below age level

[consumer] continues to focus on face and objects. Mother reports that [consumer] watches his baby Mozart videos with increasing regularity and attention span.

Communication Development: **Level:** Below age level

Expressive**(sounds, words, gestures):**

[consumer] cries to communicate his needs and wants. Mother reports that he is beginning to babble.

Receptive (understanding):**Level:** Below age level

[consumer] responds to voices by slowly turning head and demonstrates a facial expression that is interpreted as a smile as it occurs.

Physical Development:**Level:** Below age level**Gross Motor (large muscle movement):**

[consumer] does not roll over and does not sit independently.

[consumer] kicks legs reciprocally at times in a bicycle pattern with limited ranges in side lying and supine. [consumer] uses a prone stander for facilitated weight bearing on lower extremities. [consumer] continues to have low and high muscle tone.

Fine Motor (small muscle movement):**Level:** Below age level

[consumer] does not reach and grasp objects. He grasps a small object for a few seconds when placed in his hands. He opens hands and releases objects.

**Social/Emotional Development
(how child relates to others):****Level:** Below age level

[consumer] has a startle reflex. [consumer] loves physical play. He likes to be held and moved. [consumer] likes to look at kids.

**Adaptive Development
(self-help, sleeping, eating, toileting, etc.):****Level:** Below age level

[consumer] is completely dependent on parent for all his self-care needs.

HEALTH STATUS

Current Health Status (Include names of primary physician, specialist, chronic medical conditions -- e.g., seizures) -- recent re-hospitalizations since last review and unmet needs, etc.).

1. CURRENT MEDICAL CONDITION:

[consumer] has history of neonatal seizures, depression and asphyxia.

[consumer] has a diagnosis of Cerebral Palsy.

Continues to feed via g-tube. Parents report that [consumer] has been in good health the last six months.

2. CURRENT PHYSICIAN AND/OR /SPECIALISTS:

[Consumer's] health continues to be monitored by doctors at Children's Hospital Los Angeles. [consumer] is seen pediatrician, ophthalmologist, nutritionist, and gastroenterologist. Mother reports that [consumer] will be seen by an orthopedist.

3. MEDICATIONS:

[consumer] does not take medications.

4. ONGOING MEDICAL PROCEDURES/EQUIPMENT:

[consumer] continues to feed via G-tube. He is on nebulizer as needed. He continues to be suctioned as needed.

5. IMMUNIZATION STATUS:

[Consumer's] immunizations are up to date.

6. NUTRITION/ORAL HEALTH:

HT: _____

WT: _____

[Consumer] continues to feed via g-tube. [consumer] is given, chicken, vegetables, PediaSure via g-tube. [consumer] feeds every 4 to 5 hours. [consumer] continues to have occasional reflux.

7. VISION:

[consumer] continues to receive in-home visual stimulation. [consumer] is able to focus on faces and visually stimulating objects

8. HEARING:

Consumer] had an auditory brainstem response (ABR) test on [date] that [indicates that [consumer] has moderate hearing loss in both ear.

Hearing aids were recommended for [consumer]. He is not using aids, as he will be having an ABR test.

IFSP OUTCOMES: Identify the goals on which the family would like to work. These should relate directly to the family's priorities and concerns as stated on page two and any other assessment results.

#1 OUTCOME: [consumer] will be able to swallow

Criteria (How will we know if we are making progress?): _____

[consumer] will continue to be stimulated using the nuk brush, mother's finger and nipple.

Procedures (Who will evaluate progress):

Parent report, Occupational therapist report and semi-annual review.

Timeline (to evaluate progress):

6 months

#2 OUTCOME: [Consumer's] low and high muscle tone will improve.

Criteria (How will we know if we are making progress?): _____

[Consumer's] muscle tone will be monitored by occupational therapists.

Procedures (Who will evaluate progress):

Parent report, Occupational therapist and semi-annual review.

Timeline (to evaluate progress):

6 months

#3 OUTCOME: [consumer] will blink to an oncoming object.

Criteria (How will we know if we are making progress?):

[Consumer] will continue to focus on bright objects and faces.

Procedures (Who will evaluate progress):

Parent report, medical records, ophthalmologist, infant specialist and report and semi-annual review

Timeline (to evaluate progress):

6 months

#4 OUTCOME: [consumer] will remove cover from his face.

Criteria (How will we know if we are making progress?):

[consumer] will reach for his cover.

Procedures (Who will evaluate progress):

Parent report, OT report, OH teacher, visual infant specialist and semi-annual review.

Timeline (to evaluate progress):

6 months

#6 OUTCOME: [consumer] will reach his clown-mobile and light.

Criteria (How will we know if we are making progress?):

[consumer] will hold clown-mobile when placed un his hand for a few seconds.

Procedures (Who will evaluate progress):

Parent report, Infant specialist, occupational therapist and semi-annual review.

Timeline (to evaluate progress):

6 months

#7 OUTCOME: [consumer] will respond to sounds.

Criteria (How will we know if we are making progress?):

[consumer] will track sounds with eyes or head movement.

Procedures (Who will evaluate progress):

Parent report, Occupational therapist report, OH Teacher, DHH Teacher and semi-annual review.

Timeline (to evaluate progress):

6 months.

#8 OUTCOME: Family will receive support services.

Criteria (How will we know if we are making progress?):

Family will use support services.

Procedures (Who will evaluate progress):

Parent report, and semi-annual review.

Timeline (to evaluate progress):

6 months

#9 OUTCOME: [consumer] will transition from Early Start Program.

Criteria (How will we know if we are making progress?):

[consumer] will be referred to LEA for consideration for special-education services.

Procedures (Who will evaluate progress):

Parent Report and Transition Meeting.

Timeline (to evaluate progress):

6 months

IFSP SERVICES: Identify the services needed to meet the outcomes. These should relate directly to stated outcomes, the family's priorities and any other assessment results as stated on page 3.

Meets Outcome(s) #1, 2, 4, 5 and 6

Service/Strategy: [consumer] will receive occupational therapy.

Location of Service: Home

This is the Natural Environment: Yes No, because: _____

Frequency: 2 times a week **Intensity:** 2 hours a week

Individual/Group: Individual

Method (Professional): Occupational therapist

Provider Agency: _____ OTR

Funding Agency: RC

Anticipated Start/End Dates

(From: 11-1-02 to: 10-31-03)

Type of Service Funding: Required Non-Required

Other: _____

Steps to secure services:

[consumer] is receiving oral therapy at CCS MTU, 1 time per week for 30 minute session- Funding by CCS.

Meets Outcome(s) # 4

Service/Strategy: [consumer] will receive early intervention services from OH Program.

Location of Service: Home

This is the Natural Environment: Yes No, because: _____

Frequency: 2 times a week

Intensity: 2 hours a week

Individual/Group: Individual

Method (Professional): OH Teacher
Provider Agency: SCHOOL DISTRICT

Funding Agency: SCHOOL DISTRICT

Anticipated Start/End Date
(From: 11-1-02 to: 10-31-03)

Type of Service Funding: Required Non-Required
Other: SCHOOL DISTRICT

Steps to secure services:

When mother and OH teacher feel that [consumer] is ready to transition to LACOE center base program, transition will occur

Meets Outcome(s) # 7

Service/Strategy: [consumer] will receive early intervention services from SCHOOL DISTRICT DHH.

Location of Service: Home

This is the Natural Environment: Yes No, because: _____

Frequency: 2 times a week **Intensity:** 2 hours a week
Individual/Group: Individual

Method (Professional): DHH Teacher
Provider Agency: SCHOOL DISTRICT

Funding Agency: SCHOOL DISTRICT **Anticipated Start/End Dates**
(From: 11-1-02 to: 10-31-03)

Type of Service Funding: Required Non-Required
Other:

Steps to secure services:

School Audiologist from SCHOOL DISTRICT will assist family in securing and ABR evaluation for [consumer].

Meets Outcome(s) # 3, 4, 5 and 6

Service/Strategy: [consumer] will receive in-home infant development.

Location of

Service: Home

This is the Natural Environment: Yes No, because:

Frequency: 1 time a week **Intensity:** 1 hours a week

Individual/Group: Individual

Method (Professional): Infant Specialist

Provider Agency: [service provider]

Funding Agency: RC **Anticipated Start/End Dates**
(From: 11-1-02 to: 10-31-03)

Type of Service Funding: Required Non-Required Other:

Steps to secure services:

Regional center will contact [service provider] and set up intake.

Meets Outcome(s) # 3, 4, 5 and 7

Service/Strategy: [consumer] will receive infant stimulation.

Location of

Service: Home

This is the Natural Environment: Yes No, because: _____

Frequency: 2 times a week **Intensity:** 2 hours a week

Individual/Group: Individual

Method (Professional): Infant Specialist

Provider Agency: [service provider]

Funding Agency: RC **Anticipated Start/End Dates**
(From: 11-1-02 to: 10-31-03)

Type of Service Funding: Required Non-Required Other:

Steps to secure services :

Regional center will contact [service provider] to set up intake

Meets

Outcome(s) # 8

Service/Strategy:

[consumer] will receive RN nursing services.

Location of Service:

Home

This is the Natural Environment: Yes

No, because:

Frequency: 5 days per week

Intensity: 5 hours per day

Individual/Group: Individual

Method (Professional): RN **Provider Agency:** [Acme Home Health Agency]

Funding Agency: Private Ins. Anticipated Start/End Dates

(From: 11-1-02 to: 10-31-03)

Type of Service Funding: Required Non-Required

Other: Private Insurance

Steps to secure services:

Regional center will contact provider and schedule

Meets

Outcome(s) # 9

Service/Strategy:

[consumer] will be referred to local school district for consideration for special education services.

Location of Service:

Home

This is the Natural Environment: Yes

No, because:

Frequency:

Intensity:

Individual/Group:

Method (Professional): **Provider Agency: School District**

Funding Agency: School District **Anticipated Transition**
Meeting Date: (4/03)

Type of Service Funding: Required Non-Required Other: LEA

Steps to secure services: Regional center will set up meeting with district liaison to take place in 4/03.

PARENTAL CONSENT AND PROCEDURAL SAFEGUARDS

Family:

I/We had the opportunity to participate in the development of this Individualized Family Services Plan (IFSP). It represents my/our concerns, priorities, and outcomes for my/our child.

I/we understand our due process rights and complaint procedures and have been given a copy of them.

I/we give permission for implementation of this IFSP plan and referrals to potential service providers.

I/we do not give permission for the following offered services at this time.

I/we have been informed of the Family Resource Center.

Parent/Legal Guardian/Surrogate

Date

Parent/Legal Guardian/Surrogate

Date

Early Start Service Coordinator

Date

APPENDIX #11 – SAMPLE 4731 COMPLAINTS

NOTE: Included below are two examples of 4731 complaints, one substantially more formal than the other. Both styles are utilized and can be effective.

4731 Complaint by xxxxxx Against X Regional Center

[Date]

**[NAME OF EXECUTIVE DIRECTOR]
Information**

Executive Director, [NAME OF RC]
ADDRESS OF RC
CITY STATE ZIP.

Consumer

[Consumer]
c/o [CAREGIVER/PARENT]
ADDRESS OF
PARENTS/CG
CITY STATE ZIP

Dear Ms. XXXXX:

I am filing this complaint on behalf of [consumer]. [Consumer's] rights under the Lanterman Act have been unreasonably and improperly denied by [Regional Center] (hereinafter —**R**”) in that RC failed to issue a notice of action (NOA) prior to terminating [consumer's] ABA supervision hours.

Jurisdiction

California Welfare and Institutions Code section (W&I Code §) 4731 sets forth a complaint procedure that provides at subsection (a), —~~o~~ch consumer or any representative acting on behalf of any consumer who believes that any right to which the consumer is entitled has been abused, punitively withheld, or improperly or unreasonably denied by a regional center, developmental center, or service provider may pursue a complaint as provided in this section.” Attached and incorporated as Exhibit A is the procedure set forth in W&I Code § 4731.

Facts

On April 11, 2006, an IPP meeting was held for [consumer]. In attendance at this meeting were, [NAME OF MOTHER], foster mother, Dr. [NAME OF DOCTOR] from NAME OF ORGANIZATION and [NAME OF SERVICE COORDINATOR], RC service coordinator. Attached and incorporated as Exhibit B is the IFSP dated 4/11/06. At this meeting, RC agreed to fund up to 12 hours of supervision of an ABA home program with [NAME OF DOCTOR] and 18 hours per week of ABA services. The funding for both the ABA program and supervision was authorized until 6/30/06.

On May 26, 2006, [SERVICE COORDINATOR] sent the family a letter outlining his progress on obtaining Medi-Cal waiver and enclosed a copy of the IPP for the family to review. Attached and incorporated as Exhibit C is the letter dated 5/26/06. This letter did not provide notice that the ABA supervision would be terminating or that the family should take any action to preserve the supervision services of [DOCTOR].

[DOCTOR] was out on maternity leave and did not provide supervision services from July through September 2006. Because [consumer's] case is so complex it was agreed between [DOCTOR] and the family that assigning different supervisor in [DOCTOR]'s absence would be futile.

[SERVICE COORDINATOR], SC, and the family exchanged emails frequently regarding a number of issues including continuing the funding of the ABA hours. For example, on September 12, 2006, [SERVICE COORDINATOR] sent the family an email stating —~~Question:~~ [consumer's] POS (for ABA services) expires at the end of this month. I need the names of the current aide in order to submit paperwork for funding. . .” Attached and incorporated as Exhibit D is email dated 9/12/06. The family never received notice that any services had been terminated or changed.

In October 2006, [SERVICE COORDINATOR] verbally advised the family that the supervision hours had been terminated but they would discuss reinstating the hours in the future.

On December 28, 2006, [SERVICE COORDINATOR] sent the family a letter outlining that RC was continuing to fund the ABA in home program through February 2007. No mention is made of supervision hours. Attached and incorporated at Exhibit E is the letter dated 12/28/06.

On March 15, 2007, the [FAMILY NAME] family sent a request for a NOA to [NAME OF DIRECTOR], Director of Children's Services. The letter outlines the chain of events surrounding the supervision hours that had been terminated without notice and the request for reinstatement that had gone unheeded. Attached and incorporated at Exhibit F is the letter dated 3/15/07.

A fair hearing request was processed without a NOA ever being issued. Prior to hearing the case was resolved. Attached and incorporated at Exhibit G is the notice of hearing dated 4/20/07.

General Purpose of the Lanterman Act

Under the Lanterman Act, the State of California accepts responsibility for persons with developmental disabilities (W&I Code § 4501⁶⁷) and pays for the majority of their "treatment and habilitation services and supports" in order to enable them to live in the least restrictive environment possible (W&I Code § 4502(a)).

The purpose of the Lanterman Act is (1) to assess the needs of people with developmental disabilities and to select and provide services to meet such needs (W&I Code §§ 4642-4643 & 4646-4648), and (2) to enable consumers with disabilities to approximate the pattern of everyday living of non-disabled people of the same age and to lead more independent and productive lives in the community. (W&I Code §§ 4501, 4750-4751; *Association for Retarded Citizens v. Department of Developmental Services* (1985) 38 Cal.3d 384, at 388.)

The IPP Process

An IPP is developed through a collaborative effort involving the appropriate regional center staff and the consumer and/or the consumer's representative(s), and others, collectively referred to as the interdisciplinary team (or ID Team). (W & I Code § 4646(a).) It was the intent of the Legislature that persons with diverse skills and expertise were to serve on the ID Team. They were intended to confer, deliberate, and decide what should be included in the consumer's IPP. The ID Team may not abdicate

⁶⁷ All citations are to the Welfare & Institutions Code.

its role nor may it ignore its duty owed not only to the consumer but also to the IPP process. (W & I Code § 4646(d).)

The IPP is prepared for the consumer by identifying necessary services and supports. The service agency must allow the consumer and his parents to participate in developing the IPP. The plan must be based on information and assessments relating to the consumer's life goals, his capabilities and strengths, his preferences, any barriers to meeting his goals, his concerns, and other relevant data. (W & I Code § 4646.5.)

An IPP must include a statement of the consumer's goals, based on the consumer's needs, preferences, and life choices. An IPP must contain specific, time-limited objectives to implement identified goals. Objectives must be constructed to allow measurement of progress and monitoring of service delivery. (W & I Code § 4646.5.)

The regional center is required to prepare a plan identifying the services and supports a consumer needs to meet the goals and objectives identified by the ID Team, and determine whether those services and supports are to be purchased by the regional center, obtained from generic agencies, or provided from other sources. [consumer] and his parents have the right to provide the Service Agency with input into the selection of the providers of those services and supports. (W & I Code § 4648(a)(1).)

An IPP must be signed before it can be implemented. If a consumer and/or his representatives do not agree with all of the components contained in an IPP, the area(s) of disagreement may be noted; but, a disagreement with specific IPP components does not prevent implementation of those services and supports to which there is no disagreement. The regional center must send written notice advising the consumer and/or her representatives of the right to a fair hearing as to the areas of disagreement.

Services under the Lanterman Act

Section 4512, subdivision (b), of the Lanterman Act states in part:
— Services and supports for person with developmental disabilities' means specialized service and supports or special adaptations of generic services and support directed toward the alleviation of a developmental disability or toward the social, personal, physical, or economic habilitation or

rehabilitation of an individual with a developmental disability, or toward the achievement and maintenance of independent, productive, normal lives. . . . The determination of which services and supports are necessary shall be made through the individual program plan process. The determination shall be made on the basis of the needs and preferences of . . . the consumer's family, and shall include consideration of . . . the effectiveness of each option of meeting the goals stated in the individual program plan, and the cost-effectiveness of each option. Services and supports listed in the individual program plan may include, but are not limited to . . . behavior training and behavior modification programs . . . social skills training”

One important mandate included within the statutory scheme is the flexibility necessary to meet unusual or unique circumstances, which is expressed in many different ways in the Lanterman Act. Regional centers are encouraged to employ innovative programs and techniques (W & I Code § 4630(b)); to find innovative and economical ways to achieve the goals in an IPP (W & I Code § 4651); and to utilize innovative service-delivery mechanisms (W & I Code §§ 4685(c) (3) and 4791).

A regional center may not deny a request for services based upon the application of an inflexible policy denying such services. Whether a consumer is entitled to a particular service depends upon a consideration of all relevant circumstances. (*Williams v. Macomber* (1990) 226 Cal.App.3d 225, 231-34.)

The services listed in [consumer's] IFSP reflect these principals. [consumer's] goals include increasing safety awareness, participate more in family activities, remain healthy, and engage in social interactions with peers just to list a few. The services provided for [consumer's] by RC, the local school district, the local parks and recreation department, and Medi-Cal support these goals. He requires all of the listed services to fully support the plan of his IFSP.

Notice Requirements under the Lanterman Act

Under § 4710 of the Lanterman Act adequate notice shall be sent to the consumer or appropriate family member at least 30 days prior to any reduction, termination or [consumer's] in service listed in the IFSP that is done without the mutual consent of the consumer.

Adequate notice under § 4701 of the Lanterman Act means a written notice informing the applicant, recipient, and authorized representative of at least all of the following:

- (a) The action that the service agency proposes to take, including a statement of the basic facts upon which the service agency is relying.
- (b) The reason or reasons for that action.
- (c) The effective date of that action.
- (d) The specific law, regulation, or policy supporting the action.
- (e) The responsible state agency with whom a state appeal may be filed, including the address of the state agency director.
- (f) That if a fair hearing is requested, the consumer has the following rights:
 - (1) The opportunity to be present in all proceedings and to present written and oral evidence.
 - (2) The opportunity to confront and cross-examine witnesses.
 - (3) The right to appear in person with counsel or other representatives of his or her own choosing.
 - (4) The right to access to records pursuant to Article 5 (commencing with Section 4725).
 - (5) The right to an interpreter.
- (g) Information on availability of advocacy assistance, including referral to the developmental center or regional center clients' rights advocate, area board, publicly funded legal services corporations, and other publicly or privately funded advocacy organizations, including the protection and advocacy system required under federal Public Law 95-602, the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C.A. Sec. 6000 et seq.).
- (h) The fair hearing procedure, including deadlines, access to service agency records under Article 5 (commencing with Section 4725), the opportunity to request an informal meeting to resolve the issue or issues, and the opportunity to request mediation which shall be voluntary for both the consumer and the service agency.
- (i) If the consumer has requested an informal meeting, information that it shall be held within 10 days of the date the hearing request form is received by the service agency.
- (j) The option of requesting mediation prior to a fair hearing, as provided in Section 4711.5. Nothing in this section shall preclude the consumer or his or her authorized representative from proceeding directly to a fair hearing in the event that mediation is unsuccessful.

(k) The fair hearing shall be completed and a final administrative decision rendered within 90 days of the date the hearing request form is received by the service agency, unless the fair hearing request has been withdrawn or the time period has been extended in accordance with this chapter.

(l) Prior to a voluntary informal meeting, voluntary mediation or a fair hearing, the consumer or his or her authorized representative shall have the right to examine any or all documents contained in the individual's service agency file. Access to records shall be provided pursuant to Article 5 (commencing with Section 4725).

(m) An explanation that a request for mediation may constitute a waiver of the rights of a Medicaid home and community-based waiver participant to receive a fair hearing decision within 90 days of the date the hearing request form is received by the service agency, as specified in subdivision (c) of Section 4711.5.

(n) That if a request for a fair hearing by a recipient is postmarked or received by a service agency no later than 10 days after receipt of the notice of the proposed action mailed pursuant to subdivision (a) of Section 4710, current services shall continue as provided in Section 4715. The notice shall be in clear, nontechnical language in English. If the consumer or authorized representative does not comprehend English, the notice shall be provided in such other language as the consumer or authorized representative comprehends.

(o) A statement indicating whether the recipient is a participant in the home and community-based services waiver.

Aid Paid Pending is contained in §4715 whereby —. . if a request for a hearing is postmarked or received by the service agency no later than 10 days after receipt of the notice of the proposed action mailed pursuant to subdivision (a) of Section 4710, service that are being provided pursuant to a recipient's individual program plan shall be continued during the appeal procedure. . .” Thereby ensuring that a consumer have the service he may be later found by an Administrative Law Judge to continue requiring.

Argument

The right to due process is fundamental to our success as Americans and is reiterated throughout all of our state and federal laws. The right to challenge a potentially unfair decision is what distinguishes our legal system from many others.

In this case, a NOA was not sent to the [FAMILY NAME] family despite the fact that the service was clearly listed on page 5 of the April 11, 2006 IPP and there was no mutual consent over the termination of supervision hours. The [FAMILY NAME] family continued to require supervision of [consumer's] behavioral program and intended to resume using those hours as soon as Dr. Smith was available to provide them. The continued need for support was reiterated by [MOTHER] in her email exchange with [consumer's] service coordinator, [SERVICE COORDINATOR]

In fact, [DOCTOR] provided hours to [consumer] and his family at no costs to the family while [MOTHER] tried to get the hours reinstated, in an effort to avoid disruption to [consumer's] program. This is the very same reason the aid paid pending provisions were included in the Lanterman Act. RC failed to issue a NOA and thereby denied the [FAMILY NAME] family the opportunity for Aid Paid Pending. [consumer] was already doing without the services that the family was seeking.

A NOA could have been sent at any number of junctures. When [SERVICE COORDINATOR] sent the IPP to family on May 26, 2006, he could have included a NOA. In any of the multiple emails exchanged in the fall of 2006, a notice could have been attached. In the December 28, 2006 letter from [SERVICE COORDINATOR] outlining the upcoming ABA services, the denial of supervision hours could have been addressed. Finally, following the March 15, 2007 demand for a NOA, one could have been sent. But RC failed at every opportunity to do so. This failure has resulted in great damage; in [consumer] not receiving the appropriate amount of supervision he required, in the [FAMILY NAME] family losing trust in RC, and in the mandate of the Lanterman Act not being fulfilled.

Proposed Remedies

To resolve this complaint I am asking that:

- 1) NOA's are issued in all denials of, terminations or changes in services.
- 2) All case management staff is trained to issue NOA's in all service denials, terminations and changes.
- 3) [consumer] receive compensatory services for the period of April 2006 to April 2007, the time period that [consumer] was without

services due to the failure of RC to send a NOA which would have entitle him to aid paid pending under the Lanterman Act.

I look forward to receiving your written response within 20 working days. Thank you in advance for your time and attention to this matter.

Sincerely,

[Advocate] [organization]

Enclosures: Exhibit A is the procedure set forth in W&I Code § 4731

Exhibit B is the IPP dated [date]

Exhibit C is the letter dated [date]

Exhibit D is email dated [date]

Exhibit E is the letter dated [date]

Exhibit F is the letter dated [date]

Exhibit G is the notice of hearing dated [date]

cc: DIRECTOR OF RC

4731 COMPLAINT SAMPLE B

[YOUR NAME]
[YOUR ADDRESS]
[CITY, STATE, ZIP]

[Date]
[Executive Director of Regional Center]
[Regional Center]
[Address]

Dear [Executive Director]:

This is a complaint about a denial of rights. It is filed under Welfare & Institutions Code Section 4731 on my behalf.

Facts:

[SERVICE COORDINATOR'S NAME] has been a consistent problem for me. She schedules appointments for me and then when I show up she isn't there. Frequently when I go the Regional Center no one is available to talk to me, even if I have an appointment. When I do have meetings with her I feel as though she doesn't really have time to listen to me.

I have also had problems obtaining assistive technology. I have requested items only to have misunderstandings delay the process and things denied with no notice of action being sent.

I believe the Purchase of Service Guidelines are too restrictive and they don't allow the case workers the flexibility they need to obtain services and supports and consumers like me.

I tried to talk to you, [EXECUTIVE DIRECTOR], directly, at an outreach event but you had no time for me and did not try and arrange a follow-up conversation.

Argument:

California, through the Lanterman developmental Disabilities Services Act, has created a comprehensive service entitlement program which grants

developmentally disabled Californians statutory rights, including the right to dignity, privacy, and humane care, right to treatment and habilitation services that are planned individually to meet the needs of the consumer, and adequate notice when the service agency makes a decision without the consent of the consumer. Welfare & Institutions Code Sections 4501, 4502, 4646-4648, and 4710.

I am entitled to be treated with dignity. The treatment I have received from [SERVICE COORDINATOR] violates that right. She does not show any sort of respect for my time or effort in attending meeting and making phone calls to her. The consumers need to be served by the service agency – not the other way around.

The restrictive POS guidelines violate these notions. Regional center guidelines which impose categorical restrictions on the purchase of services without regard to the individual clients' needs violate the procedures and service rights consumers are entitled to. This violates the rights to individual program planning and service delivery. Regional center's policy limitations have no authority in the Lanterman Act. They have no place or justification in a system that is built around consideration of individual needs. These policies are therefore illegal.

I am entitled to adequate notice (NOA) under the law when the regional center denies my request for something. I have been denied a number of things including assistive technology and aide support. I have never received a NOA apprising me of my appeal rights or why the denial was issued. I have been told that it is because of the POS guidelines but was never given anything in writing.

Remedy:

To resolve this complaint I am asking that:

- 1) You, [EXECUTIVE DIRECTOR], meet with me to discuss my concerns.
- 2) [SERVICE COORDINATOR] be trained to interact with consumers in a more appropriate manner.
- 3) That the POS guidelines be less restrictive and emphasize the individual nature of the Lanterman Act.
- 4) That NOA's are issued in all denials of services.

5) That all case management staff is trained to issue NOA's in all service denials.

Please feel free to contact me directly about these concerns. I look forward to receiving your written response within 20 days.

Sincerely,

[Consumer]

APPENDIX #12 – SAMPLE EARLY START COMPLAINT

Date

Department of Developmental Services
Office of Human Rights
Attention: Early Start Complaint Unit
1600 Ninth Street, Room 240, MS 2-15
Sacramento, CA 95814

Re: [consumer]
DOB: XXXXXX

Dear Madam or Sir:

This is a complaint under Part C of the Individuals with Disabilities Education Act against the California Department of Developmental Services (“DS”) and the Regional Center (“RC”).

Advocate is filing this complaint on behalf of [consumer]. From approximately August of 2004 through January of 2005 [consumer] did not receive the Speech and Language Therapy services which were deemed necessary in his Individualized Family Service Plan (“IFSP”).

BACKGROUND:

[Consumer] was placed in an emergency foster home at eighteen months of age due to parental neglect. The records indicate that [consumer]’s mother has a developmental disability. His father, who has a history of physical abuse, also reportedly hit [consumer]. [consumer] was referred to RC for Early Start services due to concerns with delays in speech, gross and fine motor and social development. Since [consumer] was removed from his parents care he has been placed in multiple foster care placements in the Ventura County. At some time in August 2004 he moved from the Simi Valley area to the Oxnard area. This resulted in RC transferring his case from the RC Simi office to RC Oxnard. It was while

[consumer] was in placement in Oxnard that he did not receive the speech services identified in his IFSP.

In January 2005 [consumer] was placed with Caregiver in Westlake, California. Once again [consumer's] case was transferred by RC. This time his case was transferred from RC Oxnard back to RC Simi Valley. Speech therapy sessions then resumed. Because [consumer] missed about six months of speech therapy he continues to evidence a speech delay. Caregiver is now taking [consumer] to Provider in Thousand Oaks for individual speech therapy two hours per week because she does not want [consumer] to miss any more time. She is currently paying privately at \$120.00 per hour for [consumer] to make up the sessions he lost while in the Early Start program.

On May 12, 2005 this Advocate met with the RC Branch Manager and [consumer's] Service Coordinator in an attempt to resolve this matter informally. It was agreed that the Branch Manager would check with RC management to determine if they would agree to fund 24 one hour make up sessions of speech therapy for [consumer]. Subsequent to our meeting this advocate received voice mail messages from one of the Simi RC Branch Manager indicating that RC would not agree to make up the missed sessions but rather would consider augmenting some speech over the summer after determining what could be accomplished and whether [consumer] would benefit from the sessions. This arrangement was not acceptable to [consumer's] Children's Service Worker or his caregiver.

COMPLAINT:

RC has failed to provide the Speech and Language Therapy from August 2004 through January 2005. These services were included in [consumer's] [date] and [date] IFSPs. (See attached IFSP's)

Part C of the Individuals With Disabilities Education Act was developed to enhance the development of infants and toddlers with disabilities and to minimize their potential for delay and to reduce educational costs by minimizing the need for special education and related services after infants and toddlers with disabilities reach school age. 20 U.S. C. Sec.1431(a)

In this case, for approximately six months, [consumer] was not provided with the services identified in his IFSP. The delay in this service provision

has caused [consumer] to be further behind in his speech development. According to his caregiver, at age three he is still not talking.

REMEDIES REQUESTED:

1. Reimburse Caregiver for 24 one hour speech and language therapy sessions at a rate of \$120.00 per hour as compensatory services to prevent [consumer] from being further delayed in his speech and to help him catch up in this area of development.
2. DDS should provide technical assistance to RC and monitoring as necessary to ensure compliance with Part C.
3. DDS should require that RC ensure that IFSPs are fully implemented for all children.
4. DDS should provide comprehensive training for all Early Start staff of RC.

CONCLUSION:

The intent of the U.S. Congress in enacting Part C was to maximize children's potential through early intervention. As Congress noted, failure to intervene early, means a loss of time that can never be made up. We therefore request that DDS expedite its investigation, despite the 60-day timeline, so that [consumer's] Speech and Language services may begin as soon as possible.

Thank you for your attention to this matter.

Very truly yours,

[Advocate]

Enclosures